



The American Student Dental Association

White Paper on Ethics & Professionalism in Dental Education

The American Student Dental Association White Paper on Ethics and Professionalism in Dental Education. Chicago: 2009

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ASDA White Paper on Ethics and Professionalism in Dental Education

Developed by the ASDA Professionalism and Ethics Task Force

Introduction

In recent years, the news media has been inundated with stories of cheating scandals and impropriety within dental schools^{1,2,3}. Institutions and organizations within the profession have made significant attempts to put an end to the cheating, yet despite the valiant and commendable efforts on the part of these bodies, widespread misconduct still remains⁴.

The American Student Dental Association (ASDA) believes that ethics and professionalism is the foundation upon which the profession of dentistry is laid. Adherence to high ethical principles is paramount in our profession, owing to the fact that patients who seek care must place their well-being and trust in the dentist^{5,6,7}.

The ASDA Student Code of Ethics states that, “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 and fairness in both the didactic and clinical learning environments. Ethical and professional behavior by dental students is characterized by honesty, fairness, and integrity in all circumstances; respect for the rights, differences, and property of others; concern for the welfare of patients, competence in the delivery of care, and preservation of confidentiality in all situations where this is warranted⁸.”

The purpose of the ASDA White Paper on Ethics and Professionalism in Dental Education is to provide an overview of the state of ethics in dental education today, as well as offer solutions on how our profession can rectify this dilemma.

Background

Academic dishonesty and the violation of ethical principles are widespread and have plagued all levels of education in the United States for many years. Professor Stephen Davis of Emporia State University told US News & World Report that his studies show that only 20% of college students reported cheating in 1950⁹. Thirty-six years later, in 1986, a survey of college students by Haines et al. found that 54% admitted to cheating¹⁰, with a follow-up study in 1996 showing 61%¹¹. Professor Donald McCabe, founder of the Center for Academic Integrity, reports that more than 75% of students cheat at least once while in college^{9,12,13}. Yet the most unnerving statistic comes from the US News & World Report survey that showed that 84% of students believe they need to cheat to get ahead in the world today⁹.

Despite the vast amounts of academic dishonesty at the undergraduate level, students begin cheating at a much younger age. A study by Fred Schab¹⁴ found that from 1969 to 1989 the number of high school students that admitted to using a cheat sheet on an exam doubled, increasing from 33.8% to 67.8%. In a 2008 survey of nearly 30,000 high school students conducted by the Josephson Institute¹⁵, 64% admitted to cheating on a test, and 30% confessed to stealing from a store, each within the past year. Studies have shown that cheating begins in as early as the sixth grade, with 45% of children in McCabe's study admitting to have copied another student's answers on a test.

The aforementioned numbers are alarming, yet one would think that in the dental profession, which is ranked as one of the top 10 most trusted and ethical professions in America^{16,17}, impropriety would be much less severe. To the contrary, the August 2007 issue of the *Journal of Dental Education*⁴, reports a study by Andrews et al. in which 1,153 dental students were surveyed regarding academic integrity. The results showed that 74.7% of students admitted to some level

of cheating. This report, coupled with accounts of students forging faculty signatures on patient charts¹⁸, performing unnecessary procedures on patients in order to complete requirements^{4,19,20,21}, and of institutions taking monetary contributions to accept students to specialty programs¹, among many others, conveys to us that immediate action must be taken.

Ethics Defined

Prior to looking further into the issue of ethics in dental education, it is important that we define the subject of which we are investigating.

According to the Oxford American Dictionary²², "Schools of ethics in Western philosophy can be divided, very roughly, into three sorts. The first, drawing on the work of Aristotle, holds that the virtues (such as justice, charity, and generosity) are dispositions to act in ways that benefit both the person possessing them and that person's society. The second, defended particularly by Kant, makes the concept of duty central to morality: humans are bound, from a knowledge of their duty as rational beings, to obey the categorical imperative to respect other rational beings. Thirdly, utilitarianism asserts that the guiding principle of conduct should be the greatest happiness or benefit of the greatest number."

