THE JOURNEY BEYOND SILOS

TEACHING AND LEARNING INTERPROFESSIONAL ETHICS AT UTHEALTH

Catherine M. Flaitz, D.D.S., M.S.
Nathan Carlin, Ph.D.
Boyd W. Shepherd, D.D.S., J.D.
Jayne A. McWherter, R.D.H., M.Ed.
Richard D. Bebermeyer, D.D.S., M.B.A.
Muhammad F. Walji, Ph.D.
Jeffrey Spike, Ph.D.

Dr. Flaitz is a professor, Oral & Maxillofacial Pathology and Pediatric Dentistry, Department of Diagnostic Sciences, University of Texas Health Science Center at Houston (UTHealth) School of Dentistry, Houston, Texas; and adjunct faculty, Campus-Wide Ethics Program, McGovern Center for Humanities and Ethics, UTHealth Medical School, Houston, Texas.

Dr. Carlin is an assistant professor, McGovern Center for Humanities and Ethics, UTHealth Medical School, Houston, Texas.

Dr. Shepherd is a clinical assistant professor, Department of Restorative Dentistry and Biomaterials, UTHealth School of Dentistry, Houston, Texas.

Ms. McWherter is an associate professor and director, Dental Hygiene Program, Department of Periodontics, UTHealth School of Dentistry, Houston, Texas.

Dr. Bebermeyer is a professor and chair, Department of Restorative Dentistry and Biomaterials, UTHealth School of Dentistry, Houston, Texas; and adjunct faculty, Campus-Wide Ethics Program, McGovern Center for Humanities and Ethics, UTHealth Medical School, Houston, Texas.

Dr. Walji is an assistant professor, Department of Diagnostic Sciences, UTHealth School of Dentistry, Houston, Texas.

Dr. Spike is a professor and director, Campus-Wide Ethics Program, McGovern Center for Humanities and Ethics, UTHealth Medical School, Houston, Texas.
Introduction

There is a healthy skepticism about the extent to which the ethics curricula taught to dental students and dental hygiene students actually influences personal and professional behaviors and, moreover, whether this material is relevant to the “real world.” In our experience, we have found that informal comments by faculty tend to reinforce two assumptions that are problematic for ethics education — namely, 1) that students bring a set of well-established core values with them as they enter professional school; and 2) that no amount of teaching will change their behaviors in any meaningful way. These assumptions could be true. However, how do we know that one’s ethics and one’s values are set at some pre-determined age? And if there is some kind of “cementing” of values, at what age does this occur — 7, 14, 18, 21, or some other age? If such a process occurs, is this cementing of values “universal?” Does it, in other words, occur in all cultures, in all time periods, and across all socio-economic classes in the same way? This would seem unlikely. While there are, we believe, good reasons to maintain a healthy skepticism about the effectiveness of our ethics curricula, some of which will be noted below, we also believe that there are good reasons to be skeptical about claims that human beings cannot grow morally — and, moreover, we simply do not have the evidence to substantiate such claims. In point of fact, our students routinely tell us that they want to do the right thing but that they need to know, as they put it, the “rules.” Ethics, they assume, can be taught.

Abstract

Interprofessional education and ethics education are two educational programs that blend together well, and, moreover, they are a natural fit for teaching in an academic health science center. The purpose of this paper is to describe our recent journey of developing and implementing an interprofessional ethics curriculum across the six schools of UTHealth. We provide an overview of the goals of the Campus-wide Ethics Program, which is housed in the McGovern Center for Humanities and Ethics, and we highlight certain innovative developments that are the result of the collaborative work of faculty and administrators from all six schools of UTHealth. In addition, a brief synopsis of the specific didactic and clinical courses in which ethics is a significant component is outlined for both the dental and the dental hygiene curricula. Lastly, we describe some of the recent scholarly activities that are a product of this new program. We are excited about our evolving efforts and the potential benefits of weaving interprofessional ethics within our school and across our campus. This article tells the story of our journey beyond “the silos” that are common among academic health science centers.
In 2009, UTHealth launched the Campus-wide Ethics Program (CWEP). The program is directed by a full-time ethicist; it is funded by the Office of the President; and it is housed in the McGovern Center for Humanities and Ethics. Instead of developing six different curricula — one for each school — we have developed components of a curriculum that would be required at all six schools, in addition to building on and enhancing existing curricula. Key strategies in this regard have involved:

- providing faculty development in health professional ethics;
- developing teaching materials for and learning activities in interprofessional ethics;
- offering events that engage interprofessional ethics; and
- pursuing scholarly activity related to interprofessional ethics.

