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Undergraduate Health Care Ethics Internship: An Ignatian Innovation in Bioethics Education

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Abstract

This article describes an innovative and unique undergraduate bioethics course for students planning careers in health care. The Health Care Ethics Internship reflects the Ignatian values of (1) *cura personalis* signifying care for the whole person, both of the interns themselves and the patients and professionals they encounter and (2) being a person for others concerned not only with success but also with those poor in health and opportunity. Developed by Santa Clara University's Markkula Center for Applied Ethics, the Health Care Ethics Internship is interdisciplinary, integrating experiential learning in various health care contexts with ethical theory and reflection with particular attention to justice. Surveys collected from participants indicate that the Internship: (1) influenced career decisions; (2) provided knowledge that was subsequently used in personal and professional ethical decision making; (3) enabled participants to more easily recognize ethical concerns and to think more critically about them; and, (4) prepared them to address ethical challenges encountered in post-graduate health care education.

Introduction

“The ethics background [I received] influences me every day regarding how I deal with patients and their families as they approach death and dying . . . Getting to discuss ethical issues early on in my career really laid a foundation for me, which I have taken with me through medical school and residency.”

This statement may sound like a description of a medical school bioethics program, but it is actually an observation by a graduate of the Health Care Ethics Internship (HCEI) at Santa Clara University (SCU), a program for undergraduates. The target audience for bioethics education has commonly been medical and nursing students, physicians, nurses, and other health care professionals, with little concern for undergraduate bioethics education even at American Jesuit universities with their explicit commitment to critical thought and responsible action. However, undergraduate students may be

more receptive to ethics education than professionals or medical students, who are more likely to possess established habits and attitudes.¹

The curriculum of most medical schools does not allow students to reflect on many important ethical issues they will face as clinicians, leaving medical students and residents feeling uncomfortable and unprepared to address clinical problems with ethical implications.² Even though medical education may include ethics, the challenge of transforming a student with “low” ethical standards into an ethical medical professional can be overwhelming.³ Compounding the problem are the observations that medical school can neither improve—and may thwart—ethical inclinations such as empathy⁴ nor ensure progress in moral reasoning for students who lack well-developed moral motivation and moral sensitivity when starting medical training.⁵ Recently, the Presidential Commission for the Study of Bioethical Issues shifted its focus from offering advice on particular issues, e.g., synthetic

biology or neuroscience, to ethics education in an effort to promote the development of informed ethical deliberation and “deliberative democracy.”⁶

This article describes a unique program in ethics education and preparedness for undergraduates that is centered in community-based learning. This program of SCU’s Markkula Center for Applied Ethics began fifteen years ago. It was initially introduced as an experiential learning opportunity with a reflective component and has developed into a comprehensive health care ethics course, designed to incorporate both reason and experience in the development of critical ethical thinking skills and the practice of reflection.

Health Care Ethics Internship

SCU is a liberal arts university on the quarter system serving 5,500 undergraduates. In the Jesuit tradition, SCU focuses on educating the whole person for a life of service and leadership, fostering a humanistic education and critical engagement with the world. The university supports experiential learning in the service of social justice, engages local communities, and is committed to developing men and women of competence, conscience, and compassion. In addition to the requirement that all undergraduate students take at least one course in ethics, students are also required to complete one course in Experiential Learning for Social Justice (ELSJ), a core requirement that the HCEI fulfills. ELSJ courses consciously cultivate social justice, civic life, perspective, and civic engagement through students experiencing, in the words of Peter-Hans Kolvenbach, S.J., “. . . the gritty reality of this world . . . so they can learn to feel it, think about it critically, respond to its suffering and engage it constructively. They should learn to perceive, think, judge, choose and act for the rights of others, especially the disadvantaged and the oppressed.”⁷

Recognizing that ethics is more than theory, analysis, and argument, the HCEI pays attention to both the practical and theoretical aspects of intellectual engagement and moral development providing an opportunity for undergraduates to become sensitive to, to think critically about, and to actively reflect on the ethical issues that arise in

the context of the “gritty reality” of American health care.

The HCEI is an undergraduate course in clinical bioethics open to all majors that consists of both an experiential component and a classroom component. It is the only course of which the authors are aware that combines the on-site and classroom components in a year-long single course offered to undergraduates for credit. The goal is to expose students to real-life medical situations while providing them the tools and space to reflect on their experience. The program accepts ten to eighteen undergraduates with junior or senior standing per year, averaging an acceptance rate of 43% over the past five years. The rigorous application process includes student submission of a standard form, personal statement, and two letters of recommendation followed by an in-person interview with a two-person selection committee. To date, over 175 students have successfully completed the course for five credit hours recorded after the completion of spring quarter.

