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Ethics Education in Professional Psychology: A Survey of American Psychological Association Accredited Programs

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Abstract

Professional psychologists are expected to know ethical standards and engage in proactive analysis of ethical considerations across professional roles (e.g., practice, research, teaching). Yet, little is known about the current state of doctoral ethics education in professional psychology, including the content covered and pedagogical strategies used to ensure developing this core component of professional competency (de las Fuentes, Willmuth, & Yarrow, 2005). A survey of ethics educators from APA-accredited programs across the United States and Canada resulted in 136 instructors reporting on their program's ethics training. The majority of questionnaires returned were from Ph.D. programs (77.9%). A substantial number of programs were clinical (59.6%) and followed a scientist practitioner training model (69.9%). The response rate across specialties ranged from 34.5 % to 41.4%. Nearly all (95.6%) reported having a required ethics course. Lectures (95.6%) were the most common teaching method reported. Fully 100% of ethics educators reported teaching about mandated reporting and informed consent to treatment. An overwhelming majority (90% and above) covered the same 11 other topics, showing notable convergence in content. The most commonly used document across programs (99.3%) was the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2010). The most common type of assignment was reading (94.1%), and the most common teaching practice was "teaching by example" (90.4%). Finally the most endorsed teaching goal was advancement of critical thinking (94.9%). Implications for ethics education and future research directions are described.

Key words: ethics education, professional competencies, teaching, professional training

Ethics Education in Professional Psychology: A Survey of APA Accredited Programs

The awareness and application of ethics in professional activities is considered a core competency for professional psychologists (e.g., American Psychological Association [APA], 2011a; de las Fuentes, Willmuth, & Yarrow, 2005; Kaslow et al., 2004). The APA *Guidelines and Principles for Accreditation* (2009) require that ethics be covered as a component of doctoral education as well as internship and postdoctoral fellowship. Given that both competency and accreditation documents identify ethics as a central component of education and training in professional psychology, members of the APA Ethics Committee became interested in the current state of such education. A review of the literature identified only a few articles on the content or pedagogy of ethics education leading us to conclude that little is known about the state of ethics education in APA accredited doctoral programs. The current manuscript reports on data related to ethics education within APA accredited doctoral programs. Our goals in conducting the survey were to identify current and common practices in ethics education, provide practical suggestions for educators and trainers, offer recommendations for future research, and develop a survey format that could be used to track changes over time.

Standards for Ethics Education

The *Revised Competency Benchmarks for Professional Psychology* (APA, 2011a; hereafter Competency Benchmarks) specifies ethical and legal standards and policy as one of 16 benchmarks for professional psychologists. The Competency Benchmarks provide recommendations related to (a) knowledge of ethical/legal/professional standards and guidelines, (b) awareness and application of ethical decision making, and (c) ethical conduct across a developmental spectrum. Specifically, the Competency Benchmarks describe readiness for

practicum, internship, and entry to practice as three discrete developmental time points in which a professional demonstrates increasingly more sophisticated competencies related to ethics.

Graduate training programs must address practicum and internship readiness competencies, at a minimum, and also provide a solid foundation for ethics competencies required for readiness to enter practice. Knowledge suggested in the Competency Benchmarks ranges from basic familiarity to advanced knowledge of the APA *Ethical Principles of Psychologists and Code of Conduct* (2010) [hereafter, Ethics Code] and other relevant ethical, legal, and professional standards and guidelines (APA, 2011a). For instance, students ready to begin practicum should display ethical attitudes and values; by entry to practice they are expected to independently integrate ethical and legal standards with all the competencies required of a psychologist.

The Competency Benchmarks provide a series of markers that identify important content (e.g., relevant ethical/professional codes, guidelines, laws, statutes, rules, and regulations). The Competency Benchmarks do not list specific materials that must be covered in ethics courses nor pedagogical approaches to achieve learning of abstracts concepts such as "integrates own moral principles/ethical values in professional conduct." (p. 3). By providing such a level of detail benchmarks may deviate from their purpose and potentially mitigate their broad applicability. We sought further clarification from accreditation guidelines.

The *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (APA, 2009; herein Accreditation Guidelines) provides guidelines for accreditation of doctoral, internship, and postdoctoral residency programs in professional psychology. Guidelines that focus on developing competencies in ethical, legal, and quality assurance are found in Domain B: Program Philosophy, Objectives, and Curriculum Plan. As an example, the accreditation

self-study for doctoral programs requires that programs report separately on Professional Standards and Ethics as a specific curriculum area, and include information in a table specifying required academic/training activities and a description of how the program assesses competencies in this area. The Accreditation Guidelines do not specify how such competencies should be taught. Guidelines, like benchmarks, are intended to be broadly applicable and thus specific recommendations about topics or pedagogy are not included.

