UNCOVERING THE MORAL COMPASS: AN INTEGRATED ETHICS EDUCATION APPROACH TRANSCENDING THE CURRICULUM

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INTRODUCTION

Concern about ethics education in allied health professions has existed for decades. As educators evaluate the prevalence, effectiveness, and outcomes of existing ethics education programs in the allied health professions, the role of ethics education in the moral development of future health care providers remains an important concern. Clearly, ethics education in the allied health professions is a complex entity that encompasses clinical and didactic education. Traditional formats for ethics education typically involve immersion in one or more courses clearly specific to ethics theory; however, other approaches such as continuing education seminars, grand rounds, and journal clubs have evolved as options for ethics education in some programs. This dilemma is further exacerbated by the fact that there appears to be a significant disconnect between theory and practice when ethics education is pedagogically isolated using these techniques. Henderson supports that pedagogical tension exists between theory and practice when ethics education is detached from “the practicalities of life.”

As an allied health care provider, it is critical to embrace the roots of the profession, to develop as a professional, and to maintain professionalism and establish professional ethos. Although a strict understanding of the definitions of these terms is critical, activities to evaluate one’s level of development within these contexts helps professionals make the important connections between theory and practice which is the ultimate goal of ethics education.

Ethics is seen as part of a larger plan to develop interpersonal skills, social consciousness, and human values. Ethics education should approach professional and moral development using strategies that reinforce the connection between the actual content areas of the
profession and the actual clinical activities being performed throughout the curriculum. According to Broad & Newstrom, approximately 10 - 13% of what is learned in training is transferred to the job. Clearly, a single course, workshop or continuing education seminar then is not the ideal approach to ethics education if the goal of the process is to maximize individual knowledge and skills so that each student transfers their values and decision-making processes into solving the dilemmas encountered in professional practice. By fully immersing oneself in self-discovery relative to ethical development through a progressive, integrated approach to ethics education that transcends each content course and practical/field experience, the student makes a conscious choice to engage in activities that promote ethical behaviors by connecting what they know about ethical theory and personal/professional values. Intentional organization of learning opportunities is intended to promote the transfer of ethics learning to practice.

There is growing evidence to support that informal, episodic ethics education is not enough to encourage professional and moral development in allied health care students. Several studies in social work have also found that one’s previous knowledge, general ability and skill level, motivation level, and sense of efficacy will affect how one incorporates ethics training into real-life practice. So, if the current trend in ethics education is to isolate ethics education through content and practice, there is certain to be gaps in integration of these skills into real-life clinical settings as these students become practitioners in their selected fields.

The culture of ethics education in allied health programs can significantly impact moral development. If you value and perceive that others value ethics training, the likelihood of transferring your skills to practical settings increases. By structuring learning activities that allow for progressive levels of personal, professional and organizational ethical discovery, students have the opportunity to understand and embrace the role of moral behaviors and their impact on their professional practice.

This paper will focus on the implementation of an integrated ethics education program that transcends an entire curriculum concentrating on the development of the student’s moral compass. Integrating the cross-curricular model with the management model, this paper will present a focused, comprehensive approach to integrating ethics across the curriculum that will have a broader application to other disciplines beyond allied health care. With a particular emphasis on developing
foundational behaviors of professional practice, this paper will address strategies for encouraging personal and professional growth to facilitate the discovery of one’s moral compass.

BACKGROUND INFORMATION

The dichotomy between theory and practice is a constant struggle in ethics education. According to Henderson, nowhere is the tension between theory and practice more likely to occur than in the area of vocationally-oriented study thereby making allied health care professionals particularly vulnerable. As educators, we have a professional obligation to bridge the gap between theory and practice in our ethics education programs by providing a method of discovery that assists the practitioner to develop professional autonomy and moral responsibility. Traditional methods are classically divided into two approaches: theoretical and practical ethics. Theoretical based approaches focus on scientific and factual content directed at telling the learner “what is” rather than telling the learner what to do. These theoretical approaches are deeply rooted in philosophical beliefs and are rich with abstract conceptualizations rather than practical application. Practical ethics, on the other hand, is more normative and intuitive in nature. Practical ethics emphasizes how we feel, evaluate, prescribe and act on moral issues. This approach to ethics education is often viewed as more value-laden and emphasizes “what we ought to do.” Both approaches have significant merit in ethics education programs for allied health professionals. Integrating the theory with practice through deliberate, structured learning activities across the curriculum, the student learns to appreciate and understand the theory from a practical, applied perspective.

