

ADDITIONAL TEACHING RESOURCES REFERRED TO IN THE MANUSCRIPT – PER REQUESTED

Case Report

‘Prescription’ for purposeful adaptation of teaching strategies: case report of an enforced transition to remote online ‘role-play’ and peer interaction.Cicely Roche ^{1,2*}

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Abstract:

This case report outlines strategies underpinning adaptation of ‘professionalism and ethics’ teaching to remote online contexts in response to the COVID-19 restrictions on attendance at a School of Pharmacy during October–November 2020. In line with national and University guidance, pharmacy students attended ‘in person’ for ‘essential teaching’ only, primarily for laboratories and communications skills. First-year students attended twice weekly and other students attended once weekly. Teaching was otherwise delivered as interactive workshops and lectionals or as lectures and/or demonstrations online. Sessions were generally recorded. Some material was pre-recorded using video-capture software. Activities, recordings and supporting resources were provided, on the University’s Virtual Learning Environment, for access in a self-directed manner. This report explores remote online interactive sessions aligned with ‘professionalism and ethics’ strand teaching related to professional identity formation and moral reasoning competencies development. As students’ active engagement in defined sequences of activities, including role-play and peer interaction, is essential for successful development of relevant competencies, constructivist theories are prioritized in teaching design. Strategies used to plan for adaptation and delivery of interactive teaching sessions originally designed for face-to-face delivery, for remote contexts, are described. Key findings are discussed. The report concludes with recommendations for future work.

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ADDITIONAL TEACHING RESOURCES REFERRED TO IN THE MANUSCRIPT**Appendix A – Pharmacy Programme Learning Outcomes****Learning outcomes for the Pharmacy (Integrated) programme**

The learning outcomes of the Pharmacy (Integrated) programme curriculum are identified separately at the undergraduate and postgraduate level as follows:

The aim of the undergraduate part of the Pharmacy (Integrated) programme leading to the B.Sc. (Pharm.) award is to provide students with education in the pharmaceutical sciences and the practice of pharmacy in all its forms. Specific programme outcomes are that the graduate should be able to:

1. **Demonstrate professionalism and exercise duty of care to the patient and the competence to make decisions in the best interests of the patient and society;** 40
2. Demonstrate a commitment to life-long learning, in particular an awareness of the need for continuing education and professional development in the chosen field of pharmacy practice; 41
3. Adapt to developments in pharmacy and medicine; 42
4. Utilise the theory, concepts and methods pertaining to pharmacy and pharmaceutical sciences, including the biological, physical, quantitative and social sciences; 43
5. Explain how medicines are developed, formulated, manufactured, tested and brought to the market place; 44
6. **Exercise appropriate judgement in** a number of complex planning, design, technical, organisational and/or management functions related to pharmacy and pharmaceutical sciences; 45
7. Use advanced skills to conduct research and/or professional activity related to the practice of pharmacy, accepting accountability for all related decision making; 46
8. **Manage learning tasks independently, professionally and ethically** in a wide range of learning contexts; 47
9. Demonstrate provision of simulated pharmacy services in accordance with pharmaceutical knowledge, evidence, legislation and codes of professional conduct and practice; 48
10. Integrate pharmacological, pharmaceutical and clinical knowledge to interpret and evaluate medicines usage safely and effectively in evidence-based practice; 49
11. Apply the principles underpinning quality, safety and efficacy in all aspects of pharmaceutical, scientific and professional activities. 50

On successful completion of the Masters part of the Pharmacy (Integrated) programme leading to the M.Pharm award, the graduate should have satisfied the statutory educational requirements for registration as a pharmacist. Specific programme outcomes are that on successful completion of the course the graduate should be able to:

1. **Utilise appropriate knowledge, skills, attitudes and behaviours** to meet the Core Competency Framework for Pharmacists and to provide pharmacist-delivered patient care as a member of a multidisciplinary healthcare team, underpinned by appropriate and sufficient understanding of the principles and techniques of the pharmaceutical, biomedical and social sciences and pharmacy practice; 65
2. Promote and contribute to the optimal, rational, safe and effective use of medicines taking account of wider determinants of health, evaluate health outcomes, **and advance the practice of pharmacy and its contribution to society**, including the pursuit of research and other scholarly activities; 66
3. Engage in patient-centred pharmacy practice in a range of patient-facing and non-patient-facing pharmacy settings; 67
4. **Practise with professional and personal integrity and discipline of mind, together with an understanding of and commitment to the ethos of professionalism, in particular a commitment to the concepts of patient-centred care and duty of care;** 68
5. Demonstrate a commitment to continuing his/her professional development as a self-directed lifelong learner, with an awareness of the need to maintain appropriate experience in the practice of pharmacy and to keep abreast of scientific and professional developments. 69

Appendix B – Defining Issues test (DIT2) 70

The complete DIT-2 consists of five dilemmas [22]: 71

1. a father contemplates stealing food for his starving family from the warehouse of a rich man hoarding food; 72
2. a newspaper reporter must decide whether to report a damaging story about a political candidate; 73

3. a school board chair must decide whether to hold a contentious and dangerous open meeting; 93
4. a doctor must decide whether to give an overdose of pain-killer to a suffering but frail patient; 94
5. college students demonstrate against U.S. foreign policy. 95

Appendix C: Sample 'Intermediate Concept' case and action options used in year 1 98

Conventional or complementary therapies? 99

Alison Aylward works in a community pharmacy that is providing a health promotion day on healthy living. Her contribution involves advising patients on the lifestyle issues that can reduce the risk of developing cardiovascular disease – including reference to healthy diet, regular exercise and the avoidance of smoking. As she finishes the consultation with a middle-aged lady, the patient asks her about a particular complementary product, recently launched to the market, about which Alison has heard mixed reports regarding efficacy. Alison recognises the patient as Ann, a local school teacher, and remembers that Ann has recently completed therapy for breast cancer. Ann tells the Alison that, while on holidays in the country recently, a staff member in the local pharmacy advised her to use this product. On further questioning Alison realises that Ann is considering discontinuation of Tamoxifen[1], her current prescribed therapy, despite advice from her doctor that all treatment options had been utilised to establish her remission[2]. She does not want to suffer the side effects any more and is convinced, following her own extensive research, that this 'natural' product is the way forward for her. Ann makes it clear that she does not intend revisiting her doctor or informing the doctor about her decision to discontinue Tamoxifen. It is her intention to begin taking the complementary product. 100

[1] Tamoxifen is the active ingredient of a regularly prescribed medicine recommended for women who have been treated for breast cancer. They are typically required to continue taking this medication for several years. 101

Chaar, B. (2006). Decisions, decisions: ethical dilemmas in practice (or how to pass the 'Red Face Test'). *Australian Pharmacist*. June. 25(6):444-449.[1] 102

BBL Instructions 103

Please answer the following three questions - 30 to 40 words for each: 104

1. List four available action option 105
2. Identify what action option you would choose. 106
3. Justify your choice of action option. 107

Sequencing to subsequent activities: once a student has 'posted' answers to the three questions above, the activity that follows becomes visible on BBL. 108

1. BBL Description 109

Please rate and rank 12 action options as they apply to the dilemma scenario posed. 110

2. BBL Instructions 111

Rate the importance of each action option (12 in total), in coming to your decision, by choosing your rating of each 'action' options from the following: 112

HD = Highly Defensible; 113

D = Defensible; 114

Q = Questionable; 115

ND = Not Defensible. 116

When you have rated all 12 action options, choose (rank) your 3 most preferred action options and your 3 least preferred action options as requested. 117

BBL Radio button options for questions 1 to 12: 118

Highly Defensible 119

<input type="radio"/>	Defensible
<input type="radio"/>	Questionable
<input type="radio"/>	Not Defensible

BBL Radio button options for Questions 13 to 18:

<input type="radio"/>	a.(a)
<input type="radio"/>	b.(b)
<input type="radio"/>	c.(c)
<input type="radio"/>	d.(d)
<input type="radio"/>	e.(e)
<input type="radio"/>	f.(f)
<input type="radio"/>	g.(g)
<input type="radio"/>	h.(h)
<input type="radio"/>	i.(i)
<input type="radio"/>	j.(j)
<input type="radio"/>	k.(k)
<input type="radio"/>	l.(l)

Q1: (a) Suggest that Ann see a pharmacist that has a special interest in herbal products for another opinion.