How the Journey Began:
An Overview of the Campus-Wide Ethics Program

In 2009, UTHealth launched the Campus-wide Ethics Program (CWEP). The program is directed by a full-time ethicist; it is funded by the Office of the President; and it is housed in the McGovern Center for Humanities and Ethics. Instead of developing six different curricula — one for each school — we have developed components of a curriculum that would be required at all six schools, in addition to building on and enhancing existing curricula. Key strategies in this regard have involved:

- providing faculty development in health professional ethics;
- developing teaching materials for and learning activities in interprofessional ethics;
- offering events that engage interprofessional ethics; and
- pursuing scholarly activity related to interprofessional ethics.
The program includes a team of faculty comprised of one or two representatives from each of the six schools, and this group has met twice a month for the past 2 years. Some of the sessions focused on reading and discussion, but other sessions were used to help develop teaching materials. In addition, one summer was dedicated to an intensive weekly summer seminar for faculty, where the faculty read some of the foundational texts in bioethics, such as the *Principles of Biomedical Ethics* (3).

One outcome of this program includes the offering of interprofessional grand rounds in ethics, which are offered on a regularly scheduled basis for both students and faculty; they are typically held over the noon hour for greatest attendance. Another outcome has been the addition of ethics to the annual UTHealth Student Healthcare Competition. The issue for this year was learning the skills of advocates in geriatric settings, specifically by visiting elders in nursing homes and by evaluating their living conditions. Breaches in autonomy were the most frequently identified ethical issues for this group of individuals. A third outcome from this program included the establishment of the first interprofessional ethics conference hosted by the McGovern Center for Humanities and Ethics. Representatives from all schools participated in the conference, and the proceedings of the conference, after peer review, will be published in *Pastoral Psychology*. One of the papers addressed social justice and shared responsibilities for tackling the inequities of oral health care in the pediatric population.


### The Path Less Traveled:

#### Two Distinctive Innovations of the Campus-wide Ethics Program

The centerpiece of our program is an online module, called *The Brewsters*, a reference to a fictional family. The module follows over three acts that deal with professionalism, clinical ethics, and research ethics, respectively. The rationale for the module is that it will serve as the foundational ethics instruction for all six schools, thereby providing a consistent vocabulary and substantial base for all subsequent ethics education in each of the schools.

*The Brewsters* is being developed by faculty in the McGovern Center for Humanities and Ethics, in consultation with faculty and administrators of UTHealth, and in partnership with a company based in Houston, Texas that specializes in online education and narrative-based education. *The Brewsters* is interactive, and it is modeled after the genre of “choose your own adventure” books, where one makes decisions along the way, as it were, with the result that, with each

---

**Noel Garza**  
**Rio Grande Valley Dental Society**

**What are dental ethics and why are they important?**  
Almost like the Ten Commandments of the Bible, dental ethics emphasizes the moral, righteous, and reasonable way to treat patients and others that are involved with a dental practice.

**What is professionalism?**  
Professionalism is standing behind quality work and treatment of a patient and exhibiting sane, moral conduct that is a reflection of a person’s rationality behind their intent.

**What, in your opinion, are the consequences of unethical behavior?**  
Besides sleepless nights, unethical behavior can lead to unruly conduct, bad reputations, cheating, and even crime.
choice that one makes, one discovers the consequences in the next chapter. *The Brewsters* is meant to be educational, as well as fun and entertaining — a “page turner” — and, when we field-tested this module with students from our schools, they have had many words of praise, as well as advice as to how to improve the modules as they are in development. Of interest for this journal, the research ethics module will include a Brewster who develops oral cancer, and this opens the door to the many issues associated with this disfiguring and deadly disease.

