Are Faculty Prepared To Address Ethical Issues in Education?

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Because of the fast-changing and market-driven managed care environment in which occupational therapy practitioners work, there has been increased concern about occupational therapy graduates’ ability to think critically and make ethical decisions that are based on sound core values and professional attitudes. Occupational therapy faculty members are responsible for fostering these abilities; thus, it is essential that they possess the necessary knowledge and skills to educate students in this realm of professional learning. But are occupational therapy faculty members prepared to facilitate the development of knowledge, commitment, and attitudes as related to ethics? Are they comfortable with ethical discourse and reasoning? Are they comfortable with the role of instilling attitudes congruent with the profession’s core values and sensitive caring?

The Occupational Therapy Code of Ethics (American Occupational Therapy Association [AOTA], 1994a) and the Core Values and Attitudes of Occupational Therapy Practice (AOTA, 1993) both clearly state the importance of autonomy, beneficence, altruism, equality, justice, dignity, and truth. The code of ethics is a set of principles that applies to all occupational therapy personnel, including the educator, program director, and researcher or scholar. We take the position that ethics and values should be embedded in all aspects of education and practice and that there is a need for increasing faculty awareness and preparedness to address ethical issues that affect both academic and clinical education.

The faculty role is a challenging one. Faculty members have a dual responsibility to be ethical in their own practice and to pass on to a new generation of occupational therapy practitioners a sense of ethics, professionalism, and core values (AOTA, 1993). Faculty members are obligated to model reflective thinking and behavior to enhance students’ learning and assist them in using these skills in the application and delivery of occupational therapy services (Van Hooft, 1990). When a faculty member provides a student with a passing grade, he or she is formally confirming that the student meets the standard for educational preparation for professional practices (Waite & Ozar, 1990). Competent professionals must be able to connect their technical knowledge and skills with values and attitudes so that they can make ethical decisions in the practice area.

Ethical Issues in the Educational Environment

The practice of education is complex, particularly when one notes the inherent task of preparing students to provide competent and ethical services. Successful completion of a professional academic program is understood by the employer and the public as evidence of proficiency in occupational therapy. Should passing grades also carry an understanding that the student ascribes to the values of the profession and behaves ethically? When educators observe students who avoid responsibilities, are disrespectful of others, or lack commitment to the concepts of beneficence, veracity, and trust, are...
those students counseled? Are those students encouraged to find another profession? The duty to protect the public (beneficence) is part of the extended duty of the educator because the public is the ultimate recipient of services.

The demands on today's faculty members include concerns regarding admissions procedures, inflated grades, compliance with the Americans With Disabilities Act of 1990 (ADA; Public Law 101–336), confidentiality, research, fieldwork, program accreditation or reaccreditation, and more. The range of issues that may cause ethical distress can best be addressed when the educator is competent in his or her role. The social work profession has clearly defined the role of educator in its ethical standards (National Association of Social Work [NASW], 1996). The social workers' code of ethics states that those who function as educators or field instructors should provide instruction that is based on the most current information and knowledge available to the profession. Students should be evaluated in a manner that is fair and respectful. Clients should be routinely informed when services are being provided by students. The social workers' code of ethics also states that educators should not engage in dual or multiple relationships with students in which there is exploitation, potential harm, or coercion.

Clear, appropriate, and culturally sensitive boundaries are the responsibility of the educator (NASW, 1996). Although the Occupational Therapy Code of Ethics does not clearly address this issue, it does state that occupational therapy practitioners must be understandable and abide by applicable laws, rules, and policies (AOTA, 1994a). The ADA and the Family Educational Rights and Privacy Act of 1974 (Public Law 93–380) provide some guidance regarding reasonable accommodations for students with disabilities and what information can be shared and with whom during the entire educational process. The concept of confidentiality expected of a clinician in the therapist–patient relationship is the same concept of confidentiality that is expected of a faculty member in the teacher–student relationship. Additionally, AOTA clearly articulates the professional belief that the concepts of nondiscrimination and inclusion not only are limited to those concepts described in laws, regulations, or guidelines, but also are part of the ethical core of occupational therapy (AOTA, 1995b, 1996).

Ethical Responsibilities of Faculty

May (1983) stated that educators cannot be technicians who convey only bits of factual information, but rather, educators should gather and interpret information to prepare students for working with a public with diverse values and needs. A competent educator is one who constantly seeks new knowledge and incorporates it into his or her practice. Although May was speaking of medical education, the same can be true for occupational therapy education.

