



The emergence of educational technologies in ethics education: exploring the Values Exchange decision making software.

Amanda B Lees

Auckland University of Technology

The Values Exchange decision making software offers a unique way to deliver ethics education to health care professionals. It does not attempt to objectify ethics nor does it use traditional ethics terminology. Reflecting a changing direction, it places emphasis on a student's existing knowledge, experience and ability to reason. This ability is seen as an inherent characteristic of all students but can remain latent if ethical decision-making is only valued if undertaken by ethics 'experts'. A case study, with five participants explored the ways in which the software facilitated users to think about ethical issues. The online environment created space that facilitated decision-making. Learning about oneself and others enabled users to arrive at new ways of seeing practice based issues, and new ways of seeing themselves. The findings from this small scale study suggest that the Values Exchange encourages thoughtful reflection that has the potential to manifest itself in benefits for both patient and practitioner.

Keywords: health care ethics, ethics education, decision making, web-based technology

Background

Shifts in the health care landscape have led to both challenges and opportunity for the field of ethics education. Technological advancements mean that patients have significantly greater access to information (Campbell, Chin & Voo, 2007). The practitioner is no longer the exclusive expert. Where once medical values dominated, awareness of a wider range of views is now needed. Ethics education has the potential to raise this awareness. There is however a general acceptance that ethics is both difficult to teach and to assess (Bertolami, 2004; Campbell et al, 2007; Singer, Pellegrino & Siegler, 2001). Bertolami (2004) has concerns that ethics curricula don't work. He argues that many current courses "do not cultivate an introspective orientation to professional life" (p.414) or encourage students to think for themselves, and there is the risk of students blindly accepting

what is taught. Within health care education ethics is not always favourably embraced by students or staff (Campbell et al, 2007; Bridgeman, Collier, Cunningham, Doyal, Gibbons, & King, 1999). It is often a compulsory component and not always viewed by students as being relevant.

As a lecturer in health care ethics, my experience supports this literature. I teach an interdisciplinary ethics paper to 300 students a year from a range of health related programmes. These include physiotherapy, podiatry, medical laboratory science, paramedicine, oral health, psychology, applied mental health and health promotion. The paper competes with other clinical papers and despite the reality of inter professional teams in the workplace, the interdisciplinary nature of the paper means that some students view it as outside their own practice and not relevant. Furthermore, ethics is often seen as an 'intangible' subject area which may differ from a positivist science based paradigm which dominates many health science programmes. Educational technology may have the potential to help meet these challenges.

The Values Exchange decision making software

The Values Exchange (Vx) is a web based decision-making tool that offers a unique way to deliver ethics education by optimising the existing knowledge and experience of students. Offering deliberation on a range of health and social issues (Figure 1), a series of interactive screens are used to facilitate the deliberation of a case scenario (Figure 2). Using tick box options and free text opportunities the user moves from an initial 'gut reaction' to a well reasoned, justified position. Transparency is a central focus of the software and after individual deliberation users can view summaries of their own decision making and the views of other respondents. The Vx also generates a series of both quantitative and qualitative reports. Through this transparent exchange with others, users are able to reach a greater awareness of their own decision making processes as well as new understandings of others.

Philosophy and pedagogy

Not only does the Vx utilise a relatively untapped method of delivery, its philosophical underpinnings differ from many other ethics education examples. Prevalent teaching pedagogies include ethics education where students are taught objectively 'right' answers, where they are taught from a predominantly theoretical perspective, and education based on understanding ethical 'process'. The Vx is an example of the latter. It does not attempt to objectify ethics nor does it use traditional ethics terminology. Rather, the tool is supported by the position that ethics education ought to help students identify their own values and decision-making processes rather than instilling specific beliefs (Mathieson, 2008). In addition, the use of traditional ethics terminology may actually alienate students from confident, ethical decision making (Cowley, 2005). By focusing on understanding the decision making process, ethics education can be seen as an opportunity to encourage students to critically analyse situations, to think for themselves and through introspection be equipped to make ethical decisions in practice. Using everyday language the software incorporates traditional theoretical positions. By not specifically labelling these theories it enables the ideas to be considered, but does not impose intellectual authority. On a philosophical level, this helps democratise ethical decision making; legitimising lay access to the field of ethics. The Vx reflects a changing direction for ethics education. Godbold (2007) argues that ethics education "must start from the bottom up" (p. 184). The Vx does this by placing emphasis on the experiences and values that students bring to the classroom rather than an emphasis on the knowledge held by the teacher.