Q2: (b) Refuse to discuss the matter with Ann.

Q3: (c) Try to further educate Ann regarding the evidence base of the treatment and give her contact details of the Cancer Society.

Q4: (d) Respect Ann's wishes and sell her the herbal product.

Q5: (e) Actively encourage Ann to return to her family doctor or specialist, and offer to phone him/her for Ann.

Q6: (f) Tell Ann that her right to do whatever she chooses is respected but that changing to the herbal product is more likely to do her harm than good so it would be against professional guidelines to discuss it with her.

Q7: (g) Report the 'other pharmacy' to the Regulatory Body (the PSI) .

Q8: (h) Tell Ann that mixed reports are available regarding the efficacy of the herbal product, and that you would like time to research it further before discussing it with her at a time convenient to her in the near future.

Q9: (i) Have Ann sign a consent form indicating that she has been informed of the consequences of discontinuing Tamoxifen before discussing the matter or selling her the herbal product.

Q10: (j) Contact the other pharmacy for further information.

Q11: (k) Phone Ann's family doctor or specialist.

Q12: (l) Highlight to Ann just how precarious her position probably is, emphasizing that 'all treatment options' were used to put her into remission, and that to discontinue her Tamoxifen could put her at grave risk.

Q13: Choose what you consider to be the LEAST preferred action option from the list (a) to (l) above.

Q14: Choose what you consider to be the SECOND LEAST preferred action option from the list (a) to (l) above.

- Q15:** Choose what you consider to be the THIRD LEAST preferred action option from the list (a) to (l) above. 176
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- Q16:** Choose what you consider to be the MOST preferred action option from the list (a) to (l) above. 178
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- Q17:** Choose what you consider to be the SECOND MOST preferred action option from the list (a) to (l) above. 180
181
- Q18:** Choose what you consider to be the THIRD MOST preferred action option from the list (a) to (l) above. 182
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Appendix D: Professional Identity Essay (PIE) 185

General directions 186

You have entered a professional school with the expectation that you will, when you finish the program, become a fully-fledged member of the pharmacy profession. You have obviously given this decision considerable thought, and have at least made a tentative decision to become a pharmacist. We recognise that as you learn more about the expectations of a professional, and what it really means to practice pharmacy on a day-to-day basis, that you may change your mind. That's also a reasonable outcome of your experience in the School of Pharmacy and Pharmaceutical Sciences. You certainly have the right to decide that Pharmacy is not for you, and would be encouraged to pursue other alternatives, if you come to this conclusion during the Pharmacy programme. 187
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Part of becoming a professional is exploring what you expect of yourself, as well as what the profession, patients, and society expect of you. It is not anticipated that you come to the school with these ideas fully formed and, even if you come from a family that includes healthcare professionals, you will need to decide for yourself what it will mean for you to be a professional. It is known from studying the life stories of many professionals that your professional identity will continue to develop as you gain more experience. It will be natural for your ideas to undergo change, even if they are already well formed. 196
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At this point in the process of becoming a pharmacist, how you understand what being a professional means to you right now is of interest. Take up to 15 minutes to respond, in writing, to the following questions. There is no right or wrong response. Rather, these are your perspectives. Your responses will become part of your professional ePortfolio. The hope is that this exercise will be both useful and fun for you 203
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1. What does being a member of the profession of pharmacy mean to you? 209
2. How did you come to this understanding? 210
3. What will you expect of yourself as you work towards becoming a pharmacist? 211
4. Assuming you finish the programme and become a pharmacist, what do you think that patients will expect of you? 212
213
5. What will society expect of you? 214
6. What will the profession expect of you? 215
7. What conflicts do you expect to experience (e.g. between your responsibility to yourself and to others – patients, family, community, profession)? 216
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8. What would be the worst thing for you if you failed to live up to the expectations you have set for yourself? 218
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9. What would be the worst thing for you if you failed to live up to the expectations of your patients? (... the profession?) (...society?) 220
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10. [12,25] (adapted). 222
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Appendix E: First Year teaching outline: Presented as the first item in the sequence of content items visible to students on BBL. 224 225

