



Inter-university Exchange Program
toward Medical and Dental Networking in Southeast Asia

GLOBAL RETREAT *2015*



Final Report

September, 4th-5th, 2015
University of Medicine and Pharmacy
Ho Chi Minh City, Vietnam



what's inside...

GLOBAL RETREAT 2015



Dean's Introduction

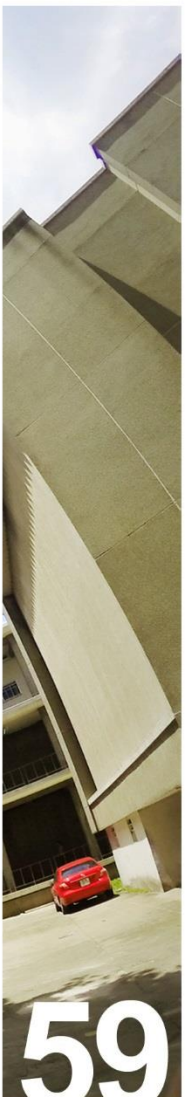


Schedule



List of participants
List of discussion groups

Acknowledgement



59

Pictures of some activities



37

Pretest and post-test



34

*Presentations from 4 universities
TMDU, UMP, CU, UI*



15

*Key lecture
Teaching ethics to dental student*



6

DEAN'S INTRODUCTION

*Dean of Faculty of Odonto-Stomatology
University of Medicine and Pharmacy, HCMC
Assoc.Prof. Ngo Thi Quynh Lan*



Dear all representatives, my colleagues and participants,

First of all, on behalf of Faculty of Odonto-Stomatology, University of Medicine and Pharmacy, Ho Chi Minh City, I would like to warmly and sincerely welcome all representatives and participants from Tokyo Medical and Dental University, Chulalongkorn University, University of Indonesia and University of Medicine and Pharmacy, Ho Chi Minh City. It is a great honor for us to have you all in this event, organized by the Faculty of Odonto-Stomatology, University of Medicine and Pharmacy, Ho Chi Minh City and Tokyo Medical and Dental University.

With the aim of strengthening Japan's global presence in the fields of Medicine and Dentistry, Tokyo Medical and Dental University has formed a consortium with Chulalongkorn University, University of Indonesia and University of Medicine and Pharmacy University, Ho Chi Minh City in 2012. Global Retreat is one of many activities of this program. It has been held each year in different countries to inspire interest among young people in international exchange, which is conducive to network formation. The program began with first Global Retreat activities held in Japan, hosted by Tokyo Medical and Dental University, in 2012. Subsequently the Global Retreat was hosted in Thailand by Chulalongkorn University in 2013, in Indonesia by the University of Indonesia in 2014. Due to the valuable friendship that exists between the institutions and the benefits resulting from our collaborative agreement entitled "Inter-university exchange program toward medical and dental networking in Southeast Asia", this year, Global Retreat was continued and hosted by the Faculty of Odonto-Stomatology, University of Medicine and Pharmacy, Ho Chi Minh City at Binh Chau Resort, one of famous resorts in Southern Vietnam.

In Global Retreat this year, you will learn lecture on Medical and Dental Ethics and discuss about it with other universities, that I think it is very important subject during your study at University and your career in future. You will also have experience and opportunity to exchange culture with other countries: Japan, Thailand, Indonesia and Vietnam. Besides, you have new friends, which is most valuable experience you will gain. More than just friendship, you also develop connections worldwide. In my opinion, to be a dentist in the expanding global environment, knowledge in the classroom is not enough, you have to be active learners and continuously update your understanding of dental topics. Concerning the dental situation in the future, participating in the ASIAN community and also connecting with other countries are necessary.

One more time, I would like to express our gratitude to all representatives and participants from Tokyo Medical and Dental University, Chulalongkorn University, the University of Indonesia and University of Medicine and Pharmacy, Ho Chi Minh City for your attendance, especially, to Dr. Huynh Anh Lan, our Fomer Dean, my teacher, the keynote speaker today. I believe that your attendance, especially, your contributions in Global Retreat activities this year will help the success of the program.

Also, I hope you enjoy your time in this ideal resort and experience exclusively unique services such as mud bath, hot springs pool, boiling egg in the hot spring wells, feeding crocodile, horse discovering forest by horse carriage, taking sightseeing tours by electric tourist cars... I'm sorry, because of the limitation of the budget, we can not cover these services. However, some of them will be offered free of charge by the hotel.

Finally, I would like to send you all my best wishes for your success, your health; I also would like to wish the friendship between our institutions to be stronger and more developing; to wish Global retreat activities success.

Thank you all.

SCHEDULE



FRIDAY, SEPTEMBER 4th

6:30 - 9:00	Departure from HCMC to Binh Chau Resort (Ba Ria Vung Tau) Opening Ceremony & Lecture
9:30 - 9:50	Welcome Reception
9:50 - 10:00	Welcome Address from Dean A.Prof. Ngo Thi Quynh Lan
10:00 - 10:10	Photo session
10:10 - 10:20	Pretest
10:20 - 11:00	<i>Teaching ethics to dental students</i> (Dr. Huynh Anh Lan, Former Vice-Dean) Q & A session
11:00 - 11:10	Post-test
11:10 - 11:50	University presentations: <i>Medical ethics teaching at the TMDU, CU, UI, UMP</i>
11:50 - 12:00	Guidance for group discussion
12:00 - 13:30	Hotel check-in & Lunch
14:30 - 15:40	Group Discussion
16:00 - 18:30	Game show
19:30 - 21:30	Gala Dinner - Cultural performances (TMDU, CU, UI, UMP)



SATURDAY, SEPTEMBER 5th

9:00 - 11:00	Group discussion
11:00 - 12:30	Lunch & Check-out
13:00 - 14:30	Group presentation: 10 minutes/group - Q & A : 10 minutes Closing Ceremony
14:30 - 15:10	Present Certificate of Attendance & Photo session
15:10 - 15:30	Student's comments (TMDU, CU, UI, UMP)
15:30 - 15:50	Closing Address from TMDU, CU, UI
15:50 - 16:00	Closing Address from Dean A.Prof. Ngo Thi Quynh Lan
16:30 - 19:00	Back to HCMC

LIST OF PARTICIPANTS

TOKYO MEDICAL AND DENTAL UNIVERSITY

No	Name	Sex	Position	Email
1	Sachiko Takehara	F	Teacher	
2	Yuji Ishida	M	Teacher	
3	Maki Shibata	F	Staff	
4	Kodai Akabane	M	D3	120011ds@tmd.ac.jp
5	Daiki Kadowaki	M	D3	110181ds@tmd.ac.jp
6	Tatsuya Mayama	M	D3	120441@tmd.ac.jp
7	Kazuki Morita	M	D3	120491ds@tmd.ac.jp
8	Saya Okabe	F	D4	120112ds@tmd.ac.jp
9	Yuta Ikami	M	D5	110041ds@tmd.ac.jp
10	Hideyuki Ishidori	M	D5	h.ishidori@gmail.com
11	Hiraku Onuma	M	D5	110141ds@tmd.ac.jp
12	Mao Yamamoto	F	D5	110502ds@tmd.ac.jp
13	Shu Yoshimatsu	M	D5	110531ds@tmd.ac.jp
14	Aya Takase	F	OH4	120112os@tmd.ac.jp
15	Ai Hasegawa	F	OH4	120152os@tmd.ac.jp
16	Erena Hiratsuka	F	OH4	120102os@tmd.ac.jp
17	Misa Motegi	F	OH4	120222os@tmd.ac.jp

CHUALALONGKORN UNIVERSITY

1	Soranun Chantarangsu	F	Teacher	
2	Taya Ruxwongkana	M	4	
3	Teerachate Nantakeeratipat	M	4	
4	Watunyou Khodkaew	M	4	
5	Thananya Chalittanon	F	4	
6	Thornthan Songvejkasem	F	4	
7	Nutchanok Koed-im	F	4	

UNIVERSITAS INDONESIA

1	Benindra	M	Teacher	
2	Diwiya Aryyaguna	M		
3	Nadia Desty Fadhillah	F		
4	Nurrachma Hakim	F		
5	Zakia Amalia Studiyanto	F		
6	Tri Kurnia Dewi	F		