Each student at all six schools will be required to read the story and to take brief pre/post-test to measure how much they have learned. In all, there will be about 1,000 students per year who take these modules. To date, nothing quite like this exists in ethics education in terms of its interactive form or its interprofessional content, which is exciting, and nothing quite like this exists programmatically as required educational material at any other health science center in the country. Eventually, *The Brewsters* will also be available for other schools to use. It will be accessible on Blackboard©, the curriculum management system, and it will have enhanced interactive features if downloaded as an “app” for an e-book reader or Apple® iPad.

Another distinctive feature of our program has involved our development of interprofessional ethics cases. The idea of interprofessional ethics has existed in a subtle ways in bioethics for decades, usually under the banner of “teamwork (5),” but what is distinctive about our approach is that we are intentionally, and systematically, working in the area of interprofessional ethics by developing cases with a team of faculty from all six schools of UTHealth. In bioethics, or in health professional ethics, the idea of interprofessional ethics does not usually get such sustained and intentional focus in writing and publishing, let alone in teaching and learning. Interprofessional ethics cases for adaptation in the classroom, simulation laboratory or clinical setting are under development. There is a primary author for each one of these cases that is presented and critiqued for suitability, relevance, and accuracy. An important criterion for these ethical dilemmas is the inclusion of two or more health professionals from different disciplines.

Below is an example of one of the ethical dilemmas involving dentistry, nursing, and medicine for discussion by students and guided by faculty who have been trained and standardized.

*The Logan family of seven lives in rural West Texas, where the nearest dental care is 2 hours away by car. The children range in age from 6 months to 13 years of age. The family has seldom visited a dental practice or clinic. Recently, the school health nurse evaluated the 9-year-old Michael Logan, and noted that he had an elevated fever and swelling of the lower left submandibular lymph nodes. When the nurse looked into the mouth; using a pen-light, she noticed that a lower left primary (baby) tooth had a large cavity, and the surrounding gums were swollen.*

*The Logan parents had mentioned that their income is very limited, and it is not easy to drive the 2 hours for dental care. What would happen if the Logans cannot access care in the city, 2 hours away? The school nurse wondered why she could not assist by removing the primary tooth with her instruments. She also thought of the physician located in town, who might be able to take a radiograph of the area. This same physician had helped other children with the extraction of primary teeth, topical fluorides treatment, and more. What should the nurse do?*

When deliberating over ethical dilemmas, a good place to begin is by thinking about the five principles: justice, beneficence, patient autonomy, nonmaleficence, and veracity. In the above scenario, beneficence and nonmaleficence appear immediately relevant. It may be beneficial for the nurse to extract the tooth, even though it would
be beyond her scope of practice, because this would address the immediate oral health issue at hand (beneficence). Moreover, there seems little chance that something would go wrong (nonmaleficence)—after all, parents frequently remove their child’s baby teeth. Yet this action may be viewed as illegal, because the nursing scope of practice does not include extractions of primary or permanent teeth. If a nurse extracts the tooth, other oral health issues may go unnoticed and result in harm, due to the delay in seeing an oral health professional (nonmaleficence).

In discussions with students, it is important to articulate the distinction between ethics and law. Ethics and law do not always agree; sometimes ethics requires more than law (e.g., it is ethical to give to a well reputed charitable organization, but it is not legally required), and other times laws are unethical (e.g., such as laws that used to require persons of color to sit in the back of the bus). Is this a case where ethics and law diverge? Maybe, maybe not. In any case, a sound ethical and legal solution would be for the nurse to contact local support services — such as the local dental society, a physician, or a social worker — to facilitate this young patient’s tooth extraction. If such services are not available, the problem becomes more difficult. The very fact that the parents would need to drive two hours to receive oral health care also raises the issue of access to health care and, therefore, the principle of justice is reviewed. The faculty might lead a discussion about issues in access to oral health care.

**Steps Along the Way:**

**Ethics and Professionalism at the School of Dentistry**

The development of the Campus-wide Ethics Program, as well as preparing for the upcoming accreditation process at UTHealth School of Dentistry, afforded us an opportunity to assess what we were teaching, when we were teaching it, and how we could improve this aspect of the curriculum. By incorporating some of the goals of the QEP, we expanded on a traditional ethics curriculum to make it more interprofessional, case-based and reflective, and woven throughout all years of professional education.