Overview, 'Timetable', dates and sequencing of sessions and activities in the professionalism and ethics strand	226
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In the 'Professionalism and Ethics series' - all sessions are 'live online' (using Blackboard Collaborate). There are three workshops, 4 'lectures' and the Code of Conduct 'assessment'. <i>Please check your schedule/emails regularly – so that any changes to the outline provided below will be visible to you.</i>	228 229 230 231
Please remember that Dr Cicely Roche will be 'in' the Collaborate room from 15 minutes before the start of each session - so feel free to 'join' early to ask questions or engage in general chat discussion. In addition, a Discussion Board/ Forum aligned with this series will be checked by Cicely at least twice weekly during this series – [start date – end date]. Some components of the sessions are likely to be recorded. Cicely will make it clear what portions of the sessions are being recorded. Student use of recordings of P&E sessions will be for the purpose of the student's own learning and development only.	232 233 234 235 236 237 238
'Polls' completed during recorded sessions will be used for both 'attendance' records and to support student learning.	239 240
'Pework' is aligned with each session – students are likely to require 30 minutes to 1 hour to complete prework for workshops and 'lectures' in this series.	241 242
Powerpoint slides and key references/resources, and activities/assignment links are available as appropriate in the folder titled: In 'Delivery' DATE ORDER: Professionalism & Ethics strand of PHU111P6 - student activities, key resources and Slide decks (PPT & PDF). To support the 'live online' format, these are presented in 'DATE ORDER' to align with the sequence in which you are likely to access/complete them. Slide decks for each session are <u>provided both as</u> PDFs (smaller file size) and Powerpoint format (to include some 'speakers' notes underneath slides etc).	243 244 245 246 247 248 249
1. 'Lecture' 1: The health service and health policy (and 'introductions!') Wednesday 14th October 9am-9.50am.	250 251
2. 'Lecture' 2: Pharmacists roles and responsibilities - and spotlight on professionalism! Wednesday 21st October 9am to 9.50am	252 253
3. Workshop 1: Introduction to Ethics, societal level 'dilemmas' and Defining issues Test (DIT2). Wednesday 21st October 2pm to 4.45pm	254 255
4. 'Lecture' 3: 'Community' Pharmacy, and pharmacist practicing in the community or primary care setting. Wednesday 28th October 9am to 9.50am	256 257
5. Workshop 2 - Ethics: Introduction to Principlism and 'Interprofessional' case study. Wednesday 28th October, 2pm to 4.45pm	258 259
6. 'Lecture' 4: 'Hospital' pharmacy, and pharmacists practicing in the hospital or secondary care setting(s). Wednesday 4th November, 9am to 9.50am.	260 261
7. Workshop 3 - Professionalism in Pharmacy Practice (and profession-specific case study). Wednesday 4th November, 2pm to 4.45pm.	262 263
8. Code of Conduct Assessment: Wednesday 9th December 9am. (Cicely will be 'in' the Collaborate room from 8.30 am - to provide opportunity to clarify any 'last minute' issues).	264 265 266
Latest Journal 'post' date for any 'outstanding' individual entries: Wednesday 4th November 8pm.	267 268
Latest submission date for submission of Groupwork assignment(s) (Task 1: WIKI and Task 2:CoC violations): Friday 13th November 5pm.	269 270
Please note: In order to be eligible for Code of Conduct assessment (and subsequent Code of Conduct Ceremony in February 2021), it is required that (a) you sign in for all sessions, (b) complete the activity/-ies aligned with each session to a satisfactory standard, and (c) achieve at a minimum the pass 'mark' (50%) for the group WIKI assignment and (d) complete the group Code of Conduct violations task to a satisfactory standard.	271 272 273 274 275
Appendix F – Overview, sequencing of sessions, and sample prompts/activities in P&E aligned with the Addiction Pharmacy module workshops series.	276 277

The aim of this module is to provide you with an understanding of the nature, extent and causes of problem drug-taking in Ireland in order that you can **undertake professional activities as pharmacists** in the prevention and treatment of drug dependence and other drug-related problems.