Occupational therapy faculty members must continuously strive to achieve high standards of competence and take responsibility for maintaining that competence (AOTA, 1994a). They need to only take on duties that are commensurate with their qualifications or experience. A new academician or a clinician moving to an educational environment need to be mentored. Effective career development involves thoughtful transitions from one pattern or role to another (AOTA, 1994b). As with clinical skills, new educational skills are best used after the person has engaged in appropriate study and training and with appropriate supervision. Maintaining professional competence is a self-directed, lifelong process achieved through many avenues (AOTA, 1995a).

Faculty Preparedness for Teaching and Modeling Ethics

The importance of teaching values, integrity, and ethical decision making in the occupational therapy profession has been increasingly recognized over the past decade. What is the best way to teach ethics, and are occupational therapy educators prepared to do this? Should ethics be taught in discrete courses, or should ethics be integrated throughout course work in the curriculum? Studies indicate that occupational therapy faculty members have elected to teach ethics by integrating it throughout numerous courses in the curriculum (Kanny, 1998). This approach can be effective and can be fraught with difficulties. All faculty members in an occupational therapy program may not be prepared or comfortable with teaching ethics in their courses, or they may not follow through with what they have agreed to include. The use of guest lecturers in various courses is one often-used solution, but this may result in a fragmentation of information or inconsistency of content coverage. If educators participated in faculty development activities centered on teaching ethics content and reasoning skills, we believe that they would be more likely to provide students with content in ethics more consistently throughout the curriculum.

Teaching ethics requires more than just providing information about the code of ethics or teaching the law as it relates to ethics. Dewey (1909) was among the early scholars who discussed the importance of the interactive process in moral learning and to advocate a social-oriented education whereby the student is engaged in a dynamic relationship with the school setting and educators in order to develop his or her moral being. The development of the moral being (educators, students) is imperative if it is expected that occupational therapy practitioners will actively demonstrate the value of caring as a necessary part of service delivery in education, clinical practice, and research.

Action generally outweighs rhetoric, and acting in what one perceives to be the “right” manner involves more than knowing rules or a code of ethics or being able to reason through a decision. Acting in the right manner requires not only recognizing an ethical issue and deciding what is right, but also, more importantly, having the motivation and fortitude to act on what one believes to be right (Rest, 1994). The use of dilemma discussions or case-based learning methods encourages students to view each situation as unique and requires individual decision making. The instructor’s role is to facilitate students’ problem solving and clinical reasoning as they discuss ethical situations or dilemmas that may occur in practice. The goal of the educator is to assist students in the process of recognizing moral issues and to provide opportunities to practice informed moral discourse. Informed moral discourse is the exploration of one’s concerns and positions in such a way that invites others to discuss their perspectives. This kind of educational experience should provide both educators and students with a rationale and vocabulary to confidently discuss and defend their own ethical positions in future practice.
Faculty members must reflect on their mission if they are to move past a linear view of the Occupational Therapy Code of Ethics as just another document to be taught and instead embrace it as a living document reflective of their practice. The ethical educator weaves facts and sensitizes students to the demands and constraints of today’s practice. The code of ethics then can be viewed as a vision of moral force. Rather than interpreting the code of ethics narrowly, we can use its principles and adapt them to the current problems and needs of all occupational therapy practitioners.

**Conclusion**

Faculty members are faced with numerous ethical issues in the process of providing professional education to occupational therapy students. It is important that faculty members seek to enhance their professional development related to teaching ethics. They must challenge themselves to move beyond teaching ethics as a set of external norms (i.e., code of ethics, laws, policies) and instead seek to motivate and empower students to think about their own values, attitudes, and ethics. This is not to say that external rules and norms are not important. Rather it is to emphasize that teaching and learning in the realm of ethics requires that students and faculty members alike develop skills that allow them to recognize, reflect, and act on moral principles. Teaching these skills requires educators to have the ability to provide the background knowledge and support that students need to develop their own views and attitudes and to reflect on their own actions. Van Hooft (1990) aptly stated that educators “have the right to instill certain attitudes rather than merely seek to clarify already existing ones, even though this right must be exercised with sensitivity and supported by practical reason” (p. 213). Occupational therapy education can and should concern itself with the development and demonstration of caring attitudes congruent with professional core values. Thus, the issue for faculty members is to develop their own sense of professional competence with ethical reasoning to be able to teach and model value-based caring for their students. ▲

**References**


