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Iterative Ethical Discussion in Hybridized Practice Classes

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Abstract. An increasing number of social work programs at both the bachelor's and master's levels utilize online or hybridized instruction, including practice courses. These courses may be of particular advantage to students in rural communities by minimizing commute times and making social work education more available. However, a concern is whether these venues allow essential content, such as the development of professional ethics, to be adequately addressed. This teaching note is based on the authors' experiences with conducting online ethics discussions and provides suggestions for incorporating online scenarios that reflect practice dilemmas, which students must consider critically before responding to posted questions.

Keywords: ethics, ethics instruction, online instruction

An increasing number of social work programs at both the bachelor's and master's levels utilize online or hybridized instruction, including practice courses. Expanded online and hybridized courses may be of particular advantage to programs that serve students who live in rural communities by minimizing commute times and making social work education available to a wider variety of students. However, a concern that educators frequently express is whether these venues allow essential content, such as the development of professional ethics, to be adequately addressed. In their own virtual teaching experience, the authors have offered online scenarios that reflect ethical practice dilemmas, which students must consider critically before responding to posted questions following a specified format. In some instances, although not all, these postings expanded upon in-vivo class material. Since both the BSW and MSW programs at the authors' university have a generalist focus, many scenarios included issues affecting micro, mezzo, and macro practice.

Wallace (2003) noted the potential benefits of online instruction, including increased interaction and collaboration between instructors, thereby creating a "learning community" (p. 263) and the need for learners both to examine cognitively and engage affectively with content. Maidment (2005) outlined such challenges as inequalities in internet access and the occasional ambiguity of written communication while simultaneously recognizing the richness of online pedagogy's constructivist roots and potential for "collaborative peer learning" (p. 192). Ayala (2009) discussed hybridized courses, or *blended learning* (p. 277), as a way to combine the respective strengths of both in-vivo and online components. The present authors deemed these qualities as creating the ideal environment for teaching values and ethics.

Sanders and Hoffman (2010) described the identification of issues and awareness of one's actions as crucial elements of the Council on Social Work Education's required ethical decision making competency (EPAS 2.1.2). Reamer (2003) noted the increasing attention to social work ethics within the profession's literature base, including risk management concerns and decision-making guides. Daley and Hickman (2011) described special challenges that may confront workers in rural communities, including the unavoidability of certain dual relationships,

access to supervision, and aspects of rural culture, such as barter exchange and a lack of privacy. For these reasons, they recommended utilizing a culturally sensitive *relativistic* (Daley & Hickman, 2011) approach incorporating the identification of potential ethical conflicts, judicious use of supervision, informed consent, and careful documentation.

Anderson and Boland-Prom (2005) described two approaches to teaching ethics. Process methods focus on interweaving practice and ethical concerns, where technical approaches offer specific examination of the NASW Code of Ethics. Characteristic of the process model is Dybicz's (2012) description of social work values as "part of a hermeneutic inquiry which emphasizes meaning and values, the application of social work values both generates knowledge and actively drives treatment planning and implementation" (p. 277). Gray and Gibbons (2007) advocated that educators "teach students to reflect on the way in which their reasoning, actions, and decisions are affected by their values, because without values the helping process becomes a rational-technical endeavor" (p. 223). Allen and Friedman (2010) reiterated the importance of affective learning in the teaching of values and ethics. With regard to models of ethical decision making, Anderson and Boland-Prom (2005) noted that "the true test of utility is in the application of each to difficult ethical questions faced by practitioners" (p. 497).

Multiple venues exist for teaching ethics and the resolution of dilemmas. Most of us probably had our first ethics training in face-to-face classrooms. Cromartin and Gonzalez-Prendez (2011) described the first author's use of her field internship to identify the value-based conflict a particular practice situation created for her. Currently, however, the growth of online and hybridized courses is causing scholars to explore online options for teaching ethics.

