ETHICS IN PRACTICE

While The PT's Away

A star student must question his own hype.

By Nancy R. Kirsch, PT, DPT, PhD, FAPTA | November 2017

Physical therapist (PT) students learn a great deal from the clinical instructors (CIs) who mentor them during their placements. But those lessons aren’t necessarily exclusive to clinical skills and treatment outcomes. Students also may gain instruction in what not to do, and may be challenged to heed their own ethical compass. Consider the following scenario.

A Confidence Game

Bob has completed the first year of his doctor of physical therapy program at Valleydale University and now is in his first clinical placement. Stephanie, Bob's CI at Apex Physical Therapy, not only is a clinician but also manages the practice's 3 locations, so Bob feels he's getting strong grounding in both the clinical and business sides of physical therapy.

Stephanie's announcement that she'll be absent for the final 2 weeks of his placement in order to accompany a local dance troupe on its tour gives Bob pause, but when she sits him down the Friday before she leaves to discuss the arrangements, she reassures him that everything will be "fine. She explains that the clinic at which he works won't be admitting any new patients during her absence; that Gail, a veteran physical therapist assistant (PTA) Bob always has found extremely friendly and helpful, will be on hand; and that Tim, a "float" PT, will come in occasionally, depending on needs at the practice's other locations.

"I've been very impressed with your abilities and instincts," Stephanie says. "You ask great clinical questions," she adds, "which is the mark of someone who's going to be a fine PT." Bob feels flattered by her confidence in him. He notes that, starting in week 5 of the rotation, Stephanie began sometimes excusing herself from the room to attend to matters elsewhere in the clinic. Bob reflects with pride on the fact that when his school's director of clinical education (DCE) came by to visit him, Stephanie praised Bob's confidence and what she called his "self-possession."
Somehow, though, this looming situation makes Bob uncomfortable. He’s never been quite clear on exactly what "supervision" means in the context of the student-PT relationship. He has deferred to Stephanie on this and has assumed that proper procedures have been followed. For the next 2 weeks, however, Stephanie will be completely off-premises and unavailable for direction or consultation.

"You're sure I'm up to this?" Bob asks, somewhat hoping that the uncharacteristic hesitation in his voice might prompt her to somehow expand his safety net.

"See what I mean about asking good questions?" she responds. "You're right to ask, and I'm glad that you did. I'd expect nothing less of you. But yes, I'm completely confident that you're up for this. You're smart, you're capable, you've worked with all these patients, and, like I said, you'll have plenty of backup. I'll leave you Tim's phone number, just in case you feel you need a PT's guidance when he's working at 1 of the other clinics. Don't sweat it—you'll do great."

Stephanie's confidence is reassuring—so much so that Bob rethinks the idea of checking in with the DCE to double-check the propriety of these plans. "Okay, then. Let's do this," Bob responds.

The first 2 days of Stephanie's absence go smoothly for Bob. He follows Stephanie's plan of care with each patient and documents each visit, secure in the knowledge that Tim will countersign the documentation the next time he comes to the clinic—which he's told will be Thursday. On Wednesday, however, a couple of things happen that rattle the student.

He's completing a Medicare Part B billing form, following Stephanie's specific instructions, when he suddenly second-guesses himself. He tries to remember what he'd heard in class about billing, because he's unsure, now that he thinks about it, whether it's okay for him to use Stephanie's billing number in her absence. In fact, he's also unsure whether he's allowed to bill services to Medicare Part B patients at all. Bob is tempted to use the phone number she's been given to call Tim and double-check. He decides not to do so, however, telling himself, "Stephanie wouldn't have told me to do anything that isn't above-board."

Later that day, a patient named Dan arrives in considerable pain. "As Steph could tell you, I've had these flare-ups before," he tells Bob. "I know from experience that all I need is some stretching and a little time with that machine that makes my skin tingly. Then I should be good to go." Bob knows that to do what Dan asks will require altering Dan's plan of care. He excuses himself from the room and consults with Gail. She reminds him that, as a PTA, she can't authorize such a change. "You need to call Tim," she says.

Bob outlines the situation to Tim, who responds, "I've never treated the guy, and there's no way I can get over there in time to see him today. Just tell him you're sorry, but you can't administer e-stim. Advise him to call his doctor."
When Bob reenters the treatment room and turns down Dan’s request, the patient gets surprisingly angry. "Do you not get that I’m in pain here?" he asks, pleadingly. "Look, I know what works in these situations. You’re a smart kid. Steph raves about you. What’s the harm?"

The harm, Bob worries, not only is that he isn’t authorized to implement an alteration in Dan’s plan of care, but also is that Bob is being asked to treat symptoms without knowing the underlying pathology. The situation makes him uneasy. On the other hand, though, Dan is quite adamant about his needs, and Bob certainly would like to relieve his pain.