Nash⁷ added that, "Ethics is about the basic moral standards inherent in the structure of social living, incumbent on all human beings regardless of the presence or absence of any religious convictions." In addition, professionalism can be defined as a set of values, or overarching principles to which a doctor is held²³.

Academic integrity is described as honesty in all matters that relate to an academic environment²⁴, whereas academic dishonesty is the intentional

participation in deceptive practices that relate to one's academic work, or that of another²⁵. Furthermore, cheating is defined as the use of unauthorized assistance in an academic activity²⁵.

It is through these definitions that we can probe further into the ways in which students cheat and commit unethical acts, as well as their justification for doing so.

How & Why Do Students Cheat? ...And Their Justification for Doing So.

Methods of committing improprieties within dental education take on many forms, but can be broken down roughly into two main areas: acts committed in didactic courses, and those committed in clinical work.

Historically, students have engaged in acts of academic dishonesty during didactic courses by: copying of another student's work, falsifying attendance, using unauthorized exams, remembering and using unreleased national board questions, and via plagiarism^{4,26,27,28,29}. Though with the advent of new technologies such as cell phones, email, iPod's, Bluetooth technology, PDA's, cameras, hacking software, and online file sharing, students are consistently finding new ways to cheat. It has been found that exams have been copied through the utilization of camera phones, that text messaging facilitates the exchange of exam answers between students, and that the Internet has been used to hack into faculty's computers and retrieve or alter confidential information³⁰.

For example, Andrews et al. reported an instance where two students rested their hands, which were holding their cell phones, on their heads and exchanged answers during the exam. Another occasion reported that, "10 students, each using

camera cell phones, taking one picture of one page of an exam at varying times in an exam, then collaborating and putting them into a Word document to distribute to the next year's class."⁴

Academic dishonesty in the clinical realm has a more direct impact on the lives of the patients we treat and therefore can be considered more egregious. Examples include sending pre-clinical lab work to a dental lab, forging faculty signatures on patient charts, performing unnecessary procedures on patients to satisfy graduation requirements, delaying patient treatment for future use on licensing exams, among many others.

In a study regarding ethical lapses on clinical licensure examinations by Feil et al., 13.7% of students reported knowledge of instances where a patient was coerced into a treatment choice that would have otherwise not been recommended; 19.3% knew of students who prematurely treated a lesion for examination purposes; eight percent reported knowing classmates who purposefully created a lesion for the exam; and 32.5% reported knowledge of unnecessary radiographs¹⁹. In the same study, 23.9% of students reported neglecting to make arrangements for follow-up care despite the fact that it was needed¹⁹.

Although the aforementioned ways of committing unethical acts tend to be utilized frequently, they are not meant to be an exhaustive list.

Now that we have identified many of the ways in which students cheat, the question becomes why? Studies show that allegiance to fellow classmates, lack of an honor code tradition, desire to be evaluated on the same plane as others who cheat, cynicism towards the school, not valuing the didactic course, unreasonable expectations on the part of the faculty, stress associated with intense workloads, and student laziness and apathy, are all reasons that students report for cheating^{4,26,28,31,32}.

One student in the Andrews et al. study declared

that, “If you believe that there is a compromised integrity in this school, as many of us do, then I think it would be good to examine the pressures we are under. Many of the students are moral and good people, but everyone has limits and this place will push the limits.”⁴³

Students have also reported taking shortcuts in clinical care for reasons of unreasonable graduation requirements, and the specificity of clinical procedures on licensure exams.

Though students directly make the decision to participate in academically dishonest behaviors, not all of the blame should rest on their shoulders. Academic institutions and examining bodies should also be held accountable.

Academic Institutions & Examining Bodies Ties to Academic Dishonesty

There are many ways in which dental schools, both spoken and unspoken, create an environment that fosters academic dishonesty.