Vernon, Vakalahi, Pierce, Pittman-Munke, and Adkins (2009) reported the value of technology as a tool for teaching critical and reflective thought processes and decision-making skills. Wilke, Randolph, and Vinton (2009) discussed the importance of mutual aid and dialogue in enhancing learning communities. Marson, Wei, and Marson (2010) noted that previous studies indicated distance education students had better test scores but did not do as well as face-to-face learners in applying concepts to actual practice situations. Marson and colleagues further noted that while students in face-to-face classes are not required to comment or discuss each standard introduced, online students are required to participate in every conversation. Students who miss a session in the face-to-face classroom miss the discussion that day, which is not the case in online classes. Marson and colleagues further recommended that social work educators look deeper into the implications of teaching ethics online.

Course Development

Both authors of this work have recently taught practice classes that included online ethics discussions. While the specific classes are not named in order to protect student confidentiality, one class was taught exclusively online, and the other was hybridized. One was an upper-level undergraduate course, and the other was at the Master's level. Both courses contained between 10 and 20 students. Both cohorts contained traditional and non-traditional learners, with many of the graduate students having considerable work experience. Many students at both the graduate and undergraduate levels also have connections with the military.

The undergraduate class was offered exclusively online, and the hybridized MSW class discussed the Code of Ethics and the Ethical Rules and Ethical Principles Screen (Dolgoft, Lowenberg, & Harrington, 2009). In both instances, students were given case scenarios depicting

a dilemma or otherwise challenging ethical situation. Students were to respond to the scenario, identifying the challenges within the situation, relevant points to consider, and possible responses. One scenario addressed a video presentation. Some utilized situations portrayed at a local continuing education workshop (Nichols, 2009; 2011). Still others were created by the authors for their own class use. These five scenarios are included in the Appendix. Students were aware that their work would be evaluated for thoroughness of response and evidence of critical thinking. Previous discussions addressed the process of ethical decision making and emphasized that it was possible for ethical social workers to reach different conclusions and pursue different courses of action. Since course delivery was asynchronous, students could read and consider one another's work. The assignment required students to respond to a minimum of two classmates, and many chose to respond more frequently.

The authors incorporated the ideas described above by alternatively asking students to respond to ethical dilemmas based on their own reading of the NASW Code of Ethics and the application of the Ethical Rules Screen and Ethical Principles Screen (Dolgoff, et al., 2009). The Ethical Rules Screen asks users to consider whether a situation is addressed within the Code. If it is, the social worker should follow the Code regardless of personal belief. If the situation is not covered, the social worker should consider the following eight principles in ascending order: (a) truthfulness and full disclosure, (b) privacy and confidentiality, (c) quality of life, (d) least harm, (e) self-determination, (f) autonomy and freedom, and (g) the protection of life (p. 80).

As the authors begin formal data collection, domain analysis or other qualitative techniques will be appropriate. However, in this teaching note, the authors were interested in ethical and practice concerns the students identified, their ability to separate personal and professional values, and their ability to apply the Ethical Rules Screen and Ethical Principles Screen and/or their own reasoning strategies. A representative of the authors' Institutional Review Board stated that IRB review was not necessary for reporting student responses since names and specific course titles were withheld (Dr. Omie Shepherd, personal communication, July 10, 2013).

Discussion Content

As anticipated, discussion board forums thus far have provided opportunities for thinking about ethical dilemmas that extend beyond those of the typical face-to face classroom. The first discussion asked students to consider euthanasia. Use of the online format apparently prompted spontaneous internet research, as one student quoted the modern version of the Hippocratic Oath. Another student compared U.S. practices to European practices, and a third discussed pain management.

Personal values figured into this first discussion more than any other, perhaps because of its controversial nature, or because it was offered at the undergraduate level. Some statements reflected the impact of personal values on interpretations of ethical situations, such as the observation, "As future social workers we must work to find out patients a way to cope with their illness and find resources to help them maintain an acceptable quality of life until the time that they pass away."

One strength noted was that even as students voiced differing opinions, they expressed respect for one another along with recognition that euthanasia "is a polarizing debate." One

voiced the realization, “I don’t think any of us really knows what we would do unless we have been in this situation.”

