Original Articles

ETHICS INSTRUCTION AT CALIFORNIA DENTAL SCHOOLS

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ABSTRACT

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Purpose/ Objectives: This essay is a report of qualitative research conducted in 2015 to determine the methods that California dental schools use to educate undergraduate dental students in professional ethics. Its purpose was to describe Dental Ethics curricula in the State of California and describe diverse undergraduate programs, foster communication and collaboration between schools, and facilitate dialogue.
Methods: Faculty members identified as Dental Ethics Course Directors at four schools were contacted by phone to inform them of the research project and invite participation. Subjects then responded to an emailed survey questionnaire.
Results: Results were collated and analyzed.
Conclusions: Effective ethics instruction is an essential component of modern dental education, and results show that each of the four schools uses a variety of methods to accomplish the task.
Keywords: dental education, dental ethics, professionalism education, Codes of Ethics, principle-based ethics.

1. Introduction

Dental students come to their schools with diverse foundations in ethics and ethical behavior. Most are influenced by their culture, families, educational backgrounds, life circumstances, and socioeconomic levels.

This study describes the ways in which four California dental schools teach their students to recognize ethical dilemmas in practice, analyze various courses of action in responding to them, and prepare for ethical practice after graduation.

1.1. The Current Situation

Dental faculty are charged with teaching ethics to young professionals who may not incorporate consistent ethical concepts into their daily interactions with faculty, staff and patients. Academic and life stressors affect dental students during their first year especially, and throughout dental school.[1,2] Dental students may not perceive the value of ethics courses, and they (as well as administrators) may believe that the subject is dry and boring.[3,4] Nonetheless, students have proven to be very concerned about ethical conundrums faced in their practice with patients. In a study by Sharp et al, foremost in the concerns of fourth year students were the lack of resources on the part of their patients.[5] Students perceive such disparities as ethical issues. Indeed "students struggle with a sense of obligation to treat patients fairly and equally and are troubled when they are unable to do so." Other concerns reported by these students involved conflict between clinicians in treatment plans; practices or policies inconsistent with the standard of care; and identifying the appropriate surrogate decision maker, among others.

Seminal research in this area was conducted by Lantz, Bebeau and Zarkowski, and published in the Journal of Dental Education in October of 2011.[12] The researchers queried faculty in Dental Ethics courses at all fifty-six (at the time) dental schools with respect to the instructional methods and assessments used in these programs. In recommending future research in this area, the authors offered the following suggestion: "First, we conclude that dental schools should use measures to assess the learning outcomes of their ethics instruction. These outcome assessments not only provide a way to ensure that schools are achieving

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desired learning outcomes, but also a mechanism for documenting the ethical competence of graduates and setting goals and charting progress toward improving learning outcomes." This study seeks to continue inquiry into the various ways Dental Ethics are taught in California schools. The researchers asked leaders at four California schools questions regarding the individuals   involved in teaching dental ethics in the predoctoral curricula. One of the first questions of interest is, "Who should teach ethics?" and by extension, "Whose ethics should be taught?" Should the subject be taught by a dentist, a psychologist, or a trained ethicist? Additionally, should the subject matter be presented in conjunction with discussions of clinical-technical topics? The next questions follow naturally: "How, when, and where should the subject be taught?" and, of course "How can we know if our curricula are effective? Do students behave differently as a result of our Ethics Education curricula?

This study is part of a small but growing body of research that has sought to understand both the processes and structures (as well as the impact) of ethical education in medical, dental, and other professional schools.

The need for ethics education during dental school has been clearly established. Accreditation standards for Dental Ethics and Professionalism have been written and implemented. The Commission on Dental Accreditation (CODA)[6] has set the following guidelines for predoctoral dental education: **2-20.** Graduates **must** be competent in the application of the principles of ethical decision making and professional responsibility.

1.2. Intent

Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should pertain to the academic environment, patient care, practice management, and research. They should guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.

The structures and processes to provide this education continue to be of interest to dental educators. Faculty teach and reinforce these concepts at three levels: legal (arguably the minimum standard), risk management, and ethical, or aspirational. At the legal level there is content dedicated to regulatory practices, codes, and other subjects such as standard of care, and these are often taught in free-standing Dental Law courses. Students are taught risk management throughout the curriculum in topics related to communication, documentation, and the use of technology, among other curricular themes. Teaching and reinforcing ethical-moral principles and the higher aspirations of the dental profession provide ongoing challenges to educators.