Experiential component

The pedagogic core of the Internship is community-based, experiential learning. We have developed rotations at four community hospitals and a hospice in the San Francisco Bay Area. A 350-bed Catholic hospital, which in 2014 provided safety-net care to over 38,000 impoverished people, anchors the Internship and provides the majority of student rotations. Participants have the opportunity to shadow health professionals in many areas of our partner hospitals and associated clinics, including the Intensive Care Unit, Emergency Department, medical and surgical floors, physical therapy, palliative care, chaplaincy, Neonatal Intensive Care Unit, social work, outpatient clinics including a wound care clinic and a pediatric clinic, as well as an in-home hospice. Shadowing, sometimes called an observership, is an opportunity for students to observe professionals as they go about their everyday work. Students are assigned to a particular rotation for four to five weeks and attend their assigned rotation for 2.5 hours a day, two days per week. At each rotation, they are assigned to a health care professional, such as a nurse, physician, physical therapist, or chaplain, and shadow that professional for the duration of

the shift. Students have the opportunity to indicate their preferences for particular sites and rotations. By the end of the academic year, students will typically have been placed in six different areas. Usually, only one student is present in a particular unit or clinic at any given time. This allows for each student to get a unique experience at each of his or her placements. Students are able to be at patient bedsides, to shadow professionals closely, and to experience the daily activities and ethical dilemmas that occur in various health care contexts. They are able not only to interact with professionals but also to engage in often deeply significant conversations with patients and their families. By engaging both the cognitive and affective aspects of patients' and families' experience of illness, students begin to think more profoundly, engage moral imagination, and communicate more effectively in complex, emotionally-charged circumstances.

Unlike in other roles, such as hospital volunteer, nursing student, or medical resident, participants in this observership are unencumbered by the requirements of doing another job, such as providing directions, managing medications, or learning differential diagnosis. Instead, they can turn their attention to the deeply personal, inherently social, and inevitably ethical interactions between and among patients, families, and professional staff. An unanticipated consequence of the presence of our undergraduates on hospital units and in hospice patient homes has been that the professionals who mentor them have reported becoming more aware of ethical issues themselves and of their own approaches to ethical decision making.

Classroom component

The classroom component, currently six 100 minute sessions per quarter taught by a single instructor, has two main features. The first, which has been in place since the beginning of the program, focuses on facilitating student discussion about the experiences they have had in their rotations. These discussions began as a somewhat unstructured opportunity for students to share their experiences, to talk about how those experiences affected them, and to wrestle with ethical questions encountered by patients, families, and professionals. This format works particularly well for students who are encountering situations

and experiences for the first time, particularly around life-limiting illness and death. As the program has evolved, we have found that while it is important to continue this aspect of the course, there is also a need for students to discuss their experiences in moral terms. Reflecting on experience is important, but in order for students to develop their ethical and critical thinking capacities, it is important to reinforce their reflections with considerations of ethical theory, character formation, and social justice.

The second classroom activity is lecture and focused discussion of ethics and ethical theory. Many of the issues and theories discussed center on clinical issues, including treatment decisions, informed consent, professional responsibility, and diversity of experience, identity, religion, and culture. These considerations have been loosely framed by the four principles championed by Beauchamp and Childress—respect for autonomy, nonmaleficence, beneficence, and justice.⁸ Connecting experience and theory is supported by the Four Topics Method as described in the course text, *Clinical Ethics*.⁹

Lectures and discussion are framed so as to relate to students' experiences. Cases that students bring from their rotations serve as a touch point for discussions of key ethical theories enabling students to connect ethical theory with personal experience, nurturing reason, character formation, and a heart for justice. Students come to understand that heart and mind are not divided, an understanding that engenders *cura personalis*, the concern for the whole person. Students hear medical stories and family stories at the bedside and make meaning out of this experience by retelling these stories, filtered through their own history and experience, in a safe, confidential environment in the classroom. Here, attention is paid to both reasoned and emotional responses. These reflection sessions provide a safe space not only to discuss experiences but also to try out various reactions to ethically and emotionally challenging situations. Participants encounter the stories of others both in personal conversation and through literature—for example, reading Anne Fadiman's "The Spirit Catches You and You Fall Down," the story of a Hmong family's culturally challenging encounter with Western medicine. Questions about access to scarce

medical resources and cultural competence are consistently raised by students and receive extended consideration, reflecting a commitment to the poor and disadvantaged. Because critical thinking is supported by writing, guided reflection papers are regularly assigned.

Evaluation of Educational Impact

In order to examine the impact of the Internship on participants, we distributed surveys—either on-line or by mail—to ninety-eight participants from course years 2001 to 2010.¹⁰ The response rate was 39% (n=38).

When surveyed, most respondents were either in training for a health care profession—e.g., attending medical or nursing school—or launching a career in health care. Through a series of questions, the survey explored their Internship participation and its impact on vocation and ethical decision-making. Questions queried their experience with the program and asked them to reflect on what they gained from the course. All questions, except those on demographics, asked for yes/no responses followed by a text box enabling elaboration.