UNIVERSITY OF MEDICINE AND PHARMACY, HO CHI MINH CITY

No	Name	Sex	Grade	Email
1	Nguyen Phuoc Vinh	M	6	nguyenphuocvinh22221989@gmail.com
2	Nguyen Hong An	M	5	nguyenhongan951@gmail.com
3	Tran Minh Cuong	M	5	tranminhcuong.yds@gmail.com
4	Nguyen Thi Le Quyen	F	4	psn302@gmail.com
5	Nguyen Dang Khoa	M	3	khoa02031995@gmail.com
6	Nguyen Hoang Thanh	M	3	nguyenhoangthanh26@gmail.com
7	Tran Hoai Bao	M	1	tranhaoibao03@gmail.com
8	Nguyen Dang Binh	M	1	binhstarlord@gmail.com
9	Nguyen Thu Hong Hanh	F	1	honghanh.rhm14yds@gmail.com
10	Tran Thien Truong	M	1	thientruong.1996@gmail.com

Faculty members in charge of this program at University of Medicine and Pharmacy, HCMC

No	Name	Position
1	A. Prof. Ngo Thi Quynh Lan	Dean
2	Dr. Huynh Anh Lan	Former Vice-Dean
3	Dr. Nguyen Van Lan	Head of Academic Affair Office
4	A. Prof. Nguyen Thi Hong	Head of Graduate Student Office
5	Dr. Hoang Trong Hung	International Affair Office
6	Dr. Tran Ngoc Diep	Administration Management Office
7	Dr. Pham Anh Vu Thuy	Lecturer of Department of Periodontology
8	Dr. Vo Lam Thuy	Graduate Student Office



LIST OF DISSCUSSION GROUP

Ms. Sachiko Takehara
Ms. Nguyen Thi Hong

- 1.Mr. Tran Minh Cuong (UMP)
- 2.Ms. Nguyen Thu Hong Hanh (UMP)
- 3.Mr. Taya Ruxwongkana (CU)
- 4.Ms. Zakia Amalia Studiyanto (UI)
- 5.Mr. Kazuki Morita (TMDU)
- 6.Mr. Daiki Kadowaki (TMDU)
- 7.Ms. Misa Motegi (TMDU)
- 8.Ms. Erena Hiratsuka (TMDU)
- 9.Ms. Aya Takase (TMDU)

01

Ms. Soranun Chantarangsu
Mr. Hoang Trong Hung

- 1.Mr. Nguyen Phuoc Vinh (UMP)
- 2.Mr. Nguyen Hoang Thanh (UMP)
- 3.Mr. Tran Thien Truong (UMP)
- 4.Ms. Thananya Chalittanon (CU)
- 5.Ms. Thornthan Songvejkasem (CU)
- 6.Mr. Diwiya Aryaguna (UI)
- 7.Mr. Hideyuki Ishidori (TMDU)
- 8.Mr. Yuta Ikami (TMDU)
- 9.Ms. Ai Hasegawa (TMDU)

02

Mr. Benindra
Mr. Nguyen Van Lan

- 1.Ms. Nguyen Thi Le Quyen (UMP)
- 2.Mr. Nguyen Đang Khoa (UMP)
- 3.Mr. Watunyou khodkaew (CU)
- 4.Ms. Nutchanak Koed-im (CU)
- 5.Ms. Nadia Desty Fadhillah (UI)
- 6.Ms. Tri Kurnia Dewi (UI)
- 7.Mr. shu Yoshimatsu (TMDU)
- 8.Mr. Hiraku Onuma (TMDU)
- 9.Ms. Mao Yamamoto (TMDU)

03

Mr. Yuji Ishida
Mr. Pham Anh Vu Thuy

- 1.Mr. Tran Hoai Bao (UMP)
- 2.Mr. Nguyen Hong An (UMP)
- 3.Mr. Nguyen Dang Binh (UMP)
- 4.Ms. Nurrachma Hakim (UI)
- 5.Mr. Kodai Akabane (TMDU)
- 6.Ms. Saya Okabe (TMDU)
- 7.Ms. Tatsuya Mayama (TMDU)
- 8.Mr. Teerachate Nantakeeratipat (CU)

04



KEY LECTURE: TEACHING ETHICS TO DENTAL STUDENT



TEACHING ETHICS TO DENTAL STUDENTS

Dr Huỳnh Anh Lan

TEACHING ETHICS TO DENTAL STUDENTS

- Some definitions: morals- ethics - professionalism
- Actual trends in ethics teaching
 - Emphasis in dental curriculum
 - Teaching approaches
 - Evaluation of effectiveness
- Challenges & future needs
- Questions for reflection
 - Dilemmas commonly faced by dental students
 - Ethics teaching from students' perspective



MORALS – ETHICS - PROFESSIONALISM

ETHICS - MORALS "Right" & "Wrong" Conduct

Ethics

- Greek word "**ethos**" meaning "character".
- Refer to rules provided by an external source, e.g., codes of conduct in workplaces or principles in religions
- More practical, conceived as shared principles promoting fairness in social & business interactions.
- Are the science of **Morals**. (taught in Medicine, law, business)

Morals

- Latin word "mos" meaning "custom".
- Refer to an individual's own principles regarding right & wrong.
- More abstract, subjective, & often personal or religion-based
- Are the practice of Ethics

MEDICAL ETHICS



- Ethics:
 - the philosophy of human conduct, a way of stating & evaluating principles by which problems of behavior can be solved.
 - concerned with standards, judging whether actions are right or wrong
- Medical ethics:
 - a system of moral principles that apply values & judgments to the practice of medicine

THE HIPPOCRATIC OATH (5th Century B.C)



- I swear by Apollo, Asclepius, Hygieia, & Panacea, & I take to witness all the gods, all the goddesses, to keep according to my ability & my judgment, the following oath.
- To consider dear to me, as my parents, him, who taught me this art; to live in common with him &, if necessary, to save my goods with him; to look upon his children as my own brothers, to teach them this art.
- I will prescribe regimens for the good of patients according to my ability & my judgment & never do harm to anyone.
- To please no one will I prescribe a deadly drug nor give advice which may cause his death.
- Nor will I give a woman a pessary to procure abortion.
- But I will preserve the purity of my life & my arts.
- I will not cut for stone, even for patient in whom the disease is manifest; I will leave this operation to be performed by practitioner, specialist in this art.
- In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing & all seduction & especially from the pleasures of love with woman or with men, be they free or slaves.
- All that may come to my knowledge in the commerce with men, which ought not to be spread abroad, I will keep secret & will never reveal.
- If I keep this oath faithfully, may I enjoy my life & practice my art, respected by all men & in all times; but if I swerve from it or violate it, may the reverse be my lot.

THE NUREMBERG CODE (1947)

- A set of research ethical principles for human experimentation set as a result of the Nuremberg trials of the end of the Second World War (1945-1949)
- In response to the inhumane Nazi human experimentation on consenting prisoners & detainees during the Second World War
- The first international instrument on the ethics of medical research
- Designed to protect the integrity of the research subject, set out conditions for the ethical conduct of research involving human subjects, emphasizing their voluntary consent to research

THE DECLARATION OF GENEVA (PHYSICIAN'S OATH)

- Adopted by the General Assembly of the World Medical association at Geneva in 1948, amended in 1968, 1983, 1994 & editorially revised in 2005 & 2006
- A declaration of physician's dedication to the humanitarian goals of medicine, a declaration that was especially important in view of the medical crimes which had just been committed in Nazi Germany
- A revision of the Hippocratic oath to a formulation of that oath's moral truths that could be comprehended & acknowledged in a modern way

AT THE TIME OF BEING ADMITTED AS A MEMBER OF MEDICAL PROFESSION

- I SOLEMNLY PLEDGE to consecrate my life to the service of humanity;
- I WILL GIVE to my teachers the respect & gratitude that is their due;
- I WILL PRACTICE my profession with conscience & dignity;
- THE HEALTH OF MY PATIENT will be my first consideration;
- I WILL RESPECT the secrets that are confided in me, even after the patient has died;
- I WILL MAINTAIN by all the means in my power, the honour & the noble traditions of the medical profession;
- MY COLLEAGUES will be my sisters & my brothers;
- I WILL NOT PERMIT consideration of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty & my patient;
- I WILL MAINTAIN the utmost respect for human life;
- I WILL NOT USE my medical knowledge to violate human rights & civil liberties, even under threat;
- I MAKE THESE PROMISES solemnly, freely & upon my honour.

