

# Sharing Difficulties and Resolving Ethical Problems in Small Groups

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The following is a description of the adaptation of Rizzi-Salvatori's "difficulty paper" for use in small groups after students viewed each others videotaped interactions with standardized patients in a required ethics course in a Doctor of Pharmacy program.

## Framing the Question

- What do students find "difficult" in the clinical simulations and why?
- Do students learn from sharing the ethical difficulties they identify?
- Do the steps of the difficulty paper reinforce the steps of the ethical decision making model presented in the course?
- Does the difficulty paper exercise reinforce the importance of collaborative decision in resolving ethical problems?

## Resources

Rizzi-Salvatori, M. (2000). Difficulty: the great educational divide. In *Opening Lines: Approaches to the Scholarship of Teaching and Learning*, Pat Hutchings, Editor, The Carnegie Foundation for the Advancement of Teaching, Menlo Park, CA, pp. 81-94.

## Gathering the Evidence, Collecting Ideas

The difficulty paper assignment is one of several learning activities and opportunities for application of abstract concepts in a required ethics course. During the course, each student interacts with a standardized patient, peer or physician in a clinical simulation based on common ethical problems encountered in pharmacy practice. The students view their own videotaped interaction as well as those of their peers in small groups of 5-6 students. Students also complete a self-evaluation and peer evaluations regarding how well they identified the ethical issues in the case and demonstrated effective communication skills.

*The students then work in their small groups to complete a difficulty paper for the first three clinical simulations. You can access the specific directions for the difficulty paper by clicking here. The possible units of analysis in the difficulty papers are: 1) across each question from group to group within a single simulation; 2) across each questions from group to group across all three simulations (first to last); 3) "down" each group's responses to questions regarding application of tools of ethics, problem solving capabilities, comparison from first to last simulation; 4) difficulties the group members named but didn't choose to discuss; and 5) how the difficulty paper impacted learning.*

## Work to Date

The following preliminary evidence is an example of the analysis that could occur across a single question in the difficulty paper exercise: "What was the most difficult part?" from group to group for a single simulation, in this case the first simulation. The student responses to this question regarding the first simulation (a case involving weaning a young patient with severe incapacitating headaches from methadone because the physician is concerned that he could lose his license for using narcotic analgesics for non-terminal pain management) are presented verbatim. The main ethical theme that I have identified is in parentheses and bold type following the students' statement:

The most difficult part was:

- "... being a puppet of the physician" (Relationship with MD)
- "... whether or not to tell the patient both of the reasons for the doctor tapering the dose" (Relationship with MD and patient)
- "... the amount of truth that should be revealed to the patient" (Relationship with MD and patient)
- "... convincing the patient what is the right treatment for her condition" (Patient benefit)
- "... attempting to convince the patient that accepting the lower doses of methadone with in her best interest. It felt like we were endlessly trudging over the same ground in trying to convince her to compromise. All of us were frustrated, and this was detectable by our sighs, our silence, and our pleas" (Patient benefit)

There were 10 groups who completed a difficulty paper for this simulation. Five groups named the relationship with the MD and patient as being the most difficult, two mentioned concerns about patient benefit, and three described difficulties with the process of the simulation itself, i.e., not knowing what to expect. This preliminary analysis gives us some insight into the thinking process of the students as they reflect on their interaction with the patient, their obligations to patients and colleagues, and struggle to define patient benefit.

## Thinking Thus Far

- The "difficulty" group paper gives the student the opportunity to see their own work in the clinical simulation, what they might have done differently, and why another perspective has validity. The students report various types of learning from completing the difficulty papers including insights into the differences in thinking within the group and impact of collaboration.
- The following are some student responses regarding what they believe they learned from writing difficulty papers in small groups:
  - "It was a surprise that we seldom identified the same problem."
  - "I learned that four minds put together work a lot better than just one."
  - "I learned how important it is to reflect on difficult situations."
  - "Every time we discussed the case I said, 'Oh, I didn't think of that.' It helped me realize that what I think is obvious or correct may not always be the only or best solution."
  - "I learned more about myself from writing these papers than I did from the simulations."
  - "Some of the views altered or changed by idea of the ethical issues at hand."