Over three-quarters of the respondents indicated that the Internship had influenced their vocational decisions. For many, it confirmed their career choice or enabled them to settle on a particular vocational path. “I knew I was interested in pursuing a career in medicine before the internship,” wrote one. “But experiences I had shadowing throughout my senior year confirmed my desire to be a physician.” Some changed their minds regarding their career choice—“I originally wanted to be a physician, but, in part due to the [Internship], changed my career direction to become a nurse and have more bedside and direct patient care.” Another stated, “I realized that pursuing an MD was not my passion. I think I had been saying that I wanted to go to medical school for so long that I couldn’t think of not going. However, shadowing doctors, residents, and other medical professionals made me realize that I may be happier in another career.”

All but one of the respondents noted that they had used the ethics knowledge gained from the internship in their personal or professional life.

Reflecting on personal decision making, one wrote, “I certainly question how my actions/decisions affect everyone else around me more. More importantly, I don’t judge decisions made by others—I am more comfortable accepting differences because of my experiences. Additionally, I spend more time reflecting on ‘right’ and ‘wrong’ and how they are relative terms that mean different things to different people.”

Several students mentioned that the combination of practical experience paired with the ability to reflect on that experience added to their general understanding of ethics, so that they are now able to more easily recognize ethical concerns and to think more critically about them, consistent with increased ethical sensitivity and concern for others. One graduate of the program noted, “I also appreciated the fact that we were able to see the real life in a hospital. I was able to . . . observe a code in progress, and be present for an ethics consult In addition, I thought that the reflection sessions were a very good opportunity to debrief what you had learned and learn from others’ experiences.” Another expressed a similar sentiment. “I have found myself more able and more prepared to engage in discussions that involve ethics and ethical dilemmas. Having worked through many real-life scenarios with my peers beforehand has made it easier to understand similar if not identical dilemmas [to those I’d seen] in the past I feel I have gained a proficiency in the discourse of ethics.” In addition, many report that the integration of experience and reflection has helped them identify and address issues they have encountered in graduate education and professional practice. “I have used [the ethics knowledge gained in the Internship] in numerous decisions that I have faced in the hospital working as a nurse. It has helped me decide what is right for a patient versus what is wanted by the family and to advocate for the patient’s rights. It has taught me to weigh benefits and burdens in terms of care and quality of life, especially in dealing with end of life issues.” Another graduate reflected on how it has shaped her approach to patients, stating, “In my nursing practice, the internship has continued to help me remain focused on always putting the patient first. It specifically guides me in how I communicate with others. My ethics training reminds me to always speak professionally around patients, even

if those patients are nonverbal or appear to not comprehend me.” Being aware of the inherent ethical nature of their work sparks deliberate attention to the quality of interaction and communication with patients, families, and colleagues.

Those who have pursued advanced degrees noted how well prepared they were to meet ethical challenges inherent in post-graduate health care education. “I was a member of the hospital ethics committee in my first year of medical school. I used my experiences learned during the ethics internship while I served as a member of the committee.” Another reflected, “As a current medical student, I am often faced with situations that raise ethical dilemmas. The discussions we had in the internship helped me to currently think through similar situations. For example, I spent time shadowing a physician who treated a patient differently due to his insurance status. I subsequently wrestled with my feelings and concerns about his treatment and to consider the ethical factors involved.” A number of respondents described how they have now become ethics advocates and role models. A graduate student in a bioscience program wrote, “At my master’s program, I have served on student government as the first- and second-year ethics chair. Missing from our curriculum was a strong foundation in bioethics and health care ethics. I started an ethics newsletter where the ethics committee that I lead explores various ethics questions from a patient-perspective and various business perspectives.” A medical student described a precepting group: “Every week we have a class based solely on ethics and medical decisions, errors, etc. The overlap to the Health Care Ethics Internship is drastic. I can honestly say I am the only one consistently able to talk from experience and understand from the get-go what ethics terms the professors and [doctors] are talking about.”

Conclusion

Undergraduate ethics education is important preparation for a career in health care. The Markkula Center for Applied Ethics Health Care Ethics Internship is a unique example of integrated ethics education, combining

experiential learning with theory and reflection, thereby fostering ethical sensitivity, ethical reasoning, and a nuanced understanding of the human suffering inherent not only in ill health but also in disparities in access to social and economic resources.

Although developed at a Jesuit university and rooted in Ignatian tradition, the HCEI is appropriate for both faith-based and secular educational settings as it supports the development of critical ethical thinking, critical ethical reflection, and a concern for social justice, all necessary components of whole persons engaged in responsible and creative citizenship, creating a more humane, compassionate, and just world through acting as persons for others. We are currently involved in a statistical analysis of the distal impact of the Internship on a larger cohort of participants and their mentors. This information will guide further development of the program and support its replication in other undergraduate settings.

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Notes

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⁹ Albert Jonsen, Mark Siegler, and William Winslade, *Clinical Ethics*, 7th ed. (New York: McGraw Hill, New York, 2010).

¹⁰ This study (Protocol 11-12-094) was approved by the Santa Clara University Institutional Review Board.