LEARNING OUTCOMES :

1. Assess the complexity of a drug-taking problem.
2. Describe proposed molecular and cellular mechanisms of drug dependence and addiction and current drug treatment of alcohol and opiate dependence
3. Discuss psychosocial aspects of drug abuse.
4. Describe the role of the pharmacist in smoking cessation as well techniques available for same.
5. Outline the main sources of addictive drugs and their acute and long-term effects on the health of the drug user
6. Evaluate the National Drug Strategy and the role of the pharmacist in addressing drug misuse.
7. Summarise the controls and protocols relating to the supply of methadone.

Assignment (35% module marks):

- Assume that the Minister has a large allocation from the recent budget - He must make use of it to 'urgently' address 'Bridging the information Gap – Tackling Opioid Mis-use and Addiction'.
- Prepare a videoclip of you as you advocate, to the Minister for Health, for allocation of budget to make better use of the pharmacist's expertise in 'Bridging the information Gap – Tackling Opioid Mis-use and Addiction'.
- Provide a voiceover script.
- Use the rubric for guidance regarding expectations.
- Complete three journal entries as outlined.
- Provide 'peer feedback' to (at least!) two other students.

Workshop Sequence	Workshop Title (<i>LO alignment</i>)	Polls and Whiteboard prompt questions (samples from each workshop).
WS.1 (2 hours)	Role of the pharmacist in preventing and addressing drug misuse (LO6 & Social Contract)	Do pharmacists that refuse to participate in the 'Methadone scheme' act unprofessionally?
WS.2 (2 hours)	Pharmaceutical drug misuse and its implications (LO1,5,6)	Peer groups, BO, Questionx19 posed to speaker e.g. POLL: Could the relatively low level of prescribed opioid-related deaths in Ireland be due to: (a) poor pain relief techniques due to restricted prescribing? (b) poor patient education leading to low patient demand for opioids? (c) Luck? (approx one-third answered a/b/c option) Generated great interaction – chat, WB etc
WS.3 (2 Hours)	The methadone protocol in practice. (LO1,3,7)	Peer groups, BO, Questionx19 posed to speaker POLL: Do pharmacists that refuse to participate in the 'Methadone scheme' act unprofessionally? Yes/ Cant decide/ No POLL: If you owned a pharmacy, would you introduce a needles and foil provision service ? Yes/ Cant decide/ No

WS.4 (2 x 1 hour)	Role of the pharmacist in smoking cessation and in harm reduction (LO4,6,7)	Peer groups, BO, Question posed to speaker POLL: Do pharmacists that refuse to participate in the 'pharmacy based Needle Exchange programmes' act unprofessionally? Yes/ Cant decide/ No POLL: If you owned a pharmacy, would you introduce a needles exchange service ? Yes/ Cant decide/ No
WS.5 (2 hours)	Psychosocial aspects of addiction (LO1,3,5)	Peer groups, BO, Question posed to speaker WB: What comes to mind when you think about Drug use? Alcohol use? POLL: Is problematic substance use primarily a a. Pharmacological issue? b. Psychological issue? c. Psycho-social issue? d. Social issue?
WS.6 (2 hours)	Brief Interventions (LO1,6)	Peer groups, BO, Question posed to speaker WB: what have been your experiences of enhancing patient's/client's motivations? (split as expected? / Challenging? Generated open discussion as well as posts.
WS.7 (2 hours)	Skills development: peer review & personal development (resilience) (LO6 & Social Contract)	Peer review process WB: When am I at my absolute best, nothing will stop me. What knocks me back from being there? WB: At times when I shy away from giving another person <u>feedback</u> (or asking for it) what stops me? POLL: how am I feeling right now, my mood at the moment? 1. Sad, hopeless, fed up 2. Tetchy, frustrated, worried 3. OK, neither up nor down 4. Optimistic, happy, chilled 5. Excited, hyper, raring to go POLL: Emotional Connection – our mood (followed by WB) 1. High negative 2. High positive 3. Low positive 4. Low negative

Appendix G: Communication, via 'Announcement' on Blackboard, to first year students prior to their first P&E teaching session.