Other scenarios posed to undergraduates included a client’s revealing domestic violence to her therapist along with her fear that her spouse will kill her if she reports or tries to leave. In another, a school social worker sees an image on MySpace of a minor client having sex with another student. In responding to these cases, both students and instructor considered such legal concerns as state variations in mandated reporting of domestic violence, reporting the minor client’s parent to Department of Children’s Services (DCS) for neglect based on lack of supervision, child pornography, and age of consent for sexual activity. A theme that arose relative to both cases was educating clients and parents about *normal* behavioral expectations.

Two scenarios dealt with professional sexual misconduct. In one, a new social worker learns that her supervisor, who is also the president of the licensing board, is having a sexual relationship with a client. In another, a social worker confides to a close friend, also a social worker, that he is having an affair with a client. In the former instance, discussion points included the appropriate chain of reporting, concerns about how the report against the supervisor would be received, and whether the supervisor’s professional prestige and power would result in his behavior being overlooked. In the latter instance, discussion included the possibility of reporting and whether this violated the client’s confidentiality, the social worker confronting his friend, using the Code’s position on sexual relationships, and encouraging him to end the affair immediately.

In the final scenario, a therapist who is in recovery encounters a client at an AA meeting. The client confesses in the meeting that he has had a lapse in sobriety, which places him in violation of a court order. Discussion points included the therapist’s past drinking, current sobriety, and the need for him to attend a different meeting. One position was that he might need to consult with his supervisor about the client’s behavior. Another was that any mention of the client or his relapse would go against AA policies and practices.

The apparent advantages of conducting these discussions in an online forum were that students could review all other comments made, consider new aspects of the dilemma based on those comments, and give a rationale for their agreement or disagreement with a particular stance.

Graduate students responded to five ethics scenarios. Three were completely fictional, with one modified from a practice situation that occurred early in one author’s career (see Appendix for ethical scenarios).

The first scenario dealt with a 25-year-old Latino man with limited English who was hospitalized for a relatively minor surgical procedure but was not able to understand the Advanced Directive. Students considered the appropriateness of the Ethical Rules Screen, the Ethical Principles Screen, and addressed pertinent micro, mezzo, and macro concerns. The majority of students saw the Ethical Rules Screen as adequate, since the issue could be related to Informed Consent content contained within the Code of Ethics. One individual referred to the Ethical Principles Screen’s emphasis on the Protection of Life. Several referred to the Code of Ethics and/or the Dolgoff et al. text and referenced the need for professional translators rather than relying on family members. Reasons such as the client’s privacy and possible conflicts of interest were cited as justification for not using relatives to translate. There were also several

references to NASW's (2001) emphasis on cultural competence. Some advocated for the ready availability of Spanish forms and directives. Others emphasized the desirability of activism and organization within the Latino community to ensure access to adequate health care resources and bilingual providers and materials.

Scenario 2 asked students to assume the role of social worker to a man with terminal cancer who has expressed his intent to end his life by rolling his wheelchair into traffic. The social worker encounters him as he wheels through a deserted lobby one night, presumably to carry out his plan. Classroom discussion had previously addressed Sam's right to self-determination, legal responsibilities, and possible trauma to motorists potentially involved. The discussion board more fully addressed the Ethical Principles Screen and the precedence of protection of life over the right to self-determination. There was some debate about Sam's mental status given his recent hallucinatory experience. While the class was fairly evenly divided on whether Sam had the right to end his life, given the circumstances, it was agreed that the only ethical course of action would be to prevent his suicide. As one individual stated, "The Code of Ethics ... should always take place over the social worker's personal values. We are not in a role where we have the option to decide what is best for the client, and we therefore have to do what is right, legally..." Another student noted:

I think so far in the forum, we have all suggested that the protection of life must come first and foremost above all other principles; however, it is interesting to read what other principles other students have talked about considering when making their decision. And I guess that's what it is, our Code of Ethics, the Ethical Rules Screen, and the Ethical Principles Screen are there for guidelines, they are not concrete, and every one of us at one time or another may look at the same issue in a different perspective.

