

seminars have not been possible because of lack of timetable space, a compromise was reached with two-hour lectures (rather than 45 minutes). This enables a mixture of didactic lectures and discussion groups.

Creating student interest and peer support

The cases and examples used in teaching are based on the premise that the hardest ethical dilemmas are those which are closest to home, and these are the ones that teach us most. We use cases that students can identify with personally at each stage of their education. These are gathered from prior students' reflective journals. Wherever possible, the cases retain the student's own words. Whist discussions start with the abstract, they frequently focus on a genuine and current issue and real solutions are sought. By guiding the discussions back to basic principles and problem solving, the students gain confidence in the techniques. Later in the course, students move into peer groups culminating in a total peer support approach to learning, assessment and discipline in YEAR 5.

Timing of ethics and law within the degree:

The teaching of ethics and law follows a vertically integrated structured involving 50-55 hours of class contact over five years. Assessment occurs in each year by assignment, examination

or both. The largest module of ethics teaching is 13 weeks and of law is 18 weeks. The decision to teach ethics before law was an intentional one. Law and ethics often overlap each other and yet health law can differ between countries. In YEAR 3 students examine the fundamentals of professional ethics including literature reviews, without the distraction of regional legal differences. However, before graduation students must know the local laws thoroughly. This is undertaken in YEAR 4.

In all written work in *Community Oral Health and Professional Development* subjects regardless of topic, appropriate ethical or legal deliberation is required. Professional behavior is monitored in all clinical components of the degree. However, it would be true to say that in clinical subjects, feedback is generated mostly when infringements occur (and marks are deducted).

Progression of Ethics and Law throughout the degree

Years 1 & 2

The emphasis in early years is on the ethical decision-making process and reflective learning. Teaching and assessment are a small part within a larger course. The examination question is based on a multi-faceted case requiring deliberation.

In YEAR 1, students are introduced to the profession of dentistry and are

given an overview of bioethical principles. The class exercises focus on autonomy, veracity, rights and obligations. Discussion topics practice the decision-making '5-Step Model' and include:

Do you have a right to education? Do you have a right to practice on patients? Do you have the right to arrive and leave class at will? Why did you choose dentistry? What is a profession? Plus behavior in class, working in teams, working in learning groups, cheating, plagiarism, courtesy, obligations.

In YEAR 2, the focus expands to include consent, confidentiality and privacy in preparation for closer patient contact. Examples include:

- **Professional conduct:** How would you deal with a fellow student who: binge drinks; takes recreational drugs; gambles; or is out all night clubbing?
- **Confidentiality and privacy:** Gossip, information exchange, conversation in open plan clinic and reception areas, handling written information, patient discussion in group situations.
- **Team work:** dealing with a team member who is lazy, dominates, monopolises - materials, instruments, dental assistants, staff time.
- **Patient and staff management:** discrimination; bullying; confidentiality etc.

Year 3

In YEAR 3 dental ethics is a self-contained module with two hours of lectures and seminars over 13 weeks. During YEAR 3 students investigate the knowledge base informing dental ethics. They keep a reflective journal, prepare an individual assignment with a literature review, work on a joint project and sit for a one-hour examination.

A variety of methods are used to deliver the ethics module. Didactic and interactive lecture techniques are used for some topics. Case based analysis and small group problem solving are used for other topics. Many students have formed personal study groups and they are forced out of this comfort zone during some of the small group sessions to be exposed to alternative views. Two or three cases are presented in the two-hour lecture depending on familiarity or complexity, preparation time, and topics may flow into the next week with take-home tasks.

In YEAR 3, dilemma encountered by final year students on their clinical placement are used as examples, and examples from dentists in general practice are introduced. During this year, the following lecture topics are covered: Ethical Foundations; Autonomy; Consent; Confidentiality; Deception; Equity and Justice; Professional and Client; Professional Associations & Codes; Professional Dissent; Altruism;

Business Ethics; Professional Dilemma:

Examples of cases, assignment topics, examination questions:

Professional relationships: “Some students complain that staff (dentists and dental assistants) do not treat them with ‘respect’ in front of their patients. The counter-claim by staff is that students do not respond to ‘hints’ when problems need correcting and the only alternative is to directly approach them.”

Consent and autonomy: “Dentists experience discomfort when treating a patient with a neglected oral cavity and who does not value the dental treatment suggested or provided. How would you seek to understand and treat such a patient?”

