

# STUDENT SUPERVISION

HOW AND WHERE DOES ETHICS  
COME INTO IT



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**WE'RE ALL IN THIS TOGETHER!**



# CONTENT OF PRESENTATION

- Brief look at terminology/concepts
- Supervisory context – 3 components
  1. Supervisory environment
  2. Law, rules, guidelines & codes
  3. Supervisory relationship and interrelatedness
- Each looked at its inherent factors, ethical issues, expectations and possible dilemmas
- Community (public health ethics)
- Guidelines for training

# BASIC CONCEPTS/ TERMINOLOGY

- LAW
- MORALS
- ETHICS

# LAW = LEGISLATION

- Minimal Ethic
- Compulsory, non compliance may lead to criminal and/or civil prosecution
- Current legislation incorporates rights of individuals and what was previously ethical aspirations :
  - Constitution of RSA (Rights)
  - Health Professions Act (HPCSA Rules)
  - National Health Act (patient rights, practitioners responsibilities)
- Applies to entire population
- Supported by case law

# MORALS

Personal belief of what is right and wrong,  
good and bad

Family, community, group based morals  
and values

Govern attitude and guide action, provides  
standards

Professional morality ?

# ETHICS

A structure or set of standards that prescribe or prohibit certain behaviours of members of a particular group (OT) and/health care practitioner

The best we can be, highest level of service/behaviour aspired to, the ideal

Ethical principles – apply universally to all health care practitioners

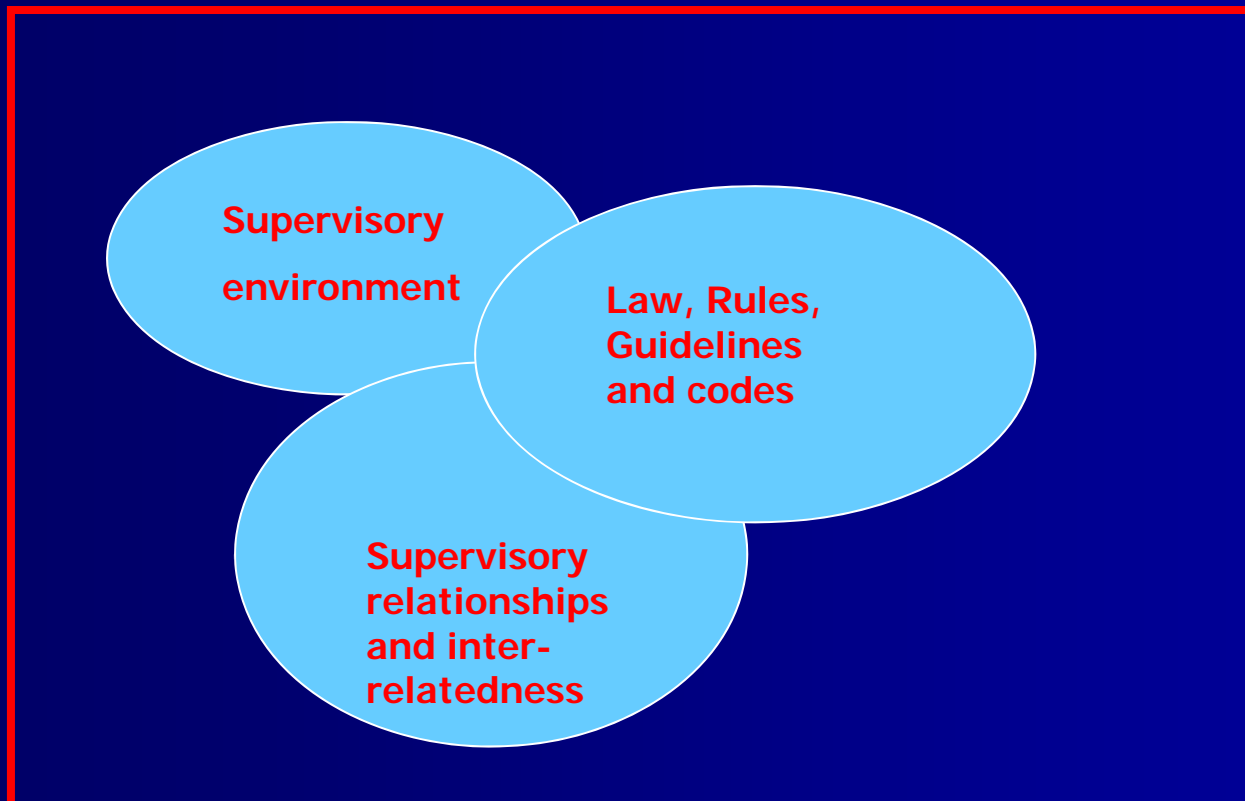
Ethical rules- describe appropriate attitudes, behaviours and responsibilities and prohibit unprofessional conduct (HPCSA)