Ethics Education in Psychology

The professional literature addresses various models for teaching ethics in psychology (e.g., Handelsman, Gottlieb, & Knapp, 2008; Knauss, 1997; Welfel, 1992), and best practices for school psychologists (Williams, Sinko, & Epifano, 2010). Unfortunately, little information was available on the current status of ethics education within professional psychology. Most survey research on teaching ethics was dated or focused on narrow populations. A few studies document an increase in ethics courses over time (Handlesman, 1986; Ranshohoff, 2010; Tymchuck et al., 1979) and, at least in Australia, a broadened focus from research ethics to a more comprehensive listing of professional topics (Garton & Joyce, 2003). Other researchers identified major gaps in both the frequency and quality of ethics education and training in doctoral and master's programs in clinical and counseling psychology (Fine & Ulrich, 1988; Wilson & Ranft, 1993). A more recent survey of school psychology students in APA accredited doctoral programs (Tryon, 2001) found that students who had taken an ethics course felt more prepared to deal with ethical issues than those who had not.

Research primarily focuses on the examination of ethics education in the context of a specific applied subspecialty (i.e., clinical, counseling, school). Programs also have varied program philosophies or “training models” (e.g., scientist-practitioner, practitioner-scholar,

clinical scientist) that might impact ethics education and are separate from specialties. Each of these philosophies of training may inform what and how ethics are taught within programs. However, we did not find published information on the role of program philosophy/training model on ethics education. The present study attempts to fill this gap.

Given the limited nature of the existing survey data, we judged that the time was right for a survey related to current ethics education practices across program specialties and philosophies. The present study considers the contexts in which doctoral ethics education occurs and key characteristics of ethics programs and educators. Our goal was to learn about what educators believe are the essential elements of doctoral coursework in professional ethics and how they incorporate these components into curricula.

Methods

Participant and Program Characteristics

Participants were 136 instructors of ethics courses from APA accredited programs. The vast majority of questionnaires returned were from Ph.D. programs. A substantial number of programs were clinical and followed a scientist practitioner training model. The response rate across specialties ranged from 34.5 % to 41.4%. The overwhelming majority of programs required an ethics course. Ethics courses were most commonly offered on an annual basis and taught by core faculty. Instructors were typically experienced in teaching ethics and class size varied substantially. Most classrooms had doctoral students only. See Table 1 for specific data.

Sampling Procedures

The sample was drawn from the total population of APA accredited doctoral programs. A list of programs was obtained from the annual report in the *American Psychologist* (APA, 2011b). It consisted of 373 programs in the United States and Canada. A team of undergraduate

research assistants visited each program website and obtained the name and e-mail address of the Directors of Training (DT). DTs were asked to forward a link to the survey to "whomever teaches the ethics courses in your program." Participants were asked to respond to a brief survey and share their syllabus. An initial e-mail reached 283 DTs. When e-mails were not available, programs were contacted by phone. An additional 79 programs were identified. In all, nine programs were not contacted due to insufficient information. Of the 364 programs successfully contacted, 136 surveys were returned (37%).

The University of Denver Institutional Review Board approved this research. The University of Oregon and Utah State University IRBs reviewed the research protocol and deemed it outside of the scope of IRB. No incentives were provided for participation.

Measures

Because no existing surveys to assess ethics education were identified in the literature, the authors developed the survey for this study. All but one of the authors are current or former members of the APA Ethics Committee, have a combined 80 years teaching ethics, and have published scholarship on ethics topics. The survey consisted of 20 questions. Each question was followed by a list of potential answers as well as an "other" category. Participants were invited to select as many answers as applied.

Ethics instructors were asked to give information about their program specialty, degree offered, and program models, as well as information regarding the ethics curriculum. Instructors were asked if a freestanding ethics course was offered, whether the course was required and how frequently it was offered. Little information was collected on the instructors themselves; we did ask about their experience teaching the course and their faculty role. They were also asked about the number of students typically enrolled in their classes and when the courses were taught.

Participants were asked to share strategies they used to teach ethics (8 items). Strategies were based on the teaching experiences and ethics expertise of the authors. Educational content was assessed through two questions topics covered (37 items) and APA guidelines covered (17 items). Participants were asked about their "ethics course assignments and activities" (11 items). A list of seven teaching practices was provided and participants were asked to select all that applied. Instructors were asked to list their teaching goals from a list of 11 items.