Equity and justice: “When dentists employed in the public sector are asked to identify their most frequent ethical dilemma, many cite the need to ration treatment due to inadequate resources. They have to decide between (a) comprehensive, high quality care for a few people and (b) limited care for many. What are the deliberations that you would undertake in making this decision? How would you explain it to your patients?”

Conflict of interest: “Discuss the ethical impact of commercial involvement in providing money, non-financial support

and/or publicity for (a) research activities (b) to support teaching clinics.”

Paternalistic and non-paternalistic deception: “Discuss examples of paternalistic and non-paternalistic deception that may be involved in recommending tooth bleaching.”

International relations: In Australia (and most countries) there is a shortage of dentists to provide dental treatment to all people, especially in rural or low socio-economic districts. Discuss the ethical implications of recruiting dentists from overseas.”

Quality of care: “During clinical practice, a student hides a serious mistake from the clinical demonstrator but you are acting as the assistant and you are aware of this action. What options do you have, and how would you act in this circumstance?”

Year 4

YEAR 4 incorporates a full-year course in *Community Dentistry*. Health law, epidemiology and public health are some of the modules that contain lectures on ethics and law. This course also rounds off professional ethics by inviting experts to lecture on specific topics such as culture, disability, child abuse and volunteering. Students continue with their reflective journal. Research ethics is assessed using an application to a Research Ethics Committee and the law module is assessed by

a written examination. In YEAR 4, health law is a major component and lectures include:

Foundations of Health Law:

The Constitution, the common law and statutory regulation

Fundamentals of Health Law:

Consent

Negligence

Privacy and Confidentiality

The Health Practitioner (Professional Standards) Act(Qld); the Dental Practitioner's Registration Act (Qld)

Team work dentistry (obligations and responsibilities)

Health Quality and Complaints Commission

Discrimination

Child abuse

Insurance/indemnity and risk minimisation

The examination requires the students to apply the legal and ethical reasoning skills that they have acquired throughout the course to a number of hypothetical situations. Two examples follow:

(a) You are a dentist treating children at a school in a disadvantaged community. A teacher sends six-year old Milly to you because she has a facial swelling and complains of pain. A brief glance in her

mouth indicates that the lower left second deciduous molar (75) cannot be saved. You also note that Milly has rampant caries and no restorations.

Milly's parents come to the clinic to give their consent for treatment and the necessary extraction. Her father becomes quite aggressive. He appears to be under the influence of alcohol. He is angry because he believes that you are exaggerating Milly's condition.

He says that you want to extract the tooth because the government is forcing indigenous Australians to have treatment they don't want. Milly's mother does not agree with the father and consents to the extraction. However, she seems unconcerned about the carious teeth that are pain-free and is reluctant to have them treated.

Analyse the legal, ethical and other issues involved in this situation. How would you deal with this situation?

(b) There is a 'Cosmetic Dental Clinic' located not far from your practice. It is modern and has large advertisements in both the local paper and on site. They also have a 'Tooth Brightening' booth in the local mall. For some months patients have been coming to you because they cannot afford the treatment recommended by the Cosmetic practice. From comments that the patients have made, you have developed an idea of how the practice works.

- Patients must go to the hygienist for saliva testing, hygiene instruction, a scale and clean and X-rays before they can get

an appointment with the dentist for treatment planning.

- At each visit a dental assistant checks the oral hygiene with disclosing solution.
- Most treatments involves removal of amalgam restorations. Many patients believe that this is essential rather than cosmetic, even though you find no disease or breakdown of the existing restoration.
- The patients are of the firm belief that the dentists at this practice are specialists in cosmetic dentistry and the appointment card uses the word 'specialist'.
- Although generally happy, the patients come to you because they cannot afford such "high quality specialist" treatment. They want you to offer compromise treatment to fit their budgets.

Discuss the issues that are encountered in this case.