In recent years, the Institute of Medicine (IOM)³³ and the American Dental Education Association (ADEA)³⁴ recommended that dental schools adopt comprehensive care clinic models in order that students treat their patients as a human beings, and not as procedures nor a means to graduation. When a school has strict numbers based requirements, students are forced to seek out patients that have the procedures required for their graduation. This will inevitably place students in a situation in which they must choose between what is best for their patient, or for themselves. An example of this, published in an article by Koerber et al.²⁰, describes students who confessed to selectively neglecting patients in order to complete graduation requirements.

Dr. Darryl D. Pendleton, Associate Dean for Student and Diversity Affairs at the University of Illinois Chicago College of Dentistry, stated in Koerber’s article that, “Some faculty and staff create an obstacle course loaded with put-downs and insults, which ultimately defeats the lessons taught in ethics curricula. Such obstacle courses have little to do with training dental students and lots to do with making students recognize that they are subordinates.”²⁰ This type of treatment breeds cynicism on the part of the student, and a study by Ameen et al. shows a positive correlation between cynicism and cheating²⁶.

Many times, it is the unspoken messages that are the most powerful in fostering an environment in which academic dishonesty flourishes. Sharp et al. said that, “It is well understood that students acquire professional behaviors and notions of acceptable practices through their interactions and observations with patients, faculty, staff, and fellow students during their training. In medicine, this broader learning has been described as the hidden curriculum.”³⁵ This concept, as described by Frederic Hafferty, is an intangible environment whose, “messages may be in direct conflict with what is being touted in formal courses on medical ethics or with what are formally heralded by the institution as desirable standards of ethical conduct.”³⁶ This sentiment is akin to the popular expression, “Do as I say, and not as I do.”

The hidden curriculum is a phenomenon that is conveyed every day, even without knowledge of its communication. One student, in an interview by Koerber et al. stated, “When a student was caught for cheating and disciplined by only a slap on the wrist, more and more individuals began cheating. There was nothing to fear.”²⁰ Another student interviewed by Andrews et al. stated that, “About a dozen different people have been caught cheating. There has not been a single punishment handed down to any of them. What does this tell the student body? You might as well cheat until you get caught, because nothing will actually happen when you do.”⁴³ When offenders are not pun-

ished for their actions, it is an implied acceptance of the behavior.

Moreover, when schools recognize those with lofty GPA's, great board scores, and high clinical production, yet fail to give credit to those that exemplify high morals and professionalism, a message of what the school holds as its top priority is passed.

Pendleton also stated that, "If they (students) witness favoritism, prejudicial behavior, or power games, it only dilutes their opinion of morality in dental education and diminishes the meaning of ethics curricula."²⁰

In the study by Andrews et al. one student noted that, "There is a huge double standard implemented by the faculty of my school. They often get upset at us for using old tests to focus our studying; however they ask us to memorize questions on National Boards to help the classes below us."⁴⁷ This type of encouragement leads the student to begin to believe that cheating is acceptable. When faculty and administration do not practice what they profess, it is difficult for a student to assess what is truly ethical in a profession that they are only beginning to understand.

Examining bodies, specifically those who administer the National Board Dental Exams (NBDE) and clinical licensure exams, can unknowingly promote unethical behavior through the way in which they set up, regulate, and administer their examinations. When an exam such as the NBDE1 is offered nationwide, on almost any given day, and with a limited variety of tests that are not routinely changed, it is inevitable that students will begin to cheat and compile remembered questions. It only takes one individual to start a domino effect⁵.

Licensing bodies can also encourage unethical behavior in a similar fashion. Dr. Brooke Loftis, former ASDA President, stated:

"ASDA continues to fully support the elimination of live patients in its current format for

the use of initial clinical licensure. How can we continue to allow an examination process that encourages marginally unethical behavior from students? We must protect our patients and provide them with the best care possible. After four years, the clinical licensure exam procedures I recently completed are the last clinical procedures I will perform within my dental school. I will never forget the students who were delaying treatment of patients, over-radiating their patients, over-treating lesions, and paying outside services for the supply of patients to use during the exam."

