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My Sister's Keeper: An Innovative Interprofessional Ethics Teaching and Learning Strategy for Nursing and Social Work Students

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Abstract

BACKGROUND The following describes results of an innovative, online, interprofessional (IP) ethics assignment designed to evaluate students' application of ethical and moral theory and professional codes of ethics. After viewing the video, *My Sister's Keeper* (Johnson & Goldman [Producers], Cassavetes [Director], 2009), students explored the ethics of genetic selection, personal/professional values and the utility of their respective professional codes of ethics directed toward evolving genetic innovations.

METHODS Using an online course platform, Nursing (RN-to-BSN) and Master of Social Work students from one Midwestern university, organized into IP groups, responded to required prompts. Researchers employed narrative content analysis in the identification of themes.

RESULTS Four ethical themes emerged (genetic engineering; informed consent if minors vs. parental rights; quality vs. quantity of life; and self-determination). Students perceived their disciplinary codes of ethics provided limited guidance when dealing with complex ethical decision making and noted the value of consultation with colleagues when grappling with complex ethical issues such as outlined in *My Sister's Keeper*.

CONCLUSION Student reflections supported similarities and differences in their identification of themes based upon disciplinary training. Primacy of client interests guided student responses, reflected in each discipline's code of ethics.

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Implications for Interprofessional Practice

- In today's complex healthcare environments, interprofessional teamwork and communication are critical to build trust, manage conflict, and improve patient outcomes.
- Advances in healthcare technologies and innovations create a need for self-awareness of personal values and their impact on practice.
- Videos are an effective tool to engage students and foster deeper understanding of contemporary professional issues.

Introduction

The healthcare environment is at a crossroads and interprofessional (IP) education, leading to a more integrated, seamless approach to care is critical. The Institute of Medicine (IOM) Committee on Quality of Health Care in America (2001) recognized that healthcare professionals working in IP teams allowed for improved communication and collaboration with the potential to improve patient outcomes. The World Health Organization (WHO) defines IP education as education that “occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, p. 7). While IP education is designed to ensure team members approach care from multiple perspectives with opportunities to share expertise for the common goal of maintaining or restoring health, implementing effective IP educational strategies can be challenging.

All members of the healthcare team including physicians, nurses, pharmacists, and social workers are not typically educated together, yet they are increasingly required to cooperate and collaborate more closely in the delivery of care (AACN, 2008; Thibault, 2012). Interprofessional team training of healthcare providers should begin early in the students' educational programs and proceed throughout their careers (AACN, 2008; IOM, 2011; Thibault, 2012). Successful IP education can be achieved only through committed partnerships across professions. Professional nurses and social workers will contribute to the knowledge

base to effectively provide up-to-date, safe patient care; participate in health care decisions; and provide the leadership needed to become full partners in health care redesign efforts (AACN, 2008; IOM, 2011).

Faculty play a key role to facilitate IP education on both an organizational and individual level. Innovative teaching/learning strategies that prepare health professions students to understand each other's roles and the importance of teamwork that promotes effective communication and collaboration is needed (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007). The aim of education in professional programs is to develop responsible professionals who use critical thinking in practice including the ability to sort and sift through ethical dilemmas one encounters in every day practice. This qualitative study employed narrative content analysis of student responses to an IP ethics exercise, *My Sister's Keeper*, to determine the effectiveness of the strategy in assisting students to apply their professional codes of ethics, ethical dilemma, moral theory, and disciplinary approaches to care.

Literature Review

Professional ethics—A disciplinary perspective

Education in both nursing and social work include socialization to the ethics of the respective disciplines. Codes of ethics assist in identifying acceptable professional behaviors. Awareness of the discipline-specific codes of ethics and adherence to professionally expected standards assist the student in developing

their professional identity (Reynolds-Welfel, 2013). It is through this awareness of ethical codes that public trust in the profession is assured and expectations identified (Schlisser-Manning, 2003). Codifying an individual's ethical interpretation within the standards of the profession serves to advance a "self-commitment" to ethical choices (Schlisser-Manning, 2003). Self-awareness of personal values, linkage to ethical decision making, and connection to moral theory (Gray & Gibbons, 2007) provide students the means to effectively discuss and apply ethical knowledge and skills. Students go beyond intuition to a reasoned ethical decision making approach (Groessler, 2012).