Year 5

IN YEAR 5 students undertake two placements of 17 weeks in public health clinics. Two to four students become members of each clinic team treating patients from lower socio-economic districts for both emergency and comprehensive dental care. They return to the dental school for three teaching weeks during which a variety of speakers including those from professional associations and indemnity insurers give lectures. The assessment for final year is a non-graded 'pass-fail' and has four components: supervisor reports, case reports, record of profes-

sional development, oral examination. The supervisors provide two reports on student's clinical progress each semester (using excellent, good, adequate and fail for each item). The professional development component of this clinical report contains the following details:

Ethics, Law, Professional Behavior

Medico-legal

Excellent / Good / Acceptable / Fail

Consent – valid, informed, without coercion;

Record keeping – clear, complete, concise, management of patient files;

Dental Act, privacy legislation, radiation safety legislation, other regulations;

Workplace health and safety, reporting accidents and injuries; chaperone during treatment

Ethical Practice:

Excellent / Good / Acceptable / Fail

Confidentiality, patient autonomy, veracity, non-discrimination, not condone unethical behavior in others, use influence wisely; use personal reflection

Professional behavior

Excellent / Good / Acceptable / Fail

Maintain a professional relationship with supervisors & other health professionals

Exhibit tolerance & compassion; place others ahead of self; professional dress and grooming

Good work ethic, positive attitude towards learning, actively seek experience

Know self-limitations, seek help in a timely fashion; provide & receive constructive criticism

Sound time management, meet deadlines, set appropriate priorities, understand the obligations to contribute to professional development of self and others

Teamwork:

Excellent / Good / Acceptable / Fail
Supervise & direct a dental assistant; understand roles and duties of auxiliaries

Not attract complaints from staff or patients, and manage complaints that occur

Contribute to smooth management of clinic, behavior conducive to harmony within clinic

Students write four case reports exemplifying difficulties they experienced in ethics, law or professionalism whilst on placement. The cases must be experienced by or observed by the student. The case reports are peer assessed and the peer reviewers are assessed on their feedback. Peer groups are used in developing and assessing each student's professional development plan for the year. The final oral examination with a panel of four is held in the last week of the year and includes legal and ethical questions. If during the year any student performs in an unprofessional manner, a peer

review committee is convened. This has only been used twice since 2005.

Outcome of the course

The University of Queensland undertakes a regular survey of all students to determine, among other things, their level of social sensitivity. This measure has increased greatly for dentistry students over the past ten years. Also, in the evaluations of courses conducted within dentistry, students indicate that the ethics and law components of their study are intellectually stimulating and challenging.

The authors have observed changes in student reactions and behavior to legally and ethically challenging situations. Students appear to be more confident in open discussions with their peers and with the authors. Their communication style is more professional and thoughtful than in the past. They seek clarification of their own solutions, having already applied the framework of ethical problem solving. This is in contrast to previous students who would arrive with a problem for others to solve. Students are also more likely to discuss and solve problems collectively and openly rather than individually and privately.

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THE CONTINUUM OF DENTAL ETHICS AT SCHULICH SCHOOL OF MEDICINE & DENTISTRY, THE UNIVERSITY OF WESTERN ONTARIO

Barry Schwartz

At the Schulich School of Medicine & Dentistry, the University of Western Ontario, we have had the opportunity to develop what we think is an exciting ethics component within the teaching responsibilities of the Division of Practice Administration. We have strived to develop an educational program that integrates the theories and principles of ethics, law and inter-personal communication with practical clinical experiences.

Our philosophy is to keep it simple, relevant and interesting. In order to engage the students, we feel that it is necessary to provide students with material that they can relate to, perceive as being relevant to their professional lives, and which will stimulate them to critically appraise each situation as a unique event. Students can then begin to apply their newly acquired skills in decision-making, ethics and inter-personal communications effectively. The ethics program involves 66 hours, which is a considerable amount of student contact time over the four years of study.

Year 1

Year one devotes 22 hours to an introduction to; ethics, inter-personal communication, dental law/ jurisprudence, and Royal College of Dental Surgeons of Ontario (RCDSO) regulations. We feel that jurisprudence ethics and communication are integrally related because of shared underlying core values. In that regard, inter-personal communication becomes the practical application of dental ethics and jurisprudence. The purpose of the communications aspect of the teaching is to point out and emphasize the role of communication in interpersonal relationships in general, and in the practice of dentistry in particular, and introduce the student to skills that will promote effective verbal and non-verbal communication.

The incoming first year students' first exposure to the topic is at the White Coat Ceremony. Here, they not only receive their symbolic white coats (clinic gowns), but also are informed concerning the obligations that a member of the dental profession must meet. In front of their families, and representatives of the regulatory body (RCDSO), organized dentistry (ODA &

CDA) and the dental school's faculty, and senior representative of the dental student society (UWODSS), the students take a solemn oath to be patient-centred and uphold the highest levels of integrity that defines our profession. Photographs are taken during this ceremony and later incorporated into interactive discussions on ethics in order to help the new students identify with being an active participant rather than just an observer, and to build on the purpose and emotion of the White Coat Ceremony.