THE DECLARATION OF HELSINKY

Ethical principles for medical research involving human subjects

- Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964, & amended in 1975, 1983, 1989, 1996, 2000, 2002, 2004, 2008
- The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material & data
- It is the duty of the physician to promote & safeguard the health of patients, including those who are involved in medical research. The physician's knowledge & conscience are dedicated to the fulfillment of this duty

PRINCIPLES OF MEDICAL ETHICS

1. Patient autonomy (self-governance)
2. Nonmaleficence (do no harm)
3. Beneficence (do good)
4. Justice (fairness)
5. Veracity (truthfulness)
6. Fidelity
7. Confidentiality

Principles of Ethics are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.



PATIENT AUTONOMY (SELF GOVERNANCE)

- Based on the principle of respect for persons.
- Independent action & choice of an individual should not be constrained by others & they should be respected.
- The dentist has a duty to respect the patient's rights to self-determination & confidentiality.
- Professionals have a duty to treat the patient according to the patient's needs, within the limits of accepted treatment, & to protect the patient's confidentiality.
- The dentist's primary obligation include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires & abilities, & safeguarding the patient's privacy.





NONMALEFICENCE (DO NO HARM)



DO NO HARM

- The dentist has a duty to refrain from harming the patient, to protect the patient from harm
- The dentist's primary obligations include keeping knowledge & skills current, knowing one's own limitations & when to refer to a specialist or other professional, & knowing when & under what circumstances delegation of patient care to auxiliaries is appropriate

BENEFICENCE



- The dentist has a duty to promote the patient's welfare, to act for the benefit of the others.
- The dentist's primary obligation is service to the patient & the public-at-large.
- The most important aspect of this obligation is the competent & timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires & values of patient.
- Community service: dentists have an obligation to use their skills, knowledge & experience for the improvement of the dental health of the public

JUSTICE (FAIRNESS)



JUSTICE

- The dentist has a duty to treat people fairly.
- Principle of truthfulness comprises dentist's sincerity towards patients, truth telling, never deceiving, being fair in their dealings with patients, colleagues & society, treating people justly & delivering dental care without prejudice.
- Accepting the principle of justice in contemporary ethics consist of issues such as:
 - To be honest with patients
 - To give patients what they deserve
 - To give patients what they have right on

VERACITY (TRUTHFULNESS)



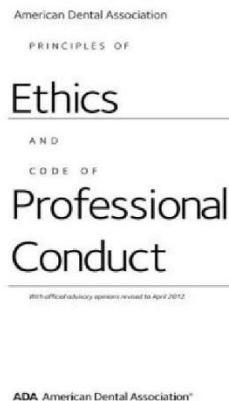
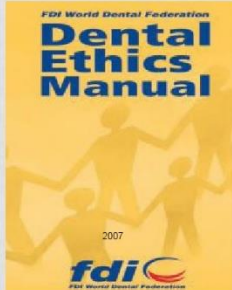
- The dentist has a duty to communicate truthfully
- This exposure expresses the concept that professionals have a duty to be honest & trustworthy in their dealings with people & the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship & without deception, & maintaining intellectual integrity
- It is the obligation to keep implied or explicit promises

CONFIDENTIALITY



- Dental professionals have a legal & ethical duty to keep patient information confidential
- Confidentiality comprises preservation of information concerning patient, his/her diseases & treatment
- Significance of confidentiality is in feeling of confidence a patient has, in belief that his/her doctor is "silent" despite everything heard or seen
- Confidential information should be kept in a secure place at all times to prevent unauthorized or accidental disclosure

- Duties & obligations of dentist
1. towards the patients/ population
 2. towards profession/ colleagues
 3. towards the society



UNETHICAL PRACTICES

- Practice by unregistered persons employed by the dentist
- Dentist issuing any certificate which is untrue, misleading or improper
- Dentist advertising whether directly, or indirectly, for the purpose of obtaining patients or promoting his professional advantage
- Using bogus diplomas etc
- Allowing commission, paying or accepting commissions
- Undercutting of charges in order to solicit patients
- Not referring patient if the planned treatment is beyond his capacities
- In case of an emergency consultation, not sending back patient to the treating dentist
- If consulted, the dentist accepts charge of the case without request of the referring dentist



PROFESSIONALISM

- Professionalism:
 - an essential attribute of dentists who provide high-quality patient care
 - concerned with the norms, values & behavior of dentists as they carry out their daily work
- Over the last 25 years, an increasingly important aspect of medical & dental practice.
- Due to broad societal changes: media attention, the increased availability of information via the internet, changes in the philosophy of patient care, changes to regulatory bodies, governmental pressures
- Professionalism is now a central part of both undergraduate & postgraduate curricula

PROFESSIONALISM IN DENTAL EDUCATION

VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION

The Task Force identified and developed the following six values-based statements defining professionalism in dental education:

Competence	Acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.
Fairness	Demonstrating consistency and even-handedness in dealing with others.
Integrity	Being honest and demonstrating congruence between one's values, words, and actions.
Responsibility	Being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.
Respect	Honoring the worth of others.
Service-mindedness	Acting for the benefit of the patients and the public; serving and approaching those served with compassion.

March 2009

ETHICS VS. PROFESSIONALISM

- Ethics refers to the guidelines that state the dos & don'ts in a specific context whereas professionalism refers to the specific traits that are expected of a professional.



TRENDS IN ETHICS TEACHING IN DENTAL SCHOOLS



CURRICULUM EMPHASIS

Years	Curriculum emphasis	Method of teaching	Place in curriculum
1960	teaching of ethics merged with practice management, jurisprudence, dental history	rules & lecture based with little opportunity for student dialogue	2-24 hours, in fourth year
1980	core curriculum component	straight lecture format with some case presentation	fourth-year curriculum followed by the first year the third year & the second year.
2000	Increase in importance & increases in curriculum content (1- 3 credit courses)	more interactive & relationship-driven curriculum to promote introspection & self-knowledge	increased applicability over the course of a student's training experience in the first year curriculum, followed by the third & the fourth years

CURRICULUM EMPHASIS



- Contact hours, course content, & timing in the academic calendar appears to differ dramatically across schools
- No comprehensively utilized gold standard with respect to ethics teaching in the health sciences.
- The endorsement of a dental ethics curriculum at dean's level is essential for its success.

TEACHING APPROACHES

- Top-down rule based approach → bottom-up experience & behavior based approach
- More interactive & relationship-driven curriculum to promote introspection & self-knowledge on the part of students & instructors.
- Emphasis on communication & group problem-solving behaviors, self-reflection & ethical examination.
- Balance between a basic ethical foundation & dental practice/professional relevance

TEACHING APPROACHES

- Ethics reading assignments grounded in the dental literature,
- Development of skills associated with ethical reasoning & moral decision making through
 - a narrative approach (e.g., stories) to create the optimal setting for student reflection
 - the use of case studies & literary stories
 - student journal writing
- Observational learning using taped & live video of both real patients & "patient" actors

CASE BASED LEARNING

- True patient cases for capturing the attention of students & making ethics instruction clinically relevant
- The use of panels & case-based analysis to enhance clinical relevance and promote student-instructor interaction
- Role playing
- Problem based learning



WORKSHOPS, SMALL GROUPS FORMAT

Group approaches including active research, reading, & discussion of ethical dilemmas

- facilitate student interactions: examine & defend their ethical belief systems while exposing them to the ethical perspectives of their peers.
- favors student - faculty dialogue & introspection
- provides an additional opportunity for academicians to serve as role models in communicating ethical standards & behavior



INTERDISCIPLINARY TEACHING

- Value the perspectives of people from varying backgrounds & sets an example for subsequent inter professional collaboration
- Provide student dentists with valuable insight into ethical decision-making as well as important exposure to the multidisciplinary team process.



