

Developing a framework for ethical experiential learning in health

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Background

- Health care practices are dynamic and experiential phenomena
- Experiential learning
 - students act as models for class demonstrations
 - students act as models for other students
- Experiential learning
 - commonly used to help students develop their clinical skills

Benefits of experiential learning

- Develop the level of clinical competency required before practising on 'real' patients (Bindless, 1998)
- Develop respect for, and sensitivity to, patients' needs and wishes by acting as models (Braunack-Mayer, 2001)
- Develop empathy with patients' perspectives – students learn what it feels like to be examined by a comparative stranger (Wearn, Rees et al., 2008)
- Provide opportunities for students to practise on a variety of body types and work with a range of personalities (Koehler & McMenamin, 2014)

Experiential learning

- Skills include taking client/patient histories, taking blood pressures, performing functional movement assessments, and practising treatment techniques
- Can involve removing part of their clothing, physical touch, disclosure of personal information



Experiential learning



I have to admit I was a bit taken aback when I realised that I was expected to get undressed in class. When the oil bottle came out I was a bit freaked out. Did I want to disrobe and have my classmate give me a massage in an open classroom? No thank you. Why not have a prac uniform like other schools do (black shorts, black undies, singlet). And there isn't a change room anyway.

A number of times I have turned up in videos on Dropbox or Facebook that were taken in class without my permission. It's not just videos, it's voice recordings too. I don't want to have questions I may have asked immortalized.



facebook



Dropbox

Dropbox

Experiential learning



- Students at risk of emotional or physical harm (e.g. through the widespread use of mobile phone photos, video, social media)
- Universities at risk of litigation for failure to ensure their students' wellbeing

Aim of the project

- Research Question

What strategies are effective in enabling ethical experiential learning in practical classes when health students act as models and in what contexts are they effective?

- To develop a framework for ethical experiential learning

Theoretical framework

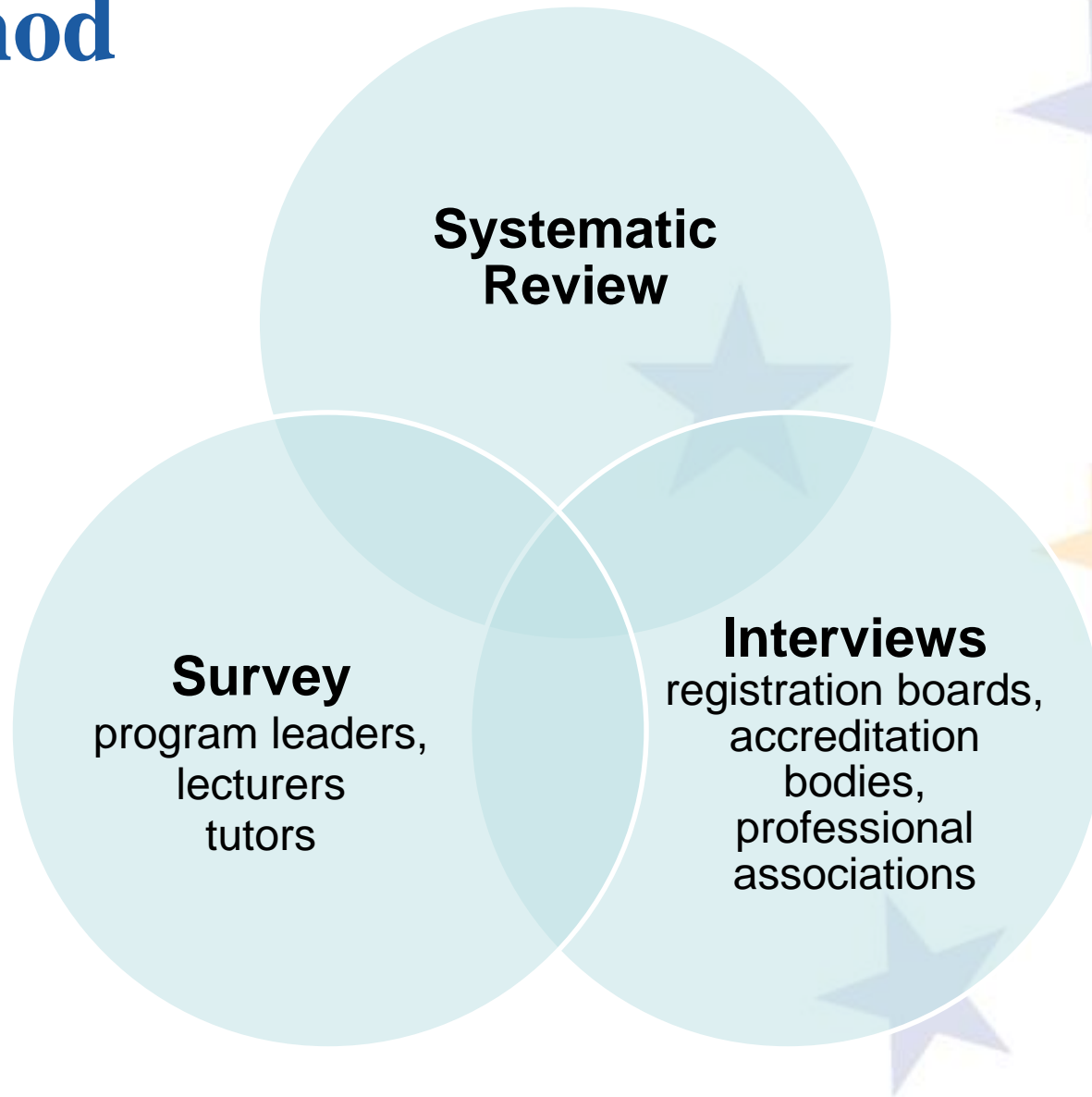
- ***Experiential learning – learning by doing***