The third vignette described a same-sex household in which one partner, the biological mother of the couple's child, was being screened for possible breast cancer. Responses included offering emotional support to the partners, community activism and advocacy, and the possible repair of relationships with estranged family members. Most of the discussion centered on the welfare of the couple's son should anything happen to his biological parent. Legal considerations, such as finding the boy's absent father and petitioning him to relinquish parental rights, were a focal point. One student found that while this state does not recognize same sex unions, it does allow same sex adoption. The Code of Ethics' stance on social justice, diversity, and the need to educate oneself with regard to diversity were discussed. Several students mentioned that professional ethics would take precedence over any personal opinions of a social worker. One individual mentioned the NASW's (2001) recognition of strengths in all cultures. Resource organizations such as the Human Rights Campaign and Freedom to Marry were named. Someone recommended rallying sympathetic legislators. One student said:

If this couple wished to have their voices heard in regard to legal issues and custody problems with children for same sex couples, this could be used as a media attention getter and for "the softening role" in policy advocacy.

In the fourth scenario, students were asked to think about ethical concerns facing a social worker who was starting a private practice. Responses included content regarding HIPAA provisions, record keeping and access, bartering, fees, confidentiality, representation of competence, involuntary hospitalization, and emergency coverage. Since a focal point of his practice was men with eating disorders, some respondents addressed the need for consultation

with other professionals. One individual suggested that if this had ever been an issue for the social worker, that professional would need to make sure that his own health was *in check* and that he was modeling healthy behaviors for clients.

The fifth scenario elicited some of the strongest emotional responses from students. A hospital social worker's client has non-Hodgkin's lymphoma. Thus far, none of his family has been a suitable match for a bone marrow transplant, and he refuses to reveal his diagnosis to his daughter who is in the military and about to be deployed. However, the daughter is the social worker's high school acquaintance and asks for an honest assessment of her father's condition.

Responses included one person's admission that she would want to know what was going on with her father, and would find it difficult not to be able to share the information, although she stated that even in this case, the Code of Ethics and Ethical Rules Screen would take precedence over personal feelings. Some posts reflected on the importance of bearing in mind who the client truly is. Some respondents suggested talking with the client to see if he might change his mind about talking with his daughter. Everyone agreed that the professional relationship would take precedence over personal considerations. One person observed that part of the importance of the Code of Ethics is that it provides objective guidance in emotional situations.

Informal student feedback about the online learning experience was positive. One individual commented, "I have found most of the ethical dilemmas fairly straightforward especially when you look at them ethically and not emotionally. In Vignette 4, I would definitely empathize with the patient's daughter, but the confidentiality restrictions are clear."

Another stated:

Working through the course and these vignettes have taught me that things are not always straightforward or black and white and that there will not always be a "right" answer to the issues that we face. Having resources such as the ERS and EPS will be helpful throughout practice in providing a framework for some challenging decision making.

Discussion

It is apparent to the authors that asynchronous discussion board activities can indeed be an effective way to engage students in the study of ethics. The fact that many of the students have had multiple classes together probably increased the level of honesty and vulnerability among many participants. The respectful communication of different opinions hopefully served as a model for future professional behavior. The expression of commonly held concerns, such as the tension between personal feelings and professional obligations, seemed to serve as a source of mutual empowerment.

The authors hope to expand their exploration of the online teaching of ethics with a more formal qualitative study that examines commonly expressed themes and questions. A more systematic assessment of student response would be valuable. In any case, the particular groups of students in these classes approached the task with willingness to learn, professionalism, and maturity. They provide every reason to be hopeful about the future of the profession.

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Appendix

Ethical Scenarios Used in Graduate Class

Ethical Scenario 1

The Code of Ethics is clear about our obligation to ensure that clients understand treatment, its implications, limitations, and outcomes, and other options they have.

Assume that you are a hospital social worker who speaks little or no Spanish. Your client is 25-year-old Miguel Sanchez, who is being admitted to the hospital for surgical repair of a torn Achilles tendon. All surgical admissions are asked to sign an Advanced Directive prior to surgery. Mr. Sanchez has only moderate fluency in English. How can you help to ensure that he understands the provisions of this "Living Will" and the choices he must make before he signs the document?