Comparison of two professional codes of ethics

The social work and nursing codes of ethics, though similar, direct practitioner behavior within those principles perceived to be most important

to professional practice. The National Association of Social Workers (NASW) *Code of Ethics* (2008) and the *Code of Ethics for Nurses with Interpretive Statements* (American Nursing Association [ANA], 2001) both emphasize a commitment to the client (individual, family, group or community) and the dignity and inherent worth of each (Table 1). Ethical standards relative to professional responsibilities in the area of competence, integrity, conflicts of interest, collaboration, and boundaries are integrated within the codes. The concept of trust within the helping relationship is a key consideration for both professions.

The NASW *Code of Ethics* (2008) includes social justice as one of the core values of the profession directing social workers efforts to "end discrimination, oppression, poverty, and other forms of social injustice" (NASW, 2008, Preamble). Historically, the profession of nursing has been concerned with social

Table 1. *Code of ethics comparisons: Nursing and social work*

Nursing	Social work
<i>Principles</i>	
Focus on healthcare Field	Contextually broad
Includes interpretive guidelines	Guides with unspecified interpretations
Provisions recognize responsibilities embedded in code itself	Principles address responsibilities to levels of social organization and practice
Commitment to society	Social justice: Vulnerable and oppressed
<i>Parallels in Ethical Principles</i>	
Value of dignity	Values articulated in preamble [6]
Commitment to patients; protection of health, safety and rights	Responsibility to clients [16 standards including: Self-determination, privacy & confidentiality, informed consent]
Collaborations	Responsibility to colleagues [11 standards]
Influencing the environment	Responsibility to practice settings [10 standards]
Responsibility & accountability; duties to self/Integrity	Responsibility as professionals [8 standards]
Contributions to the profession	Responsibility as professionals [2 standards]
Nursing Association commitment to social policy	Responsibility to broader society [4 standards]

For more information, see:

Code of Ethics in Nursing: http://www.icn.ch/images/stories/documents/about/icncode_english.pdf

Code of Ethics in Social Work: <http://www.socialworkers.org/pubs/code/code.asp>

justice emphasizing the welfare of the sick and injured within healthcare environments and vulnerable groups within communities (AACN, 2008). This contextual application appears to be the central distinction between the two professions' codes of ethics; nursing toward the health care environment and social work to societal structures in general. The values of the two professions are similar with emphasis on client as central to ethical obligations. The generalist nature of social work focuses efforts (including health care) on problems of living within society and can include families, other groups, organizations, and communities as clients to whom services are directed. On the other hand, nursing's focus is primarily on care provided within healthcare environments; public health nursing practice, however, straddles both nursing and social work since practice focuses on the health of populations and communities versus individual clients. Although both codes have varying degrees of specificity, the general parameters for behavior outlined are representative of many of the helping professions.

Interprofessional education

Interprofessional education is not a new phenomenon in health professions education. However, the Interprofessional Education Collaborative Expert Panel (IPEC) (2011) established a vision, guiding principles, and IP competencies for health professions students to ensure readiness to enter the workforce as a contributing member of the healthcare team. The expert panel identified four competency domains: values/ethics for IP practice, roles/responsibilities, interprofessional communication, teams and teamwork (Table 2). These are intended to ensure a coordinated approach and provide a foundation to evaluate and research outcomes of IP education.

Many health professions educators incorporate values and ethics content as they assist students to develop in their professional roles; however it is now recognized that a common set of core values for all health professions students is needed. Interprofessional

Table 2. *IPEC Core Competencies for Interprofessional Collaborative Practice*

Competency	General Competency Statement
Domain 1: <i>Values/Ethics for Interprofessional Practice</i>	“Work with individuals of other professions to maintain a climate of mutual respect and shared values” (IPEC, 2011, p. 19).
Domain 2: <i>Roles/Responsibilities</i>	“Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served” (IPEC, 2011, p. 21)
Domain 3: <i>Interprofessional Communication</i>	“Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease” (IPEC, 2011, p. 23)
Domain 4: <i>Teams and Teamwork</i>	“Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable” (IPEC, 2011, p. 25).