Results

General descriptive statistics are presented for each of the variables of interest. We analyzed the differences across program specialization (clinical, counseling, school, combined), training model (scientist practitioner, practitioner scholar, clinical scientist), and degree offered (Ph.D., Psy.D.). However, when the program characteristics were examined for overlap, we found that nearly all counseling (93.1%) and school (95.7%) programs followed the scientist practitioner model. Clinical programs were more variable with 62.5% scientist practitioner, 28.8% practitioner scholar, and 8.8% clinical science models. Of the three combined programs reporting, two (66.7%) reported a practitioner scholar and one (33.3%) a scientist practitioner model. Similarly, the overwhelming majority of Ph.D. programs (88.6%) followed a scientist practitioner model, whereas the overwhelming majority of Psy.D. programs (82.1%) followed a practitioner scholar model. Only one program reported an "other" degree and it too followed a scientist practitioner model. Thus, analyses for all of these categories would result in confusing redundancies, so we limited comparisons to either program training model or program specialty.

Educational Strategies

The most commonly used educational strategy was lectures, followed by small group discussions (see Table 2). Over half of respondents used student presentations, large group

discussions, and experiential exercises. All other strategies listed were used by less than half of the respondents. Across models, practitioner scholar programs (82.1%) used large group discussions more often compared to scientist practitioner (59.0%) and clinical science (28.6%) programs, $\chi^2(2, N = 135) = 8.54, p = .014$.

Educational Content

Topics. Educators reported on 37 topics covered in their ethics courses (see full list in supplemental materials). Fully 100% of ethics educators reported teaching about mandated reporting and informed consent to treatment. An overwhelming majority (90% or over) reported teaching the following eleven topics: confidentiality, record keeping and documentation of psychological services, federal/state legal and regulatory issues, boundary issues / challenges, multiple relationships, conflicts between ethics and the law, competence, ethical issues in assessment, principle ethics, diversity / multiculturalism, and ethical issues in individual psychotherapy.

Clinical science programs reported less coverage of (a) principle ethics (57.1%) when compared to scientist practitioner (95.0%) and practitioner scholar (100%) programs, $\chi^2(2, N = 135) = 19.04, p < .001$; (b) decision making models (42.9%) as compared to scientist practitioner (89.0%) and practitioner scholar (92.9%) programs, $\chi^2(2, N = 135) = 13.61, p = .001$; and (c) conflict between ethics and the law (71.4%) as compared to scientist practitioner (96.0%) and practitioner scholar (100%) programs, $\chi^2(2, N = 135) = 10.94, p = .004$.

Practitioner scholar programs reported more coverage of (a) social media (96.4%) than clinical science (85.7%) and scientist practitioner (74.0%) programs, $\chi^2(2, N = 135) = 6.88, p = .032$; and (b) professional issues (96.4%) than clinical science (85.0%) and scientist practitioner (57.1%) programs, $\chi^2(2, N = 135) = 7.42, p = .024$.

Guidelines. Participants were asked about specific guidelines covered in class. The most commonly used document across programs (99.3%) was the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2010). A far second was the *Record Keeping Guidelines* (APA, 2007), used by 72.8% of the sample. All others were used sparingly (see supplemental table). Further analysis on guidelines by the program type revealed the following. Counseling programs were significantly more likely (41.4%) to include the *American Counseling Association Code of Ethics* (ACA, 2005) than clinical (6.2%), school (4.3%), or combined (0%) programs, $\chi^2(3, N = 136) = 25.56$, $p < .001$. Not surprisingly, school psychology (39.1%) and combined (33.3%) programs were more likely to assign the *National Association of School Psychology Principles for Professional Ethics* (NASP, 2010) than clinical (0%) and counseling (3.4%) programs, $\chi^2(3, N = 136) = 40.35$, $p < .001$.

There were no significant differences across clinical, counseling, school, and combined programs in their use of the Multicultural Guidelines (APA, 2003) to address diversity issues. However, there were differences in the use of the *Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients* (APA, 2012), with clinical programs (54.3%) having the highest use, followed by counseling (34.5%), combined (33.3%), and school psychology (21.7%) programs, $\chi^2(3, N = 136) = 9.33$, $p = .025$.