CHALLENGES IN ETHICS TEACHING

MEASURING CURRICULUM SUCCESS

- No agreed-upon assessment tool to measure efficacy of ethical training in dental school.
- Moral reasoning & ethical sensitivity may be measurable (high score in ethics course exam)
- Knowledge & behavior are two separate constructs
- No simple means of determining the role that motivation & underlying values play in influencing students' ethical behavior.
- Ethical & unethical behavior can sometimes provide a gauge of ethical knowledge

ETHICAL BEHAVIOR & SENSITIVITY

- The time commitment required to comprehensively, validly, & longitudinally assess it for each student renders it an impractical option for dental education
- Techniques utilized to assess ethical behavior include the use of blinded videotape reviews of patient-resident interactions & scored videos of students role-playing patient dentist scenarios.
- Elaboration of effective assessment tools

UNETHICAL BEHAVIOR

- Gross unethical behavior tends to be easier to quantify than ethical behavior if only because of reported ethical violations
- The two areas of **academic dishonesty** cited most frequently were **cheating on exams & falsification of treatment records**
- No statistical reports regarding the relationship between academic violations & professional violations in dentistry



UNDERLYING MESSAGES

- Explicit & implicit messages: what is being taught between the lines—didactically, clinically, & even in our choices for case studies.
- A curriculum that is numerically driven as a means of achieving clinical competency (& graduation) for its students runs the risk of patients being perceived as procedures or numbers & of students prioritizing based upon procedures & deadlines rather than patient needs.
- Thus, the very ethical values we hope to impart may be challenged by the educational approach we endorse

NEGATIVE HIDDEN MESSAGES

- Instructors closing eyes to students cheating on an exam, ignoring plagiarism among students or peers, watching students "fight" for patients to fulfill their clinical requirements, tolerating inappropriate behavior towards students or patients
- Curriculum imposing stress & pressure on dental students to be the "best" dental student at the expense of ethical & moral values
- Curriculum valuing more appropriate "outcomes" which better reflect the type of balanced graduating dentist committed to treat patients ethically & professionally (revision of grading system)

FACULTY ROLE MODEL

- The Faculty must model appropriate behavior. The old sayings, "lead by example" & "practice what you preach" are as applicable now as always.
- The Faculty & student body should show no tolerance nor compromise for unethical behavior & enforcement consistent with the seriousness of the infraction should be implemented
- Students must gain the motivation to resist the temptations to breach ethical standards for selfish gain. The emphasis should be on showing how being ethical can in fact further their own self interest.

FUTURE NEEDS

- Evolutionary ethics
- Overcoming the market environment
- Dentistry becoming a business driven profession
- Ever growing demand for Esthetic dentistry
- Emerging bio-medical ethic issues,
- Innovative approaches in ethics & professionalism teaching
- Elaboration of assessment tools.
- Professionalism in dental practice is a must



CONCLUSION

- The history of dental ethics education demonstrates the profession's commitment to promoting the ethical behavior of dentists. Significant strides in both content & approach over the last quarter century indicate that, in many dental schools, ethics is being taught early & often & in a format that emphasizes self-reflection & moral reasoning.
- The examination of students' academic & practice outcomes including violations may provide us with some insight into the relationship between ethics teaching & the ethical behavior of students.



CONCLUSION

- While we may not be able to ultimately assess how well we have taught ethical behavior, as educators we can model ethical behavior & provide a forum for examining ethical dilemmas & decision making for our students.
- If we accept that ethical behavior is quite established by the time students enter university, then admission system should take this into consideration by introducing personality test & ethically related interview questions.
- Dental ethics education cannot guarantee ethical dentists. Ethics teaching at school should be reinforced after graduation (C.E course)



STUDENTS' PERSPECTIVE



DENTAL STUDENTS CODE OF ETHICS

ASDA Ethics code (2002, revised in 2008, 2009 & 2010)

The American Student Dental Association (ASDA) recognizes the importance of high ethical standards in the dental school setting. Therefore, the Association believes students should conduct themselves in a manner reflecting **integrity & fairness in both the didactic & clinical learning environments**. The code outlined below relates most directly to the dental school environment.



ASDA ETHICS CODE (2002, REVISED IN 2008, 2009 & 2010)

- All dental students are obligated to maintain high standards of moral & ethical behavior & to conduct themselves in a professional manner at all times. This applies to the classroom, clinic, laboratory, & other institutional facilities; externships, community service, or meetings of professional organizations
- Ethical & professional behavior by dental students is characterized by honesty, fairness, & integrity in all professional circumstances; respect for the rights, differences, & property of others; concern for the welfare of patients, competence in the delivery of care, & preservation of confidentiality in all situations where this is warranted
- All dental students are obligated to report unethical activity & violations of the honor code to the appropriate body at the school

QUESTIONS FOR REFLECTION

- What are the ethical dilemmas most commonly perceived by dental students?
- How can dental students best develop ethical thinking & behavior?
- Is the practice of dentistry a profession or a business?



ETHICAL DILEMMAS COMMONLY PERCEIVED BY STUDENTS IN DENTAL SCHOOLS

- Academic dishonesty (cheating at exams, falsifying clinical records...)
- Bullying perception
- Competing for patients in order to achieve requirements
- Over treating patients in order to achieve requirements (by convincing them & lowering treatment fees)
- "Making friend" with faculty & auxiliary staff
- And many others

ACADEMIC DISHONESTY

- Which principle of ethics does it impinge on?
- If it is of common practice among students, what are the reasons?
- How to overcome peer pressure ?



HOW CAN DENTAL STUDENTS BEST DEVELOP ETHICAL THINKING & BEHAVIOR?



- Is ethical behavior innate?
- What Influences Whether A Person Acts Ethically or Not?
- Can we teach dental students to act ethically?
- Is there value in taking the time in the curriculum to teach ethics?
- How should ethics be taught to dental students?
- Can good ethical behavior become a habit?

DENTAL PROFESSION OR BUSINESS ?



- Many authors have warned about the existence of two models of dentistry, one as a profession, the other as a business. They argue that these two paradigms are incommensurate & that decisions should be made as to which we are. Currently, the increased demand for improved aesthetics is pushing the dental profession further toward the business model, less helping those in need but more serving those who demand, & can pay.

WHICH DO WE VALUE MORE: Money or Patients?



- Given that almost 90% of the dental profession work in general dental practice, **are dentists resigned to be no more than ethical business people?** If a dentist wishes to do good for people, not much will be done if the practice becomes bankrupt.
- We can then defend a dentist who is both a professional & a business person on the grounds that keeping the business working well is part of the social corporate responsibility to the benefit of all the patients treated there. **But at precisely what stage does this argument stop working? As soon as the dentist earns more than a subsistence income?**

CONCLUSION



- Ethics can be printed, can be sermonized, can be dictated, or even documented, but if not practiced it is only words.
- Ethics is not an object, it can't be bought or sold or bartered, but it can be shared.

REFERENCES

1. American Dental Education Association. ADEA statement on professionalism in dental education, 2009
2. American Student Dental Association. White paper on ethics & professionalism in dental education. 2009
3. Berk N.W. Teaching ethics in dental schools: trends, techniques & targets. Journal of Dental Education 2001; 65: 744 – 750
4. Bertolami C.N. Why our ethics curricula don't work. Journal of Dental Education. 2004; 68: 414 - 424
5. Bruscino T. Basic ethics in Dentistry (3 CEs). ADA Continuing Education Recognition Program, Oct. 2012 – Sept. 2015
6. Jenson L.E. Why our ethics curricula do work. Journal of Dental Education 2005; 69: 225 – 228.
7. Karp S. Teaching ethics & professionalism to dental students. Oral Health Group 2009
8. FDI World Dental federation. Dental ethics manual, edition 2007.
9. Krishna P. Philosophy & principles of ethics: its applications in dental practice. Journal of education & ethics in Dentistry 2011; 1: 2 – 6

REFERENCES

10. Lahari ASR. Bullying perception among post-graduate dental students of Andhra Pradesh India. Journal of education & ethics in Dentistry 2012; 2: 20 – 24
11. Lanz M.S. The status of ethics teaching & learning in U.S. dental schools. Journal of Dental Education 2011; 75: 1295 -
12. Nash D.A. Ethics, empathy & the education of dentists. Journal of Dental Education 2010; 74: 567 – 577
13. Masella R. Renewing professionalism in dental education: overcoming the market environment. Journal of Dental Education 2007; 71: 2005 – 2016
14. Sharp H.M., Raymond A. Ethical dilemmas reported by fourth-year dental students. Journal of Dental Education 2005; 69: 1116- 1122.
15. Schwartz B. An innovative approach to teaching ethics & professionalism. JCDA 2009; 75: 338 – 340
16. Trathen A., Gallagher J.E. Dental professionalism: definitions & debate. British Dental Journal 2009; 206: 249 - 253
17. Zijlstra-Shaw S., Robinson P.G. Assessing professionalism within dental education; the need for definition. European Journal of Dental Education 2012; 16: e128- e136.