For more information, see <http://www.aacn.nche.edu/education-resources/ipecreport.pdf>

values/ethics are founded on the belief that mutual respect and trust are needed to ensure effective working relationships that recognize the contributions of each member of the health care team (IPEC, 2011). Interprofessional teaching/learning practices should provide an opportunity to discuss ethical dilemmas in such a way that “traditional professional values, ethics, and codes need to be rethought or reimagined” (IPEC, 2011, p. 18). It was important to recognize the need for creative and innovative strategies to accomplish this vision. As such, the My Sister’s Keeper exercise was designed to move beyond the profession-specific competencies to engage students in a problem-based, interactive learning experience.

History of collaboration between UWGB MSW and BSN Programs

The University of Wisconsin-Green Bay (UWGB) mission directs efforts to engage students in interdisciplinary, problem-focused educational experiences designed to address complex issues in a multicultural and evolving world (UWGB, 2009). Historically, faculty from the Masters in Social Work (MSW) and Bachelor of Science in Nursing (BSN) at the UWGB collaborated to design online, interprofessional learning opportunities for students. The exercises were designed to engage students in interdisciplinary dialogue about a variety of ethical issues in which moral/ethical norms of the profession were not well defined.

Examples of exercises used in past years included (a) whether to report an impaired colleague (i.e., suspected of reporting to work under the influence of alcohol), (b) whether to respect the family’s wishes to withhold information related to the death of a family member from a minor (child) currently under medical care and, (c) “Pillow Angel” a scenario based on a true story in which the parents of a child with a disability surgically remove her reproductive organs in order to maintain her “child-like” physical state (Terry & Campbell, 2009). The scenarios provided an opportunity to discuss students’ assumptions and, more importantly, differing professional/disciplinary perspectives and worldviews. After informal review, the instructors believed that responding to brief ethical written scenarios did not sufficiently engage the affective domain of ethical decision making and that use of a video would trigger deeper reflection.

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According to Shapshay, films provide an engaging opportunity for bioethical reflection in three ways: (1) pedagogically with compelling and “cool illustrations of bioethical issues for students”; (2) interpretively, “providing fleshed-out interpretations of independently made bioethical claims”; and (3) experimentally, “rich thought experiments that tap into moral intuitions and advanced ethical thinking” (2009, p. 4-5). The instructors recognized students sufficiently completed the assignment, however, there appeared to be a lack of emotional connection to the material. Therefore, it was decided to use a contemporary film with a controversial medical procedure resulting from advances in technology. As a result, greater emphasis on moral underpinnings and on self-awareness were fostered in the My Sister’s Keeper exercise.

Bioethics at the movies: My Sister’s Keeper

Use of videos as a teaching/learning strategy can invoke powerful cognitive and emotional reactions and foster deeper understanding of contemporary professional issues. Shapshay (2009) suggested that films can alter our view of situations by engaging the learner in a cinematic world rather than through deductive argument and in doing so, gain moral insight. Ber and Alroy (2001) identified case-based “trigger films” as a teaching tool for medical students to “provoke reflection, stimulate discussion, help learners confront their feelings, and give learners practice in responding to challenges” (p. 656). The authors specifically highlighted medical ethics and the interpretation of principles of bioethics, particularly autonomy, beneficence, nonmaleficence, justice, and the dilemmas which occur when there is conflict between these ethical principles.

The primary bioethical challenge depicted in the video *My Sister’s Keeper* involves the conception of a child using pre-implantation genetic selection for the purpose of assisting in the treatment of a sibling with cancer. The process of pre-implantation genetic selection, introduced in 1990, allows couples at risk of passing on a serious genetic disease to have unaffected children and has been most widely used to prevent the birth of children with conditions such as Down’s syndrome and other significant genetically transmitted diseases. However, pre-implantation genetic selection is increasingly being used for other reasons such as creating “savior siblings” to assist in healing sick older

siblings (Center for Genetics and Society, n.d.). It is this latter use that is highlighted in the video *My Sister's Keeper*, in which a mother and father (Sara and Brian) conceive a child (Anna) for the purpose of becoming a kidney donor for their daughter (Kate).

The following describes an innovative, online, interprofessional ethics assignment for registered nurse to Bachelor of Science in nursing (RN to BSN) and foundation level Master of Social Work students attending a Midwestern university. Using the trailer for the *My Sister's Keeper* video (<http://youtu.be/HP4NxUFgFrS>), students explored the ethics of genetic selection and examined personal/professional values and the utility of their respective professional codes of ethics. This film was chosen because of its relevance in addressing ethical dilemmas associated with evolving genetic innovations. Health care professionals, including nurses and social workers, often deal with the ethical fallout that comes with these medical advances.