What are the particular micro level concerns you have in relation to Mr. Sanchez? Are there any macro level concerns you wish to address?

Ethical Scenario 2

Sam is a former police officer in his early 60s who is on permanent disability and resides in a nursing home. He has end-stage lung cancer, which has metastasized to his bones, and a recent visual hallucination suggests that metastasis may have spread to the brain as well. He is confined to a wheelchair but is able to move about the facility and grounds at will. His wife has advanced Multiple Sclerosis and is unable to visit. He has no surviving children.

Yesterday at his Care Plan meeting, the Director of Nursing reported that he had offered one of the CNAs money to push him out to the street—a fairly major thoroughfare—so that he could wheel himself into traffic. The CNA refused and reported the event.

You are the facility's social worker and you have stayed well into the evening to catch up on paperwork. You step into the lobby to pass pleasantries with the receptionist and purchase a soda. Sam wheels himself off the elevator, speaks to you briefly, and heads toward the automatic front door and out toward the parking lot. Based on yesterday's report and his general demeanor,

you are reasonably certain that he plans to cross the parking lot and head toward the street. What is your response?

Ethical Scenario 3

Julie was already pregnant from a casual sexual encounter when she met Lisa 10 years ago. Although they live in a state that does not recognize the right of same-sex couples to marry, they formalized their relationship in a covenant ceremony a few weeks before Micah, whom they both regard as their son, was born. Although he has never formally relinquished custody, Micah's father has had no contact with Julie (or his son) since the night she told him she was pregnant.

Lisa's parents and sisters have been supportive of the couple and actively involved in Micah's life ever since he was born. Julie's father is the minister of a church that opposes homosexuality and has forbidden his wife to have any contact with his daughter or her "aberrant" lifestyle, thereby estranging her from her only child.

Julie and Lisa have come to see you as a result of the breast lump Julie discovered in the shower last week. Her gynecologist performed a needle biopsy yesterday, but the results will not be available until after the weekend. Both are concerned not only about Julie's health, but also about Micah's future since he is not legally related to Lisa.

Ethical Scenario 4

Ben is about to realize his dream of opening a private practice. One of his areas of specialization is men with eating disorders. What kinds of things does the Code of Ethics address that he will need to pay attention to? What does it say about record keeping? Billing and payment for services? Bartering for services? Confidentiality? Consulting with other professionals?

What are some of the other practical things Ben needs to consider, such as emergency on-call, "relief" if he goes on vacation, gets sick, or has a family emergency?

Also, we are assuming that this is happening because Ben recently became licensed at the clinical level. What did he have to do in order to do this, either in this state or the state in which you anticipate practicing?

Ethical Scenario 5

You are a social worker in a large hospital in the community where you grew up. It is a fairly large city, and your high school graduating class had 325 seniors. You decided to move back only last year, so you are reasonably new at your job.

Mr. Jones has been admitted to the hospital for the third time since you began working there, and he is one of your favorite clients. His diagnosis is non-Hodgkin's lymphoma, and his recent blood tests were not good. He is running out of options, and his oncologist is recommending a bone marrow transplant and suggests that all family members be tested to find the best possible match. His only sibling is a half-brother and turns out not to be a good match. His oldest daughter is actually a step daughter and is not related by blood. His younger daughter is six months pregnant and is therefore not a good candidate. He is adamant that his youngest daughter, who is active duty military and will probably be deployed to Afghanistan within the next three months, not be told of the seriousness of his condition and refuses to let you ask her to be tested as a match.

That weekend, however, his daughter manages to obtain a 48-hour pass to visit her father since "Mom sounds like something's up, but she won't tell me what it is."

When you see her, the two of you immediately recognize each other. While you weren't close friends in high school, you were both active in the Service Club and so were involved in many of the same activities. Since she went by a nickname in high school, you didn't make the connection before.

After you leave his room, Sgt. Jones catches up with you and says, "Please level with me. How is my father, really?"

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