Additionally, ASDA's L-1 policy on Initial Licensure Pathways states that, "Although the American Student Dental Association does not support the use of live patients in traditional clinical licensing examinations, the association recognizes the potential for creation of an ethical, patient based examination."³⁷

It is imperative that dental institutions and examining boards recognize and tailor the messages they send via the spoken, and unspoken hidden curriculum, so that students don't confuse messages of ethics and professionalism.

Dangers of Continued Academic Dishonesty & of Graduating Unethical Dentists

An article in the Spring 2008 issue of the Journal of the American Student Dental Association said that:

"Academic dishonesty is contagious: to oneself and to those around you. The basis of academic dishonesty being contagious to oneself is that continued cheating breeds two outcomes. First, it causes the person cheating to become desensitized to the inherently wrong nature of the act, making it easier to

justify that same behavior in the future. Secondly, it fosters an attitude of complacency rather than hard work, because the cheater gets all of the glory without any of the stresses that come along the road to success.⁵”

“The rationale for academic dishonesty being contagious to those around you is twofold as well. First and foremost is the reason stated by Andrews, et al, that when some students cheat, giving themselves an unfair advantage, the remainder of the students feel they must cheat in order to maintain equality. Secondly, the supposed ease at which those who cut corners have in getting high grades and into residency programs causes others who may not have behaved that way to follow suit.⁵”

Upon graduation from dental school, the new dentist receives much less supervision and mentoring. This is alarming, owing to the fact that a student who has cheated his way through dental school would be under-qualified, and may lack knowledge that is crucial to the treatment of their future patients^{38,39}.

A study by Sierles et al. found a positive correlation between cheating in medical school, and cheating in patient care once the student had graduated^{38,40}. Thus, the most disconcerting danger of unethical dentists graduating from dental school is that they are more prone to commit impropriety that adversely affects their patients after graduation.

Thus, if we do not continue to make strides to find solutions to the widespread academic dishonesty in dental education, our patients may be the ones to suffer.

attempted to solve the problem. Despite their valiant efforts, and the positive impact that their endeavors have had, the fact remains that impropriety in dental education is increasing. In an ideal world there would be a single, silver-bullet-type solution that would resolve the issue. This not being the case, we must look at what has been, and is currently being done to solve the dilemma, and then identify gaps in the current methods. Knowledge of these gaps can provide us with additional solutions, which will augment our current problem solving strategies.

Methods that are currently used to infuse ethics into dental education include: providing ethics courses with various curriculums³⁵, the use of honor codes^{24,41,42,43}, white coat ceremonies⁴⁴, the formation of ethics committees⁴⁵, the introduction of comprehensive care clinical models⁴⁶, and the use of different interview techniques to avoid accepting unethical dental school applicants⁴⁷.

The aforementioned methods have been successful to a degree, yet none have been sufficient to solve the dilemma. Hutchins et al. declared that, “Unfortunately, based on the apparent problem, it appears that many institutions are continuing to behave by doing the same thing over and over and expecting different results.⁴⁸”

Therefore it is important that we not only discuss the continued use of these methods, but brainstorm, develop, and implement new ways of combating the widespread academic dishonesty. A discussion on these methods, along with many others, will be explored further in the best practices section of this paper.

What Has and Is, Being Done to Solve the Issue

For as long as there have been breaches in academic integrity, stewards of dental education have

Best Practices

The American Student Dental Association recommends these as best practices to create an environment that fosters ethical behavior and deters impropriety.