Understanding the legal principles reinforced during dental education can be done retrospectively. By analyzing the sorts of problems encountered by dentists in practice educators might work "backwards" to create course content.

Foundational exploration of this critical subject in dentistry was published in a two-part white paper by Professor Muriel Bebeau at the University of Minnesota. The purpose of this publication was described as follows:[8]

"The goal is to help participants identify and address personal shortcomings that led to disciplinary action, while simultaneously satisfying the board's need to feel that they have fulfilled their responsibility to the public."

Seminal work undertaken by Bebeau in Part Two of that analysis focused on the areas of ethical sensitivity, moral reasoning, and role concept, among others.[9] It "examines the effectiveness of the specially-designed ethics courses for the 38 referred professionals who completed one or more of the assessments following instruction and summarizes their perceptions of the value of the process." The use of cases as well as reflections and self-assessments enabled dentists to "change their minds about prior beliefs and to engage their colleagues in addressing issues of professionalism."

Subsequent inquiry into the "essential role of medical ethics education in achieving professionalism: The Romanell Report" underscored the importance of ethics in improving patient care outcomes.[10] The authors analyzed ethics instruction, and assessments and interventions used in the field of medicine. They seem to share the concerns expressed by Bebeau and others who teach dental ethics. Among their conclusions are the following:

"However, our report also identifies many challenges facing medical ethics educators. First, there is no consensus about specific educational objectives for medical ethics and professionalism. Second, several pedagogical methods have been shown to offer some benefit to learners, but the supporting data are rarely robust, and educational approaches vary greatly between programs and institutions. Third, increasing pressure to demonstrate effectiveness raises particular challenges for faculty teaching medical ethics and professionalism because these educational efforts do not always produce short-term, quantitatively measurable improvements. Finally, the "hidden curriculum" can undermine learners' professional development, creating a need for attention to the learning environment and for widespread faculty development that would require significant resources and expertise."

A recent study at the University of Iowa College of Dentistry proposed a model of the desired characteristics of a dental school graduate, including ethical and professional values. The proposed schema outlined three key values: (1) dedication to care of patients, (2) empathy/ honesty/ integrity, and (3) self-respect and respect for the others. These values were identified as central among the desired characteristics of a graduate from the institution.[11]

Another question involves the impact of teaching and learning in this content area: Do students change their thinking as a result of ethics

instruction? A preliminary study carried out at the University of Istanbul indicates an affirmative conclusion.[13] Case scenarios were presented to fourth year students (n=37) who were presented with a four topics approach to clinical ethics (medical indication, patient preferences, quality of life, and contextual features), and asked to solve the case using their knowledge of ethics, which they had gathered from a lecture in their third year. Thereafter students received a three-hour lecture on the four topics approach, used for clinical ethical case analysis. After completion of the lecture, the same case scenario was presented to the students again. There was significant development in the students' performance after the course. The authors provide evidence that ethical decision-making can indeed be taught and learned within the framework of a dental school course.

This topic was also investigated by faculty in the fields of business and accounting. Two studies published in the Journal of Business Ethics in 2015 demonstrate interest in the impact of ethics education upon student behavior. The first study, published by Martinov-Bennie and Mladenovic (2015), analyzed how accounting students develop ethical sensitivity and ethical judgment. Their findings indicate that the existence of a framework alone does not appear to increase ethical sensitivity, but that an integrated ethics component using case studies can increase ethical sensitivity. Ethical judgment was similarly affected by the integrated education program. The second study, done at West Chester University of Pennsylvania with undergraduate business students, researched the roles of gender, personal ethical perspectives, and moral judgment in business ethics instruction.[14] The findings demonstrated there was variability connected to the type of ethical dilemma, and some effect linked to gender, but no main effect of each factor. The authors discussed their conclusions by stating (page 600), "Finally, we would like to reiterate a concern of other researchers that the way in which students respond to ethical dilemmas in the classroom may not be indicative of how they will react to ethical challenges in the real world."

For example, the analysis of whether or not the ethics curricula are effective has been vigorously debated by Bertolami and Jenson.[15,16] Spirited analysis of academic dishonesty promoted national discussion. In responding to Bertolami's assertion that students continue to cheat in spite of the existence of dental ethics courses, Jenson maintained that (page 227):

"…dental ethics courses, as they are now taught, are essential and valuable. Could they be better? Absolutely. Could they actually provide students with the moral courage needed to make the right choices when they already know right from wrong? This is an open question and one that deserves some empirical research."