A formal curriculum mapping software program enabled us to identify where, and to what extent, this topic was being taught in the classroom, various clinical settings, and in parts of special programs with the alumni, as well as with community dentists and dental hygienists. Specific courses were identified, and the course directors were interviewed regarding objectives, method of teaching, number of hours devoted to the subject, and method of assessment. In addition, course directors were asked about future directions or modifications of their courses and if they were willing to collaborate with other UTHealth professional schools and within the Doctor of Dental Surgery and Dental Hygiene programs. A brief description of the main courses in ethics and professionalism is described in Tables 1 and 2.

---

**Daniel Torres**

**Nueces Valley Dental Society**

**What are dental ethics and why are they important?**

Do the right thing. No lies, being straight forward, no fine print.

**What is professionalism?**

Providing the best care possible to our patients. No lies; don’t do to others what you don’t want to have done to you.

**What, in your opinion, are the consequences of unethical behavior?**

What goes around comes around. Eventually, we pay our debts in this life.
### Table 1. Doctor of Dental Surgery Program

<table>
<thead>
<tr>
<th>Course Title / Learning Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics in Dentistry</td>
<td>In this first-year course students are presented with definitions and concepts of the primary principles of ethics, and then given the opportunity to apply these principles in the form of class discussions and blog responses to ethical dilemmas in dentistry. Students identify and explore their own core ethical principles. Also, students write a paper on the theme, “The Role of Ethics in Dental School.”</td>
</tr>
<tr>
<td>Introduction to Dental Informatics</td>
<td>This first-year dental informatics course includes clinical decision-making and ethical dilemmas as part of the course. Simulated patients with a variety of problems are used to illustrate important clinical and ethical issues.</td>
</tr>
<tr>
<td>The Behavioral Context of Dental Patient Management</td>
<td>Lectures and team-based learning deal with ethics, legal, and regulatory concepts in the context of dental patient management. Using case scenarios, ethical concepts discussed include informed consent, establishment of appropriate doctor/patient relationship, and issues related to confidentiality.</td>
</tr>
<tr>
<td>Communication on Dentistry</td>
<td>This third-year course integrates the theoretical with the practical aspects of communication, including communication style, communication skills, ethical and professional ways to communicate, and patient behavior and management. Students revisit and apply the principles of ethics covered in the first-year ethics course through discussion and reflection on their own clinical experiences.</td>
</tr>
<tr>
<td>Laws and Regulations Affecting Dentistry</td>
<td>This fourth-year course addresses the legal and regulatory requirements for dentists in Texas in their provision and/or support of oral health care services. Students are presented with the principles of ethics relative to the regulatory requirements, and how these principles form the basis for the laws regulating their profession, standard of care, and professionalism.</td>
</tr>
<tr>
<td>Introduction to Clinic</td>
<td>This second-year clinical course reinforces the ethical and professional behaviors through modeling of fourth-year students with supervision of primary bay instructors. This includes infection control, documentation, professional communication, and ethical and professional behavior in the clinical setting.</td>
</tr>
<tr>
<td>Community Dentistry Clinic</td>
<td>As part of this clinical course the students learn to provide care to those individuals who have limited access to oral health care. The dignity of the individual, record keeping and infection control, along with informed consent about dental care are reinforced and assessed with each patient contact.</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>Application of ethical and professional responsibilities, patient care documentation and practice management skills are an integral part of the clinical care curriculum. In the fourth-year, a general practice model is used that is lead by a primary bay instructor, who reinforces these concepts daily.</td>
</tr>
</tbody>
</table>
Table 2. Dental Hygiene Program