DENTAL STUDENTS

ASDA recommends these as best practices for dental students:

1. Personally maintain the highest standards of academic integrity⁸.
2. Avoid engaging in any form of academic dishonesty⁸.
3. Report unethical activity and violations of the school's honor code to the appropriate body at the school^{2,14,24,28}.
4. Hold the school accountable for regulating its honor code and ensure that it is reviewed regularly and updated when necessary to remain both relevant and effective^{4,24}.
5. Be cognizant of the ethical implications of each situation encountered throughout his/her dental education, weighing the moral ramifications of each decision made^{7,49,50}.
6. Periodically examine his/her behavior in light of ethical principles and practices, as a reminder and correctional aid²⁰.
7. The treatment of patients shall be governed by each patient's individual needs and not influenced by graduation requirements or any other outside factor^{4,6,8}.
8. Take the school's ethics related activities, such as the "White Coat Ceremony", seriously. Commit to and embody the behavioral and practice principles pledged in those activities and ceremonies.
9. Personally uphold and promote the school's honor code and encourage others to do the same^{4,51}.
10. Seek membership and actively participate in organizations that promote ethics, such as the American Society of Dental Ethics (ASDE), and the American College of Dentists (ACD), among others⁵².
11. The following behaviors are unacceptable in all circumstances⁸:
 - a. Cheating on examinations by seeking, giving or receiving unauthorized aid.
 - b. Forgery.
 - c. Intentionally deceptive alteration of documents.
 - d. Unauthorized possession of another's property.
 - e. Plagiarism.
 - f. Abusive acts or the use of abusive language.
 - g. Possession or use of illicit drugs or weapons.
 - h. Sexually abusive language or behavior, recalcitrant or drunken behavior, or racist or sexist behavior.
 - i. The intentional infliction or threat of harm to patient, faculty, staff or other students.

ASDA recommends these as best practices for ASDA Chapters:

12. Hold the school accountable for regulating its honor code and ensure that it is reviewed regularly and updated when necessary to remain both relevant and effective.
13. Create an original class honor code or honor pledge, with active participation from all students.
14. Ensure that students are representatives and active participants in the dental school's ethics committee or judicial council^{4,53}.
15. Develop a student-run, student-driven ethics club/discussion group that involves students at all levels of dental education.
 - a. Make ethics an open topic that students discuss regularly and enjoy conversing about⁵⁴.
 - b. Create club/discussion group activities which encourage others to maintain academic integrity.

PRE-DENTAL STUDENTS

ASDA recommends these as best practices for future dental students:

1. Maintain the highest moral and ethical standards befitting a health practitioner.
2. Become familiar with and commit to live by codes of ethics governing the profession of dentistry.
3. Avoid engaging in any form of academic dishonesty.
4. Report unethical behavior such as cheating to the appropriate body at his/her school²⁸.

DENTAL SCHOOL FACULTY

ASDA recommends the following as best practices for dental school faculty members:

1. Set the tone for ethics at the school, taking the subject seriously and leading by example^{7,25,35,36,46}.
2. Personally uphold the honor code and encourage every student to do the same^{4,6,48,51}.
3. Enforce the honor code, hold the school accountable for regulating it, and ensure that it is periodically reviewed and updated to ensure its relevance and effectiveness^{4,7,9,10,12,24,32,43,48}.
4. Have the honor code present, or a pledge to abide by the honor code, at all exams and require student signatures attesting to their understanding of it and their agreement to being bound by it^{2,4,48}.
5. Participate in school ethics initiatives such as White Coat Ceremonies and affirm commitment to the school's honor code^{2,20,44,55}.
6. Ensure that faculty members are represented on and are active participants in the school's ethics committee or judicial council.
7. Maintain confidentiality of the informant of ethical violations, and create safe environment for reporting such impropriety²⁸.
8. Participate and proactively support student-run, student-driven ethics clubs.
9. Serve as a mentor to students, encouraging and responding to inquiries and concerns about ethics^{23,25,56,52}.