Students need to be personally engaged in their learning; experiences need to be close to real life (Boud and Miller 1997)

- ***Social learning theories – learning from peers***

In practical classes, health students learn from class tutors and student peers; acquire skills with guidance from a more capable other

Method



Systematic Review

Method

Databases:

Cochrane, Medline, CINAHL and EMBASE

Inclusion criteria:

published 2000 to 2015
English language

Exclusion criteria:

Intimate physical examination

Key elements:

- (1) nursing, occupational therapy, osteopathy, physiotherapy, podiatry, speech pathology, exercise science, medicine
- (2) student
- (3) peer group, peer physical examination, peer learning, peer-assisted learning and peer practise learning
- (4) informed consent, ethic*, risk management



Systematic Review

- 35 relevant papers

Discipline	Frequency
Medicine	25
Nursing	6
Physiotherapy	3
Health science	2
Osteopathy	1

Note: Two studies involved two disciplines

Systematic Review



Study design	Frequency
Survey	21
Expert opinion	7
Focus groups	3
Literature review	3
Interview	1
Participant observation	1
Case study	1

Note: 2 studies each used two study designs



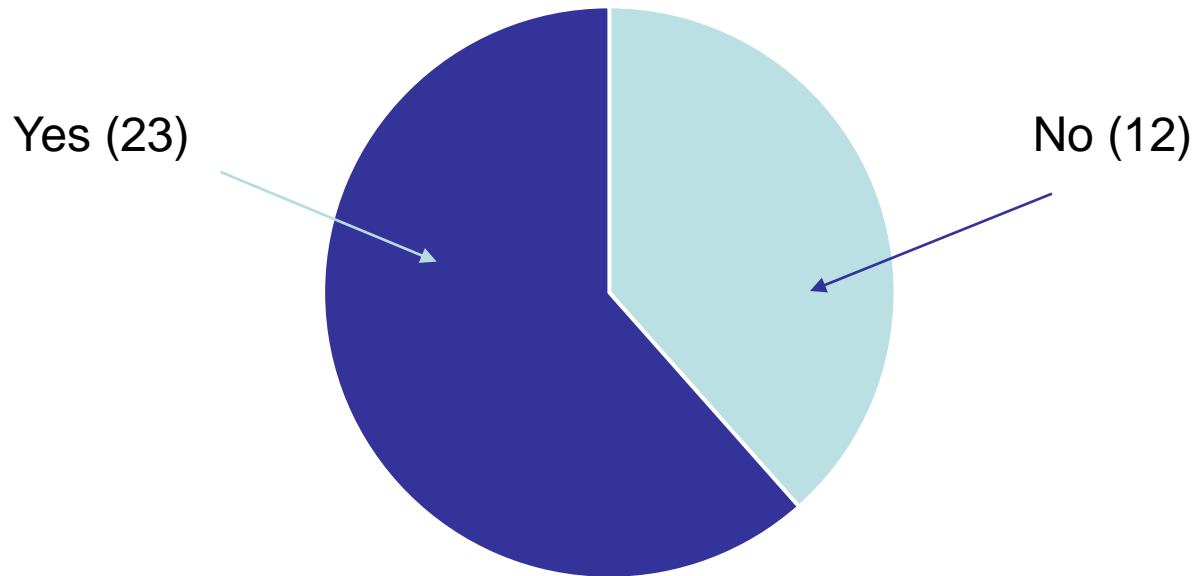
Barriers

- Students' insecurity, embarrassment, anxiety, discomfort based on:
 - Effect of PPE on existing relationships
 - Poor body images
 - Fear of being harmed during practice
 - Religious, cultural, ethnic backgrounds
 - History of childhood abuse
- Staff embarrassment



Strategies

Strategies to ensure
ethical experiential learning?



Evaluations of strategies not found

Strategies

STRATEGIES FOR EXPERIENTIAL LEARNING	No. of papers	%
Written informed consent	13	56.5
Written information provided to students	12	52.5
Promote discussion among students about ethical, cultural and social issues around experiential learning	7	30.4
Make alternatives available	6	17.1
Adequate choice of peer examiner(s) (gender, religious and ethnic backgrounds)	6	17.1
Train the facilitators	6	17.1

Strategies

STRATEGIES FOR EXPERIENTIAL LEARNING	No. of papers	%
Action plan for dealing with incidental findings of potential medical problems	5	14.3
Policy for experiential learning	4	11.4
Participation should be voluntary	4	11.4
Counsel students about career	1	2.9
Provide adequate change facilities	1	2.9
Assess risk	1	2.9

Contexts

	Facilitators	Barriers
Voluntary		Students could feel pressured
Age		Older female
Gender	Same gender groups	Females more task selective
Ethnicity		Being non-white
Religiosity		Identifying as being religious
Choice of group	Groups of friends	Working with friends could affect their relationships
Discipline	Osteopathic students more willing than medical	
Stage of learning		Senior students prefer to work alone

Survey

- Emailed 144 Heads of School/Program Leads requesting survey be passed on to lecturers/tutors who taught clinical skills

Professions	
Chiropractic	Osteopathy
Exercise science	Paramedicine
Midwifery	Physiotherapy
Nursing	Podiatry
Occupational therapy	Speech pathology

Survey

- 22 forwarded survey to total of 494 people
- Response rate: 134 (27.13% response rate)
 - Nursing 24%
 - Physiotherapy 16%
 - Occupational therapy 15%
 - Paramedicine 15%
 - Osteopathy 9%
- Experiential learning occurred in all years of courses (undergraduate and post-graduate)

Range of clinical skills

Clinical skill	Percentage
Physical examination	82
Treatment techniques	80
Manual handling	67
Initial interviews	65
Other	25