In the first week of the curriculum, students are asked why they chose dentistry as a profession. Students arrive at dental school driven by a multiplicity of factors including; money, prestige, recognition, being a respected member of the community, parents who are dentists and sometimes, a desire to help others. Most of the motivation is self-serving, so the challenge is to develop within the students a professional philosophy that is centred on the ethic of care. The role of the instructor is not to provide answers, but to encourage the students to look inward for the answers that challenge their own attitudes and perceptions, as well as those of their peers.

The history of dentistry is used to reinforce development of professionalism in dentistry, since it is hard to know where you are going when you don't know where you have been. The

various mechanisms of decision-making as outlined by O'Toole (1) are presented in an attempt to have students understand their own basis of decision-making and to learn tolerance of other perspectives.

Using casuistry, which is applied ethics using case-based reasoning, we encourage the students to focus equally on positive ethics, such as role models, as well as on the negative ethics that are often portrayed in the case studies and to apply critical thinking. Our cases are discussed with interactive participation on finding solutions as we apply our ethics/communications "toolkit" and decision-making skills. Using real cases and recent examples from the media, we integrate the ethics/communications concepts of informed consent, conflicts of interest, managing difficult patients, conflict resolution strategies, and finally a two hour discussion of dentistry in the media where we critique film clips portraying values of dentists in film and television. By the end of their first year, the students are well positioned to identify the challenges of clinical dentistry that go beyond the technical operative skill difficulties.

Measuring Outcomes

There are three required assignments, worth 60% of their final grade, over the term that enable the students to apply the knowledge they have gained from the teaching sessions. A final examination (40%) allows for

grading of important skills and concepts in ethics/communications as well as in critical appraisal of the dental literature, which is another important cornerstone in our Practice Administration course.

The first assignment comes early in the term (6 weeks) and requires the students to write a comparative analysis on professionalism; comparing and contrasting other professions to dentistry such as an auto mechanic and a real estate agent, and this past year, dental hygienists following the recent changes to the Dental Hygiene Act that permits self-initiated controlled acts of scaling and root planing. The purpose is to understand the unique obligations dentists find themselves in and to respect and have tolerance for other professionals, even though they may follow different models of the professional/client relationship. The roles of gender and professional values are also key components of this assignment.

The second assignment involves an in-depth analysis of an ethics case. Each year a new case is written based on recent unpublished ethical challenges that are developed from real-life encounters of former students and colleagues. The students can then apply critical thinking and integrate Codes of Ethics, weigh values and appraise competing ethical principles along with their own preferred decision-making model as they evaluate all

conceivable options. They must then describe the shortcomings of the approach that they have chosen before delivering a decision towards the dilemma.

The last assignment, and probably the most significant from an applied learning perspective, is the personal reflection journal, where the students must record and analyze one positive and one negative experience that they have been directly involved with. They reflect on their feelings and those of others and attempt to understand the whole person concept which includes not only biological issues (pain, caries, etc.), but the psychological and socio-cultural influences that are integral to successful patient management. In this way they can reflect on the professional values that are at play and the relationship of those values towards their personal and professional growth and potential implications towards professional interactions. By identifying defining moments in each of the student's own lives, it is hoped that the students will become more reflective practitioners, who will learn equally from their successes and failures, and hopefully, will serve to enable them to strive for optimum patient care, greater professional collegiality and self-fulfillment.

Year Two

Year two involves the application of a new educational intervention. In 2009 I, along with my co-investigators

Judy McCormick and Richard Bohay, were the recipient of the University of Western Ontario's Innovation in Teaching Fellowship for a new educational intervention entitled "Evaluating the Introduction of a Patient's Voice in Dental Education Through Reflective Experiential Learning and Self Reported Changes in Empathy." We believe that optimum inter-personal relationships in a dentist-patient relationship are central to enhanced patient care and development of a trusting professional relationship. In order to enhance such relationships, dentists must see patients as more than an illness or a treatment. Understanding the whole patient is also related to assisting dentists in becoming reflective practitioners. Integrating a patient's voice into dental education attempts to develop a more humanistic approach towards the dental education journey.