10. Stay abreast of the way in which students commit unethical acts, adjusting the school's honor code and its enforcement processes to accommodate changes in the prevalence or nature of student ethics violations^{4,12,24,53,54}.
 - a. Consider utilization of new methods of detecting cheating such as online plagiarism databases like www.turnitin.com²⁹.
 - b. Create multiple versions of each test administered^{26,30}.
11. Standardize released test files, and review them annually. Create equal access to the test files for all students.
 - a. Post only those exams which are intended for release or circulation.
 - b. Create new test questions for each exam^{4,5,11,24}.
 - c. Inform students about which materials are released and permitted for use.
12. Ensure that all exams are appropriately supervised^{4,24,48}.
13. Infuse ethics into all facets of dental education, including the ethical implications of treatment options and practices^{2,7,9,20,24,36,48,52}.
14. Promote ethical behavior with positive recognition of students who embody it⁴³.
15. Do not encourage the use of unreleased / remembered questions in studying for the National Board Dental Exams, nor use unreleased questions for Mock Board examinations.

DENTAL SCHOOL ADMINISTRATION

ASDA recommends the following as best practices for dental school administrators:

1. Make ethics an integral part of the admissions evaluation process^{23,57}.
 - a. Include in the applicant interview process tools which help to identify the applicant's attitudes and tendencies in terms of moral and ethical behavior.
 - b. Require that student letters of recommendation include an integrity evaluation to be reviewed with application materials.
 - c. Utilize a pre-test that can evaluate candidates prior to selection for interviews.
 - d. Use valid and reliable assessments of candidates non-cognitive abilities, through models such as Multiple Mini Interviews (MMI) that evaluate behavioral ethics during on-site interview.
2. Have and uphold an honor code which establishes ethical behavioral standards for dental students^{4,6,10,11,12,24,41,46,48,51}.
3. Encourage students to create their own honor code or pledge, with active participation from all members of the class.
4. Hold students, faculty, and administration accountable for living the honor code^{7,43,48}.
5. Regularly review and adjust the honor code to ensure its relevance and effectiveness^{4,12,43,48}.
6. Ensure that the school's honor code and processes for enforcing it include:
 - a. Confidentiality assurances for those who report violations in order to create a safe environment for reporting unethical activity or violations of the school's honor code²⁸.
 - b. Confidentiality mechanisms and processes to ensure presumed innocence, due process, and at the student's discretion legal representation for students accused of unethical actions or violations of the school's honor code^{28,52}.
7. Enforce the honor code with clearly identified and appropriate punitive action. Develop and utilize a punitive action grid that clearly delineates recommended punishments for each type of

code violation^{2,4,12,20,24,32,43,48,49}.

8. Make the honor code visible and its enforcement procedures available at multiple locations within the school^{2,29}.
9. Hold an annual White Coat Ceremony, or similar event^{2,44,55}.
 - a. Include in the ceremony a pledge to uphold the highest standards of personal and professional ethics and the dental school's honor code.
 - b. Educate students in advance regarding the pledge, code of ethics, and significance of the ceremony.
 - c. Encourage faculty and upperclassmen to renew oath²⁰.
 - d. Institute "The Ethics Ledger:" Have students sign their name in a continuing book at the White Coat Ceremony to affirm their commitment to the school's honor code⁴¹.
10. Create an ethics committee or judicial council⁴⁵.
 - a. Include in its composition all stakeholders within the school: students, staff, faculty and administration⁵³.
 - b. Establish appropriate processes for the conduct of the committee or council's work¹².
 - c. Provide legal counsel assistance for the council or committee's ethics violation case-specific hearings and deliberations.
 - d. Uphold the committee's or council's decisions without fear of litigation^{4,12}.
11. Devise a comprehensive ethics curriculum for students^{2,7,20,46,48,52}.
12. Use only comprehensive care-based, clinical curriculums, which are not requirements driven^{4,21,34}.
13. Provide opportunities and incentives for continuing education for staff, faculty, and administration in ethics⁴³.
14. Encourage faculty to enhance their ethics-related knowledge through further education, such as that offered by the American Dental Association's (ADA) and American College of Dentists' (ACD) Professional Ethics Initiative (PEI).
15. Support student-run ethics clubs¹².
16. Proactively encourage and recognize faculty for undertakings and efforts which embody high standards for personal and professional ethics and inspire ethical behavior^{12,23,43}.
17. Implement a program that provides mentors for students to discuss, inquire, and report ethics issues and violations^{25,46,52,56}.
18. Implement a process for ethics mentors to conduct individual ethics reviews with students, creating opportunities for introspection and a forum for ethical discussion^{2,4,20,23,46}.
19. Include sessions on ethics in faculty retreats, seminars, and training sessions^{4,12,20,36,52}.
20. Encourage faculty to instill ethics into their curriculum and all interactions with students^{2,48,52}.
21. Eliminate unapproved test banks and regulate approved test banks, as well as supplemental class materials. Ensure that these materials are available for all students equally⁴.
22. Explain ethical expectations, code of conduct, and punitive action grid to students at orientation. Reinforce ethical expectations at frequent intervals throughout dental education^{4,12,23}.
23. Create anonymous means of ethical conduct self-assessment by students^{4,43}.
24. Provide time for introspection and reflection on ethical conduct, encouraging students to keep ethics at the forefront of their thinking⁴⁶.
25. Incorporate ethics into course evaluations. Allow faculty to receive feedback to determine if course is ethically sound, and if scenarios encountered in the class are creating an environment that facilitates academic dishonesty^{48,58}.
26. Provide recognition for students for high ethical achievements⁵⁷.