Ethical standards

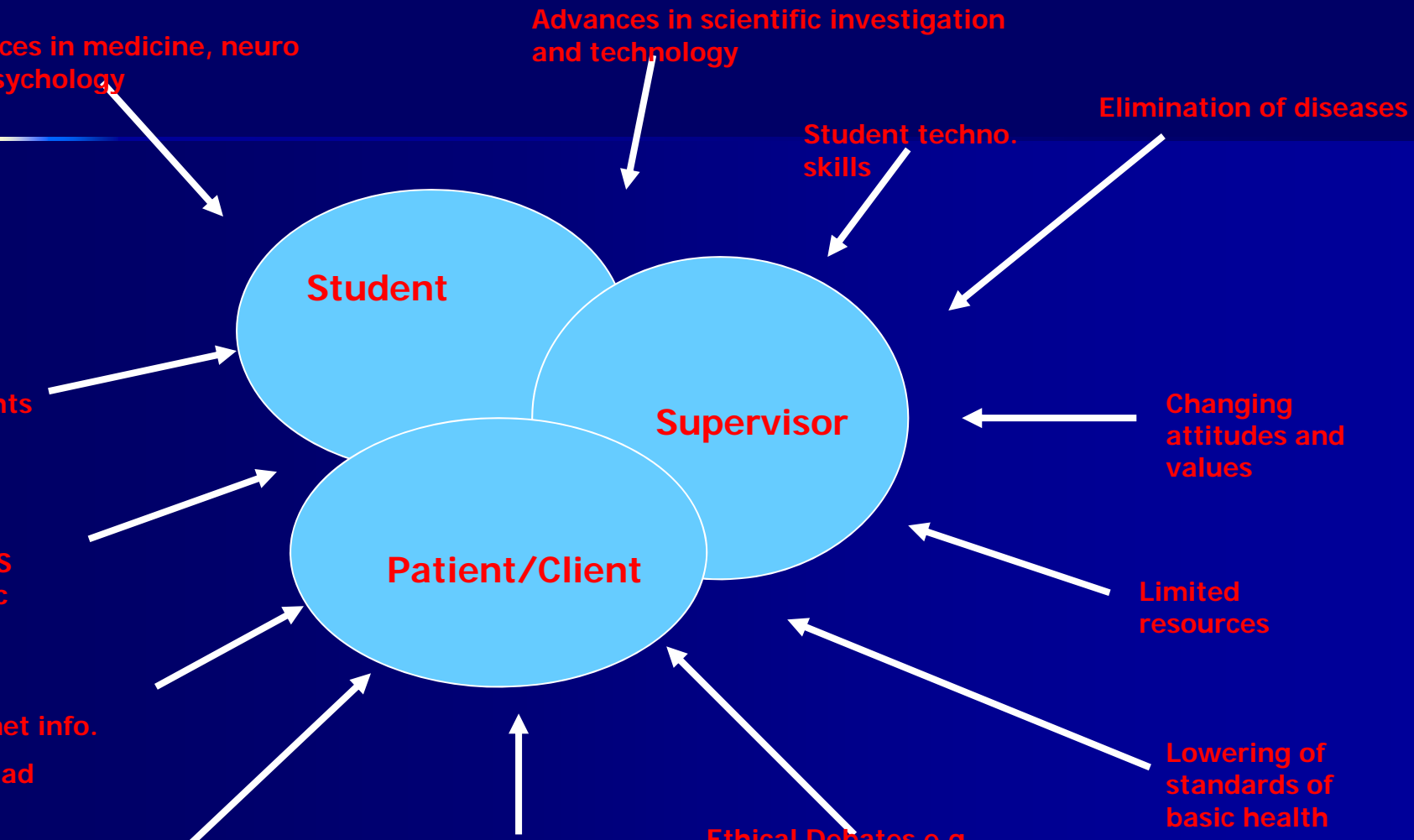
- Primarily it concerns our :
  - responsibility, duty and obligation to recipients of our services and fulfilling these
  - professional integrity
  - clinical independence
- Ethical requirements describe day to day behaviour towards patient/client; OT and other colleagues, employers, training centres and community
  - Recognising and dealing with ethical dilemmas effectively
  - Distribute justice (consider equally, allocate equitably)
  - Everyday decisions (who to treat, when to terminate, use of time, deal with staff/students)