A series of patients shared their personal accounts of their dental experiences on video. Many of the patients were socio-economically and/or medically compromised. They ranged from the working poor, those on social assistance programs and those afflicted with HIV. Others suffered dental treatment errors or suffered the indignity of being fired from a dental practice. Some patients shared stories of wonderful long-term professional relationship experiences with their dentists. Over five classes in the second year, three to five videos were viewed

daily followed by an interactive discussion of the patients' and the students' feelings.

Measuring Outcomes

Grading in this course involves in-class quizzes to record on paper, key statements that would impact on the patient's dental care. These are designed to improve the students' active listening skills. Evaluations are carried out on their reflective journals where students select one of the videos and discuss the impact that it had on their professional growth and values.

Year Three

In third year, the students have their own portfolio of patients and must master not only the technical aspects of dentistry, but also the patient management aspects as well. Consequently, the ethics/communications instruction becomes much more relevant. The third year program has seventeen hours devoted to the application of ethics and communications. The themes of dentists in society, dentists as colleagues and dentists in research are advanced in this year. In so doing, the students can appreciate the responsibilities and obligations required of an ethical practitioner. Lectures are presented on varied topics such as access to care, standards of care, dealing with error, specialist relationships, research, and applied communications. A patient's voice has been integrated into some of the topics with pre-

recorded videos of patients sharing their personal experiences in areas such as lack of access to care and marginalized HIV positive patients. This is part of a divisional research study to explore self-reported changes in empathy in dental students and the potential benefit of using patients as teachers. Following the videos, in-class assignments are held to record salient disclosures that would impact on their care and which serve as a tool to assess reflective listening skills.

Active learning is integral to effective teaching. Peer-to-peer learning is encouraged and students are asked to prepare and act out ethics cases in groups, and then lead discussions on the learning objectives. After all, dentists need to be effective one-on-one teachers with their patients and learn to work as effective team members to optimize professional patient care. Students are placed in groups that integrate different gender and cultural backgrounds as well as with the International Trained Dentist (ITD) students, who only join the class for the last two years of study. This is done purposefully to promote a more harmonious class and the positive aspects of diversity.

Standardized Patient Workshops are introduced in third year to allow the students the opportunity to enhance their inter-personal communications skills and application of ethics by identifying areas that need improve-

ment and to reinforce their strengths. The students, in groups of four plus a facilitator and a standardized patient, must conduct a mock patient interview that has underlying ethics and communications challenges. The students take turns as the interviewer on different cases and are also required to provide peer feedback, both positive and negative, for their peers. Scenarios include challenging topics such as; breaking bad news, non-compliant patients, treatment error/failure, boundaries, privacy, dental phobias etc...

Measuring Outcomes

As in first year, there is a de-emphasis on written examinations and more emphasis is placed on participation and application of acquired knowledge. The grading is done partly by empowering the students to grade the group presentations, which are balanced equally with the instructor's grade, as well as grading their group teammates for professionalism and participation (20%). There is equal weighting (20%) on the hands-on communications workshop and a third year personal reflection paper (20%) in which the students are asked to re-examine their 1st year reflections as well as reflect on first hand personal clinical experiences in third year. A final written examination, weighted at 40%, completes the student evaluation.

Year Four

In the fourth year, ethics and communications are integrated with the regulations and guidelines affecting dental practice. Topics such as the ethical treatment of staff and colleagues, boundary issues and advertising/marketing are discussed in small group seminars. Another Standardized Patient Workshop involves the application and integration of legal responsibilities along with the ethics and communication dilemmas in more challenging scenarios. Twelve hours are devoted to ethics/communications and ten hours towards risk management and jurisprudence.

Measuring Outcomes

By fourth year, all student grading in ethics/communications is accomplished through participation and workshop performance. By this time in their dental education, they are expected to think independently and to use their communication skills appropriately. Formal written testing would not, in our opinion, be appropriate. There is however, formal testing in human resource management (Labor Relations, Human Rights, etc.). Although not formally part of the undergraduate curriculum, there is an examination on jurisprudence administered by the Royal College of Dental Surgeons of Ontario. This is a prerequisite for a certificate of registration in Ontario.

Future of Dental Ethics at Schulich Dentistry

Currently at Schulich Dentistry, the curriculum is being reviewed and revised to be more integrated and collaborative between the various disciplines. We would like to involve clinical instructors in monitoring ethics and professionalism exhibited by the students in the clinics and to recognize positive ethics. We also would like to have clinical instructors act as role models for the students. As well, we encourage the students to advocate for patients in need and, as alumni, to financially support the dental school that has opened the door to a rewarding profession thus reinvesting in the future of the profession.