*Thank you for your kind attention &
Looking forward to students' feed back*

PRESENTATION FROM 4 UNIVERSITIES

1 ETHICS TEACHING AT UNIVERSITY

2 GROUP WORK DISCUSSION



ETHICS TEACHING AT UNIVERSITY

Ethics and Professionalism

TOKYO MEDICAL AND DENTAL UNIVERSITY

Bioethics

Medicine/Dentistry Integrated Undergraduate Curriculum

We learn bioethics with students of the medical department

- Medical and dental point of view
- Team Medical Care



Research ethics

EBM / EBD

- Evidence based medicine (EBM)
- Evidence based dentistry (EBD)

Good **evidence** came from good **research**.

Research ethics

1. Informed consent - patient
2. Ethical approval - research ethics committee (REC)
3. No misconduct - researcher
 - Fabrication
 - Falsification
 - Plagiarism

Professionalism

Teaching program about professionalism in TMDU

We learn professionalism through clinical experiences

- Introduction to Clinical Dentistry
- Patient and Health Professions
- Medical Care and Formative Art
- Clinical preliminary training
- Study training
- Dental Practice and Clinical Practicum

1st year

Introduction to Clinical Dentistry

- Making two or three students pair and they are assigned to each department
Ex ... Sport Dentistry, Oral Surgery
- After that, students decide the theme and give a presentation
- It is first chance for us to study expertise
We can study basic attitude as the medical staff



2nd year

Patient and Health Professions

- Students study about patient and medical stuff mind
- In summer vacation, we visit the medical facilities and communicate with the patients
- We can know patient mind, think and act
- We can also know medical staff personality

2nd year

Medical Care and Formative Art

- We make clay figure production of head by observing models
- We can understand the characteristic points of three-dimensional structure of human head
- Carving by hand makes, we understand the structure of bone and muscles under the skin of head and maxillofacial



3rd year

Clinical preliminary training

Working with as an assistant

4th year

Study training



June	Study
July	
August	(Study) Preparation
September	Announcement

5th, 6th year

Dental Practice and Clinical Practicum

- Term: almost one year
- Place: Student Clinic (4th floor)
- Teacher: Dental specialists



Student clinic



Teaching Ethics and Professionalism in Dental School

Faculty of Dentistry
Universitas Indonesia

Why are ethics really important?

- guidelines for healthcare professional
- One of the main competencies to support your skills as healthcare worker

Ethics in Dentistry UI

- Name : ethics and medical law
- Term : 2
- Participant : FKG, FF, FIK
- Credits : 2 credits

Student Competencies

High awareness about the ethic aspects, ethic dilemmas, and the implementation in practice and understanding their rights and responsibilities based on Indonesia's health care policy.

Chart of Competencies

Explain basic rules of bioethics and medical law

Explain self-value and other's value

High awareness about the ethic aspects, ethic dilemmas, and the implementation in practices and understanding their rights and responsibilities based on Indonesia's health care policy

Analyze bioethics and law in any situation and give the possible way out



Learning



Lecture

Role P

Learning Scope		
Learning scope	topic	subtopic
Bioethics	Bioethics Theory	Deontology Teleology Virtue ethics Principlism ethics
	Bioethics Principles	Beneficence Nonmaleficence Autonomy Justice
	Moral Pluralism	Medical Indication Patient preference Quality of life Contextual features
	Value Based Ethics	Value formation Value clarification Cultural value Ethnocentrism

Learning scope	topic	Subtopic
Medical Law	Health and Medical Regulation	Good medical practice Informed consent Medical secrecy Medical Records
	Medical Malpractice	

ETHICS TEACHING

at UNIVERSITY OF MEDICINE AND PHARMACY, HO CHI MINH CITY

VIETNAM Team
Faculty of Odonto - Stomatology,
University of Medicine and Pharmacy
Ho Chi Minh City
Binh Chau, Vietnam
September, 2015



CONTENTS

1

- The brief of Vietnamese humanistic conception and ethical philosophy

2

- Dental ethical curriculum in FOS, UMPH

1. THE BRIEF OF VIETNAMESE HUMANISTIC CONCEPTION AND ETHICAL PHILOSOPHY

1.1. The formation and development of ethical philosophy

- Agricultural economics
- Fighting tradition for building and defending country
- Bold ethics and long-time culture

1.2. Vietnamese ethical philosophy

- Traditional ethical philosophy
- Modern ethical philosophy

1.1. The formation and development of ethical philosophy

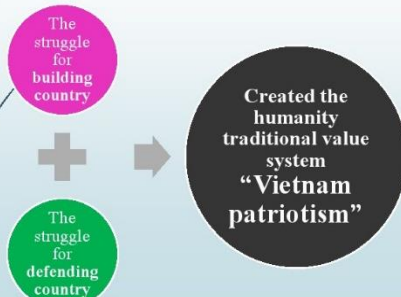
1.1.1. Agricultural economics:

Small agricultural productions “**tied**” farmers to fields, villages ... *it established a strong bond between people and village.*



1.1.2. Struggle tradition for building and defending country

Until now, Vietnam has undergone seventeen big wars.



1.1.3. Bold ethnic and long-time culture:

Indigenous culture has experienced two big cultural exchanges with the world (first time with Chinese and Indian cultures, second time with Western culture).

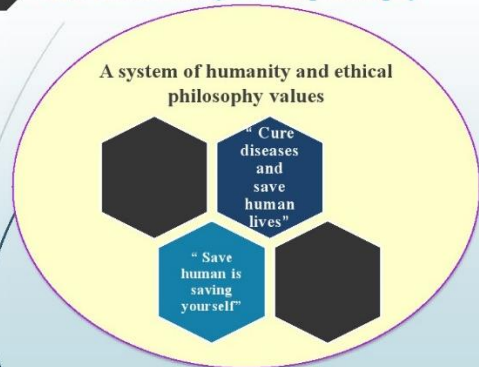
- **The Three Religion** (Confucianism, Taoism, Buddhism) and **the Western** enlightened movement.
- Vietnamese culture has clearly showed its **superior capability and humanity**

1.2. Vietnamese Ethical Philosophy



Vietnamese ethical philosophy is established, developed in the process of exchanging and selectively receiving ethical philosophies from the East and the West.

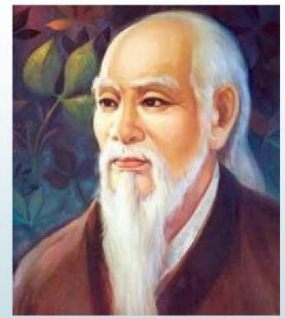
1.2.1. Traditionally ethical philosophy



In Ly dynasty, there was a system of Physicians of the King. *Nguyen Chi Thanh* used *hypnotization and bath* to cure Ly Than Tong King recovering from *metal illness*.

Other famous physicians : Truong Han Sieu, Tue Tinh

He came from an educated noble family. He updated Tue Tinh's legacy and left many medical books, describing nearly 500 basic ingredients, containing 66 traditional books.



■ Le Huu Trac - Hai Thuong Lan Ong (1721-1794)