## The supervisory context comprises 3 inter-related components



# The Supervisory Environment



## COMPONENT 2: LAW, RULES, GUIDELINES AND CODES.

Ethical Principles

Ethical Theories

Legislation (Constitution, NHA, MHCA)

HPCSA Rules (Health Professions Act)

Codes of Ethics

Standards of Practice document

Scope of Practice/Profession

Patients Rights Charter (DoH)

Common law duties

: Codes of good practice; policy documents ;

Professional disciplines guidelines (doctors & dentists)

Clinical independence

Professional integrity



# ETHICAL THEORIES

- Utilitarian – to do that which has the greatest benefit/does the least harm to greatest number of people (individual needs secondary)
- Deontological –to what is right according to the rules/principles (do no harm, do good, be honest)
- Feminist – 2 Pillars :
  - to show compassion, nurturance and kindness; respect for context and relationships
  - to decrease/eradicate oppression/marginalisation

# WHAT IS A STUDENT ?

- a) A burden/nuisance ?
- b) An OT colleague ?
- c) A practitioner ?
- d) A community member ?
- e) a) + b) + c) ?
- f) All of the above ?
- g) Other ?

# LEGISLATION

- The supervisor is vicariously liable for the actions and omissions of the individuals being supervised
- The supervisor ultimately retains full responsibility for the nature and quality of intervention
- Responsible to :
  - train
  - delegate
  - observe
  - feedback
  - monitor
- Supervisee is accountable to supervisors, must accept reasonable authority and guidance
- Ethical obligations included in legislation eg. Constitution of RSA – Bill of Rights; NHA – patient rights, practitioners responsibilities; MHCA – MHC user rights, service management; Labour Law – no

# THE HPCSA RULES

- 28 Rules
- Generic to all registered practitioners
- Rules applicable to supervision
  - Practitioner may not cast reflection on probity of professional reputation and skill of colleagues
  - Reporting impairment –
    - \* self/practitioner/intern/student
    - \* illegal, unprofessional, unethical behaviour
  - Performance of Acts –
    - \* may only do that for which we are adequately trained and sufficiently experienced according to scopes of the profession and practice
    - \* may only perform under proper conditions and appropriate surroundings except emergency
- Other :
  - Cant impede a patient (2<sup>nd</sup> opinion)
  - Maintain confidentiality
  - Honest information on certificates reports (and consent)

# OTASA CODE OF ETHICS

**OT practitioner shall treat colleagues**

- **Fairly**
- **With discretion and integrity**
- **Reference to quality of service done with care**
- **Protect reputation**
- **Discourage, prevent, expose, correct breaches of CoE**

**OT is :**

- **Vicariously liable for actions or omissions of supervisees (auxilliary staff and students)**
- **Retains ultimate responsibility for service to patient/client**