Rather than being restricted to ethics experts or committees, the Vx is underpinned by the notion that ethical decision making can be undertaken by everyone involved in the delivery of health care. The idea of everyday ethics has been developed further giving rise to the notion of an ethics toolkit (Seedhouse, 2009; Weston, 2001). This may include tools such as experience, values, rules, theories and one's individual capacity and ability to reason. Given the everydayness of Seedhouse's ethics vision, it is quite plausible that most people already possess the toolkit with many of the necessary resources to undertake ethical deliberation. Ethics education may then be about assisting people to realise the existence of such resources and providing an environment where its use can be developed.

The research

A small scale case study with five participants explored and described the ways the Vx facilitated users to think about ethical issues. Participants involved in both postgraduate study and health care practice used the tool to deliberate a provocative scenario. The decision-making process began by asking the user to identify the most important consideration of the scenario, along with the person or group that matters most. Following this, screens offered in-depth opportunities to explore the scenario and provide reasons for positions taken. Through viewing summary reports participants reflected on their own decision making along with the decision making of the other participants. An online questionnaire and face to face interviews further explored participant responses. Braun and Clarke's six step method was used for thematic analysis of all data (Braun & Clarke, 2006). The findings suggest that the Vx enabled participants to come to new ways of seeing. This related to new insights about the case scenario, new possibilities for dealing with the ethical issue and new insights about themselves as decision makers. Different elements of the Vx contributed to these insights. Primarily, new insights were gained by having access to the reports of others.

"I realised how helpful it was to see what others had written and to see how honest they too had chosen to be."

“The experience emphasised for me the importance of not solely relying on your own values and opinions when deciding on the best approach to undertake in a given situation – to be ‘open’ is crucial for a health professional... It made me realise that no matter what our stance was we all sought the same goal – everyone had valid comments that could assist the patient...and [these] extended the range of approaches I would have considered.”

There were also opportunities to learn about oneself.

“It [the Vx] forced me to be honest with myself about unconscious aspects of my thinking and my beliefs. That was incredibly helpful even if uncomfortable.”

For others the Vx brought clarity and an increased awareness of decision making

“I’m more clearly aware of how complex the decision is than when I started... [the Vx] helped me to understand the complexity of my own thought processes.”

Participants reflected on the online environment. Deliberating ethical issues using an educational technology was a new experience for all participants and differed from the way in which they would normally consider ethical issues. Several compared the environment to a face to face discussion. While one participant preferred the live interaction, others saw benefit in the online environment.

“When I’m listening to someone speak I’m listening through the lens... of my own interpretation of whatever it is we’re discussing. But when I’m reading, it somehow impacts me more objectively. I’m reading it less through my own lens – so I think I’m hearing better when I’m reading it than when I’m listening to someone... I think in a discussion you’re often preparing yourself for rebuttal...I’m already working out my argument for when it’s my turn to speak, so not really fully taking in what the other person is saying.”

The environment was also seen to create a space in which decision making could take place. The participants reflected on space as relating to a ‘place’ where thinking occurred. For one participant the space created a valuable barrier from being swayed by others during the deliberative process, as may occur in a face to face setting.

“It was just my thoughts to the very end...I think the benefit of not hearing other people’s opinions until the end is that you’ve worked out where you stand and why.”

Finally, with a reliance on their own ability to defend their thinking, the Vx gave users confidence in their decision making. As one participant concluded,

“I think it’s really good to have confidence in what you’re saying...people should own their thoughts and I guess a programme like this helps them to do that. That, in itself is a good teaching tool if it gives them confidence...to see the pros and cons and work out what are the important

things and why am I thinking like I'm thinking. Even if they get from this, confidence with that process regardless of the final answer, see that's really important."

Conclusion

Few studies address the use of educational technologies in ethics education. Teaching experience and the results of this small study demonstrate that the Vx appears to provide a foundation for thinking and decision making. While case study research is not generalisable and the sample was small, the findings are potentially informative. As an online learning tool it offers unique features which may enhance existing methods of ethics education. The Vx offers a new direction in ethics education with significant potential to meet many current challenges. "The most important single factor influencing learning is what the learner already knows" (Ausubel, 1968, p.vi). This study shows that participants already possessed the skills necessary for thoughtful decision making. The Vx provided a space to be able and be allowed to think. Philosophically and pedagogically the Vx challenges many of the existing strategies present within ethics education and seems to be effective in facilitating students to be thoughtful practitioners. Importantly, the Vx may help to close the theory-practice gap by offering an easy to use framework where existing knowledge and experience can be utilised along with the varied perspectives of others to formulate effective ways to deal with practice based issues. A larger study is currently being planned to explore these tentative findings further.

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Author contact details:

Amanda B Lees amandab.lees@aut.ac.nz

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