1.2.2. Modern medical ethical philosophy

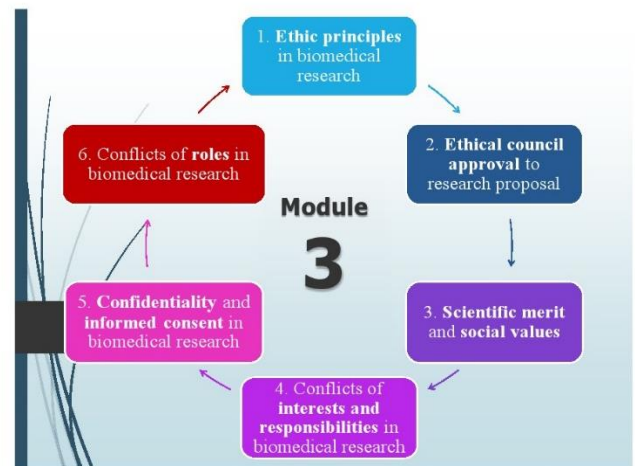
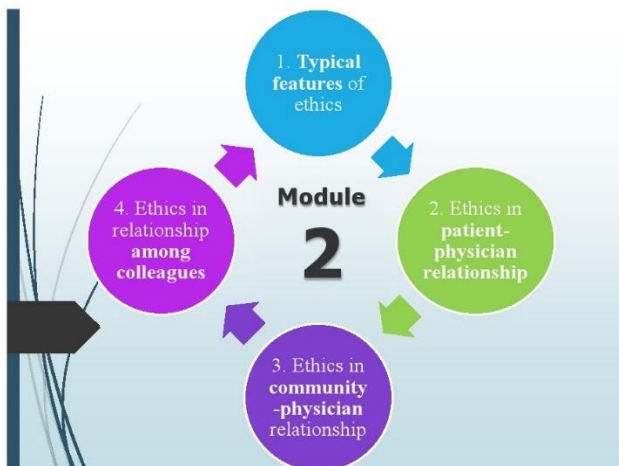
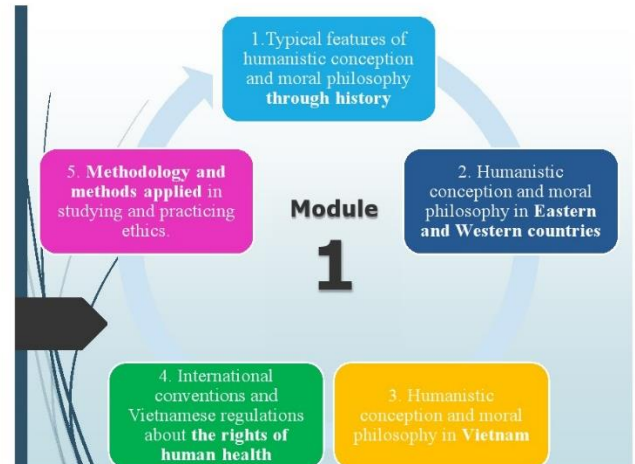
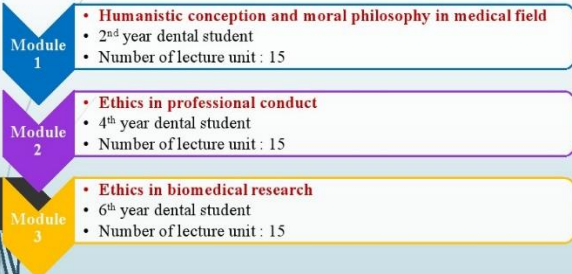
In 19th century, Eastern and Western medicine had **collaborated** in preventing, examining and treating diseases.

Uncle Ho taught that **a good doctor must be a good mother** as a motto for enhancing medical ethics.

- Firstly, a physician is a man who has **conscience, moral** and he is respected by the society.
- Secondly, a physician should try to **improve themselves in all circumstances**.
- Thirdly, examining, treating and caring patients should be like mother's behaviours to her beloved children.

Thus, this shows the noble humanity value of the physicians and the Vietnamese medicine.

2. DENTAL ETHIC CURRICULUM IN FOS, UMPH



THANK YOU FOR YOUR KIND ATTENTION

CASE STUDIES FOR REFLECTION

Case 1: Patients - dentist relation (FDI case)

Dr. H. has been in practice for 40 years. His older patients appreciate his devoted service and are quite happy to let him decide what treatment they will have. Some of his younger patients, on the other hand, resent what they consider to be his paternalistic approach and the lack of information about treatment options. When Carole J, a 28-year-old accountant, asks Dr. H. for a referral to an orthodontist to correct a mild overbite, Dr. H. refuses because it is his professional opinion that the treatment is unnecessary. He is willing to lose a patient rather than compromise with his principle that dentists should only provide beneficial treatments to patients. He will neither mention nor refer patients for treatments that he considers unnecessary or harmful. Is Dr. H. attitude right or wrong or both?

Questions guide students to solve the case:

- 1- *What do you think about difference opinions between old patients and young patients about Dr. H. 's dental treatment?*
- 2- *What do you think about the behavior and decision-making of Dr. H. regarding Ms. Carole J's case?*
- 3- *How do you integrate concepts of "Respect and equal treatment" into Dr. H. professional opinion regarding Ms. Carole J's case?*
- 4- *How could you link about Dental Ethics, Professionalism and Human Rights with Dr. H. attitude regarding Ms. Carole J's case?*

Case 2: Student - student relation

A. and B. are two close friends since college. Both of them are now 5th year dental students. They are under high pressure to complete their clinical requirements to be eligible to sit for their final exam. A has witnessed B. falsifying his patient record and by thus obtaining high score in clinical practice. In their class many students are acting the same way. A. wonders if he should report the case to the instructors or just close his eyes to avoid losing his best friend. What are the reasons for B. acting that way? What A. should do?

Questions guide students to solve the case:

- 1- *Please read the article "Ethical Dilemmas Reported by fourth-year dental students" by Helen M. Sharp et al. to get more information to solve this case. (This article is available in your handouts).*
- 2- *Have you ever be under high pressure to complete your study requirements at your school? If yes, please share the pressure to your group and let them know how you overcame it?*
- 3- *Back to Student B. in this case, what do you refer from student B. 's behavior related to falsify his patient record to obtain high score in clinical practicum? (Please base on*

concept of “academic dishonesty” and ASDA ETHICS CODE in your group discussion) . (This discussion will help your group to answer the first question in this case).

- 4- For question what A. should do: Getting high score during study is most commonly goal for every dental student, because the dental school just evaluated student academic achievements basing on their scores and nearly did not know how they could obtain the scores. Of course, students tried all the best to obtain the goal by different ways, sometime they used “dishonesty manners” to achieve the goal but their teachers/instructors did not know and their classmates ignored, or even supported the way. Of course, dental students with highest scores would become “outstanding ones” and they would be considered as ones of “potential dentists” for society, but only you who was his/her best friends to know what real competencies she/he got, did you still close your eyes to ignore her/his academic dishonesty behaviors and accepted the school considered “a bad ethics student” as “your school outstanding student” and “a potential dentist” for your country?
- 5- From Student A. situation in this case, what do you think about the ethical dilemmas among dental students now? Give your advises to help Student A in this case by using component “Ethical dilemmas commonly perceived by students in dental schools” as Lecturer mentioned in her lecture.
- 6- From the case, discuss in your group how dental school can help you best developing ethical thinking & behavior during your study and your professional after graduated?

Case 3: Student - patient relation

M. is final year-student, she is missing one case of ceramic crown restoration to complete her requirement in fixed prosthodontics. Luckily she was assigned a patient with a first lower molar that has a large carious lesion. M. tried her best to convince her patient to request a ceramic crown though the patient admitted that he cannot actually afford to pay for it. M. then offered to bear half of the cost of the crown. What do you think of this way of acting?

Questions guide students to solve the case:

- 1- Please apply the ethical principles that dental professionals must be aware of in their clinical practice to discuss Ms. M.’ action in this case (moderator has to know well 6 main ethical principles: To do no harm, to do good, Respect for persons, Justice, Veracity and Confidentiality).
- 2- Does ethics curriculum help you to identify your decision- making in your dental practicum is right or wrong?
- 3- From story of Mr. M. raised in this case, what do you think about weaknesses in ethics curriculum in your school now?

Case 4: Student - community relation

H. is one of the top students of his class and is always highly evaluated by his teachers. He devotes all his spare time to self- study at home. He used to decline to participate to community service and other students' social activities with the excuse that he is too busy. On the other hand, community service in his dental school is optional and has been placed during summer holidays time. According to his teachers, H. is a zealous student and should be an example for his peers. What do you think of this case?

Questions guide students to solve the case:

- 1- Dental students will be mainly oral health care providers for society in future, the best dental student will become the best dentist for society, it means he/she have to recognize his/her obligations to patients and to society when graduated. Do you agree the best dental student who spent all his time to study to get highest scores without participating other extra-activities, event community services like Mr. H. in this case?*
- 2- From this case, what do you think about the dentist-society relationship? Does dental students need to learn more the relationship during their time in dental schools?*
- 3- If a dental student did not recognize their responsibilities for community services, they would be a dentist who wasn't responsibilities for public health/public health dentistry and global health/global oral health. Basing on Mr. H. case, give your opinions about the statement?*

GROUP WORK DISCUSSION

CASE 1

Group 1: (Ms. Sachiko Takehara, Ms. Nguyen Thi Hong)

Mr. Tran Minh Cuong (UMP)
Ms. Nguyen Thu Hong Hanh (UMP)
Mr. Taya Ruxwongkana (CU)
Ms. Zakia Amalia Studiyo (UI)
Mr. Kazuki Morita (TMDU)
Mr. Daiki Kadowaki (TMDU)
Ms. Misa Motegi (TMDU)
Ms. Erena Hiratsuka (TMDU)
Ms. Aya Takase (TMDU)

CASE 1

Dr. H. has been in practice for 40 years. His older patients appreciate his devoted service and are quite happy to let him decide what treatment they will have. Some of his younger patients, on the other hand, resent what they consider to be his paternalistic approach and the lack of information about treatment options. When Carole J, a 28-year-old accountant, asks Dr. H. for a referral to an orthodontist to correct a mild overbite, Dr.H. refuses because it is his professional opinion that the treatment is unnecessary. He is willing to lose a patient rather than compromise with his principle that dentists should only provide beneficial treatments to patients. He will neither mention nor refer patients for treatments that he considers unnecessary or harmful. Is Dr. H. attitude right or wrong or both?