A considerable challenge in ethics education is the complex and often conflicting terminology used when approached theoretically. As students embark upon ethical discovery from a purely theoretical perspective, this confusion leads students to focus more on the theory rather than its application to their clinical role. Therefore, a clear understanding of the language provides the student a strong foundation upon which to build a personal and professional ethos. By understanding the terminology and language associated with ethics education, students are able to communicate in written and oral formats as they engage in activities of personal and professional awareness activities. Integration of the theory into practice through a conceptual understanding of key
theoretical frameworks prepares the student to challenge their own beliefs as they encounter ethical dilemmas in the practical settings. This “intellectual armor” facilitates clear expression of ideas and thoughtful reflection as the student navigates complex issues related to the profession.3,10

Critical to the development of any health care professional is the fundamental acquisition of values. The enculturation of professionals into their chosen field is a process in which personal and professional values are discovered, challenged and strengthened through practical application.11 During this process, professionals learn not only technical skills and competencies, but more importantly, what to believe and what to value. This is the crossroads of integrating theory and practice in ethics education. Discovering the optimal approach to encourage a deep theoretical understanding of ethics as a philosophical construct combined with the development of self-directed, autonomous health care professionals remains the challenge in ethics education.

Professional ethics are intended to guide practice and promote integrity.12 Professional ethics and knowledge are seen as the two characteristics that uniquely define a profession. The literature contends that professional ethics goes well beyond established codes and encompass the moral obligations of being engaged in the profession. In order to develop a sense of professional ethics, the learner must be socialized into the profession through direct engagement with professionals in the field from the beginning of their curriculum while being challenged to progressively understand the framework upon which they make their ethical decisions. Early theorists support direct engagement in the profession and contend that immersion into the natural environment provides the learner the opportunity for reciprocal feedback promoting learning from both acting on and responding to the environment in which they are engaged.13,14 As the learner matures and interacts within an environment, they construct knowledge and renegotiate meanings. When faced with conflicting situations, learners will develop a strong sense of self when experiencing dissonance. Through a strong conceptual understanding of ethical theory and multiple, progressive opportunities to apply those theories to real-life, practical situations, students learn to deal with the complexity of morality on their own.3

Clearly, ethics education should be planned and should not be left to chance in allied health care curricula. Despite the long history of ethics education in higher education, focused goals for ethics education
programs in the allied health care professions were not formally established until 1998 when the Pew Health Professionals Commission formulated recommendations. More specifically, the Hastings Center developed goals for ethics education for health professionals including stimulating moral imagination; recognizing ethical issues; eliciting a sense of moral obligation; developing analytic skills; and tolerating and reducing disagreement and ambiguity. Developing the capacity for rational and imaginative thought involves the opportunity to deliberate on specific professional situations, reflection on action, and justification for decisions. This clearly cannot happen in an isolated approach to ethics in the allied health professions.

The belief in integrated approaches to combine theory into practice has been investigated widely with consistent findings. Although the prior recommendations spanned many allied health care professions, Litt found that moral development in athletic training was fostered with formal education in ethics across the curriculum rather than in a limited exposure setting or from a purely theoretical perspective. In related literature, researchers found moral judgment to be predictive of behavior and clinical performance further supporting the contention that developing one’s moral compass is an complex process that needs deliberation and contemplation as an integrative part of any allied health care education program. As learners progress through their core curriculum, it is clear that ethics education should be purposeful and planned to facilitate sound ethical decision making and professional development.

THE MODEL

Ethics education is complex and multi-dimensional. Although many models exist across the allied health care professions, no one model is proven effective in comprehensively addressing the link between theory and practice. The proposed integrative model approaches ethics education in allied health, specifically athletic training, from a layered approach. The primary layer of ethics education involves the three level model proposed by Schlabach and Peer that serves to provide a progressive, theoretical framework for understanding the theory associated with moral development combined with conflict and transformation activities associated with the development of foundational behaviors of professional practice in which reflection is an
essential, critical component in the discovery process. The secondary layer of this integrative model incorporates Whetten and Cameron’s management model to design activities to guide students from assessment of the theoretical foundations through the direct application of the theories in practice by using progressively challenging situations for moral development. Infused in this layer are activities that facilitate personal, interpersonal and group skill development as a means of understanding personal and professional stances relative to ethical dilemmas. These two models combined provide an excellent, integrated model for infusing ethics across an allied health care curriculum to link theory to practice.

