Transitioning from Practice

Fall 2014
Volume 81
Number 4
AN ASSESSMENT OF FACULTY AND DENTAL STUDENT DECISION-MAKING IN ETHICS

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ABSTRACT
This study reports and compares dental student and dental faculty scores to national norms for the Defining Issues Test 2, a measure of ethical decision-making competency. The findings showed that dental students and faculty tend to make decisions that promote self-interest, paralleling the ethical orientation of business professionals. Differences associated with gender, language, and norms from previous studies were observed. The findings underscore the importance of raising dental faculty and student awareness of their own ethical decision-making approaches. More importantly, the findings highlight the need to ensure that dental faculty have both the knowledge and skills to train dental students about the central role that ethical decision-making must play in patient care.

Increasingly, healthcare practitioners are expected to become socially responsible to deal with widespread disparities in overall health and access to health care (Asch et al, 2006; Frist, 2005; Schoen & Doty, 2004). In the recent Institute of Medicine report, it was suggested that oral health professions and physicians have similar requirements regarding the improvement of access to oral health care for vulnerable populations (Institute of Medicine, 2002).

In response to demands for change in dental practice, the Commission on Dental Accreditation (CODA) standards for predoctoral dental and dental hygiene educational and programs now specifically address these issues:

Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental education in: basic principles of culturally competent health care; recognition of health care disparities and the development of solutions; the importance of meeting the health care needs of dentally underserved populations; and, the development of core professional
The use of measurement tools can also help identify how well
health care providers are performing and how well
the care is being delivered. This information can be
used to improve patient outcomes and reduce costs.

To acquire these new competencies,
what support will need to be provided in determining
decision making skills and
knowing what ethical

whether training is required.

This is a complex process that requires
consideration and effort on the part of
all stakeholders, including patients,
health care providers, and payers.

In order to improve social
shaping, policymakers must
focus on promoting healthy
behavior through education and
marketing campaigns.

Promote healthier lifestyles
and behaviors, and encourage
a healthy work-life balance.

By fostering a culture of health,
we can work together to create
a better future for all.
Methods

Participants included 100 students from a U.S. high school, with 50 in each of two conditions: (a) an experimental condition and (b) a control condition. The students were randomly assigned to either condition. The experimental condition involved a decision-making task that required participants to consider the potential consequences of their choices, while the control condition involved a similar task without the decision-making component.

Results

In both conditions, students in the experimental condition showed higher levels of critical thinking and problem-solving skills compared to those in the control condition. Specifically, the experimental group was more likely to consider alternative solutions, evaluate the pros and cons of each option, and arrive at a more informed decision. There were no significant differences between the conditions in terms of overall academic performance.
### Table 1

<table>
<thead>
<tr>
<th></th>
<th>National Norm</th>
<th>Faculty</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Interest (P&lt;)</td>
<td>22.69 (11.66)</td>
<td>34.93 (14.26)</td>
<td>36.76 (14.57)</td>
</tr>
<tr>
<td>Morale Norms (MN)</td>
<td>34.93 (14.26)</td>
<td>34.07 (13.22)</td>
<td>34.18 (14.57)</td>
</tr>
<tr>
<td>Post-Consensus (P)</td>
<td>41.06 (15.22)</td>
<td>37.42 (14.58)</td>
<td>36.76 (14.57)</td>
</tr>
<tr>
<td>P Discrimination (N2)</td>
<td>41.33 (14.73)</td>
<td>39.07 (14.51)</td>
<td>38.16 (14.03)</td>
</tr>
</tbody>
</table>

**The more difficult task lies in engaging pre-professional students in a way that brings changes to the culture within which students function.**

The study's findings showed that dental faculty scored slightly higher than the dental students and dental students scored slightly higher than dental staff. The measure of P showed that the dental staff scored significantly lower than post-consensus for both. This trend was observed in post-consensus for dental staff. Since faculty members on P (Post-) and significantly lower than dental students on P (Post-), it appears that students are using higher level ethical reasoning skills than faculty members. Interestingly, 24% of the students scored higher than faculty members. Consistent with COA/A standards, it is apparent that faculty are knowledgeable, and that they have trained in how to teach and promote ethical responsibility and, in part, have served in enlightened capacities.

**Discussion**

In the study, comparisons among the mean scores of dental faculty and students were made to national norms and norms of dental graduates. It seems reasonable to expect that dental faculty and students would be similar in each other and, as professionals, would use less self-centered approaches to ethical reasoning.
It is important to point out the limitations of our study. For example, there are inherent problems in self-report measures, such as the potential for social desirability bias (although the bias appears to be trending in the wrong direction). The small sample size of our faculty (n = 35) was another limitation. Further, there is no way to separate the moral reasoning schema by non-native English speakers as resulting from cultural differences in background or stage in professional training, and as resulting from unfamiliar use of English terminology. Although we have discussed measures of ethical decision-making competencies, there are several other relevant issues. These include context, interpersonal skills needed to implement ethical reasoning.

### Table 2: Student scores on the Defining Issues Test for level of ethical reasoning comparing females and males; underrepresented minorities (URM) and non-native English speakers (NNE) and native English Speakers.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Personal Interest</th>
<th>Mountain Norms</th>
<th>Post Conventional</th>
<th>P Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>24.42</td>
<td>42.30</td>
<td>43.75</td>
<td>0.001</td>
</tr>
<tr>
<td>Male</td>
<td>35.55</td>
<td>35.16</td>
<td>34.42</td>
<td>0.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Value of Difference</th>
<th>English</th>
<th>NNE</th>
<th>URM</th>
<th>Non-URM</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>0.039</td>
<td>0.639</td>
<td>12.68</td>
<td>24.60</td>
<td>0.032</td>
</tr>
<tr>
<td>Females</td>
<td>0.039</td>
<td>0.639</td>
<td>12.68</td>
<td>24.60</td>
<td>0.032</td>
</tr>
</tbody>
</table>

*Note: Values and their standard deviations are shown in parentheses.*
The concept of a disability is grounded in social constructivist theories of disability. These theories posit that disability is not static, but rather is constructed through social interactions and the application of social norms. Disability is seen as a cultural construct, shaped by societal attitudes, values, and beliefs. This perspective challenges the medical model, which views disability as an individual problem that is to be treated or cured. Instead, the social model of disability emphasizes the ways in which society creates barriers that prevent people with disabilities from full participation in society.

References

Professionals provide social services to people with disabilities through various programs and initiatives, such as vocational rehabilitation, special education, and health and wellness programs. These programs aim to improve the quality of life for people with disabilities by providing them with the skills and resources needed to live independently and participate fully in society.

Conclusions

The main points of the text are:

1. Disability is a social construct, shaped by societal attitudes and beliefs.
2. Disability is not an individual problem, but a societal issue that requires systemic change.
3. Programs and initiatives are needed to address the barriers that prevent people with disabilities from full participation in society.

The text highlights the importance of a social model of disability and emphasizes the need for systemic changes to address the barriers faced by people with disabilities.
We cannot assume faculty competence in ethical reasoning if we expect them to properly educate dental students.