We are continually searching for innovative methodologies to reach students meaningfully. We are fortunate at the University of Western Ontario to have funding opportunities that support and encourage innovative educational pathways in ethics. Informal verbal feedback and more formal student evaluations of teaching provide feedback and insight that serves to improve the content and the presentation of our material. Encouraging students to become reflective learners is integral to lifelong learning. This is a pillar of dental professionalism and an essential part of the continuum of dental ethics from dental school throughout professional practice. We, at Schulich Medicine & Dentistry, hope that

through this continuum of ethics in this course, the students will be able to integrate the core values of professionalism, principles of ethics and inter-personal communications skills as a practical application. In this way, they will be enabled to earn greater trust from their patients and become future leaders in their communities and the profession of dentistry.

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Footnotes

1- O'Toole, Brian. Four Ways We Approach Ethics. Journal of Dental Education Nov.2006 Vol 70 (11) 1152-8

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DENTAL ETHICS EDUCATION AT THE CREIGHTON UNIVERSITY SCHOOL OF DENTISTRY

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The Creighton University School of Dentistry has had a required course in dental ethics for at least 25 years, dating back to a decision reaching by the Academic Council of this Jesuit university that every degree program in the university should minimally include the equivalent of a 3 credit hours in ethics (that is, approximately 45 hours of formal education, usually offered as a single course lasting one semester). But over the years, the content and format of the dental ethics program has changed many times, in part to improve the course itself, in part to meet other curricular interests (such as overcrowding).

Credit Hours

Currently, this university-wide ethics requirement is met through a 2-credit course offered in the summer semester between the 3rd and final year of dental school (which is the focus of this article), and an additional 1-credit hour course offered in the 4th year (which focuses largely on practice management issues). A couple of additional lectures are given in other years,

such as one on integrity in the first semester of the freshman year and one on justice in the junior year.

Location in the Curriculum

The evident advantage of the current location of the main 2-credit hour course is that the enrolled students have practical experience. The obvious disadvantage is that students practice dentistry – be it under faculty supervision – for a whole year (their 3rd year) without having had formal exposure to ethics. Although various organizations in American dentistry urge dental schools to admit students who have a strong background in the liberal arts, including therefore ethics, most of the Creighton students (as is probably true of most other American dental schools) have a strong undergraduate background in biology, chemistry and physics and are relatively weak in humanities. If they are allowed to practice clinical dentistry for a whole year without any formal ethics education, it is understandable that some students subsequently entering the ethics course do not really appreciate it (resulting in poor attendance of the lectures).

Topics

Whereas some topics in the main dental ethics course are of both ethical and legal relevance, such as informed consent, confidentiality, peer review, and advertising, most issues discussed are foremost ethical in nature. Our course covers more or less the standard topics for any dental ethics course, including:

- Introduction to Dental Ethics
- Ethical Reasoning. Beyond Opinion to Justification
- Case Analysis & Goals of Dentistry
- Patient Autonomy & Right to Consent Information & Confidentiality
- Dentist - Patient Relationship
- Conflicts of Interest
- Dentistry as a Profession
- The Business of Dentistry

Student Presentations

In order to boost student engagement in the course, for the past two years students have been required to prepare an in-class presentation. There are 18 of these in-class presentations. Because of the class size (of approximately 86 students annually), students work on this assignment in small groups. They are informed that the assigned topics are part of the required course contents and hence part of the exam, but will not be covered by the faculty instructors. Thus, the stu-

dents are truly the instructors for those topics. In order to make sure that the presentations are comprehensive and to the point, students are required to submit an early draft of their outline or PowerPoint to the course instructors. In addition to plenary presentations on topics such as “access to records”, “dating patients”, “treatment of family members”, “unethical dental research” and “dental spas”, there are also two in-class debates, moderated by the instructor, with two groups of students arguing against one another on “in-office confidentiality” and on “legislative proposals to reduce oral health disparities” respectively.

The Use of Mock Dental Records

The most successful component of the course is most certainly the case discussions in small groups, each led by a faculty member. Whereas such small group activities are common in health care ethics courses, our course takes a somewhat different approach in an attempt to boost student engagement. Instead of presenting students with one-page case descriptions, followed by free-floating discussion, we instruct the students that they are to behave as an ethics committee that must provide a properly argued recommendation. The students receive 7 mock dental records, each preceded by a letter from a dentist briefly introducing the issue he or she is struggling with and asking for advice. These records contain all the documents one

can typically find in a dental record, and it is up to the students to find in these records all the ethically relevant facts. The two students who are assigned the case to be discussed during one of the seven small group sessions must prepare for the meeting, lead the discussion, and write a consultative report back to the dentist requesting advice. This process has been described elsewhere in greater detail (Welie 1988). And although we have made some modifications to it to simplify the process, it has continued to be an effective tool ever since it was introduced more than a decade ago.