Announcement subject line: Pework lecture 1 – Live Online session – (attach in your individual Journal). For use in breakout rooms.

Prior to attending 'our' first live online session on Wednesday, please prepare a 50 to 100 word response to the question: 'why did you choose to study 'Pharmacy?'

I will be in the 'Collaborate room for live online sessions', link visible on the left-hand side of the home page of module PHU11106 (Practice of Pharmacy), from 8.30am on

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Wednesday. Please feel free to join early if you would like some guidance on how to use the whiteboard, chat and/or audio/video tools in Blackboard Collaborate - or to say 'hello!'. The following link (to a 5 minute video on how to use Blackboard) might also be of assistance to any student who would like further detail on the use of Blackboard: https://tcd.blackboard.com/webapps/blackboard/content/listContent.jsp?course_id=_69279_1&content_id=_1519607_1 Note that this video/link is also found in the student module 'Learning to Learn online' [Block 1, Toolkit, first item].

Appendix H: Institutional 'declaration' included in recordings of teaching sessions

The materials and content presented within this session are intended solely for use in a context of teaching and learning at Trinity.

Any session recorded for subsequent review is made available solely for the purpose of enhancing student learning.

Students should not edit or modify the recording in any way, nor disseminate it for use outside of a context of teaching and learning at Trinity.

Please be mindful of your physical environment and conscious of what may be captured by the device camera and microphone during videoconferencing calls.

Recorded materials will be handled in compliance with Trinity's statutory duties under the Universities Act, 1997 and in accordance with the University's policies and procedures.

Further information on data protection and best practice when using videoconferencing software is available at https://www.tcd.ie/info_compliance/data-protection/ "

Appendix I: Principles Student Code of Conduct

The student Code of conduct is based on six core principles:

1. Your primary concern must be to maintain and improve the health, wellbeing, care and safety of patients.
2. Develop your professional competence, skills and standing so as to bring health gain and value to the community and society.
3. Be honest and trustworthy and show respect for others.
4. Conduct yourself in a manner which enhances the service provided to society and which will maintain the good name of your profession.
5. Maintain your professional knowledge and competence.
6. Be aware of your obligations under the Code of Conduct and do not do anything which constitutes a breach of the Code.

Appendix J: Principles of Digital Professionalism [60]

Introduced in workshop 1, prior to beginning 'groupwork'.

1. Establish and maintain an online professional presence that befits your responsibilities while representing your interests. Be selective in which channels and places you establish a profile
2. Use privacy controls to manage more personal aspects of your online profile and do not make anything public that you would not be comfortable defending as professionally appropriate in a court of law.
3. Think carefully and critically about what you say or do will be perceived by others and act with appropriate restraint in online communications.
4. Think carefully and critically about how what you say or do reflects on others, both individuals and organisations and act accordingly.

5. Think carefully and critically about what you say or do will be perceived in years to come; consider every action online as permanent. 367
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6. Be aware of the potential for attack or impersonation, and know how to protect your online reputation and what steps to take when it is under attack. 369
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7. An online community is still a community and you are still a professional/student professional within in ... The call for 'professional advice' may come online as well as face-to-face. 371
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Appendix K: Interprofessional care: nursing home case used in workshop 2. 375