Finally, there were significant group differences in the use of *Record Keeping Guidelines* (APA, 2007) among clinical (80.2%), counseling (55.2%), school (65.2%), and combined (100%) programs, $\chi^2(3, N = 136) = 8.61$, $p = .035$. Similarly, there were significant group differences in the use of the *Guidelines for Psychological Evaluations in Child Protection Matters* (APA, 2011c) among clinical (32.1%), counseling (3.4%), school (21.7%), and combined (0%) programs, $\chi^2(3, N = 136) = 10.80$, $p = .013$. There were also significant group

differences in the use of APA *Guidelines for Psychological Evaluations in Child Protection Matters* among clinical (22.2%), counseling (3.4%), school (30.4%), and combined (0%) programs, $\chi^2(3, N = 136) = 7.72, p = .052$.

Assignments

The vast majority of ethics educators assigned readings in the form of textbooks or other readings. The oral analysis of ethical dilemmas/vignettes was another commonly used strategy for teaching professional ethics. Half or more of the participants reported assigning a paper analyzing ethics dilemmas/vignettes, and individual presentations. Fewer than half of ethics educators indicated that they assigned research papers, reaction papers, essays, group presentations, or the development of practice forms. See Table 3 for full data.

Some interesting program model differences emerged. Practitioner scholar programs all assigned a text (100%), compared to scientist practitioner (89.0%) and clinical science (71.4%) programs, $\chi^2(2, N = 135) = 6.09, p = .048$. Scientist practitioner (98.0%) and clinical science (100%) programs reported assigning readings more often than practitioner scholar (85.7%) programs $\chi^2(2, N = 135) = 8.02, p = .018$. Nearly half of scientist practitioner programs (45.0%) assigned reaction papers whereas only one quarter (25.0%) of practitioner scholar programs did so. No clinical science programs ($n = 7$) assigned reaction papers, $\chi^2(2, N = 135) = 8.32, p = .016$. No other significant differences were found.

Teaching Practices

The most common teaching practice among ethics educators was “teaching by example (modeling thinking and behavior)”. All of the teaching practices identified in the survey were endorsed by the majority of participants (see Table 3). Across program models, there were some differences in providing corrective written feedback, learning goals, and having expectations for

classroom behavior. Practitioner scholar programs reported more instances using the three. Specifically (a) almost all (92.9%) provided corrective feedback in written form compared to scientist practitioner (74.0%) and clinical science (57.1%) programs, $\chi^2(2, N = 135) = 6.05$, $p = .049$; (b) almost all (92.9%) provided learning goals compared to scientist practitioner (80.0%) and clinical science (42.9%) programs, $\chi^2(2, N = 135) = 9.14$, $p = .010$; and (c) most (82.1%) reported having expectations for classroom behavior compared to scientist practitioner (71.0%) and clinical science (28.6%) programs, $\chi^2(2, N = 135) = 7.83$, $p = .020$,

Teaching Goals

Ethics educators most frequently endorsed the following teaching goals: advancement of critical thinking, providing specific information and resources on ethics, and preparing students to use ethical decision-making models. This last point is interesting because fewer instructors endorsed addressing decision-making models directly under topics. See Table 4 for full data.

When examined by program type, scientist practitioner (71.0%) and practitioner scholar (78.6%) programs reported promoting students' self-discovery more often than clinical science (28.6%) programs, $\chi^2(2, N = 135) = 6.79$, $p = .034$. Practitioner scholar (50.0%) programs reported preparing students for comprehensive examinations more often than scientist practitioner (33.0%) and clinical science (0%) programs, $\chi^2(2, N = 135) = 6.73$, $p = .035$. Finally practitioner scholar (71.4%) programs reported preparing students for licensure more often than scientist practitioner (58.0%) and clinical science (14.3%) programs, $\chi^2(2, N = 135) = 6.73$, $p = .035$.

Discussion

Competency in professional ethics is a seminal component of training in psychology, "a cornerstone of a comprehensive and coherent professional identity" (Bashe, Anderson,

Handelsman, & Klevansky, 2007, p. 61). Whether professional psychologists work as clinicians, supervisors, academics, or researchers, a solid foundation in ethics is essential, and graduate education is the first step in establishing this foundation. Handelsman, Gottlieb, and Knapp conceptualized the importance of ethics education as "ethical acculturation" (2005, p. 59), that is, inculcating students with an appreciation of the ethical values of the profession. They noted: "Ethics courses present an excellent opportunity for students to explore their acculturation and to begin developing an ethical identity" (Handelsman et al., 2005, p. 63). This same strong belief in the importance of ethics training was reflected in the results of this study.