The cross-curricular model proposed by Schlabach and Peer has gained considerable national recognition in the allied health care field. This three-level model (See Figure 1) emphasizes a progressive approach of ethics integration throughout an entire four-year curriculum. Beginning with the introduction (Level I), the student is challenged to understand the profession, what it means to be professional, and the general theory behind professionalism. Level II, professional enculturation, moves the student through pedagogically sound learning activities that strive to promote personal awareness, professional awareness, and organizational awareness by introducing conflict and transformation. These steps encourage the development of moral behaviors such as moral sensitivity, moral reasoning, and moral character through varied ethical approaches - personal values, professional values and principles, and ethical theory, respectively. Bliss discusses integrating meaning and purpose into the classroom and challenges educators to question the degree to which they model, integrate and infuse values into the classroom. By actively integrating larger values issues into assignments, discussions and projects, students are challenged to probe their beliefs in the scope of broader applications. Some models approach professional values from a conflict perspective presented as complex dilemmas. It is through the negotiation of these conflicts that students develop character and insight, particularly if supported by deliberate, planned reflective activities.

This model utilizes reflection as part of a cyclic learning process emphasizing reflection in action, reflection on action, and reflection for action for most learning activities. Reflection in action involves reflection during the activity as the situation unfolds while reflection on action emphasizes a post-activity thought process regarding actions that were
undertaken and the analysis of the feelings and outcomes associated with those actions. Reflection for action is the final stage of reflection focusing on reflection after the action; however, concentrating on future interventions and alternative actions to facilitate outcomes. This reflective practice cycle identifies key elements related to content, process and premise (existing assumptions). Lastly, the third level, professional application, utilizes domain specific case analyses and ethical dilemmas to merge theory into practice. These cases and dilemmas pull from the prior two levels as the student processes their actions and the resultant consequences - personal and professional.

The cross-curricular model progressing from discovery to professional enculturation to professional application deeply rooted in the reflective cycle allows students to progressively embrace foundations related to their profession as they grapple with and reflect upon the ambiguities that face professionals in the field. By providing a strong theoretical foundation for understanding ethical approaches followed by progressive discovery activities, students are challenged to infuse their understanding of theory into their real-life clinical and didactic courses and reflect upon how these activities help guide their moral development.

At each level of the cross-curricular model,8 students should be engaged in activities that connect directly with their professional development to progressively develop the foundational behaviors of professional practice (FBPP). Whetten and Cameron’s9 management model emphasizes a five step progression from assessment to application that can be applied to each of the three levels of developing professional ethics in allied health care. The first step - Assessment - determines the student’s current level of competence and knowledge and creates a readiness to change. Activities such as values surveys and role plays are instrumental in developing an awareness prompting change (See Figure 2). Learning is the second level in the management model which is rooted in the actual teaching of correct principles and appropriate rationale for behavioral guidelines. Clearly, written materials such as texts and articles are helpful in this stage. Equally important, however, are discipline specific behavioral guideline documents such as codes of ethics and/or state practice acts. These materials provide substantive information specific to the core content that helps to frame the cognitive content being taught (See Figure 3).

The third stage of the Whetten and Cameron model emphasizes specific analysis of each dilemma. It strives to provide examples of appropriate and/or inappropriate performance while analyzing
behavioral principles and reasons why they are relevant. Case analyses have a particularly strong impact pedagogically in the analysis phase (See Figure 4). The next phase - practice - is instrumental in synthesizing the theory into simulated situations (See Figure 5). Practicing behavioral guidelines through supportive clinical experiences and adapting principles to be consistent with personal styles is fundamental to developing a moral compass. The feedback received during this phase provides guidance and assistance as the student navigates situations that they may likely encounter in real-life activities. A progressive pedagogical approach to designing exercises, role plays and simulations followed by real-life experiences provides an optimal balance of challenge and support for the student during this phase. This leads directly into the application phase of the model (See Figure 6). Transferring classroom learning to real-life situations fosters on-going professional and personal development as one begins to implement the theory into practice. By progressing gradually through these phases with supportive feedback and guidance, students learn to gauge their behaviors and modify them accordingly. In practice, they learn to deal with moral dissonance in a discipline specific way and develop cognitive and behavioral skills to navigate the moral quagmire prevalent in the allied health care field.

The development of the foundational behaviors of professional practice is essentially the outcomes of combining theory into practice. This five step process with supporting activities provides a framework for the development of the moral compass. Students begin to realize, upon reflection in various scenarios and activities, the integrative role of ethics in all that they do as health care professionals. They learn to define their stance, defend their position, and rationalize theoretically why they think and act the way they do. Equally important, they can reflect on the consequences of their actions and decisions in a positive, promoting way to encourage moral and professional development as the student progresses through their course of study.