Pework completed prior to attending the workshop: 376

1. Watch the short Vodcast on Principlism (circa 15 minutes). 377
 2. Then consider what Harvey should do the following this scenario: 378
Harvey Smith is a 45 year old community pharmacist that owns the only community pharmacy in a rural town some 10 miles from Tralee, a large provincial town . 379
Harvey has provided for a 50 bed nursing home located between his pharmacy and Tralee for the last three years. He personally visits the home on a monthly basis both to provide professional assistance to the staff, and to give a monthly half-hour 'continuing education' presentation on a pre-agreed topic . 380
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The owner of the nursing home who has recently acquired the facility, phones Harvey regarding the topic for the next professional presentation. She says the staff would benefit from training on how to crush tablets and in what foods to mix such crushed tablets. She requests that Harvey address these issues at his next visit. 385
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- a) List at least 4 action options that Harvey might take. 390
 - b) Choose which of the 4 action options you would recommend Harvey take, and justify your recommendation. Include reference to Principlism in your answer. 391
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Additional section of the scenario introduced during the workshop: 394

On further discussion, the nursing home owner comments on the difficulty they are having with some residents regarding their disruptive behaviour at night. *'There are few staff on duty at night. They cannot cope with residents being up and about at night disturbing other residents.'* Harvey believes that the patients may be about to receive medication without their knowledge..... 395
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Live online adaptations: 401

- Prompt on whiteboard inviting students to add their 'immediate' reaction to this 'new' information. 402
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- The use of Breakout rooms, followed by group entry of agreed 'response' on a slide, shared in the BBCU session, formatted to include 'space' for each of 12 groups. 404
405

Two of the twelve groups took the lead on one question each: 406 407

1. What principles (Autonomy, Beneficence, Non-Maleficence and Justice) might be at risk in this situation? 408
409
2. Ought society permit health professionals to deceive their patients, regardless of the outcome? 410
411
3. What issues arise with respect to the rights of the staff or the other residents in the home? 412
4. Consider the Principles in the PSI code of conduct in this situation? 413
5. What cultural or similar issues might need to be explored and/ or considered in this situation? 414
415
6. What might be the role of 'communication' in the process of managing this situation? 416

Appendix L: Polyprofessionalism behavioural statements and sanctions [61](Roff & Dherwani, (2011), sanctions adapted, in collaboration, to TCD context).

BBL Instructions: Please answer the 12 questions related to 'level of sanction' you believe should be applied for a first time offence with no mitigating circumstances'.

BBL: Radio button options for Questions 1 to 12:

<input type="radio"/>	Sanction level 1: None
<input type="radio"/>	Sanction level 2: Caution the student in relation to the matter. (Verbal warning.)
<input type="radio"/>	Sanction level 3: Written warning email to student and (copied to) tutor.
<input type="radio"/>	Sanction level 4: Caution the student and require counselling or assessment until certified to be fit to proceed with his/her course of studies.
<input type="radio"/>	Sanction level 5: Add extra work assignment and require counselling as appropriate.
<input type="radio"/>	Sanction level 6: Grade as 'unsatisfactory' in that module or subject. (Required to repeat Module).
<input type="radio"/>	Sanction level 7: Refuse permission to take the annual examinations (Required to repeat the year).
<input type="radio"/>	Sanction level 8: Required to withdraw or be suspended from his/her programme of study. (With readmission possible.)
<input type="radio"/>	Sanction level 9: Required to withdraw from College. (No chance for readmission.)
<input type="radio"/>	Sanction level 10: Report to the professional regulatory body

Questions 1 to 12:

1. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **signed an attendance sheet for an absent friend?**
2. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **asked classmates to sign attendance sheets for them in labs or lectures?**
3. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **plagiarised work from a fellow student?**
4. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **invented extraneous circumstances to delay sitting an exam?**
5. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **shown a lack of punctuality for classes?**
6. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **damaged public property e.g. Desks or chairs?**
7. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **forged a healthcare worker's signature on a patient's record or prescription?**
8. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **engaged in substance misuse?**
9. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **stolen a computer mouse from the Laboratory?**

-
10. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **threatened or verbally abused a fellow student?** 452
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 11. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **failed to follow proper infection control procedures (e.g. in a laboratory)?** 454
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 12. What is the level of sanction (1 to 10) that should apply for a first time offence with no mitigating circumstances where a student is found to have **posted fellow students' photographs on 'facebook' without the person's permission?** 458
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