Administrator and Faculty Support

All too often, health care ethics education is seen by faculty members (and consequently by students as well) as a peripheral to the curriculum that should therefore be granted only minimal curricular time. As one of our former medical school deans once said, "ethics is not core and should be fun." Fortunately, both the administration and the faculty of our School of Dentistry generally has been very supportive of our attempts at providing ethics instruction, as evidenced most tangibly by their willingness to serve as small group session leaders year after year. At the same time, dental ethics is certainly not a focus area of this school, as is evidenced by the lack of any other faculty members being members of IDEALS or ASDE, lack of a dental ethics committee (akin to a HEC), the poor

attendance of ethics programs offered for faculty members, and the lack of any scholarly activities in the area of ethics by faculty members other than two course instructors of the main ethics course. Since most of the ethical formation of future dentists happens at the clinic floors (as opposed to the class rooms), this lack of formal engagement in ethics education and research is worrisome.

Assessment of the Effectiveness of the Course

Probably the greatest weakness of our dental ethics curriculum is the absence of reliable assessments of competencies gained. The annual surveys of the school's alumni suggest that the graduates rank the amount of hours devoted to ethics education as satisfactory. But no other assessment data have been gathered. Although the course contains a variety of assignments, including a final competency exam, we have never pre-tested the students to get a better sense of their increase in knowledge and skills. Judging by the attendance in plenary sessions (attendance is not required during these sessions, whereas it is required during the small group discussions), in most years approximately a third of the class skips part or all of the lectures. The level of engagement of the attending students seems to differ by year without there being an obvious pattern.

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Notes

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DENTAL ETHICS WITH A NEW EMPHASIS: REFLECTIONS ON THE CURRICULUM

Joseph P. Graskemper

Over the past few years additional emphasis has been allocated in dental schools to the education of future dentists in the importance of dental ethics. Most of the allocated time has been directed to the dentist-patient relationship and the dentist-society relationship. These are both very important aspects in the education of future ethical dentists. There is, however, a third area of concern that should be addressed more fully.

The dentist-dentist relationship is becoming a more ethically challenged area. With the downturn in business, the increase in advanced costly materials, and increased competitiveness, dentists through advertising and the use of disparaging language in relation to the patient's former dentist, are being tempted to ethically contort proper patient care for increased income.

There is nothing wrong with the pursuit of financial success; but, it should not come at the expense of an unknowing, dependant public.

Dental student are taught dental ethics as it relates to the patient and

the public in general. Most, if not all, codes of ethics deeply discuss the ethical concepts that affect the patient and society; namely, Autonomy, Beneficence, Nonmaleficence, Justice, and Veracity. But with the increased competition for patients willing to pay for higher profitable dental procedures such as implant and cosmetic dentistry, there has been an increase in unethical promotion (advertising) of the dentist's abilities. On the other hand, dentists should be able to inform the public of advanced training or knowledge they have achieved throughout their career.

To properly prepare future dentists to succeed in their careers without turning to promotion or advertising that may be questionably unethical, they must be taught how to communicate their advanced education, skills, knowledge and/or talents ethically. Some states have codes of ethics that prohibit advertising of advanced education, fellowships or degrees earned from a non-traditional academic setting. Nonetheless, many dentists promote and advertise their advanced education as earned fellowships from various organiza-

tions. Many of these organizations are nationwide, have rigorous examinations, and require multiple case presentations to be awarded a fellowship. There are also the continuing dental education institutions that are not university grounded and promote that their graduates are better than the rest.

Dental students must learn while in dental school through dental ethics courses how to ethically inform the public of such achievements. This should be given more emphasis since future dentists will, more likely than not, advertise. It is well known that advertising affects the public's image of those who are advertising; and it is through those dental advertisements that the whole dental community is affected. By just saying "don't do it", is merely closing one's eyes to the reality of what the new dental graduate must face. Ethical advertising/promotion is possible and must be taught to dental students in the effort to maintain a public positive image and a healthy social contract with society.

