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Adapting during a pandemic: using Ethics of Care and Cosmopolitanism to train graduate students during the COVID-19 crisis

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Introduction

Operating an active, speech-language pathology clinic on a university campus is a challenge during peaceful, typical times. University faculty must recruit and schedule clients, update evaluation and treatment materials, and maintain the clinical facility.

During a global pandemic, each of these tasks becomes exponentially more difficult. In March of 2020, as a nationwide shutdown in response to the spread of COVID-19 began, the Kitty Degree Speech and Hearing Center on the campus of the University of Louisiana Monroe (ULM) faced the difficult task of changing its approach to every single task listed above. Over the course of the three week break of May 2020, the faculty of the Speech-Language Pathology Program (SLP) formed a plan that combined existing resources with new procedures to meet these challenges. In this paper, we will describe the philosophy guiding our approach as well as three helpful, practical solutions.

There were three goals within our plan for adaptation: 1. provide quality, evidence based treatment services to the Monroe, Louisiana community, 2. provide needed experience and training to our graduate students, and 3. maintain a healthy, low risk, COVID-19 policy compliant clinical environment. The overall process involved using the concepts of Ethics of Care (EoC) and cosmopolitanism to guide implementation of new procedures as well as development of the students' abilities to meet the overwhelming demands that COVID-19 brought with it. We will discuss these two approaches as well as the practical strategies we used in the sections that follow.

Ethics of Care

A common practice in the Speech-Language Pathology Program at ULM is to infuse cultural humility and competence objectives into graduate courses. In addition, the ULM SLP program has an undergraduate course dedicated to multicultural issues. Within the discussions held in our dedicated multicultural issues course and throughout the courses in our program, like many other university programs, we emphasize that professionalism is defined by ethical, competent care of clients. We further stipulate that ethical, competent care is only possible if we examine ourselves for bias, commit to deep understanding of the individuals we are responsible to serve and enter into meaningful relationships with them. The students are often told, "it's hard to learn from people you can't trust" (Routman, 2019). Trust is developed through caring, respectful *relationships* with others. This approach to teaching clinical concepts is guided by an EoC approach (Gilligan 1982; 2013a).

Ethics of Care is an approach that emphasizes *care*, in concert with justice, for those with which we are interdependent and in relationship. EoC emphasizes that empathy and compassion are just as important as any moral code for making ethical decisions. Care is an important element of ethical decision making because it requires paying close attention, deeply listening and ultimately responding with deference. It is fully grounded in *interdependence* (Gilligan, 2013b). EoC holds that as professionals, we have a certain amount of interdependence with each other and our clients, and that personal choices impact other people in direct proportion to their level of vulnerability.

An EoC approach suggests that we must consider not only our own vulnerability, but the vulnerability of others when making ethical decisions. To ensure that ethical decision making is infused with *care*, EoC sets forth five elements: attentiveness, responsibility, competence, responsiveness, and plurality/solidarity (Tronto, 2005; 2013).

Attentiveness requires seeing another's needs in order to respond effectively. *Responsibility* is personally taking on the duty to make the most ethical decision. *Competence* means taking action on a decision effectively. *Responsiveness* references the ability to understand a reaction of another person, and ultimately pay attention to that reaction in order to evaluate potential inequality. The last element is *plurality/solidarity*, which is a set of qualities required to help people unite in order to take action for the good of the whole of a community or society (Tronto, 2005; 2013).

The five elements of EoC guided the ULM Speech-Language Pathology Program faculty as they adapted the clinic to fit the needs of COVID-19 guidelines.

Cosmopolitanism

As discussed above, a critical component of EoC is being responsive to others and not assuming that we all present with the same levels of vulnerability. An additional guiding philosophy adds another layer of support: cosmopolitanism. Cosmopolitanism was used in addition to EoC to ensure a complete, more comprehensive approach to the COVID-19 adaptations. Emdin (2016) defines cosmopolitanism as “an approach to teaching that focuses on fostering socioemotional connections in the classroom with the goal of building students' sense of responsibility to each other and to the learning environment” (p.105).

Cosmopolitanism develops ownership and personal integration of tolerance, inclusiveness of others and overall sensitivity as they become “citizens of the world.” (Emdin, 2016). Cosmopolitanism as a teaching philosophy helps to develop strong connections between students across differences such as gender, race and academic aptitude so that they can be more committed to their shared educational experience (Emdin, 2016). Developing future professionals who see themselves as part of a larger whole is a practice that clinical teachers can initiate in the classroom or clinical practicum.

The *socioemotional connections* of faculty with students and students with clients was a necessary element, in addition to *care*, to ensure the clinic adapted adequately to the COVID-19 crisis. We needed to ensure that the faculty met the needs of the students, and the students in turn were able to address the unique needs of their clients. A university clinic is a microcosm of the larger picture of healthcare. This means our students are becoming clinicians of the world by first being clinicians in our clinic. Our clinic is essentially a safe proving ground to practice not only clinical skill, but personal development in a low risk environment. Additionally, success of the clinic, particularly in this time of great uncertainty, is dependent on the students' sense of responsibility to each other and to the clinical learning environment.

The Speech-Language Pathology Program at ULM attempted to foster this sense of responsibility in our students by infusing the idea of a membership in a single, interconnected community using both EoC and cosmopolitanism. This was done through three practical strategies: two of these strategies were already established and one of them was new. First, we explicitly modeled and taught empathy in our classes. Second, we provided reflective practice in our clinical supervision. Finally, we provided the students with specifically defined roles and expectations in the clinical setting. These three strategies are described below.