Methods

Faculty believed that problem-based, reflective learning was critical for health professions students because the focus is on real-world, "messy" problems that professionals encounter in their day-to-day work (Finkel, 2000). It is important that students are not overwhelmed by the possibilities of the problem; therefore, it is an effectively created problem-embedded content for learning (Drummond-Young & Mohide, 2001). In designing the activity, faculty considered learner differences. The nursing students were undergraduates with extensive professional practice experience, and the assignment was placed in the capstone course at the completion of the program. MSW students were in the first year of graduate studies with earned degrees outside the social work discipline and currently enrolled in a social work ethics course. As expected, the level of experience in human services varied greatly between students and knowledge of medical social work practice was minimal for some of the social work students.

Another important pedagogical consideration when designing this interprofessional activity was the challenge of bringing these two distinct groups of students together in a virtual classroom. RN to BSN students were enrolled in an online course, while the MSW course employed a hybrid approach combining

face-to-face and online interactions. It was anticipated that the MSW students would be less comfortable in the online environment since most are returning adult students and their program employed primarily web-supported, face to face courses. In order to engage these two distinct groups of health professions students in discussion, faculty created a separate online course specific to this assignment. This served to reduce the barrier of geography and varying class and personal schedules of students.

To ensure interaction among and between students from each discipline, faculty intentionally divided the students into distinct groups to provide for adequate interdisciplinary representation. Within each group, students were assigned a character from the video (child with cancer, genetically engineered child, parent, physician, and attorney) to ensure each character's perspective was considered in the discussion. Background readings from Beauchamp and Childress' (2001) *Principles of Biomedical Ethics* and information about genetic selection, found on the Center for Genetics and Society website (<http://www.geneticsandsociety.org>), were assigned.

Students were instructed to watch the video, keeping in mind their assigned character and respond to the following prompts:

- What do you see as the ethical dilemma?
- Explain how the perspective of your character agrees or differs with your personal perspective.
- Imagine that you are the parent of a child with an aggressive form of leukemia. Would you consider pre-implementation genetic selection?
- Identify one or two moral principles involved in the ethical dilemma and explain how it would influence your decision making.
- Identify aspects of the NASW (social work), or ANA (nursing) Code of Ethics to determine level of provide guidance in decision making.

After posting, students were required to respond to posts from the other discipline highlighting alternative reasoning or points of view. The expectation to respond to the post of a student from the other discipline was developed to engage them in a more interprofessional manner. Faculty evaluated student responses, assigning

a grade as a component of the teaching learning process. Faculty monitored the discussion throughout the exercise and evaluated students' contributions to the online discussion. A grading rubric (Table 3) was used to evaluate each student's ability to apply course materials and analyze ethical theories and standards.

Faculty recognized the importance of debriefing following an emotionally charged exercise; this allowed students to dialogue about their reactions, understanding, and application of the ethical standards. Unfortunately, the online course limited opportunities for synchronous debriefing for nursing students. MSW students were able to debrief during a face-to-face meeting. In the future, faculty may use web conferencing technology (e.g., Blackboard Collaborate), to allow for synchronous debriefing; however the barrier of diverse schedules still exists.

An Institutional Review Board (IRB) exemption was received for this study. To ensure anonymity, the researchers obtained a redacted digital copy of the

student narratives from the technology center who had access to and familiarity with the online platform. Students included their disciplines in the subject line of the post which allowed the researchers to analyze responses by discipline as self-identified by the students.

This qualitative study employed narrative content analysis of student responses to determine the effectiveness of the strategy in assisting students to apply their professional codes of ethics, ethical dilemma, moral theory, and disciplinary approaches to care. A matrix was created for the basis of coding the student responses to the questions of the assignment. Researchers independently coded student responses and the coding matrix was validated through comparison of findings. The coding matrix included student perceptions of the ethical dilemma, personal perspective of the use of pre-implantation genetic selection, and the degree to which their respective codes of ethics provided guidance to their decision making. Once narrative coding was completed, frequencies were determined by theme and discipline.