Other: verbal/communication skills, other assessment techniques

Strategies	%
Discuss benefits of experiential learning	89
Conduct risk assessment	80.4
Allow students to choose partners	78.8
Provide written/verbal explanation about what to expect	77.8
Allow voluntary participation	57.4
Discuss issues associated with experiential learning	55.1
Have an action plan if abnormality found	52
Obtain written or verbal informed consent	51.5
Provide alternatives for those who do not want to participate	45.9
Train teachers for experiential learning classes	35.5

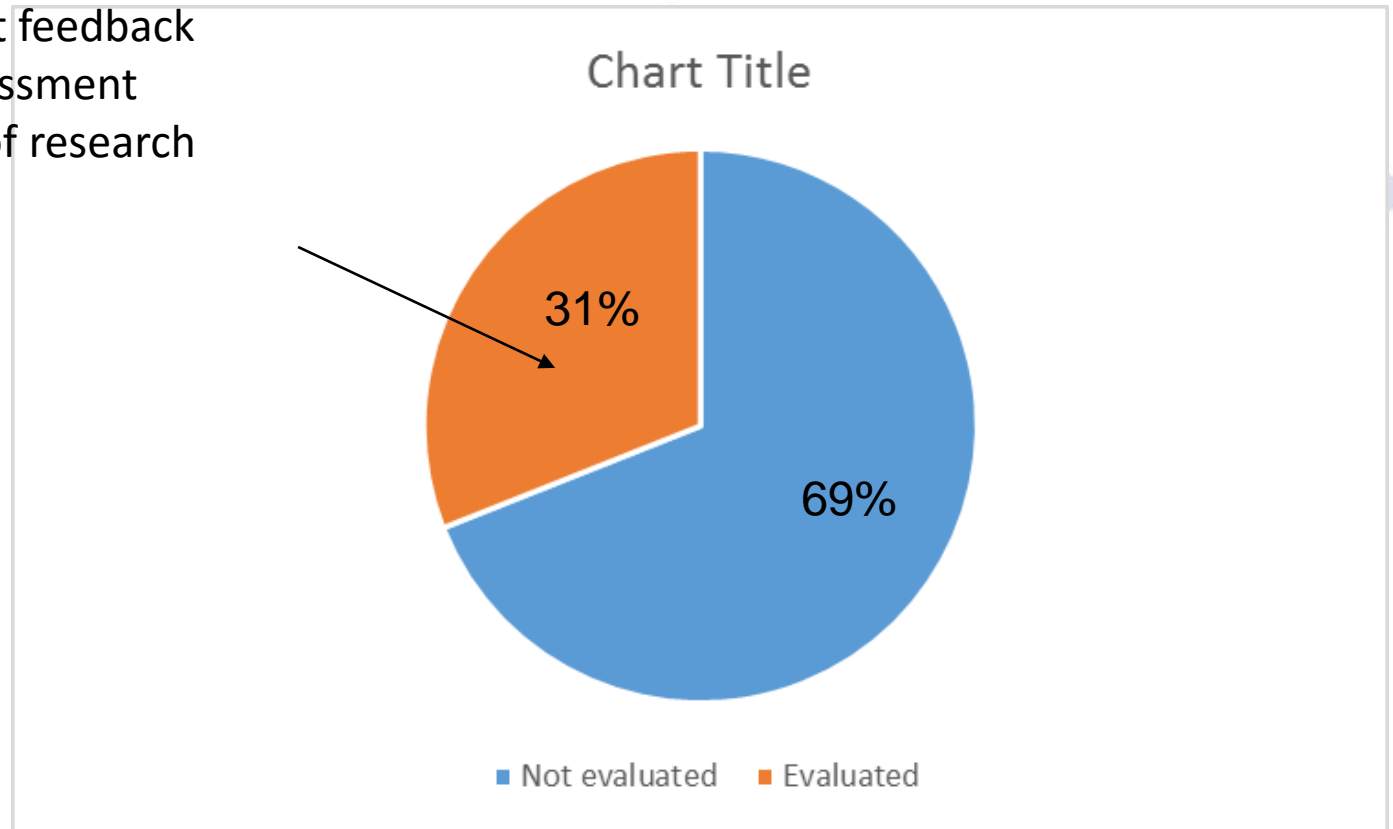
Other strategies

- Using university policies on sexual harassment and social media
- Using appropriate physical set-up: screens, draping and windows not opening to the outside
- Manual handling and infection control training
- Purposeful scaffolding of clinical skills



Strategies evaluated?