Stephanie has praised Bob’s confidence and self-possession, and she has, after all, entrusted him with a significant degree of autonomy. Bob replays Dan’s words: "She raves about you." Will he somehow be letting his CI down if he doesn’t grant Dan’s request?

For Reflection

Stephanie has boosted the student’s ego in ways that have emboldened him. But to what end? What’s her motivation? To repeat the patient’s question, what’s the harm here—to Bob, to Valleydale, and, most important, to the patient?

For Followup

I encourage you to share your thoughts about the issues raised in this scenario by emailing me at kirschna@sph.rutgers.edu or by posting a comment online.

If you are reading the print version of this column, go online to www.apta.org/PTinMotion/2017/11/EthicsinPractice/ for a selection of reader responses to the scenario and my thoughts on those responses. Scroll down to the heading "Author Afternote."

Be aware, however, that it takes a few weeks after initial print and online publication for feedback to achieve sufficient volume to generate this online-only feature.

Nancy R. Kirsch, PT, DPT, PhD, a former member of APTA’s Ethics and Judicial Committee, is the program director and a professor of physical therapy at Rutgers University in Newark. She also practices in northern New Jersey.

Resources

At www.apta.org/EthicsProfessionalism/
• Core ethics documents (including the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant)
• Ethical decision-making tools (past Ethics in Practice columns, categorized by ethical principle or standard; the Realm-Individual Process-Situation [RIPS] Model of Ethical Decision-Making; and opinions of APTA's Ethics and Judicial Committee)

At www.apta.org/PTinMotion/2006/2/EthicsinAction/

• "Ethical Decision Making: Terminology and Context"

Considerations and Ethical Decision-Making

If Stephanie hasn't quite "created a monster" in Bob, she's certainly encouraged him—through her supervisory, billing, and perhaps other practices—to play fast and loose with the rules of legal and ethical conduct. She's fed his ego and praised his "instincts"—but those instincts now are at odds. To treat Dan, or to step back? To trust Stephanie on billing matters, or ask Tim for feedback, after all? What's in the patient's best interest?

Realm. Both the individual and institutional realms are at play. It's individual in that these matters are between Bob and Stephanie, as well as between the student, the CI, and the patient. It's institutional in that Stephanie is disregarding state and federal law regarding supervision and billing, respectively, and also in that the DCE at Bob's school is being left out of the discussion.

Individual process. Stephanie lacks moral sensitivity in her actions toward patients and Bob. To the extent that Gail and other staff are aware of and haven't challenged Stephanie's illegal and unethical practices, they lack moral sensitivity, as well. Bob's moral judgment is in question here—he must decide between right and wrong actions.

Ethical situation. This is a moral temptation for both Stephanie and Bob, in which each individual can benefit in some way from doing the wrong thing—Stephanie has fewer restraints on her actions, and Bob gets a smooth clinical experience and a strong recommendation from his CI.

Ethical principles. The following principles of the Code of Ethics for the Physical Therapist provide guidance to Stephanie, Bob, and Valleydale staff.

• Principle 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
• **Principle 3D.** Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

• **Principle 3E.** Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

• **Principle 4B.** Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).

• **Principle 5A.** Physical therapists shall comply with applicable local, state, and federal laws and regulations.

**Author Afternote**

Directors of clinical education (DCEs) who commented on this scenario were uniformly concerned but unsurprised that the PT student, Bob, never contacted his own DCE for clarity on his parameters during the absence of his clinical instructor (CI), Stephanie. They noted that Stephanie encouraged boundaries-testing by her effusive praise of Bob's performance and her failure to ensure that her student fully understood the responsibilities and limits of his role.

Some of the PT students who contacted me said that, were they in Bob's shoes, they'd have contacted their school for guidance. Others, however, suggested they'd have taken a "wait-and-see" approach, and likely would have contacted their DCE only if and when an unforeseen issue were to have arisen.

Several PT students, citing personal experience, said they understood Bob's reluctance to "disappoint" a supportive and encouraging CI. A few students said they had been left unsupervised for a few hours to a few days, but not a single student could imagine a CI with whom he or she has worked placing a student in a situation like Bob's.

A few PTAs said that they've been in situations like that of Gail—the PTA in the scenario who told Bob that he must contact his supervising PT. These PTAs noted that, whatever the situation and regardless of who's in charge, what's safest and best for the patient must take primacy.

Of all the principles of the Code of Ethics for the Physical Therapist, the one that resonated the loudest in reader responses is Principle 4B—"Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients/clients, students, supervisees, research participants, or employees." (The emphasis is mine.)
PT in Motion, APTA's official member magazine, is the successor to PT—Magazine of Physical Therapy, which published 1993-2009. All links within articles reflect the URLs at the time of publication and may have expired.

Comments

As a PTA, I thank you for absolutely nailing the feeling tone of this ethical situation—which applies to us too.

Posted by Ann Baugh -> AGS'DF on 10/28/2017 3:49:03 PM

Leave a comment:

Comment

Submit Comment