Table 3. *Rubric for interprofessional activity*

	Points Possible	Grading Criteria	Points
Synthesis	10	Integrates code of ethics to the interprofessional scenario	
Linkage of reading/topic to course materials	25	Synthesizes with own ideas relative to the experience	
<i>[up to 35 points]</i>			
Critical Thinking	25	Able to present and evaluate multiple disciplinary perspectives	
<i>[up to 45 points]</i>	10	Accurately interprets theoretical basis and applies to interprofessional scenario	
	10	Demonstrates reflective ability	
Communication Writing	10	Clearly articulates rationale of conclusions	
<i>[up to 20 points]</i>	5	Writing clear and easily understood by reader	
	5	Summarizes key points	
Total	100		

Results

What follows are findings from the qualitative analysis. The main concepts derived from the exercise include the application of ethical dilemmas, moral theory, disciplinary approaches to care, and their professional codes of ethics.

Ethical dilemmas and choices

Student identification of the ethical dilemma centered around four primary themes: (1) the use of genetic engineering; (2) the issue of a child's ability to be informed and consent for treatment vs. parental rights; (3) quality vs. quantity of life and respect for the dying process; and (4) self-determination. The most prevalent ethical dilemma identified by nursing students was genetic engineering, followed by self-determination of a minor. For social work students, most prevalent were consent and self-determination equally, followed by the ethicality of genetic engineering.

A nursing student, in response to a social work student's discussion of the ethical dilemma, highlighted ethical dilemmas as related to end of life. The student noted, "Autonomy and/or quality of life are dilemmas but not [pitted] against each other—why would accepting death reduce quality of life?" Another nursing student posted that, "It is amazing how one doesn't see all angles or perspectives of a situation when overly driven by love, fear, and the power of control with general decisions."

When asked to determine whether personal perspectives agreed or disagreed with that of the characters, it was interesting to note that student perspectives most often agreed with that of the characters other than the parents. For the mother, Sara, the majority disagreed with her handling of the situation but showed empathy for her situation in general. A nursing student noted that, "I was torn with Sara because...if I were in her shoes, I would have to consider the same things she did." Other students who also related to the mother's reaction commented similarly to a social work student who remarked she would do everything possible, "but at a certain point ... attempt to honor and acknowledge daughter and family rights and ability to self-determine." Comments regarding the father related to his rational thinking over emotions; however, a nursing student noted, "Why did it take

so long to stand up and draw the line?" The father, Brian, redeemed himself in the end with his support of his daughter's autonomy, and a social work student summed up his thought patterns as "I have come to understand that every individual in my family has needs that have not always been met due to extenuating circumstances." Overall, this response was typical of students' reactions: "the parents in this situation had become blind to any reality that was outside of their desire to keep Kate alive" (nursing student).

When asked whether they would consider pre-implantation genetic selection if faced with the same situation, the vast majority of students (69%) indicated they would *not* choose to consider pre-implantation genetic selection. In several posts, students' religious foundations guided their thinking. For example, a social work student posted that genetic technologies "gives scientists the power to play God for the sake of helping others...Children are a gift from God...having one to save another is creating a martyr." The alternative view highlighted the personal perspective versus professional expectations and the conflicts which can arise in situations such as the one portrayed by the video. The following two quotes demonstrate this dissonance:

I would have had pre-implantation genetic selection in a heartbeat. From a mother's point of view, I would have thought, I would do anything to keep my family member alive and would expect that out of any children I produced. Is that selfish thinking? Maybe. But I love life so much that I would hope those around me would feel it too. And I know myself; I would love that other child just as much as I love the first. That being said, I would hope I could step back and see what my children are going through and support their wants and needs. I have done that for my patients. (nursing student)

As the parent of two children, I found myself overcome with emotion during the film. In considering whether or not I would consider pre-implantation genetic selection if I was faced with a similar situation, I have to admit that my personal value of doing everything I could to care for my ill child would cloud any professional values of whether or not it was ethically appropriate. This frightened me a bit, and I also considered other

situations clearly more unethical (black market organs taken from donors without consent, bribing my way to the top of a donor list, breaking the law to raise money for expensive treatment, etc.) and I found that I could not say truthfully that I would not do any of these things to treat my child. I don't think a parent in this situation really has professional values at that point, it is all personal. (social work student)

Moral theory

In response to the question about moral principles involved in the dilemma, autonomy was most frequently identified followed by nonmaleficence. The character the students identified most with, or had the strongest emotional reaction to, framed their thinking. Those students who were assigned to the role of Sara, the mother, ended to identify the moral principle beneficence, while she was acting out of beneficence, her beneficence ignored the needs of the remainder of the family. The majority of the students noted the autonomy of both daughters, Kate and Anna, to decide what could or could not have done to their bodies.