27. Encourage / integrate community service into the dental school curriculum^{59,60}.
28. Incorporate extramural clinical rotations that focus on providing care to the underserved^{59,60}.
29. Place a greater emphasis on the promotion of academic integrity than on the punishment of academic dishonesty⁶¹.
30. Do not encourage the use of unreleased / remembered questions in studying for the National Board Dental Exams, nor use unreleased questions for Mock Board examinations.
31. Disallow on-campus patient procurement services and prohibit any endorsement of them by parties associated with the school.

ORGANIZED DENTISTRY

ASDA recommends the following as best practices for each organization within organized dentistry:

1. Have an honor code and ensure that it is provided to dental students.
2. Encourage AADSAS and PASS to include a standardized integrity evaluation along with letters of recommendation to be used as a component of the application process.
3. Incorporate ethics into success programs, lunch and learns, and all appropriate interactions with students.
4. Encourage increased research in ethics and professionalism to foster understanding and appreciation of ethics problems in dental schools and to identify the most effective ways to combat their progression.
5. Hold examining bodies accountable for utilizing testing methods that are fair, ethical, secure, and that benefit all³⁷.

EXAMINING BOARDS

ASDA recommends the following as best practices for examining bodies within the dental profession:

1. Create testing environments that uphold the codes of ethics that govern the profession of dentistry.
2. Create valid, and secure examination methodologies which prevent cheating.
3. Until a secure National Board Dental Examination (NBDE I&II) is created.
 - a. Limit the number of times per year the examination is conducted⁵.
 - b. Change examination content on didactic exams as frequently as the tests are administered.
4. Seek a clinical licensure process that eliminates the use of live patients^{37,52}.
 - a. If such a process does include patient care as part of the assessment, it should be performed by candidates on patients of record whenever possible, within an appropriately sequenced treatment plan⁶².
5. Discourage the use of patient procurement services.

Conclusion

Solving the dilemma of impropriety within dental education is a feat that is only attainable if all groups within dentistry band together, and form a united front to combat the issue. All too often, each group seeks its own solutions, without gathering the opinions, experiences, knowledge and

support of the other parties of interest. For our common goal of increased ethics in dental education to become a reality, it is imperative that we have more collaboration, and open lines of communication. The objectives of each group should become common goals: our goals.

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Acknowledgements

The ASDA White Paper on Ethics and Professionalism in Dental Education was developed by the ASDA Professionalism and Ethics Task Force. The members of this task force include:

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