Many states have laws and dental codes of ethics that prohibit disparaging remarks. However, many times unhappy, questioning patients seek a second opinion from another dentist, who, in the privacy of their own office, will inform the patient how the prior dentist did it all wrong and that he or

she could or would have done it differently or better. Sometimes the patient is even told to seek legal action to help pay for the allegedly needed re-treatment.

Another ethical situation arises when patients are guided, after specialty treatment has been rendered, to a friend or relative to complete the needed treatment because they are the only ones that "really do it right" or "that is who I work with all the time"; giving the impression that if the patient does not follow through with what the specialist is saying they may not get it done right or even jeopardize the treatment the specialist has just completed.

Dental students must be taught by all faculty that there is more than one way to treat the patient's dental problems. Just because one dentist prefers a different manner of treatment does not in and of itself mean that the dentist did it wrong. This tolerance for other manners of treatment has slowly eroded away by dental gurus who self promote that their way is the best and only way to treat the patient. It has also been infringed upon by the dental supply companies the idea that if not using their new improved more costly product the dentist is not providing the best for the patient. Advanced materials are most definitely a plus in patient care. But to supplant the notion

that one product must be used if you truly care for your patient goes a bit far. The newly graduated dentist is highly impressionable and subject to such promotion.

There are many occasions that the dentist-dentist relationship makes an impact on patient autonomy. I hope this has brought more attention and hopefully bring about more discussion on the dentist-dentist relationship such that the dentist-patient and dentist-society relationships are better supported by ethical professional dentists.

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Textbooks in Dental Ethics

***Please note:** Only dental ethics textbooks currently in print are included; books solely devoted to dental law are not included here either. A link to the publisher's website is included for each book (if available) in the on-line version of this list at the IDEALS website.*

In English

- Beemsterboer PL: Ethics and Law in Dental Hygiene** (2nd edition). Philadelphia: WB Saunders, 2009
- Brennan M & Oliver R: Ethics & Law for the Dental Team.** Knudsford UK: PasTest, 2006
- Davison JA: Legal and Ethical Considerations for Dental Hygienists and Assistants.** St. Louis: Mosby, 2000
- Kimbrough VJ & Lautar CL. Ethics, Jurisprudence and Practice Management in Dental Hygiene** (2nd ed). Upper Saddle River NJ: Pearson-Prentice Hall, 2007
- Lambden E (Ed.): Dental Law and Ethics.** Abingdon: Radcliffe Medical Press, 2002
- Naccarato LN: The hands of a Practitioner. The Heart of a Provider. Ethical and Legal Issues for Dental Professionals.** Victoria, Canada: Trafford, 2003
- Ozar DT & Sokol DJ: Dental Ethics At Chairside: Professional principles and practical applications.** (2nd ed). Washington DC: Georgetown University Press, 2002
- Rule JT & Bebeau MJ: Dentists who care. Inspiring stories of Professional Commitment.** Chicago: Quintessence, 2005 ([info](#))
- Rule J & Veatch RM: Ethical Questions in Dentistry** (2nd ed.). Chicago: Quintessence, 2004

In Dutch

Nuy M, Gordijn B, & Truin G-J: De prudente tandarts. Ethische reflectie in de tandheelkunde. Amsterdam: Uitgeverij SWP, 2002

Strijbos S: Kiezen en Keuzen. Ethiek in de tandheelkundige praktijk.
Houten/Diegem: Bohn Stafleu Van Loghum, 1999

In German

Gross B: Beiträge zur Geschichte und Ethik der Zahnheilkunde. Wuerzburg:
Koenigshausen & Neumann, 2006

Gross B (Ed.): Zwischen Theorie und Praxis 3: Ethik in der Zahnheilkunde.
Wuerzburg: Koenigshausen & Neumann, 2002

In Italian

Berchicci G, D'Agostino F, Giustiniani P & Manti F: Verso una bioetica per l'odontoiatria? Napoli: Edizioni Scientifiche Italiane, 2004

Scarpelli ML: Il Comportamento dell'odontoiatra: aspetti etici, deontologici e medico legali. Viterbo: Edizioni ACME, 2001

In Swedish

Bischofberger E, Bolin A-K, Nordenram G & René N: Etik i tandvården.
Stockholm: Gothia, 1998

If you are aware of any in-print dental ethics textbook not listed above, please email jwelie@creighton.edu and provide bibliographic information so that we can create an update. Thank you.