Professional codes of ethics

Students were asked to identify whether their code of ethics provided sufficient guidance in their professional decision-making. Almost all students felt that their respective disciplinary codes of ethics provided guidance. Both social work and nursing students, however, noted limitations of the codes with comments such as "basic guidance but a lot of gray areas, which makes these decisions hard." Specific to this scenario, students reflected on issues related to family dynamics and ethics as well as identification of who is the primary patient. For example a nursing student commented, "It is difficult to use this code as it promotes doing what is best for the patient [Kate]; but what about Anna?" Several students commented on the lack of guidance for health care decisions for children, cultural and religious beliefs. One of the social work students noted:

Depending on who the client is affects the path that a social worker should follow. In this scenario, the Code can only do so much for professional decision making. I feel that the Code can tell a social worker what their obligations are to their

clients, agency, profession, and society. But, when a case has dilemmas involving medical procedures and clients' personal differing values, the Code does not offer much else about how objective a social worker should be.

Furthering the discussion of the linkage with personal values, a nursing student noted that nurses "must also have a conscience...so if I take my personal values and mix in the code of ethics, I will always do the best job personally and professionally." One social work student explained, "The social worker cannot impose his/her values onto the family regardless of the situation." Yet another said:

Both codes provide sufficient guidance in this situation, however, I do not feel it points out a specific right or wrong course of action...when personal and professional values may conflict, the Code of Ethics must be referenced the most.

A nursing student noted that, ultimately, "while guidance is provided, difficult situations may require careful thought beyond what is specified in the ANA provisions. I believe that nurses must consider each case, collaborate with others, and reflect on their personal values when making professional decisions." The reflection of a social work student sums up learning about ethical decision-making aided by this exercise: "Ethical decision-making is a process...We can use these guidelines to help us process the situation and they can help us to proceed with caution."

Discussion

Students from both disciplines were asked to describe the degree to which their professional codes of ethics guided their decision making in analyzing the My Sister's Keeper exercise. Researchers noted the ethical issues of genetic selection and self-determination as the two primary ethical concerns. Student reflections included recognition of the competing interests of the of the child with leukemia (Kate) versus the genetically engineered child (Anna). The moral issue of autonomy versus self-determination, emphasized within both the Nursing (ANA) and social work (NASW) codes of ethics, was most frequently noted. Nursing students' reactions to the exercise often focused on the issue of emancipation and rights of minors to refuse care. Social work students were influenced by their training

in family dynamics to a larger extent than nursing students when describing the identified client.

The ethical issue of informed consent as a component of self-determination is valued by both professions (ANA, 2001; NASW, 2008). In this exercise, justice for the genetically engineered child and her legal rights as a minor both reflect the value of autonomy and right to control one's body. Regardless of the complexity of the case scenario, both nursing and social work students felt their respective professional codes of ethics adequately guided ethical decision making but also noted difficulties. "I do not think the *Code of Ethics* provides enough guidance because science and medicine move faster than health policy and the legalese" (social work student). Many students noted the value of consultation with colleagues or institutional ethics committees as additional supports.

Notable student reflections demonstrated their emotional reactions to the video particularly as it related to their personal choice to not use preimplantation genetic selection if faced with a similar situation. The ability to separate personal values from professional practice, a key tenet of professional practice, was noted to be a concern for students. Similarly, personal disclosures reflected by several students demonstrated how impactful the assignment was:

My values have changed as I got older....I have lived through the unspeakable experience of losing a child...I could never have put one of my other daughters through any pain or agony to save Sara. The only person I would have gladly sacrificed is me. (social work student)

Several students chose not to respond to the questions referring to the use of pre-implantation genetic selection or their personal values. One can only conjecture regarding reasons for their planned omission (students inserted "N/A" by the questions). It could be the student did not see the question as appropriate within the academic setting or perhaps was too challenged to reflect on personal values.

