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A DENTAL DEAN'S PERSPECTIVE ON ETHICAL REMEDIATION OF PRACTITIONERS

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ABSTRACT

A dental dean reviews the recently reported work of Dr. Muriel Bebeau providing an ethics remediation program for dental professionals in Minnesota who have been referred by the Board of Dentistry for disciplinary reasons. Dean Turner notes that the program is grounded in evidence, theory, practical cases, and critical thinking—all important elements on effective professional pedagogy. Issues associated with extending this approach to other states and into predoctoral education are explored. It is concluded that the documented effectiveness of the program belie claims that ethics cannot be taught.

The first article of Dr. Bebeau's two-part series described the use of a structured instructional program in ethics as a tool for a dental licensing board's management of licensees facing disciplinary action. The second provides evidence that the process is effective. Dr. Bebeau shows that her program teaches licensees referred for ethics violations to recognize potential ethical problems, and then to analyze situations appropriately so as to make ethical decisions. Dr. Bebeau's work is supported by a significant volume of literature that demonstrates the theoretical grounding of Rest's Four Component Model of Morality. The four components in this system—which are identified as sensitivity, reasoning, role concept, and ethical implementation—represent capacities that individuals must possess to practice dentistry in an ethical manner.

At present dentistry and dental education are striving to enhance their approaches to include more scientific grounding to support what is taught about clinical treatments and how it is taught in a movement that has been labeled "evidence-based dentistry." Dr. Bebeau's work takes just such an approach, as it is validated by research in fields that develop instruments used for assessments and education methodology. Additionally, her description of the theoretical underpinnings of Rest's Four Component Model of Morality successfully ties that theory to its application via customized instruction. Her instruction about Rest's components provided for licensees referred to her for violations of the Minnesota Dental Practice Act places emphasis on the specific component of relevance to each person. The framework that she has developed also has a set of assessment tools that are able to identify weaknesses in each of the four components. Moreover, her approach is individualized in that each participant in her program is given a personal assessment of his or her individual strengths and weaknesses among the four capacities recognized as necessary for forming and carrying out ethical treatment decisions in a dental setting.

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Dr. Bebeau explains that, to practice dentistry ethically, a provider must first have sensitivity to moral or ethical concerns that arise in the course of his or her work. This requires one to have the ability to identify when moral or ethical issues are presented during a patient interaction. Weaknesses in this capacity are evaluated using the Dental Ethical Sensitivity Test (DEST), which measures ability to interpret the ethical dimensions of problems that occur in the practice of dentistry. The second capacity from the Rest model is that of moral reasoning, or the ability to analyze choices for resolving a moral situation and the justification for each choice. This capacity is assessed using both the Defining Issues Test (DIT), which measures the relative importance of reasoning strategies, and the Dental Ethical Reasoning and Judgment Test (DERJT), which asks practitioners to select sound ethical choices and to provide appropriate rationale for these choices. The third ethical capacity is understanding the appropriate role concepts for professionals in society. This is measured using the Professional Role Orientation Inventory (PROI) and Role Concept Essay (RCE). Finally, ethical implementation of behavior once such behavior has been defined is also measured by the DEST, which allows the assessment evaluator to make judgments about problem-solving and interpersonal communication competencies. Dr. Bebeau contends that the deficiencies of any given practitioner from among these four essential capacities, once demonstrated via assessment by validated instruments, may be remedied by targeted instruction using a case-based Socratic type of analytic teaching methodology.

She provides outcome testimonials that show her process helps practitioners to regain a sense of professionalism and be rehabilitated to practice in an ethical manner. Her theoretical arguments are solidly based on validated research, which has been reconfirmed through her own many years of application and evaluation. I believe that this process is therefore well-grounded and sustainable as a model for both the rehabilitation of practitioners who have experienced lapses in ethical practice as well as for ethics education of professional students.

I believe this process is particularly effective in the field of dentistry because dentists and dental auxiliaries are professionals whose knowledge is grounded in science and the research that informs it as a result of their training. Thus, they respect research-based theory that can be applied in real-life situations. This respect lends credibility to the process and anticipates the positive outcomes reported. Dental practitioners are also well acquainted with the use of clinical observations and findings to formulate a diagnosis prior to performing a treatment. They should thus be able to appreciate Dr. Bebeau's assessment instruments that allow for scientific formulation of a diagnosis of the deficiencies responsible for mistakes which resulted in disciplinary action. Framing the rehabilitative process in a clinically analogous manner helps practitioners move past initial emotions of anger and embarrassment and begin to focus on their specific deficiencies as identified by the assessment instruments. The very fact that Dr. Bebeau is able to identify a "treatable problem" and then embark on targeted educational treatment to "cure" the problem allows these practitioners a way to accept this important assistance to enhancing their professionalism, as well as restoring their self-esteem.

A course of treatment in Dr. Bebeau's program begins with an interview designed to explain the process and

establish trust. The practitioner is then given the assessments and evaluated in each of the four ethical capacities to determine individual weaknesses. Actual treatment consists of multiple seminar sessions involving interactive instruction and written assignments in which practitioners are asked to analyze ethical dilemmas from real cases. The length of the course of study is determined by the scope and depth of the deficiencies identified as well as the progress made by the participants. The course finishes with a written capstone essay that presents an ethical dilemma and its resolution followed by a post-course reassessment of the capacities necessary for ethical patient treatment. Completion time is driven largely by the progress of the practitioner between instructional sessions. The cost of the program, along with the desire to regain licensure as rapidly as possible, should serve as motivation to demonstrate rapid improvement. However, time is built in between sessions for assimilation of concepts, which strikes an excellent balance and prevents "students" from completing treatment without due reflection. Moreover, I suspect that the many years that Dr. Bebeau has used a similar approach in teaching ethics and professionalism to dentists has allowed her to develop a sense of the appropriate amount of time necessary for the majority of professionals or professional students to grasp the theoretical concepts and begin applying of them to problem solving.