Question 1

What do you think about the difference of opinion between old patients and young patient regarding doctor H's behavior?

• Older patients

These older patients have been satisfied by his treatment for a long time. It means that there are good relationship between Dr.H. and these patients. And they just follow Dr.H's decision → paternalism

Then we can guess that these patients don't care if Dr.H doesn't explain about his all treatments.

• Young patient

This young patient was not satisfied with his opinion. Because this patient thought that the information about his treatment options are not enough. Young patients prefer to get a lot of information about treatment and decide by themselves → patient autonomy

QUESTION 2

What do you think about the behavior and decision-making of Dr.H. regarding Ms.Carole J's case?

Aya Takase
Misa Motegi
Kazuki Morita

REASONS

- He is an experienced dentist.
- Lack of information.
- The patient's of view.

If Dr.H don't treat the patient, he has to explain the reason why the treatment is not necessary. And he should refer to another specialist.

No. 3

How do you integrate the concept of "Respect and equal treatment" in to Dr. H professional decision regarding Ms Carole J's case

- Dentist should treat the patient equally and respectfully from the ADA
→ dentists have been told not to "refuse to accept patients because of the patient's race, creed, color, sex or national origin".
- In Dr. H case he should explain to Ms. Carole about the reason why he refuses the orthodontic treatment is unnecessary.
- Dr. H should give the patients adequate notice of withdrawal of service so that the patients can find alternative dental care.

No. 4

How could you link about Dental Ethics, Professionalism with Dr. H attitude regarding Ms. Carole J's case?

ETHICS

Patient autonomy

The dentist has a duty to respect the patient's rights to self-determination. Dr.H's attitude is contrary to ethical consensus that patients have the rights to make decision about their health.

Fairness

The dentist has a duty to treat people fairly. If Dr.H refuses to treat the patient, he should begin by explaining his concern to the patient.

PROFESSIONALISM

Dentist should provide sufficient information about the condition and the treatment for the patients. It is the patients that will determine the most appropriate treatment for them.

CONCLUSION

- Dr. H is both wrong and right.
- He is wrong because he should explain the patient about the treatment information and he should tell the reason why he said that the orthodontics treatment is unnecessary
- He is right because do no harm to the patient

Case2

Student relation

situation

- A and b are good friends. But because b really want to graduate with high score, b falsify the patient record, the other student also act the same way. A are confuse what should he does, should he report them or not.
- problem:
 - What is the reason for b acting that way?
 - What should a do?

What can make a high pressure in university?

- CU
 - Teacher question during the clinic
 - don't have enough time for the time and the material are too many
 - The assignments are to many
 - They afraid cant finish all the requirement in time
- UMP
 - We don't have enough tools for each student
 - Lack of patient
 - The schedule is really full. You have practice in clinic , study for exams at the same time, sometimes we have a night shift in the same day. Its really tiring
 - We need to take test again if we failed the test

• UI

- Funding problem
- The facilitation isn't enough to accommodate all the clinic student
- Short time to faulfill all the requirement
- The difficulty to ask for assessment

• TMDU

- the oral hygiene in japan is really good. although there are a lot of patient, still we cant fulfill some requirement such as extraction, denture, etc.
- they have to prepare for national exam at the same time

Why student want to get high score?

- UI
 - In Indonesia, we don't really concern about our score
- CU
 - No competition among student in CU, so we also don't really care about their score. The most import thing is the hard and soft skill. We focus on graduating together
- TMDU
 - Opportunity to chose good hospitals after graduation
 - Get a golden watch given for 1st prize
- UMP
 - Get chance to have scholarship
 - Teacher have sympathy for you
 - good job after graduate

Why B acting that way?

- Because B has to finish his clinical requirement
- because high score will determined his future career

Good way

- A should do is remind B.
- Make sure to talk about this in a good place.
- REMIND him in a good manner. dont judge him
- Know his problem!
- explain to him about the consequences of cheating
- Give concrete help to B

Bad way

- This bad habit will be an usual thing
- A will do the same thing
- Possibility of malpractice in the future

How to develop ethical thinking?

Solve the problem at its origin

- Make the requirement more flexible

let's our grade depends more OUR MORALITIES

Case 3

Group 2

Summarize

- M. is final year student, missing one case in Fixed prosthodontics.
- M. offers his patient ceramic crown to complete his clinical requirement
- The patient cannot afford the price and M. offered bear half of the cost.

Ethical principles apply in this case

- Patients autonomy
- Non-maleficence
- Beneficence
- Justice
- Veracity

Ethics curriculum in universities

- It can help us to make proper decision in dental practice.
- Weakness:
 - Focus on scores, high scored student may not be ethical.
 - The requirement for graduated is quite harsh.
 - Just learn the lectures, don't have many real experience.

Solution

M. shouldn't do this, because it's against those medical ethics principles and moreover as a dentist, the patient's needs come first. Therefore in this case, M should not give patient the ceramic crown and should inform more of proper treatment choices and have the patient decided on one's own.

Thank you for all your kind attention

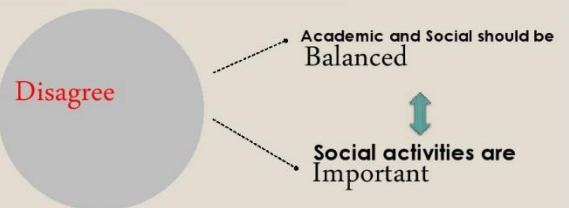
GROUP CASE 4

Case 4

H. is one of the top students of his class and is always highly evaluated by his teachers. He devotes all his spare time to self-study at home. He used to decline to participate in community service and other students' social activities with the excuse that he is too busy. On the other hand, community service in his dental school is optional and has been placed during summer holidays time. According to his teachers, H. is a zealous student and should be an example for his peers. What do you think of this case?

High scores
VS
Relaxing activities

Our opinion regarding to this case



Our opinion about social responsibilities



Dentists ↔ Society

- **Really important**
- Working with other professions
- Working with local patients

Social responsibilities in a dental curriculum

◦In our opinion, there **shouldn't be** a compulsory community service in a dental curriculum. Depending on our discussion, **we recommend to include it in voluntary programs. We recommend all students to join at least 3 social activities in one year.**

Our Group



arigato **Khob Khun Krub**
THANK YOU
Terima kasih **Cam on**

PRETEST AND POST-TEST

TEACHING ETHICS TO DENTAL STUDENTS

Self evaluation test

Select the most appropriate answer

1. Morals differ from ethics:
 - a. Morals refer to rules in a workplace
 - b. Ethics refer to an individual principles on right and wrong
 - c. **Morals are more subjective**
 - d. Ethics are more personal
 - e. All answers are correct
2. Ethics and professionalism are different:
 - a. Professionalism is an attribute of a physician who provides high quality care
 - b. Ethics concerns with standard judging whether actions are right or wrong
 - c. Ethics is an attribute of professionalism
 - d. Professionalism is a notion which dated since 2 decades while ethics goes up to the Antiquity
 - e. **All answers are correct**
3. The principles of medical ethics do not include:
 - a. Autonomy
 - b. Beneficence
 - c. Nonmaleficence
 - d. **Confidence**
 - e. Justice
4. Unethical practices in dentistry do not involve:
 - a. All forms of advertising
 - b. Employing unqualified staff
 - c. **Cutting off prices for patients with limited income**
 - d. Not accepting emergency cases
 - e. Offering and receiving commissions
5. The current emphasis inethics teaching in dental school:
 - a. Ethics is becoming a core component of curriculum
 - b. Ethics teaching differs a lot among dental schools
 - c. The teaching approach to ethics teaching is more and more interactive
 - d. The teaching of ethics is interdisciplinary
 - e. **All answers are correct**

6. Select the wrong answer.

It is important to teach ethics and professionalism to dental students because:

- a. Students should develop ethical thinking and behavior while at school
- b. Getting high score in Ethics course is a good predictor of future ethical conduct**
- c. In order to build up academic honesty in dental learning environment
- d. Dental students should be compelled to good ethical rules in patients' treatment