26 written response
24 student feedback
1 risk assessment
1 as part of research
project



Interviews

- Representatives of government regulators, accrediting bodies and professional associations
- 10 semi-structured interviews

Discipline	Professional association	Professional accreditation body	Professional registration Board
Chiropractic	X		X
Nursing			X X
Occupational therapy		X	
Osteopathy	X		X
Paramedicine		X	
Physiotherapy		X X	

Key themes

- Experiential learning was identified as a primary strategy for learning about ethical practice.

You have to practice how you speak to patients. You have to practice how you explain to patients. You have to practice how are you going to talk about the risks associated with treatment and negative outcomes. And if a patient does have a reaction to treatment during the treatment time, how do you manage that? What are the processes you go through? How do you talk to them? And if you have had experience of that in a student clinic, or in a student setting, then you're more likely to deal with that in a professional way.

(Participant 7)

I think that when most staff begin thinking about teaching physiotherapy, they think about it being experiential, as authentic-as-they-can-be experiences for students. They want to try to put students in the role of pretending to be therapists and pretending to be clients and actually engaging in the experience of what therapy might look like. There's increasingly online content but a large percentage of what people still see as being vital to the education is that students actually have the experience of portraying the roles of therapist and client.

(Participant 9)

Being willing to make yourself available as a model for your peers, that's a fundamental way of learning and makes learning possible because of the reality of it.

(Participant 3)

Key themes



- Taken for granted assumption
 - All students are willing to be models in practical classes

It's almost subconscious, I suppose, because you always see it [students acting as models]. That's part of your experiential learning, and that's always there as a requirement. I do expect to see it.

(Participant 5)

I think it was probably a little bit of a shock that first year and probably a situation that a lot of females didn't really feel that comfortable with, but it was just an expectation that that's what we had to do. So you just have to do it.

(Participant 6)

- Taken for granted assumption
 - There is negligible risk to students

I was just reflecting back on being the one model for multiple students ... I remember years ago being a model for Rosie in one of her neuro exams and having to do that vestibular Hallpike manoeuvre multiple times, over and over again and my middle ear has never been the same since.

(Participant 5)



Key themes

- Teaching and learning approaches evolve with changing social values

The thing that came to our attention was the increasingly multicultural nature of our classes and that it was not acceptable for some cultures to participate in some of those activities. (Participant 5)

I think there's probably been an increased awareness that there are more students with disabilities who are taking part in education. (Participant 9)

Summary

- There is widespread use of experiential learning as a pedagogical tool in health education.
- Learning clinical skills can expose students to the risk of harm; and can expose teachers and institutions to the risk of being sued. This risk is perceived as low.
- Strategies for ethical experiential learning are ad hoc and have undergone very little evaluation.
- A framework for experiential learning in health courses is needed to guide ethical practice.

Framework for ethical experiential learning

1. Inform students about:
 - what is expected of them in practical classes
 - what to wear
 - the benefits and limitations of experiential learning
2. Obtain written informed consent
3. Allow students to opt out without prejudice and offer alternatives
4. Allow students to choose their partners/groups

Framework for ethical experiential learning

5. Have an action plan for dealing with incidental abnormal findings
6. Train all lecturers/tutors in ethical experiential learning
7. Provide adequate change room facilities
8. Evaluate teaching and learning strategies for ethical experiential learning

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