The approach that Dr. Bebeau has developed would seem to be one that could be applied by other state dental boards or academic dental institutions. Indeed, because it uses case-based learning, cases could be developed for relevance to ethical dilemmas in almost

any profession, and its application could be extremely widespread. All that is needed to make this instructional approach applicable to the practicing dental profession is the will of dental boards to require such an extensive and expensive program for remediation and the availability of such a course within the geographic area overseen by the board. Alternatively, to apply this conceptual framework in the context of a pre-doctoral education program for dental students, curricular time must be allocated and the material must be developed for integration within the curriculum. There also must be faculty members that are willing and competent to deliver this component of the curriculum. A potential snag in the implementation of Dr. Bebeau's course by additional state boards is that it is quite academic in structure and thus may be viewed as associated with the maligned "ivory tower" by some dental boards. Yet it is the very intellectual rigor and evidence-based approach to teaching and learning that makes this course so appealing. Additionally, the results this course has achieved as evidenced by the self-assessment material from participants and the statistical significance in assessment instrument results between pre-course and post-course testing attest to its power and effectiveness.

Given that the key to this approach to teaching ethics in the context of dental practice is the availability of knowledgeable persons to teach the material and serve as mentors in the rehabilitative or development process, it is extremely encouraging that Dr. Bebeau has found that members of the American College of Dentists volunteer to learn to teach such courses. Enthusiastic instructors who are highly regarded by practitioners or students will now be needed throughout the country for this approach to be emulated elsewhere. It is clear that the face-to-face interaction with an "expert"

in the ethics field who takes a nonjudgmental, diagnostic based approach to remediation is also a necessary element of the success of this program. Progress would be impossible if practitioners needing remediation or rehabilitation did not see their instructors as competent or of the highest integrity. Whether the use of distance learning technologies, in states that are more rural or geographically remote from available experts, would produce the same results as the in-person exchange remains to be seen. It does seem reasonable that some type of interactive video-conferencing might make this program and its process more widely available, but a cadre of well trained instructors will continue to be important to the spread of this approach.

Perhaps the most appealing part of this program for me as a longtime dental educator is the emphasis that it places on development of critical thinking skills through the application of analysis and analogy to case based material. Critical thinking is among the most important aspects of professionalism. Isolated facts must be synthesized around theoretical constructs and then applied to the conditions at hand if a dentist is to be more than a skilled technician who is proficient at psychomotor tasks. For too many years dental education has placed a vastly disproportionate share of its curricular time on fact memorization as tested via multiple-choice examinations and on psychomotor skill building. While these are, of course, important aspects of a dental student's education, they are not enough to prepare him or her for a future as an

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independent practitioner. I believe for this reason the American Dental Education Association's Commission on Change and Innovation in Dental Education was created. This group has worked to change and enhance dental education in many ways, the most cogent of which to the subject at hand is to lead the revision of the standards for accreditation for predoctoral dental programs through the Commission on Dental Accreditation. The recommended changes in the standards call for enhancement of critical thinking skills, ethics and professionalism, and the provision of education in a humanistic environment for students and patients. These changes in dental education should help our graduates to be better equipped to deal with situations that in the past have led to disciplinary actions by dental boards. Dr. Bebeau's course is a great example of a teaching method that leads to development of critical thinking.

Finally, I believe that these articles effectively refute the age-old opinion of some that "you can't teach a dental student ethics" which, by extension, would suggest that you cannot teach a dentist ethics. Those holding this opinion would likely espouse that the rehabilitation of those who make mistakes is not possible and that efforts to do so are a waste of time and resources. Dr. Bebeau reports in her articles that she begins her assessment interview by stressing to those referred to her that everyone makes mistakes at some point in life and it is her purpose to teach her "students" what led to those mistakes and how to prevent them from recurring. Then, she carefully disaggregates ethical practice into the four components necessary to allow for the effective application of its principles to the practice of dentistry. She next provides specific instruction to raise the level of awareness of each

component to a conscious level by giving the component a name and a definition. In so doing, she makes a theoretical concept concrete and clinically relevant, which is critical to the provision of meaningful instruction.

Perhaps those who believe that ethics cannot be taught are simply not familiar with the concepts that form the building blocks of ethics or the application of terminology that describes those core values that form the criteria for ethical practice. What we cannot label or name is certainly difficult to teach, yet we see here that we can use real-life situations to demonstrate these concepts as we name these competencies "ethical sensitivity" or "implementation of ethical solutions." Thus, Dr. Bebeau's approach allows students and practitioners to understand weaknesses in their own natural tendencies and to see which tendencies must be regulated to assure ethical dental practice. Of particular interest is the portion of the course that helps students or practitioners anticipate patient requests or actions that could lead a dentist to commit ethical missteps inadvertently. The caring practitioner wants very much to help patients but must guard against actions that overstep ethical bounds. Knowing how to respond to an inappropriate request in a manner that preserves the dignity of the patient yet firmly explains the risk to the dentist is an invaluable skill. Throughout all of the phases in her program, Dr. Bebeau undeniably demonstrates that both ethical theory and its specific application in dental practice can indeed be taught to professionals and students alike. ■