Whetton and Cameron also discuss the importance of critical management skills that compliment an ethics education program (See figures 7-9). Personal skills such as managing stress, solving problems creatively, and developing self-awareness are integral to understanding how and why we respond the way we do to ethical situations. Interpersonal skills such as motivating others, communicating supportively, gaining power and influence, and managing conflict all tie into the effective resolution of ethical situations from a practical perspective. Schulz\textsuperscript{26} claims that professionalism is not a spectator sport
rather an active learning process. Inappropriate behaviors and feedback relative to those behaviors such as poor communication, unprofessional behaviors, lack of interest, and poor attitudes are the responsibility of the educator in an optimal educational partnership. Lastly, group skills such as building effective teams and empowering and delegating assist in the transformative process of ethical discovery. Throughout the educational process, the optimal balance of support and challenge of the individual learner is critical. This can be accomplished through planned, activities fostering the development of personal, interpersonal and group skills that promote professional behaviors and help the student discover their own moral compass when applied at each level of the cross-curricular model.

**SUMMARY**

Clearly, ethics education is an essential piece of allied health education programs. However, the best method for education future clinicians in ethical theory remains a challenge. Medicine, nursing and physical therapy have looked at ethics education from professional program and professional values perspectives. Although they have investigated ethics education approaches, these tend to be either theoretical or practical in nature rather than combined. Moreover, athletic training education programs and professionals have limited integration of ethics in either their curricula or in continuing education at this current time.

Although research exists relative to ethics education in allied health fields, consensus on the philosophy, purpose and pedagogical strategies has not been reached. What we do know from the literature is that faculty members in professional programs and professionals in the field should be able to engage in wise, engaging, imaginative and life-enhancing ethical conversations rooted contextually in a core curriculum in order to promote professional development in a challenging allied health care profession.

One particular model that currently exists contains several key elements relative to combining theory and practice in ethics education. Agarwal and Malloy proposed a multiple-stage approach to ethics that parallels the integrative model discussed in this manuscript; however, it lacks the depth and breadth of the cross-curricular model relative to reflection and the development of key management skills essential to allied health care practitioners. With particular emphasis on right versus
wrong in the framework of personal values, the first year is shaped by activities that promote self-awareness and self-discovery. Moving into the second year, these authors promote an introspective approach to making professional decisions. Lastly, synthesis of real-life experiences with content knowledge to develop organizational awareness and professionalism through reflective practice guide the third year curriculum. With a goal of autonomous practice, students learn to frame their decisions through both didactic and clinical experiences throughout the years. This model has received substantial attention in the literature, although the authors of this paper contend that the role of reflection and integration of real-life scenarios in EVERY level of the curriculum is a critical distinction of the proposed model. Clearly, integration of ethical theory and principles in a progressive, cumulative approach help students develop their moral compass relative to their personal and professional behaviors.

Many athletic training professionals use the established professional codes of ethics as the cornerstone for ethics education without critical analysis of the applications of ethics in the field. Yet, ethics education goes far beyond coverage of an established professional code of ethics. Professionals must be immersed in the essence of the document and placed in conflicting situations to fully develop an ethical framework to guide their professional practice.

The relative confusion in ethics education and the uncertainty on the part of faculty regarding ethics education has created a void in many allied health education programs and professions - including athletic training. Therefore it is critically important that ethics education not only be infused throughout athletic training curricula, but also be prominent in athletic training continuing education as well.

**IMPLICATIONS AND CONCLUSIONS**

Through the sequential development of complex ethical dilemmas that simulate the realities of professional experience, students are guided through ethical decision-making processes anchored in personal and professional values as they develop their own moral compass. Allied health professionals will be faced with increasing challenges as technology and other factors drive change. Professionals in the field must be able frame their work in ethically sensitive ways when situations involving ethical dilemmas arise. This is particularly true of athletic training as we see increasing cases of unethical behaviors reported to our
regulatory and professional organizations. Research indicates that increased levels of moral reasoning are associated with ethics education. Furthermore, ethics education prepares the practitioner to accept the moral responsibilities of clinical practice seen in all allied health care fields.