<table>
<thead>
<tr>
<th>Course Title / Learning Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Dental Hygiene</td>
<td>As part of this first-year course, dental hygiene students learn about ethics and morals and ethical healthcare practices. The main assignment is the “Moral Compass,” in which students write about the sources of their personal belief system and discuss how it fits with the dental hygiene oath and other ethical issues in academics and in their professional life.</td>
</tr>
<tr>
<td>Preclinical Technique</td>
<td>This course focuses on ethical issues associated with medical/dental histories, Health Insurance Portability and Accountability Act training, patient confidentiality, informed consent, and proper documentation.</td>
</tr>
<tr>
<td>Community Dental Health</td>
<td>The legal and ethical issues in public health practice are addressed. This course introduces the importance of developing an ethics-focused understanding of a target community; identifying key stakeholders through which partnerships of respect and trust are built; and understanding the value of mutual benefit and shared interest in maintaining community engagement.</td>
</tr>
<tr>
<td>Clinical Seminar IV</td>
<td>In this course, students apply ethical principles in their decision-making process when encountering an ethical dilemma in patient care. Students identify ethical and legal issues in case-based presentations. Also, they reassess their “Moral Compass” to determine if their personal belief system has shifted due to their professional education.</td>
</tr>
<tr>
<td>Practice Management</td>
<td>This course discusses practice philosophies, office dynamics, communication, billing and insurance, and infection control and the ethical issues surrounding these topics.</td>
</tr>
<tr>
<td>Healthcare Ethics</td>
<td>This online course for degree completion discusses a variety of topics on ethics and professionalism, ranging from ethical theory and philosophy to the dental hygienist-dentist/employer relationship. Students write an essay regarding an assigned ethical dilemma using the ethical decision-making model.</td>
</tr>
<tr>
<td>Dental Hygiene Clinic</td>
<td>During the program, students’ professional judgment and conduct are routinely evaluated. As a part of achieving clinical competence in this area the students are evaluated during every patient treatment session, along with an assessment of their clinical skills.</td>
</tr>
</tbody>
</table>

The Next Steps:
How the Campus-wide Ethics Program will Enhance Ethics Education at the School of Dentistry

Following information gathering, the faculty representatives met with appropriate administrators and with a faculty focus group to outline a strategy to develop an interprofessional ethics curriculum while expanding specific courses and rotations that were a best fit for this topic. Due to an already compact curriculum, the strategy for improving and expanding the ethics curriculum was to develop ethical dilemma cases that could be woven throughout the curriculum, including varying levels of complexity. In addition to the first-year class on ethics and professionalism, it was agreed that ethics would be expanded in practice management, community oral health, regulatory dentistry, dental informatics, simulation laboratory and grand rounds, using a case-based and narrative format.
We also identified two additional programs that would focus on interprofessional ethics. One program centered on the dentist-dental hygienist professional relationship in the Oral Maintenance and Prevention Clinic, in which both groups of students provide patient treatment, while working together under the supervision of both dental faculty and dental hygiene faculty. A recent evaluation tool that has been developed for this clinic session is a form, “Patient Course of Treatment — Ethics Assessment,” that is completed on select patients to help measure competency in this area. The second program focused on dental informatics; in particular, ethical issues centered on the electronic health record, patient privacy, and the challenges of technology. This program involved an interprofessional collaboration with the School of Biomedical Informatics.

Special programs, such as the annual UTHealth Student Healthcare Competition, in which groups of students from all the schools collaborate to solve a timely healthcare problem, were expanded to include an ethical dilemma. Other special programs, including the White Coat Ceremony for both the dental and dental hygiene students and Great Expectations, conceived by the International College of Dentists, will continue to provide a venue for addressing important ethical issues in the profession with the participation of alumni, community oral health care professionals, and faculty.

It is critical that students and faculty model appropriate behaviors with every patient encounter. For over a decade, UTHealth dental students and dental hygiene students receive a daily professional evaluation, referred to as the Daily Clinical Average (DCA), by a faculty member, and this grade is based on three components. These include: 1) adherence to core values; 2) infection control; and 3) appropriate record keeping. While the majority of a student’s daily clinical grade reflects the diagnosis and technical treatment of the patient, the DCA is a constant reminder that ethical and professional behavior is intrinsic to all patient care activities.

The Journey Upward:
Scholarly Activity Related to Ethics

The faculty of the campus-wide ethics program have pursued scholarly activity in health profes-

---

**Richard Smith**
Panhandle District Dental Society

**What are dental ethics and why are they important?**
Ethics are what drive our profession and us as care givers to treat the patient’s needs and not our wants. We should all ask the question when considering treatment for someone, “Is this what I would like done to me?”

**What is professionalism?**
Professionalism is putting the patient’s care ahead of everything else, even if it puts me at a disadvantage.