Empathy Instruction

The first strategy the faculty implemented was to teach empathy explicitly in class. Faculty began the practice before the pandemic, but found it helpful as the adaptation progressed. For example, in a course on assessment of neurological disorders, the instructor overtly discussed the importance of developing and maintaining empathy as a speech-language pathologist working with older adults. The students were required to watch a video and reflect on ways they could become more empathic toward each other and their clients. The instructor modeled empathy by discussing her own view of the graduate students and how empathy is applied to teaching and advising. The instructor explicitly explained ways in which they could support both each other and their clients.

During the Fall 2020 semester, the instructor adapted class discussion to fit the unique needs of COVID-19 by integrating conversation focused on specific vulnerabilities faced during the pandemic. Additionally, the instructor strove to develop both personally and within the students, attentiveness, responsibility, competence and responsiveness to facilitate care in the context of increasingly complicated personal lives due to COVID-19.

Class discussion involved students sharing their personal stories in class while the instructor modeled an empathic response. The class discussed case studies throughout the course in which empathy and consideration for the unique needs of clients was held paramount. This overarching perspective taught in class was used to improve students' ability to adapt within their clinical assignments – to ensure a community-minded response.

Reflective Practice in Clinical Supervision

Reflective practice was the second strategy implemented. Several faculty members implemented this strategy before the pandemic began, and it provided a significant contribution to quality of learning during the pandemic. Reflective practice is an approach to clinical supervision of graduate students and provides the student with an opportunity to reflect on clinical interactions with a supervisor in a safe, predictable space. Specifically, we used the Reflective Interactive Observation Scale (RIOS™; Watson, et al, 2017) to ensure implementation of reflective practice supervision. This tool lends itself particularly well to infusing membership and a sense of belonging in the clinic by emphasizing the relationship between the student and the supervisor as a

place to “explore openly and reflect on the deeper meanings under the surface of a story in order to learn together” (Alliance for the Advancement of Infant Mental Health, 2018, p. 6).

RIOS™ consists of six collaborative tasks.

- Describing: “What do we know?”
- Responding: “How do we and others think and feel about this?”
- Exploring: “What might this mean?”
- Linking: “Why does this matter?”
- Integrating: “What have we learned?”

By going through these tasks, the supervisor not only forms a therapeutic alliance with the student, but also scaffolds the student in making their own meaning of the clinic situation. While this is not a new method of supervision for Speech-Language Pathology graduate students, it has been especially helpful during this difficult time.

Reflective practice inherently lends itself to fostering the socioemotional connections emphasized in cosmopolitanism through the journey to understand and interpret the feelings of faculty, students, and the clients served in the clinic. This link was key to instruction during the COVID-19 pandemic.

During one reflective practice meeting, a graduate student identified how different her relationship with her client was this semester as compared to the last. Due to COVID-19 guidelines, she wasn’t allowed to spend extra time with him in the waiting room while he waited for his mother to come pick him up. She stated that she had less time to become familiar with his unique interests and needs because she felt compelled to start therapy immediately. She said she felt the whole process was less relaxed. The supervisor was able to ask how she felt about this issue, what it meant for her clinical practice, and why it mattered. The supervisor, along with the other student participants in the reflective practice meeting, then collaboratively created a plan for how to ensure this did not continue as the semester progressed. Ultimately, the student left the reflective meeting not only with a plan but with her own thoughts and feelings validated. This experience helped to foster care and a stronger emotional connection between supervisor and student. It also created a shared sense of responsibility for everyone in the reflective practice meeting.

Defining Roles and Expectations

Our final strategy was to personally involve graduate students in the functioning of the clinic by assigning roles and being clear about expectations in order to teach care for each other as well as socioemotional connections between the students and their clients. A key component of *feeling* a sense of responsibility toward the clinic is *being* responsible for operations of the clinic. In order to create a sense of responsibility,

students should be responsible for everything that is required for the clinic to function well. “In a cosmopolitan classroom, these ‘nonacademic’ responsibilities are just as important as those involving learning content” (Emdin, 2016, p. 106).

In the Kitty Degree Speech and Hearing Clinic during the pandemic, this meant that students had defined roles in every necessary task from cleaning the floors to monitoring temperatures of clients. Students were assigned to roles as needs emerged. Examples included sitting at the front desk to answer phone calls, teaching a clinical staffing about telehealth approaches that were working well, and signing up to restock clinic supplies on a rotating basis.

Throughout the semester, the expectation that the students were responsible for each other was also clearly communicated. If a student was exposed to COVID-19 and had to quarantine, their peers were expected to take over and help them. For example, a graduate student might treat their classmate’s client, drop materials off to a classmate’s home, or call a classmate’s client to cancel a session.

These assigned roles helped the clinic adapt to a chaotic time in which graduate students were fighting COVID-19, caring for their family members who might be diagnosed with the virus, or were in self-quarantine due to exposure. This practice also ensured that the students were given explicit expectations about their roles in the clinic operations.

Conclusion

There were challenges and missteps throughout the grueling process of adapting a university clinic to meet the demands of an unprecedented pandemic. However, these strategies have helped the process go more smoothly than expected. Our students learned (and continue to learn at the present time) under difficult circumstances, but they see academic content on communication disorders through a rich, complex lens since they are actively involved in the process of adapting.

Unfortunately, COVID-19 is a part of our lives now. It has introduced unprecedented loss and emotional damage. Health care education must face the impact of COVID-19, adapt existing practices and develop new procedures to meet the demands the virus has placed on our fields of study and client care. Teaching philosophies such as Ethics of Care and cosmopolitanism can provide guideposts to provide well informed, comprehensive adjustment in the face of a truly dreadful circumstance.

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