7. Measuring the efficacy of ethics curriculums challenging because:

- a. There is no agreed upon tool for assessment
- b. It is based on the assessment of ethical and unethical behavior
- c. Knowledge and behavior are two separate constructs
- d. Personal motivation is an important factor for ethical behavior
- e. **All answers are correct**

8. The ethical dilemmas commonly faced by dental students include:

- a. Cheating at exams
- b. Falsifying clinical records
- c. Plagiarism
- d. Bullying
- e. **All answers are correct**

9. The best way to deal with academic dishonesty is:

- a. To ignore
- b. To report to the dean
- c. To follow the majority
- d. To refer to the students code of conduct (if any)**
- e. To discuss the case in small groups format

10. The role of faculty members in ethics teaching:

- a. Is less important than the content of teaching
- b. Is that of a role model**
- c. Is that of a teacher
- d. Is that of an arbitrator
- e. All answers are correct



RESULT

TEACHING ETHICS TO DENTAL STUDENTS

Self evaluation test

Marks	Pretest Quantity	Post-test Quantity
0	4	0
1	3	0
2	7	3
3	4	3
4	3	4
5	4	3
6	3	4
7	5	6
8	1	7
9	1	4
10	0	1

21/35
= 60%

10/35
= 29%

14/35
= 40%

25/35
= 71%

2 days of memories

GLOBAL RETREAT *2015*

PICTURES OF SOME ACTIVITIES

Opening



Ceremony



Assoc.Prof. Ngo Thi Quynh Lan
Dean of Faculty of Odonto-Stomatology, UMP
gave her welcome address at Opening Ceremony



Photo Session

Faculty members and student participants from 4 universities

TOKYO MEDICAL AND DENTAL UNIVERSITY

CHUALALONGKORN UNIVERSITY

UNIVERSITAS INDONESIA

UNIVERSITY OF MEDICINE AND PHARMACY, HO CHI MINH CITY



Dr. Huynh Anh Lan
Former Vice Dean of Faculty of Odonto-Stomatology, UMP
gave her key lecture to students
“TEACHING ETHICS TO DENTAL STUDENTS”



STUDENT PRESENTATION ABOUT ETHICS TEACHING AT UNIVERSITY







AL NIGHT
g performances
iversities





GROUP WORK

DISCUSSION





GROUP PRESENTATION ABOUT ETHIC CASE STUDIES





We had a great time discussing and questioning about ethics in different situations of dental field

Inter- University Exchange Program toward
Medical and Dental Networking in Southeast Asia
GLOBAL RETREAT 2015

September 4th & 5th, 2015

GROUP 1



Inter- University Exchange Program toward
Medical and Dental Networking in Southeast Asia
GLOBAL RETREAT 2015

September 4th & 5th, 2015

GROUP 2





Closing Ceremony

Students and faculty members shared their thoughts about Global Retreat 2015





Student representatives from Tokyo Medical and Dental University, Japan



Student representatives from Chulalongkorn University, Thailand



Student representatives from University of Medicine and Pharmacy, HCMC, Vietnam



Student representatives from University of Indonesia, Indonesia



Present Certificate of Attendance
Unforgettable moment upon the reception of certificates of attendance



Memorable Gifts
from Faculty of Odonto-Stomatology, University of Medicine and Pharmacy, HCMC



Inter - University
Medical and Dental
GLOBAL



y Exchange Program toward
tal Networking in Southeast Asia

L RETREAT 2015

September 4th & 5th, 2015

WHAT DID STUDENTS THINK

It was short time but I enjoyed this program very much. I can learn many things about other country's culture. And I learned lecture about dental ethics. The topic of discussion was difficult for me, but I considered hard. It was good experience for me. Thank you!

Hello Vietnam! This is my first time going abroad, it is Global Retreat 2015. It is definitely the best way to expand my knowledge about global dentistry, particularly among these 4 countries. I really enjoy the meeting, but for me the event is too short. Maybe we can have 1 week event later. It's good after all, I really enjoy this program.

This program will be a very important experience for me. I could make a lot of friends but the schedule was so tight for me and I want more time to discuss and talk with foreign students. During staying in Ho Chi Minh City, it was very kind of Vietnamese students to entertain us. Thank you very much. Cám ơn.

I'm not good at English. I want to discuss about our tasks more but I can't tell what I want to say in English. So I feel very sad now. I decide to study English more strictly. This program is really fun for me and maybe my friends. Thank you for this wonderful experience.

I would like to participate in Global Retreat more times. I feel it very interesting and useful. I can practice my personal skill a lot. I have precious chance to make friends with foreigners. It is really the most memorable experience in my life. Thank you.

Dear UMP Ho Chi Minh City. Thank you very much for your warm welcoming. I'm totally happy to join in this Global Retreat program. This is my first time to visit another country. My honor is that my first is Vietnam. That's really amazing!

I am very graceful to have new friends, I hope this friendship lasts forever. I am delighted to be able to share thoughts and cultures with everyone, I've learned a lot of things and opinions. The weather is so hot but the resort is very beautiful. I hope we have more time together. I love all performances, you guys were so great!

Talking with my roommate in our room was so excited! I have never stayed at same room with foreign friends. So this experience was valuable. I'm glad about being friends with them and I'll never forget.

ABOUT GLOBAL RETREAT *2015*

I enjoyed Global Retreat. I could make friend with many people from other countries. At cultural night, I could see traditional performances. It was so exciting. At discussion, I couldn't speak enough because study case was difficult for me but I could listen many other opinions so I've learned many things.

It was very nice that I can join the Global Retreat 2015 in Vietnam. Everyone is also friendly and making friends here is so great. I met many friends from other universities and shared stories. The cultural performances was really fantastic! I really love that session. See you in other time all, it's really nice to meet you. Thank you and see you.

I enjoyed this program, Indeed, a lot of things were waiting for me. If I have another chance to visit Vietnam, I want to come back Ho Chi Minh City.

Global Retreat 2015 was great for me. In this program, I could communicate with a lot of students from 3 countries. They are so smart and can speak English well. Also they are really kind and pleasure. So there are a lot of things that I should learn from them. I think I'm happy to participate in this program.

I think our problem is a little more difficult than other groups' problem. This is because that we can't bear the cost of patient in Japan. So it is difficult for us to think about this theme. I want to discuss about case 2 and case 4. In TMDU group, we have a lot of younger students. Case 1 & 2 are difficult for them because they don't have clinical experiences.

I enjoyed this program a lot because I can make new friends and go abroad to another country. It's a good experience for me. Time runs so fast just only 2 days we spent together and after that we had to leave. Friends from another countries are very friendly and I feel very happy to have new friends.

Hi everyone, It's really nice to know you all. This program wouldn't be this fun without you. Thank you for coming and for anything that made us meet. Even the time is so short but I'm sure we are all having a great time together!

Discussing in English is very difficult for me. However, I enjoyed it through my stay in Vietnam. I'm very appreciated to the students in UMP.

ACKNOWLEDGEMENT

Tokyo Medical and Dental University
Assoc.Prof. Sachiko Takehara

September 5, 2015

Binh Chau Resort, Vung Tau city

On behalf of the participants from TMDU, it is indeed my pleasure to make a few closing remarks. First, I would like to express my appreciation to all of you for your cooperation in helping us during the entire program, and for making it such a success. Thank you all very much. My appreciation also goes to all the faculty members and students from University of Medicine and Pharmacy, Ho Chi Minh City for your great hospitality.

As some of you might know, the first global retreat was held in 2012. This is the 4th global retreat. So far it was held in Japan, Thailand, and Indonesia. It provides us with a great opportunity to exchange our opinions and future dreams, as well as to deepen our friendship. The global retreat is a part of “the Inter-University Exchange Program toward Medical and Dental Networking in Southeast Asia” supported by a grant named “Re-Inventing Japan Project” from the Ministry of Education, Culture, Sports, Science and Technology (MEXT), Japan. The project aims at nurturing young educators, researchers, and caregivers who can independently assume leadership roles in medical and dental fields.

To be sure, it was wonderful that so many participants from Chulalongkorn University, University of Indonesia, University of Medicine and Pharmacy in Ho Chi Minh City and Tokyo Medical and Dental University were able to join here in Vietnam. It was two days program, and full of activities. I hope that you will bring back what you have learned and experienced here through this global retreat, and share with your friends back home.

Thank you all again for joining us for the Global Retreat 2015, and please let me conclude my remarks by offering my best wishes for the bright future of all of the participants and faculty members in attendance, and for the continuity of our friendship.

Thank you very much.

