



TELE-ETHICS AS A FUNDAMENTAL EDUCATIONAL CONSTRUCT IN THE AGE OF COVID-19

April 12, 2022

A presentation to the
TCC 2022 Worldwide Online Conference
Making Waves • Innovations in Learning

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Conflict of Interest Declaration

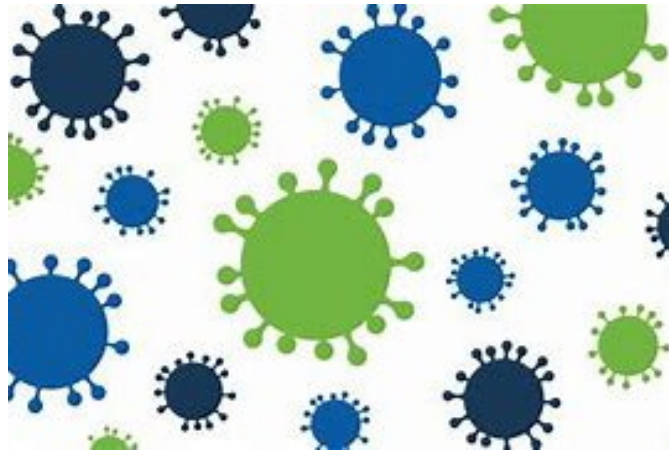
Relevant financial relationships:

Ellen Cohn receives speaking fees from conferences. She receives book royalties from Telerehabilitation (Springer UK) and Tele-AAC (Plural Press).

Relevant non-financial relationships:

Cohn is a member and past director of the American Telemedicine Association. She was the founder of the ASHA Special Interest Group # 18 on Telepractice. Cohn is a committee member of the MidAtlantic Telehealth Resource Center (MATRC) annual conference, and editor of the *International Journal of Telerehabilitation*.

A Novel Pandemic: Was a Predictable Tipping Point for Healthcare (Telehealth) and Education (Remote Learning)