Clearly, strong ethics education teaching approaches are essential to developing autonomous practitioners with sound ethical decision-making skills. Pedagogical approaches to ethics education need to be more comprehensive than historically reported to embrace not only the theoretical knowledge but the practical application of that knowledge as well. Brown\textsuperscript{29} contends that the purpose of ethics education is not to teach you how to be ethical, but to teach you how to make better decisions. Without multi-faceted approaches linking theory to practice, ethics education will continue to fall short of preparing allied health care practitioners to face the increasingly complex ethical challenges they are certain to face.

Ethics education should prepare the health care professionals to identify ethical issues, develop moral reasoning and decision making skills, and improve implementation of ethically rooted decisions. The literature reflects that bioethics, moral theory and ethical decision-making alone are insufficient to prepare professionals for the challenges of a health-care profession. Grounding ethics education into everyday practice by emphasizing the development as moral agents in a variety of contexts encourages professional behaviors. Combining cognitive\textsuperscript{30} and affective taxonomies\textsuperscript{21,31} to create a challenging yet supportive environment for students to discover their moral compass must be done purposefully and deliberately.

Our responsibility as educators is to develop activities that resonate; address student strengths; handle negative emotions in the classroom; and model respect for students’ pace, awareness and understanding of their experience throughout the ethics education experience.\textsuperscript{32} Small group activities, moral dilemmas, storytelling, role playing, decision analysis, Socratic questioning, clinical rounds, and case studies have all been utilized.\textsuperscript{33} These techniques can be integrated throughout professional development activities in a variety of settings to maximize impact. Workshops, On-line education, and focus groups have been particularly effective in the ethics education realm. All of these can be utilized in a comprehensive, integrated model of ethics education that transcends the entire professional curriculum.
Ethics education in allied health does not stop when the formal educational program is completed. Without ethical engagement throughout their professional career, it is unlikely that athletic training professionals will emerge confident in their personal and professional identity enough to make sound professional decisions. It is essential that the educational programs in athletic training take a lead role in developing sound educational opportunities to engage our members to begin this process of ethical discovery. Mathieson\textsuperscript{34} sums the elements of moral maturity as social, emotional and intellectual development consisting of moral agency and sense of self; harnessing cognitive ability; harnessing emotional resources; using social skills; using principles; respecting others; and developing a sense of purpose.

As we focus on cross-curricular models for ethics education, these elements should guide our pedagogical approaches as students search for and discover their moral compass. Clarifying values through choosing, prizing and valuing\textsuperscript{35} is an essential part of the cross-curricular model as they provide the framework upon which students make personal and professional decisions in times of conflict and transformation. Further, the development of moral behavior through the integration of activities promoting moral sensitivity, moral judgment, moral motivation/moral reasoning, and moral character guide this ethics education framework.\textsuperscript{16,20,21} Developing helpful relationships, socialization structures, fruitful thinking, and moral strength\textsuperscript{36} are progressive elements to moral appreciation. Combining the theory with the practice of ethics education is fundamental to professional growth and maturation. This cross-curricular model that transcends each level of the curriculum in allied health care programs through purposeful activities to progressively challenge the student provides a strong foundation for developing one’s moral compass.

REFERENCES


FIGURES

Figure 1: Conceptual Framework - Professional Ethics in Athletic Training

![Conceptual Framework - Professional Ethics in Athletic Training](image)

Figure 2: Assessment - Developing Foundational Behaviors of Professional Practice

![Assessment - Developing Foundational Behaviors of Professional Practice](image)
Figure 3: Learning - Developing Foundational Behaviors of Professional Practice

Learning

Teach correct principles and present a rationale for behavioral guidelines

- Written Text (Books, Articles)
- Behavioral Guidelines (NATA, BOC and State Documents)

Figure 4: Analysis - Developing Foundational Behaviors of Professional Practice

Analysis

Provide Examples of appropriate and/or inappropriate performance; Analyze Behavioral principles and reasons why they work

- Case Analysis
Figure 5: Practice - Developing Foundational Behaviors of Professional Practice

- Exercise
- Simulations
- Role Plays

Figure 6: Applications - Developing Foundational Behaviors of Professional Practice

- Behavioral Assignments
- Written Assignments
- (Clinical Performance)
Figure 7: Personal Skills for Ethics Education

Personal Skills

- Developing Self Awareness
- Solving Problems Creatively
- Managing Stress

Figure 8: Interpersonal Skills for Ethics Education

Interpersonal Skills

- Communicating Supportively
- Gaining Power & Influence
- Managing Conflict
- Motivating Others
Figure 9: Group Skills for Ethics Education

Group Skills

- Building Effective Teams
- Empowering And Delegating