**What, in your opinion, are the consequences of unethical behavior?**
Unethical behavior, across the profession, will lead to dentistry becoming a retail business, where it is more important to make money than care for our patients. At the end of the day, you have to live with the decisions you make and how you treat your fellow man.
sional ethics in a number of ways. One way that they have done so is by presenting posters related to the program. Two posters were presented at the American Dental Education Association (6, 7), and one poster was presented at the International Association of Medical Science Educators (8). Another way that the faculty have shared this material is through the publication of original articles in dental ethics. For example, Flaitz and Carlin applied the idea of “limbo,” a category of experience recently advanced in pastoral theology by Capps and Carlin, to a clinical case report that dealt with a patient’s decision to enroll in an experimental protocol to study oral cancer (9,10).

This kind of writing — the blending of clinical expertise with pastoral theology — is completely absent in dental ethics, as well as in what has been called “dental humanities (11).” Another recent publication by Adibi and Bebermeyer summarizes the potential conflict of interest between clinical research and clinical decision-making when caring for patients (12). A third way that faculty have pursued scholarly activity is by publishing peer-reviewed journal articles about the program. For example, one article that the group has published outlines a strategy for programmatic assessment of ethics education at schools of public health, and others are planned that are specific to dental education (13).

Allowing patients to participate fully in their care by providing them with sufficient information is a key tenet of ethical practice. Along with the verbal explanations provided by a dental provider, a consent form is often the document intended to help protect a patient from harm, and to put patient autonomy into practice (14, 15). An analysis of dental treatment consents by researchers at the School of Dentistry found that the content was written at a 12th-grade reading-level or higher, thus indicating a need to increase the readability of the content and a need to improve the design and the layout of these forms (16). The School of Dentistry is committed to fostering informed decision-making and is developing novel approaches to deliver treatment (17).

Dental providers also have an ethical responsibility to prevent and to minimize patient harm, and to report such incidents if and when they occur. Although dental schools have always had a process for assessing the quality of care that the students provide, dentistry, as a field, has little shared knowledge about the degree to which patients may be harmed, or ways to prevent adverse events. Motivated by the desire to improve the quality of care, the School of Dentistry, along with several other dental schools, are embarking on a research project to assess the patient safety culture, to define how patients may be harmed, and to develop the tools necessary to collect such incidents. Identification of ethical dilemmas as a consequence of these safety issues in the dental clinical setting is also one of the goals.

Critical to the success of this program is a faculty development program in which dental faculty and ethicists explore ethical issues associated with oral health care. A dental ethics advisory group has been formed that brings leaders from organized dentistry, the community, and faculty together to discuss contemporary problems in the profession and in dental education. The goal is to develop a formal study group with a defined curriculum so that dental ethics becomes woven into the culture of dental academics and the scholarship of teaching and learning. To help us reach this goal, The W. Kenneth Horwitz, D.D.S., Endowed Fund in Ethics has been generously supported by this active alumnus for whom the endowment is named. The purpose of this endowment is to support the teaching of ethics and professionalism in dentistry in both the didactic and the clinical settings, including a visiting lecture series. It is the wishes of the donor that the dental school will use this gift to insert ethics into the curriculum in multiple ways, in as many settings as possible.

The Journey Ahead

Using a broad-based and interwoven approach to teaching ethics in an academic health science center setting and benefiting from the generous endowments, we are developing an innovative and sustainable program that allows us to
educate the next generation of oral health care professionals. In terms of Bertolami’s critiques, first, our program is certainly innovative and, we hope, fun (1)! Second, we do not assume that our teaching will automatically lead to more moral behavior, but, rather, we have more modest goals, as we focus on critical thinking related to ethics, which can be measured. It is our hope that such education will make a difference in terms of professional formation. But Bertolami’s critique about introspection still stands and we will continue to strategize how to incorporate this type of learning activity into the curriculum (1). We are not pretending, therefore, that we have the “perfect” ethics curriculum or that we have mastered all of the critiques of ethics education. We are reporting on, rather, our journey, because it has been and continues to be an exciting one. In the end, it will be a journey that, we hope, addresses some of the weaknesses of the traditional ethics curriculum in pragmatic ways, while safeguarding and promoting the values of two highly respected health professions.

References