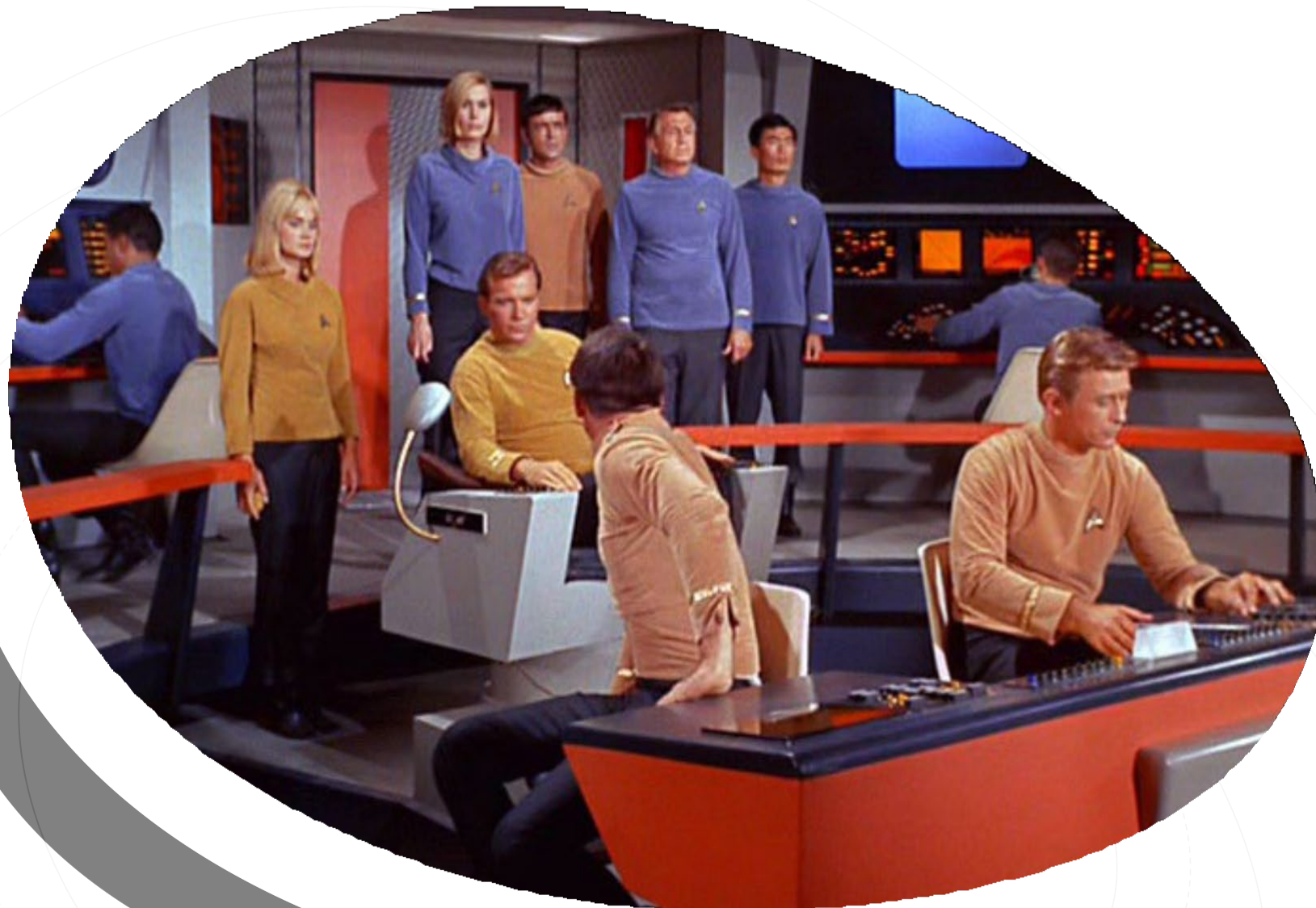




Telehealth refers to a service delivery mechanism

...the use of telecommunications to deliver care to a client who is in a different physical location than the practitioner.

- A different physical location can be:
 - in a different room in the same clinical facility
 - across the street
 - in a different city, state, or country
 - at sea
 - in a plane
 - or in outer space.



To boldly go
where too
few
educators
have gone
before:

Remote
Learning/
Distance
Education

Presentation

Central Thesis:

ETHICS IS
A FUNDAMENTAL
EDUCATIONAL
& HEALTHCARE
CONSTRUCT.

Acculturating students to principles of ethical behavior has been fundamental to the university training of future healthcare and educational professionals.

The sudden expansion of both remote learning and telehealth during the COVID-19 pandemic amplified the focus on ethics (i.e., tele-ethics).

This presented challenges for unprepared university training institutions in the arts and sciences, the health sciences, and, within healthcare.

The Challenge: Technology Evolves Faster Than...

- Training
- Professional Trust
- Consumer Trust and Action
- Resources and Payors
- Policy, Regulation, and Ethics



2020: What just happened?

- On January 3, CDC Director [Robert Redfield](#) was notified by a counterpart in China that a "mysterious respiratory illness was spreading in Wuhan [China]
- On January 8, the CDC issued its first public alert about the coronavirus.
- By January 10, the WHO warned of the risk of human-to-human transmission.
- Beginning January 17, the CDC dispatched public health experts to screen incoming airport passengers at [John F. Kennedy International Airport](#) in New York City, [San Francisco](#), and [Los Angeles](#), adding monitors at [Chicago](#) and [Atlanta](#) in late January.^[16]

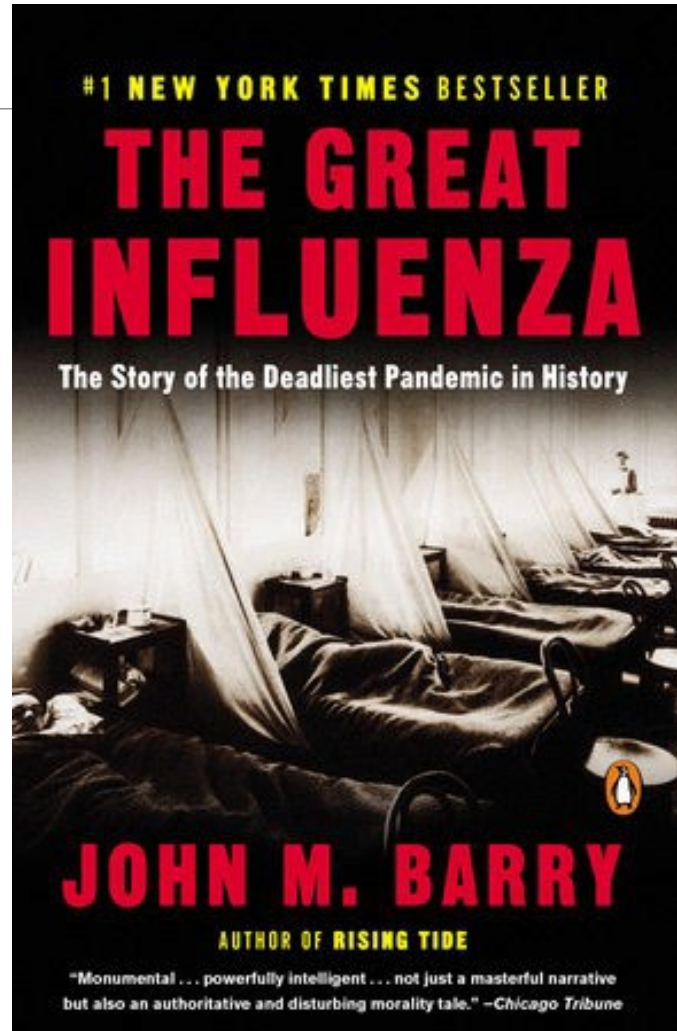
Exemplars:

My in-person classes were already designed for a seamless conversion to distance ed. I discussed this with my students before they left for spring break.

I consulted with IT. I ordered equipment for my home office and brought home critical work.

How so?

Wisdom Had Been Gained From Sobering Accounts of the 1918 Influenza: Personal Loss of Relatives



Oct 04, 2005 | ISBN 9780143036494

According to Pittsburgh Health Department statistics from 1919, nearly 65 percent of the cases and 57 percent of the deaths came from people 15 to 40 years old. It is reported that more than 700 children in the area were left as orphans because of the flu taking their parents.