The authors of this paper assert that ongoing efforts to assess and improve ethics instruction in dental education are essential. The dental schools that participated in this research respond to the charge of educating ethical practitioners through the practices described below.

2. Methods

The Institutional Review Board approval was obtained for the unfunded project, with expedited review. Faculty members identified as Dental Ethics Course Directors at four California schools were contacted by phone to enlist their participation in a qualitative study. After completion of the Informed Consent processes, faculty members from four of the schools completed an electronic survey (see Appendix 1) and respondents attached relevant course documents. The survey instrument was developed as a cooperative effort between a student in a Master's program and faculty members at the University of the Pacific Benerd School of Education and the Academy for Academic Leadership. Participation by the schools was entirely voluntary. The participants responded to approximately ten questions via electronic survey and attached relevant course documents. Responses were collected and analyzed qualitatively, with telephone follow-up in those cases where data collection required it (clarification of responses by the principal investigator).

The work was undertaken as a pilot study to promote collaboration and communication about best practices in dental ethics instruction at California dental schools.

3. Findings/Results

All the schools utilized a lecture format to deliver content in Dental Ethics courses. Small group exercises were also used by these institutions. Among the schools a variety of approaches to learning activities are employed: group projects, flipped classrooms (a teaching method that delivers course content outside the classroom) with prep assignment, daily reflections, online materials, an American College of Dentists video course (with completion certificate required), panel discussions and American Society of Dental Ethics projects and readings. Students receive lectures on the CDA Code of Ethics and the Dental Practice Act. Other methods used for student engagement were lunch and learn, and course electives focusing on professionalism and ethics. Content was delivered at a variety of times across doctoral programs, with courses specifically designated as "Dental Ethics" or "Dental Ethics and Jurisprudence" at two of the schools. One school seeks to "demonstrate the highest quality of care, governed by ethical principles, integrity, honesty and compassion." It performs assessments in this domain "through solving ethical dilemmas in group discussions and applying principles in a clinical setting." It extends ethical discussions from the classroom to the clinical setting via efforts to "demonstrate collaboration with clients and with other health professionals to develop a plan of care to achieve patients' positive health outcomes." Another institution has designed courses in ethics specifically for orthodontic residents as well as international dental students. Faculty mentioned

that ethics was mentioned in the classroom and clinical scenarios across all years of their programs. For example, a Systems Based Healthcare course presented opportunities for dental students in their third year of training to interface with other healthcare providers in a venue where "topics include team building, conflict resolution, sexuality and healthcare law, healthcare delivery and reimbursement, quality improvement, economic and cultural considerations in healthcare decisions, and public and personal perspectives of what constitutes conflict of interest." Other areas in which learning sessions take place are lectures on topics such as "Ethical Issues in Research" nested within a "Critical Thinking and Lifelong Learning" class. Malpractice and misconduct issues are specifically discussed at all of the institutions. Small group case discussions with written summaries are used, and oral summaries are given "as called upon in large group discussion." One school invites a guest lecturer from the California Dental Board to speak to its students. Another presents students with a panel discussion of California Dental Association member dentists who have struggled with alcohol and drug addiction issues in conjunction with disciplinary actions by the Board. In addition, an attorney experienced in legal ethics regularly attends small group seminars, helping to promote discussion in topics ranging from informed consent, documentation, and contracts to challenging clinical scenarios faced by students in their patient care.

Competence assessments in dental ethics are met in a number of ways. Course directors employ multiple choice exams, written exams, reflection papers on ethical issues in clinic, case analysis, and a video project. Students also use a live theater presentation at one of the schools to demonstrate their understanding. Other methods of assessment include periodic quizzes, dentalethics.org modules and discussions of classroom activities.

Because of the attempts of faculty across disciplines to include ethics instruction in their courses it can be difficult to estimate the number of hours devoted to the subject in total. However, available estimates range from twenty to over forty hours of dedicated clock hours to formal ethics instruction at the schools surveyed.

The professional backgrounds of the course directors and faculty members charged with teaching the subject are varied. The group of faculty at the schools includes a variety of individuals: a hygienist with an Ed.D., experienced general dentists, psychologists, a general dentist with a Master's degree in ethics, a dentist self-taught in ethics, Associate Deans from Academic Programs, Student Affairs, Clinical Dental Sciences, and the Student Clinic Director. Some of the faculty members have formal ethics training and some do not. Several of the faculty members belong to the American Society of Dental Ethics, while others are not members.