**Supervision to be provided at appropriate level to suit competence of supervisee**

**OT personnel shall respect needs competencies, responsibilities of other professions and groups within working environment**



# WFOT CODE

- No reference to supervision but includes responsibility to team
- OT shall co-operate and accept responsibility in a team; support goals set and
- OT shall provide reports of progress, intervention to team members with

# COMMON LAW DUTIES

- Duty to treat (continue with intervention)
- Confidentiality
- Obtain informed consent
- Equitable use of scarce resources

Component 2 :

## Law, Regulations, Guidelines and Rules

Briefly mentioned Ethical Principles and  
Series

Type of practice/profession

Standards of practice

Patients rights

Discussed :

Legal principles and stipulations

HPCSA Rules

Codes of Ethics and

Common law duties

Unified together by professional integrity and clinical

dependence

# THE SUPERVISORY RELATIONSHIP AND INTERRELATEDNESS

# Applying ethical principles in the student – patient/client relationship (applies equally to all OT practitioners)

- The Student / Occupational Therapist has several duties/ obligations towards each patient/client. These include:

**\*To do what is in the best interest of the patient at all times (Beneficence)**

This means that the student / OT must :

- Read up on condition
- Assess thoroughly (context is important)
- Plan with care, think through properly
- Ensure own competency (get help if unsure)
- Prevent harm (ensure safety, effective treatment)

## Do respect autonomy of the patient

### (Autonomy)

OT / Student must:

- Accept and acknowledge patient's ability and right to **self determination**, control over his/her own life and decision making in terms of intervention.
- Inform **patient** of his/her **rights**, also of refusal and a second opinion.
- Enable / facilitate patient autonomy
- Ensure **informed consent** — diagnosis, prognosis, investigations, alternate options, possible risks and effects, effect of non compliance, duration, cost, etc.
- Make information user friendly
- Accept and facilitate request for second opinion
- Give access to occupational therapy files if requested by patient.

**\*TO NEVER DELIBERATELY HARM a patient  
(Non- Malificence)**

**OT/Student must:**

- Ensure own level of competence to avoid possible harm such as :
- Allowing patient to fall / hurt himself
- Providing inappropriate ineffective intervention
- Not providing treatment needed
- Condoning unacceptable levels of care (egg. neglect of patient / premature discharge)
- Unnecessary absence (eg. day before case presentation)

## To maintain patient/client CONFIDENTIALITY

which requires the OT / Student to:

Obtain consent for divulging information.

Refrain from engaging in social, casual chitchat about patient (no corridor / tea room discussions).

Divulge only what is really necessary for maximal benefit of treatment in the team (with consent).

Not divulge a person's private information unless it poses a real / identified serious risk to a third party or the patient her/himself (the right to privacy ends where public peril starts).

Discuss concerns with supervisor only.

Keep files and notes safely.

Ensure safe custody of information

Not discuss one patient with another



**to provide accessible and equitable SERVICE  
(Justice)**

**requires us to:**

Allocate resources fairly and according to need - this includes treatment time, and especially in terms of case study patients.

Not to show bias in terms of race, gender, religion, socioeconomic standing, culture, sexual orientation, disability.

Make treatment area / resources accessible — can be expected to do after hours work/adapt schedule/outreach programmes

**keep promises made (Fidelity)**

**requires student / OT to:**

Follow through with plans made, keep promises to patient / care providers.

## o provide a **CONTINUATION OF TREATMENT (Duty to treat)**

is means that the OT / student needs to:

Continue to provide appropriate intervention once commenced, cannot be arbitrarily terminated (student cannot refuse to treat a patient allocated, or abandon intervention after a few sessions, miss sessions)

Stick to guidelines about termination of intervention and refusal of acceptance for intervention

# Duties and Responsibilities of Students and Clinical Supervisors

## Student shall

- Show respect
- Consult
- Keep informed of plans, whereabouts, absence, illness
- Keep appointments/deadlines
- Make proposals/come with a plan
- Do not participate in gossip about other students, staff or academic staff to other staff, student or academic staff

## Supervisor shall

- Train/teach student if not competent
- Monitor behaviour, deal with unprofessional behaviour as soon as possible (discuss academic supervision)
- Maintain and respect student confidentiality
- Do not involve student in gossip about other colleagues/academic supervisors or fellow students

## **uties and Responsibilities of Clinical Supervisors to Other Clinicians "**

Show respect for student as future colleague in all situations

Maintain student confidentiality.

