False Documentation and Educational Opportunities

Kelly is a 3rd year OT student performing fieldwork in a local school district. The district itself is underfunded and has limited resources including a single OT for the over-filled caseload. Kelly is working with a 6 year-old girl diagnosed with high functioning autism and is currently in special education programs for speech pathology, adapted physical education, as well as OT. She currently is in a regular classroom setting and works with an instructional assistant. Although she academically performs up to standards, her instructional assistant has mentioned to Kelly that she is dysfunctional socially. The instructional assistant continues by saying that she is better able to accomplish work and interact with her peers after OT. Assessments show that she is just barely eligible for special education services. However, because of the heavy case loads, the speech pathologist and adapted physical educator altered their assessment scores to place her just above the standards. When brought up to the district OT, the OT considers this option until Kelly reveals her conversations with the instructional assistant. The other members of the team discount Kelly because she is a student, and the OT agrees to inflate the scores. The team presents the faulty information at the IEP meeting and the student’s parents agree to remove her from special education.

1) Should the student address the family of the false documentation?

This ethical dilemma involves three of the seven principles outlined in the AOTA code of ethics—veracity, autonomy, and fidelity. In regards to veracity, there is clear false documentation in this case. The speech pathologist, adapted physical educator (APE), and OT altered the true scores of the student. By presenting this false information to the family, the principle of autonomy is compromised. The family was given inaccurate information and led to believe a faulty reality. It is likely that their decision regarding educational placement would have bee different had they received the unaltered scores.

Regardless of the false documentation, the real ethical dilemma of this question revolves around fidelity, and respecting the professional opinions of other health care providers. The AOTA principle states that an OT must “treat colleagues and other professionals with respect, fairness, and integrity” (AOTA Code of Ethics). Should Kelly tell the family of the false documentation, she is knowingly disregarding the professional opinions of her supervising OT and colleagues. In essence, Kelly herself is in breech of the AOTA code by not following standard protocol for reporting ethical breeches.

In a discussion I have had with another school OT, she believes that ethics are a gray-scale. No OT or other health professional knowingly breeches the code with malice intentions. In general, breeched codes are due to an OT acting by what they believe is in the best interest of all parties (which is an aspect of the code itself) or due to a lack of knowledge of the code’s values and principles. There might be some truth to this if applied to this specific case study. The OT acted in what she felt was in the best interest (beneficence—principle 1) of her entire case load. With the removal of this single student, she frees time and resources to be able to attend to other students.
It is my belief, that it is best for Kelly to not address the family of the false documentation. Should she talk to them, she may open up a larger issue for the school district (of which she is not an employee) and her supervising OT. Her best course of action would be to directly discuss the situation in private with the supervising OT as to her reasoning for her actions and the potential outcomes.

2) Is the student’s education jeopardized from the actions taken?

As stated in the Individuals with Disabilities Educational Act (Ericksen, 2010), special education and related services are required by law to be provided or compensated for by the government. This idea of “free appropriate education” is specially designed to fit a child’s specific need or disability. Many school districts strive to educate in what is called the least restrictive environment, which is by educating in a regular classroom setting as much as possible.

Although the student currently performs on academic standard, the students overall education is potentially jeopardized with the decision of the health professionals. In general it is part of what defines a child with HFA is on-level academic achievement (Gal, et al, 2009). What is lacking in these students is the social capabilities to interact with peers and the presence of multiple maladaptive repetitive behaviors.

Research supports the use of occupational therapy within the school setting. It is estimated that as much as 60% of an elementary aged students day is spent engaging in fine motor activities (Jackman & Stagnitti 2007). These include handwriting, cutting, and object manipulation. A function of the OT within the school system is to work with students to be able to functionally utilize the small muscle groups of the hand in order to perform these tasks. With the high frequency of fine motor tasks in the school day, students with potential fine motor difficulties are at a disadvantage to being able to successfully complete their coursework. OT services also include sensory integration techniques which have shown to impact a child’s ability to regulate attention to their work and help to reduce maladaptive behaviors (Schaaf & Miller 2005). It is also suggested that multiple students would benefit from OT intervention for fine motor skills, but currently do not fall under the guidelines of IDEA.

It is important to also note that the education students receive is not only academic, but also in social skills. Especially in the elementary setting, students in recess are learning how to work with their peers, actively problem solve, and communicate. In this case, the student with HFA as defined by her condition, possesses maladaptive social capabilities. Further than this, IDEA should address her disability and provide her the full education she is entitled to. This student also was described to be better able to function in her inclusive school placement with the adaptive aides available. The removal of these could cause the student to drop below academic standards, in which case, it would be apparent that these aides are necessary for her education.

