



How Should Students Handle Ethical Dilemmas in Clinical Rotations?

This article is based on a presentation given by Nancy R. Kirsch, PT, DPT, PhD, FAPTA at the 2014 FSBPT Annual Meeting.

Clinical dilemmas may present themselves to students who are caught in the middle between their clinical instructor (CI) and doing “what is right.” It becomes more complicated because the student is not yet licensed. Students do not want to get into trouble with the facility or the school. CIs, who are licensees and have a Duty to Report, should serve as a role model for practice excellence, present a balance between “excellence and real life,” and work with many schools and school policies.

But that is not always the case. For the student, many unintended consequences of reporting an ethics violation may occur. It may mean failure or late graduation. For the faculty, it may cause the loss of a clinical site. Clinical sites, which are very important for students, may decide not to open to students any longer if their shortcomings are reported. But it would be unethical to do nothing.

Is the State Board obligated in some manner to students and licensees, and is its role punitive vs. remediation? That’s the question posed to attendees through hypothetical scenarios at a presentation on ethical dilemmas.

Here are eight scenarios.

Scenario 1 – If a student is named in a complaint, what would your Board do?

None of the attendees would wait until the student is licensed and then investigate, although that’s often what happens. Fully half said they would investigate as usual and 22% would take no action because the student is not a licensee. Twenty-eight percent were not sure what the board would do.

Scenario 2 – What if a student notices his CI and a female student may be engaging in a romantic relationship on the premises of the clinical practice? What should the student do? He could report his suspicions directly to the CI in question, report to the CI’s supervisor, report to the State Board, or report to the Director of Clinical Education (DCE) at the school.

Forty-eight percent of the attendees chose the DCE, 34% the CI, 17% the CI's supervisor, and only 2% the State Board. Direct responses included: This is a Practice Act violation and it is the DCE's responsibility to report, according to some states. However, in many instances a second-hand report is not enough. The student would have to report it to the Board. Still there is no direct knowledge. Some say students need to learn how to report to prevent violations later in their careers. Students may not yet understand what relationship they will have with the Board when they become a licensee, so the DCE is the appropriate person to whom they report violations.

Scenario 3 – The CI is very good, but she and other PTs in the office seem to be delegating a lot of their treatment responsibilities to aides, who are not permitted to treat patients. But there must be an exception about the aides because the CI is a great PT, right?

Of the attendees voting, 57% disagreed to making an exception, with 11% strongly disagreeing. Another 32% were neutral, with only 11 percent agreeing or somewhat agreeing.

Among the direct answers for the dilemma: Maybe the CI doesn't know the law, or it is OK because there doesn't seem to be any harm to the patient. If the student lets it happen, maybe she will do something similar when she becomes a licensee. If the student is not causing the violation, that may be OK although the violations are around the student.

Scenario 4 – The student from the previous scenario is overheard by her DCE about the situation in which the aides at her clinical site are doing actual treatments. What should the DCE do? Speak to the practice owner and lose the clinical site? Report it to the Board, which she knows is her legal responsibility, and lose the clinical site? This is a teachable moment and what lesson is the student learning?

More than half (54%) of the attendees would speak to the owner, while only 32% would report the incident to the Board. Ten percent would advise the student to follow the law.

Scenario 5 – Larry has his first acute care clinical affiliation and realizes the PTs have great responsibility regarding overall plan of care and discharge planning. The patient, after bilateral knee replacements, is doing well and the student PT takes him for a long walk prior to documenting this progress. His CI tells him that he should revise the report to reflect only a quarter of the distance walked or the patient would not be eligible to transfer to a sub-acute rehabilitation center. The student appeals to the CI with the facts, but the CI tells the student that if he doesn't revise his note, he would be responsible for sending the patient home where he most likely would get injured.

Attendees were asked how they would advise the student. Nearly 7 in 10 (68%) said they would keep the note as is and call the DCE. Three percent would revise the note, 10% would report the fraudulent documentation to the board, and 10 percent would choose another course of action.

In reality, the PT rewrote the note because the student did not have the authority to sign it. The relationship between the university and the clinical site became complicated.

Scenario 6 – A student PT has completed his clinical. When he was done, the facility hired him as an aide to work a few shifts per week. The staff still saw him as a future PT. He thought that

wasn't right but felt he was getting more background. However, when he was left completely unsupervised on a shift, he was worried. He was practicing without a license and his services were being billed. On the other hand, the staff trusted him and saw him as a future employee.

Attendees were widely split on what the student should do. While 46% said the student should report it to the Board, 30 percent said the student should change jobs, and 25% recommended threatening to leave unless the situation improves.

Specific responses included: Even if he gets another job, there was fraud because his services were being billed and he should report it to the Board. Because he self-disclosed, the Board may be more lenient. Some jurisdictions may even license the person and then take action against him. The school may have some responsibility. In some jurisdictions, there is an anti-retaliation section for those who report either anonymously or confidentially.

Scenario 7 – The next to last day of a clinical rotation, the CI gives the student a good report, and then asks the student to a party to be held a few days later. Is that a Practice Act violation?

Disturbingly, nearly half the attendees (48%) said this was not a violation. Another 30% were unsure. Only 22% called it a violation.

Ethical guidelines (Principle 5) refer to this as a violation. However, if the Code of Ethics is not imbedded in the jurisdiction's Practice Act, then for this to be considered a violation, the wording of this as an ethical violation must be written into it. If this was a patient being invited to the party, 88% of the attendees said it would be a violation.

Scenario 8 – The student was having a clinical affiliation in a practice specializing in pain management. After a week of observing intramuscular manual therapy (aka dry needling) several times, she was given a patient for whom the technique was a regular part of the care plan. Not to appear to have a lack of confidence, she considered whether to attempt the procedure. Who is at fault?

Sixty-three percent blamed the student, with 37% blaming the CI. Specific responses included: The student should be able to self-identify her own scope of practice. It should be based on the local Practice Act, which often requires a license and training to provide dry needling. It should be a joint decision between the CI and student since it is the CI's license on the line.

Does the Board have an Education/Remediation Role? With such diverse answers to the scenarios presented, it's obvious these should be addressed in each jurisdiction. Some of the points to ponder:

- What is the role of your Board when dealing with a "future licensee?"
- What is the role of the Board in providing education to students prior to graduation? Boards should visit the programs or invite the programs to board meetings.
- Is the student, prior to graduation, more a consumer than a (future) licensee?



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from Seton Hall University, her PhD concentration in ethics from Rutgers University (formerly UMDNJ), and a Doctor of Physical Therapy from MGH. She owned a private practice for more than 20 years and currently practices in a school-based setting. In addition she is the Director of the Doctor of Physical Therapy Program at Rutgers, the State University of New Jersey. Nancy has been a member of the New Jersey Board of Physical Therapy Examiners since 1990 and was Chairperson of the Board for 12 years. She is currently Vice President of the FSBPT Board. Nancy has also been active in the American Physical Therapy Association since she was a student. She served the New Jersey Chapter as Secretary and President, and as a Delegate and Chief Delegate to the House of Delegates. She served the national association as a member of the Ethics Document Revision Task Force. She also served a five-year term on the APTA Ethics and Judicial Committee and the APTA Reference Committee. She received the Lucy Blair Service Award and was elected a Catherine Worthingham Fellow from National APTA and received the President's Award from the FSBPT. Nancy writes a monthly column in *PT in Motion Magazine*, called "Ethics in Practice."