Refrain from idle gossip about student.

Complaints / concerns to be discussed with academic supervisor in private. (Beware of possible labelling of student).

## ties and Responsibilities of Academic Supervisors to Student & Colleagues)

Respect confidentiality of clinician and students.

Support and provide guidelines for supervision

Promote collaborative practice.

Refrain from indiscriminate gossip (corridor / tea room) about student / clinicians.

Discuss student concerns in private with relevant persons only both in clinical and academic settings

Respect the training, competency, professional integrity and clinical independence of colleagues Any

reference to quality of service rendered by or the integrity of a professional colleague must be expressed with due care to protect the reputation of that person.

Students are expected to provide

reasonable assistance to each others, and must be accountable to supervisors/colleagues and team

A student may not exploit another student

# Behaviours that are absolutely PROHIBITED

- Borrowing from, lending to patient/client
- Trading with patients (selling to them)
- Gossiping with patients about patients/clients, staff, fellow students
- Abuse/exploitation of patient/client or auxilliary staff — do menial tasks
- Provision of alcohol, drugs, money
- Private/personal info sharing
- Having a love affair, ANY intimate, sexual relationship/activity
- Doing physical harm hitting, restraints, swearing at patient, student may not condone, participate in such restraints/beatings
- Disclosure confidential info

Private — after hours meetings/drinking together

# Behaviours that are absolutely PROHIBITED

- Cheating, any dishonesty, stealing, truancy, use of alcohol or drugs in prac time or arrive intoxicated/hungover.
- Being investigated for criminal activity by police
- Gossiping with supervisors/clinicians
- Use of cellphone during treatment sessions

# COMMUNITY/PUBLIC HEALTH ETHICS

It considers poverty, social poverty, violence, war, housing discrimination, disease/disorders. Also community needs/values :

Therefore ascribed to value such as :

PARTNERSHIP

CITIZENSHIP

PROTECTION OF THE COMMUNITY

HEALTH OF COMMUNITY



# BASIC PRINCIPLES

- Facilitation, discussion, negotiation – first !
- Empowerment of people, education
- Respect for their knowledge and experience
- Enhancement of physical and social environment
- Assuring professional competency
- Protecting rights and safety
- Transparency
- Making morally appropriate decisions
- Respect for cultural belief and procedure/decision making authority
- Lessening social inequalities

# ETHICAL DILEMMAS

- Under what circumstances should individual interest yield to the general good
- Impact of culture, social mores (values) on decisions
- Authority of practitioner
- Data gathering without providing a service
- Starting a service and leaving in September to only return in February/March (sustainability)
- Creating expectations Training needs Vs Community needs
- Attendance of programme by “unsuitable individuals”

# TEACHING OF ETHICS

Some pointers for practice

To enhance teaching –

- Accept that its much more than rules and laws
- Good role models essential (academic and clinical)
- All academics need training in Ethics – concerns us all
- Experience, opportunity to grapple with issues with fellow practitioners needed
- Student must learn rationale and vocabulary to defend own ethical position
- Case discussion (analysis and discussion) effective
- Formal and informal reflective sessions needed
- Role modelling (practice behaviour) valuable
- Use interactive learning both at academic and fieldwork level

Mentor new staff to enable appropriate guidance

Supervisors need to :

Maintain own levels of competence (Research based)

Set clear and sensitive boundaries

Apply same rules of confidentiality in student/teacher/supervisor relationship

Delineate professional behaviour

Evaluate fairly and respectfully

Make time to discuss issues, values, attitudes, rationale for decisions – share thoughts/dilemmas

Don't engage in dual/multi level relationship with student (?exploitation, coercion, potential harm)