Conclusion

An emotionally charged situation, such as that represented in the My Sister's Keeper exercise, has the potential to include both disciplinary and personal

reactions. Students most often identified the principles of autonomy and beneficence. Student personal experiences underpinned their choice of moral theory. To illustrate, some students questioned the process of genetic selection, referencing that genetic selection is like "playing God" instead of "letting nature take its course." Several students noted they "believed the parents were doing good and taking into account their daughter's best interest." Others noted autonomy, or the right of both children to make their own decisions with regard to their health, as the major underlying moral principle. Additional moral issues identified to a lesser degree were paternalism, non-maleficence, justice, and fidelity.

Interprofessional connections

A primary goal of the My Sister's Keeper exercise was to encourage students to recognize similarities and differences between the two disciplines. The opportunity to discuss personal values in combination with moral theory allowed students to foster a "climate of mutual respect and shared values," a recommended competency for interprofessional communication (IPEC, 2011, p. 19). A professional difference between the two student groups rested in the identification of the client in the exercise. Nursing students tended to emphasize care of the individual patient as the main focus with family as the secondary focus of care. Nursing responses were more specifically directed toward the daughter who was diagnosed with cancer as the identified patient. Social work students tended to view the family as the client, and responses focused on family dynamics. This interprofessional exercise fostered students' understanding of the views of other healthcare professionals.

Professional education in healthcare has moved toward increasing opportunities to interact with students from other disciplines in engaging, interactive ways. My Sister's Keeper, a reflective interprofessional exercise, engaged nursing and social work students in a discussion of the moral implications of medical advancements and the application of their professional codes of ethics. Nursing students noted that their experience with social workers in the practice setting, along with this IP exercise, created better understanding of social work perspectives. Students also noted the value of consultation with IP colleagues when grappling with complex ethical issues such as

outlined in *My Sister's Keeper*, particularly for social work students with no medical practice experience.

When developing interprofessional activities, faculty must consider program factors such as curriculum requirements, available technologies, and demanding schedules. Online delivery methods provide an effective tool for overcoming these barriers. Students conveyed appreciation for the opportunity to interact with other health professions students as well as the opportunity to examine an ethical issue through contemporary media. The exercise promoted effective interprofessional communication and awareness of the differences and similarities between professional ethical standards and personal value influences on ethical decision making.

Expanding opportunities to dialogue with additional disciplines on healthcare teams would further enhance IP awareness and skills in developing professionals. In fact, both nursing and social work accrediting organizations have expectations for collaboration (AACN, 2008; Council on Social Work Education, 2008; IPEC, 2011). Working through institutional barriers using of e-learning technologies while partnering across disciplinary lines, allows faculty to foster a climate of IP teamwork. IP exercises like the one described are essential to collaboration among health care professionals to improve health outcomes for patients and communities (AACN, 2008; Barnsteiner et al., 2007; IPEC, 2011).

Limitations and future directions

The nursing class was significantly larger than that of social work; this difference may have impacted the responses of students within the discussions. Even though the exercise was interprofessional, each faculty assigned grades using individualized emphasis. Looking for differences in the outcomes might have exposed additional nuance to this learning opportunity. Thirdly, the impact of more extended interactions, for example across the semester, is another potential area of study. The inability to engage in synchronous conversations limited opportunities to engage in and evaluate cross-disciplinary understandings more fully. Future research involving disciplines in addition to nursing and social work would enhance understanding of ethical decision making and application of ethical codes.

Finally, while use of video has been demonstrated greater viewer affective engagement, the *My Sister's Keeper* novel by Jodi Picoult comprehensively highlights the family issues and perspectives of the characters and ends differently. In lieu of the book, the researchers consciously chose the video to offset the extensive reading assignments throughout the courses. Some students made reference to having read the book in their postings which may have impacted their reflections and application of the storyline.

Ultimately, learning exercises with contemporary videos provide real opportunities for engaging in meaningful ethical conversations beyond the theoretical and help students to think more deeply about the underlying motivations of actions. These experiences provide a foundation that can be applied in future practice situations. Interprofessional learning fosters collaboration, and messy situations like that depicted in *My Sister's Keeper* highlight the complexity of technological advances when making ethical choices.

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