With this in mind, it could be suggested that there is an underlying problem with how the educational system currently assesses student achievement. By evaluating ability solely on academic skill, the evaluation misses a critical portion of the educational process. If standards were to be changed, students like in this case, would potentially qualify and benefit from services on grounds outside academic assistance.
3) Were the APE, Speech Pathologist, and OT justified in their decision?

For this case, the ethical principle in question is that of beneficence, which is defined as “demonstrating a concern for the safety and well-being of the recipients of services” (AOTA Code of Ethics). The conflict of asking if the health care providers were justified in their decisions is based on the overall point of reference. One could argue from the stance of the individual HFA student and her education, or the argument of the entire case load of students and the gross benefits received could be made.

The OT and other health care providers acted in a way that benefitted the quality of care they are able to provide to their entire case load. Although assessments indicated that the student qualified (even if just barely) for services, they felt their time and resources were better spent on other students qualifying for services. This relates back to the earlier statement that no practitioner makes these decisions with malevolence, but based on their given circumstances.

The truth is that there are limitations to the ability to provide the “free appropriate education” promised in IDEA. If there were not, every child would be assessed for potential limitations to their education and given the appropriate aides to overcome them. The current case describes a district limited by funding which translates to a limitation of personnel. Not only does a lack of funding impact the supplies and testing capabilities of an OT, but funding is directly related to the ability of a school district to hire additional professionals. The school district described would benefit from the addition of another OT—even if only part time. This could decrease the case load for the current OT and create more time to attend to other students, or to service the current case load in greater capacity.

The OT and health care providers in this case need to address this fundamental problem of funding within their district. Part of the role of these professions is to advocate for patient services. This is part of the ethical code of beneficence to advocate for necessary services. Although this would not be advocating for services for one specific student, they would be pushing for support so they are able to provide the required services. What the district may fail to realize is that they health care providers may be working so hard as to the point of burn-out. They also may be spreading their services so thin, that the service is more of an action rather than being effective treatment.

4) What institutional changes can be made to prevent this situation?

An article by Barbara and Curtin (2008) discussed the idea of occupational justice. This is the equal access to opportunities to all individuals. One of the scenarios involved a man who was financially capable of paying for his adaptive equipment such as a wheel chair. Because of this, he received little government funding in comparison to someone with the same disability. Although he was given equal access to basic opportunities, he was handicapped when in comparison to his professional peers. Hypothetically, he would be financially able to live life at a very high standard in regards to housing and recreational activities had he not been disabled. An alternative interpretation of occupational justice could be to compensate and provide people with
equitable funding, regardless of income, to provide lifestyle opportunities available in absence of
disability.

The previously described situation suggests that there are flaws to which our medical system
operates. The current case would also suggest the same. The OT and health care providers I
believe were forced to make a difficult ethical decision because of the institutional design. In this
case, the clear solution would be an increase in funding and number of related service providers.
Clearly, this is not always feasible option.

An alternative solution would be the use of multi-skilled or cross trained professionals (Brown,
2003). This would be the use of practitioners which are trained in multiple disciplines or with
skills of another discipline. For example, a single professional serving both PT and OT roles, or a
PT and OT together serving the role of an APE. The clear benefits of this model would be the
decrease in costs to pay single health care providers, or the increased capacities of case loads
from their spread over multiple practitioners. Similarly, the patients could benefit from a
decreased number of practitioners providing them with direct services. Instead of having five
sessions with different specialists, the individual could work with two practitioners who know
their individual case very well. However, there is a great potential for lack of specialization with
these multi skilled practitioners. Instead of a single individual of a multi-disciplinary team being
the knowledge of a single discipline and being referred to as an expert, all practitioners will have
a general knowledge of the basic skills. These generalists will not know advanced techniques and
treatments. This model also leads to the question of regulation of practice. Virtually all health
professions have some kind of regulatory body to oversee practice within that field. With
practitioners melding specialized skills, the question becomes who will govern these generalist
practitioners and how to enforce standards such as continuing education and licensure.

Works Cited

equipment funding schemes. Australian Occupational Therapy Journal, 55, p. 57-60.
occupational therapy professional practice. Scandinavian Journal of Occupational
Therapy, 10, 127-137.
Scandinavian Journal of Occupational Therapy, 17, 64-69.
autism through a co-located interface. Al & Soc, 24, 75-84.
the role of occupational therapy in schools. Australian Occupational Therapy Journal,
54, 168-173.
approach for children with developmental disabilities. Mental Retardation &
- AOTA Code of Ethics