How Can We Plan for Challenges?

Train, Train, Train –and Test the Training in “Tabletop Exercises”

- “We don't rise to the level of our expectations we fall to the level of our training.”
— Archilochus, a Greek lyric poet from the island of Paros who lived from 680 BC until 645 BC.
- Do faculty and students have the needed technology?
- Do they know how to use it?
- How will technical support be delivered?

Exemplars: In our first, in-person class, I asked students if they wanted to know, and then calmly discussed how we would respond to an active shooter scenario. And later, we discussed our readiness for a possible pandemic shut-down. In distance ed classes I acknowledged pending weather challenges and our plan.

Even the CDC has Training Tools

<https://www.cdc.gov/cpr/zombie/index.htm>



Lessons in Resilience From Teaching Military on Overseas Assignments and University Athletes

CHALLENGES:

- Internet may be sporadic or absent
- Students may not have access to technology
- Books may not be available or desirable
- Student schedules may be very challenging

ADAPTATIONS:

- Content is pre-loaded and consistent in format; low tech
- Clear expectations; timely, specific, and personalized feedback
- Respectful, flexible interactions via “military friendly” and “athlete friendly” faculty



Some context...

HOW DO EDUCATIONAL ENTITIES AND HEALTHCARE
RELATE TO ONE ANOTHER?

WHAT DO REMOTE LEARNING AND TELEHEALTH DELIVERY
HAVE IN COMMON?

They constitute a “family” with complicated symbiotic relationships



Arts and Sciences Departments
(prepare students for jobs &
grad school)



Health Sciences Schools
(educate the health workforce)



Academic Medical Centers
(provide clinical training)



Healthcare Delivery
(provide employment, training)

Education & Health Delivery Have Similar Needs

REMOTE EDUCATION/DISTANCE ED.

Institutional need for income

Accessible and Safe (Private) Technology

Consumer (Student) Awareness and User Support

Faculty Training

Student Codes of Ethical Conduct & Non-discrimination Policies

Pre-Pandemic: Distance-ed was considered inferior to in-person education by some.

TELE-HEALTH

Institutional need for income

Accessible and Safe (Private) Technology

Consumer (Patient) Awareness and User Support

Health Provider Training

Professional Ethical Codes & Non-discrimination Policies

Pre-Pandemic: Tele-health was considered inferior to in-person treatment by some.

Ethical Codes Are Socially Constructed

Codes of Ethics are socially constructed

- National association codes (e.g., ASHA)
- State professional board codes
- University codes

Codifying Associations

- Unique histories and cultures
- Ensure a profession's survival and ability to grow and thrive

They can be inconsistent across professions.

They evolve over time.

Tele-health and Remote Education: Share Similar Ethical Requirements

- 1) Exercise lawful behavior
- 2) Uphold the interests of the student, client, or patient as paramount (e.g., ensuring their privacy, security, and safety),
- 3) Provide accessible online environments that minimize the impact of socio-economic disparities and cultural differences.

Three Ethical Imperatives to “Check Off”

Overarching (and often overlapping) principles of ethics can be guided by best practice and common sense



- ✓ Uphold the well-being of the client or student
- ✓ Practice in a lawful manner
- ✓ Employ ethical communication



Ethical Communication

Ethical communication is clearly understood, timely, truthful, and lawful.

It is complete. It offers the client/family/student *all* the information they need to make an informed choice.

Ethical communication must occur in the initiation and termination of the interaction, and everything in-between.

Must apprise clients/families and supervisees of the risks and responsibilities of technology-assisted services. (American Counseling Association, 2014 Code of Ethics)

- What limitations and protections of confidentiality does the technology afford?
- How are electronic records maintained?
- Is there encryption?
- When will an inquiry be answered? Referral to emergency services.



A New Concern: What is Ethical Representation? How are Remote Services Marketed?

- How can a client/student be certain of a *clinician's/teacher's identity*?
- How can a faculty member be certain of a *student's identity*?
- Do clients/students have access to a *complaint mechanism*?
- Are clients *aware of fees and charges* before a session?
- Is the *transmission of funds secure*?
- Is *knowledge of ownership* of the clinical practice transparent?
- Is there a mechanism in place to *inform students/clients of breached data*? (BAA)
- Should an *insurer* be informed that telepractice is occurring?
- Does the clinician's *malpractice insurance* cover telepractice?

Telehealth and Remote Education: May Not Always Uphold Ethics

It may be profit driven instead of client/student focused.

There is potential for fraud and abuse.

It may not address the original mission -- to reach the underserved.

It can be used to avoid traveling to neighborhoods to treat or teach persons deemed undesirable.

It has caused layoffs of in-person clinicians and faculty.

Training is nascent and often unregulated.

Professional codes of ethics tend to enforce the behavior of individuals – but not of organizations.



In closing:

A laser focus on tele-ethics can inform both remote teaching and telehealth.

For further thought:

What new ethical issues might we anticipate in the future?





Thank
you!