Collaboration with other departments or schools at the respective institutions occurs in a number of ways to deliver course content. While one of the programs is in the midst of revision with its second and third year courses, all faculty reflect the spirit of collaboration in their curricula, with a range from "not much, some in the past," to guided collaborations with Schools of Medicine and Nursing. Another institution anticipates classroom collaboration with students from its dental hygiene program. Faculty also derive inspiration from ASDA through its materials and methods, and course notes at meetings of the American College of Dentists. Course directors also employ online coursework for their own education in Ethics.

In response to a query concerning ethical issues faced by students, a number of topics surfaced. One instructor felt that the "challenges are largely the same as the ones we faced years ago. The big difference is that technology magnifies the opportunities." Others mentioned that the competition for grades and patient needs vs. clinical requirements factor into the challenges students manage during their education. "The majority of students are aware of what is right to do, but a few make bad decisions when faced with a challenge that threatens their grades or ability to graduate on time." One faculty member dedicated a book chapter to precisely this subject. Another stated that "there have been several JDE (Journal of Dental Education) articles on this topic that accurately identify ethical challenges in predoctoral dental clinic." At one institution students are asked to reflect upon the notion that clinic requirements serve as a proxy for money during their training, on the premise that financial issues will arise after graduation. In terms of ethical challenges faced by students, another faculty member stated that *"patient needs vs. clinical requirements is the big one."*

Faculty members also face challenges in teaching their courses. Two themes emerged from the research: 1) Eliciting participation from mainstream faculty members, and 2) intrinsic lack of student interest in the subject. "We need more time and resources (trained faculty) to do smaller group case based learning, especially…after students have had clinical experience."

Another mentioned that instructors are challenged by "carving out sufficient time to deliver content in a very dense curriculum" and "keeping students engaged by balancing the philosophy with real life situations." Faculty members make a concerted effort to actively engage students in their assignments and classroom activities.

"Making it interesting and relevant, including enough clinical information for relevance without taking the focus off ethics. We focus on Ethical Moments common ethical dilemmas and introduce an ethical theoretical framework on how to reason through a situation."

"Students are really busy and seem focused on "clinical" courses; hard to get them to do the readings. There has been consistent support from administration and the number of hours has never been cut or threatened."

4. Conclusions

This study looked into the methods used by four California dental schools to implement their ethics curricula. While there appears to be unanimous concern that students are able to recognize moral dilemmas in clinical practice, the schools employ a variety of measures to prepare their students for ethical practice. Institutions across the board take this charge seriously, and dedicate time, curricular content, and resources to the endeavor. Future research will be necessary to understand the best practices to carry out this important educational component of training undergraduate dental students.

▌Appendix 1. Ethics Survey Questions

1. In what courses are Dental Ethics taught at your institution? When and how is competency in dental ethics assessed in your curriculum?

2. What is the professional background of the course director and those that teach ethics?

3. Please describe, in as much detail as possible, the course content. Feel free to attach course syllabi to this email if you wish. Please include learning objectives, themes, assessments, etc.

4. Are you aware of how other schools or departments collaborate with other dental schools in creating or delivering course content in Dental Ethics?

5. How are students assessed in your Ethics course(s)? Check all that apply.
   a. quiz
   b. multiple choice exam
   c. observation
   d. video
   e. paper
   f. case analysis

6. What ethical challenges are students at your institution faced with? How aware are your students of ethical challenges?

7. What are the challenges you face in teaching your course(s)z

8. May I contact you in the future to follow up on these questions? What is your preferred email address/phone #?

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Questions

In the article, the question "Who should teach ethics?" has a couple of possibilities: "should the subject be taught by…. ". Which possibility is not correct?

❑a. A dentist;
❑b. A psychologist;
❑c. A trained ethicist;
❑d. A hygienist.

Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should not pertain to:

❑a. Academic environment;
❑b. Patient care;
❑c. Practice management;
❑d. Study.

Among the key ethical and professional values for a dental school graduate should not be:

❑a. Dedication to care of patients;
❑b. Empathy/honesty/ integrity;
❑c. Respect for self and others;
❑d. Self-interest.

All of the dental schools in the study utilized a common format to deliver content in Dental Ethics courses, like:

❑a. Lecture;
❑b. Small group exercises;
❑c. Panel discussions;
❑d. Readings.