

REMEDIATION PROGRAM FOR DENTISTS PROVIDES DATA ON MORAL DEVELOPMENT IMPORTANT TO ALL PROFESSIONS

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ABSTRACT

A law school professor recounts the results of Dr. Bebeau's two papers, reporting on her remedial ethics program for oral health professionals who have been referred by the State Dental Board for breaches of professional conduct.

Muriel Bebeau's two-part report on the results of her remedial ethics course for dental professionals in Minnesota found to have violated the rules of professional conduct (Bebeau, 2009a, 2009b) should be of great interest to disciplines other than dentistry, not only because it describes an effective remediation program that could be adapted to other professions, but even more importantly because it provides significant evidence as to the value of empirical research in moral psychology for both designing and assessing ethical education for professionals. Bebeau has been a pioneer in applying to professional ethics the Four Component Model (FCM) of moral behavior proposed by the developmental psychologist James Rest (1979).

Because the first step for each of the 41 professionals referred to Bebeau for remedial instruction during the period covered by her report (1990–2005) was to complete an FCM-based diagnostic assessment to determine whether deficiencies in ethical competence could be identified, Bebeau was able to collect data of particular relevance in showing correlation between the ethical capacities defined by moral psychology and actual behavior found to violate professional ethics. In terms of the second FCM capacity (moral reasoning), when compared to an eight-year cohort of graduates from the University of Minnesota School of Dentistry, the remediating professionals on average scored almost 14 points lower on a general test of moral reasoning, and

more than 17 points lower on a test of ethical reasoning and judgment designed by Bebeau specifically for dental professionals (Bebeau, 2002; Bebeau & Monson, 2008).

At the time of referral, the remediating professionals also completed the Role Concept Essay (RCE), designed to elicit the participant's perception of his or her role as a professional; the resulting scores help to measure the development of the kind of professional identity which motivates commitment to ethical standards (the third FCM capacity). On a scale where the maximum possible score was 12, the average RCE score of the remediating professionals was only 3.8. In their essays, a majority of professionals failed to mention any responsibility to abide by the code of ethics, to place the interest of the patient before the self, or to engage in lifelong learning. More than a third failed to mention any social responsibility over and above serving those who can afford care.

Although a number of prior studies have reported a link between test scores for moral reasoning and actual performance (Bebeau, 2002), for those directly involved in professional education, development, and regulation, the data presented by Bebeau is particularly accessible and persuasive. Especially

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helpful are Bebeau's detailed narratives that offer causal links between measured ethical capacities and the actual behavior of these professionals that led to their discipline. In one example, two dentists who operated a group practice with four auxiliaries were sanctioned because the auxiliaries were performing prohibited duties. The senior dentist in the practice scored very high on ethical sensitivity but very low on moral reasoning; these scores correlated with evidence that he was aware that his use of auxiliaries violated the applicable ethics code but he engaged in low-level moral reasoning to justify his behavior (e.g., others did it including, he thought, high-status members of the profession). His more junior associate—who scored very low on ethical sensitivity but high on moral reasoning—was unaware that the practices were prohibited, but when made aware of the applicable rules he was quick to see the fallacies in his partner's rationalizations. In another example, Bebeau links low moral reasoning scores with the conduct of generalists cited for providing substandard specialty care. Although all of these dentists had acceptable ethical sensitivity scores, their low moral reasoning scores helped to explain why they acceded to patient complaints about the high cost of orthodontics by taking on cases beyond their competence rather than making appropriate specialist referrals. These examples are particularly helpful in illustrating a key assertion of the FCM approach: that each of the capacities is a necessary condition for producing behavior that would be judged moral

within the relevant peer community—however, no one capacity is sufficient by itself.

The correlation documented by Bebeau between low scores for moral reasoning and role concept (and in some cases for ethical sensitivity) and documented lapses in professional conduct certainly helps make the case for trying to develop educational interventions that could address the ethical capacities measured by such scores. Bebeau's report takes us one step further by demonstrating that an educational program designed along the lines of the FCM approach can, in fact, produce measurable improvement.

After completion of Bebeau's course, professionals with low pretest scores completed posttest versions of the ethical sensitivity test and one of the moral reasoning tests, and all those who completed the course wrote new Role Concept Essays. Impressive gains in test scores were noted: average scores for both ethical sensitivity and moral reasoning increased by more than 14 points, and the Role Concept Essay scores jumped 7.5 points to a mean score of 11.2 on a scale of 12. In addition, there is the encouraging fact that only two of the remediated professionals have been subject again to discipline.

Readers will also find in Bebeau's reports evidence that the remediating professionals consciously used the FCM as a foundation for their ethical education, in particular to gain insight

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about their personal shortcomings in ethical abilities that contributed to their professional discipline. This evidence comes from both the participants' self-assessments and the program's capstone activity in which the professional himself or herself created an ethical dilemma that mirrored the issues for which discipline was taken and then developed a well-reasoned argument for resolving that dilemma. It appears that these capstone essays would make for compelling reading, giving us in the words of the professionals themselves both an understanding of the causal links between deficiencies in FCM capacities and unprofessional conduct and a demonstration of the effectiveness of the educational intervention. Although Bebeau's report showed appropriate concern for protecting the privacy of the professionals by removing all identifying information, it may well be that some of the professionals would consent to having their essays published.

Although Bebeau's report should encourage serious consideration of the FCM approach at all levels of professional development—particularly in professional schools—it obviously has specific relevance to how professions handle members who have violated professional norms. The law, for example, could learn a number of lessons. Whereas “professionalism enhancement programs” for lawyers are typically used only for cases of “minor misconduct,” the program Bebeau describes remediates the most serious discipline cases, those that result in license suspension. Lawyer remediation programs do not draw upon any tested theory of moral development in their design or in attempting to measure effectiveness, in contrast to Bebeau's program which is “guided by theory and grounded in evidence.”

Should the law or other professions decide to experiment with replicating aspects of Bebeau's program, two features

deserve particular attention. First, the ethical sensitivity and moral reasoning tests specifically designed for the dental profession use facts drawn from real cases, with the responses carefully validated by recognized experts. Second, the remediating professionals consistently reported that they highly valued the emphasis in the program on the fourth FCM capacity: how to actually implement a moral action—what to say to a patient or professional colleague and how to say it.

Finally, readers for whom the literature on moral psychology is unfamiliar should take comfort from Bebeau's assurance that all the measures used in her program are available for use by others and do not require special expertise to administer, and that even the measures developed specifically for dentistry have already been adapted for use in other professions. ■

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