APA first required that ethics be integrated into accredited doctoral training programs in 1979 (Bashe et al., 2007). Before the initiation of this requirement, only 14% of doctoral programs in counseling and clinical psychology offered a separate ethics course (Jorgensen & Weigel, 1973). Ethics courses were offered in 64% of psychology programs by 1993 (Wilson & Ranft, 1993). Forty years after the first study (Jorgensen & Weigel, 1973), and 20 years after the second (Wilson & Ranft, 1993), 95.6% of respondents in the current study indicated that their ethics courses were a required component of the doctoral curriculum, reflecting increasing recognition of the integral importance of ethics education.

Not surprisingly, nearly all of the ethics educators in this study indicated that lecture is a primary instructional method. The pervasive use of this teaching method likely reflects an understanding that ethical practice is not primarily intuitive and that, in fact, it requires far more than good intentions. Acquiring knowledge of ethics has been likened to learning a new culture (Handelsman et al., 2005), and sometimes unlearning previous assumptions is key to that training. Thus, a significant portion of what professional psychology graduate students need to know about ethical behavior is factual. Lectures may be the most efficient and effective strategy

for accomplishing this objective. Reading textbooks, articles, ethics codes, licensing board regulations, practice guidelines, and federal and state or provincial statutes are commonly used to complement didactic presentations.

Beyond lectures, respondents identified teaching methods including small- and large-group discussion, student presentations, and experiential exercises. Results indicate significant agreement among ethics educators about the subject matter covered in their curricula. For example, all respondents prioritize teaching about informed consent and mandated reporting; and nearly all report coverage of confidentiality, documentation, and statutes and regulatory issues. That said, there are also some notable differences.

These five ethical issues are highly interrelated. One of the most critical components of informed consent to psychological services and participation in research pertains to a client's or participant's right to privacy. Because psychologist-clinicians and researchers are required to disclose specified types of information to law enforcement, intended victims of potentially lethal violence, and other government authorities, the limits to privacy must be explicated "using language that is reasonably understandable" (APA, 2010, p. 6). The APA Ethics Code (2010) clarifies that informed consent is a fundamental part of the process (3.10d) and that it must be documented (10.01a, therapy; 9.03a, assessment; 8.02, research). Thus, the decision of most ethics educators to prioritize these particular concepts is consistent with prevailing standards and actual experiences in practice (e.g., Pope & Vetter, 1992).

Another finding with implications for ethics education involves where an ethics course is placed in the sequence of graduate studies. In most cases, the course was taught during the first year and in nearly all cases, within the first three years. For students without clinical experience, ethics education may prevent future ethical mishaps. Conversely, a lack of clinical experience

may limits students' ability to fully appreciate the nuances and complexities of ethical concepts and their implementation. The material may be most useful to students with more clinical experience. Further research might compare the benefits and costs associated with the ethics course being placed at different points in the training sequence.

An understanding of the factual underpinnings of ethical behavior is a prerequisite to their application, but behaving ethically is probably far more challenging for students, particularly when they take an ethics course before encountering actual clients and research participants. Students may readily develop a theoretical understanding of the requirement to protect confidentiality, for example. Most would state unequivocally that they would report the abuse of a vulnerable adult and refrain from disclosing private information without authorization. Yet being able to select the correct response on a multiple-choice exam, or even to explain the concept in an essay, is qualitatively different from understanding the nuances of what constitutes abuse and which adults meet the criterion for "vulnerability" in particular jurisdictions. Similarly, students may find themselves sharing confidential information with a friend or partner without recognizing such action as ethically problematic.

Another topical focus of nearly all of these ethics educators pertains to boundary issues and multiple relationships. Boundary challenges provide a useful illustration of the distinction between having an intellectual or theoretical understanding of a topic and the competency required to apply this understanding to the complexities of real-life relationships with clients. Virtually all students would report that they would avoid secondary relationships with clients or research participants if such relationships might impair their "objectivity, competence, or effectiveness" (APA, 2010, p. 6) or to risk harm or exploitation. As with the issue of confidentiality, students likely will find it more difficult to put into practice their intentions to

use self-disclosure effectively, to handle wisely the offer of a gift, or to respond to a request for a hug in the context of a transference-laden psychotherapeutic interaction.

Despite remarkable homogeneity among responses, variability is evident in teaching methods, course goals, assignments, and ethical issues, codes, and guidelines addressed. Differences between practitioner scholar and scientist practitioner programs (e.g., more frequent use of textbooks, less use of reaction papers) may be attributable to larger class sizes in some Psy.D. programs (Norcross, Kohout, & Wicherski, 2005). It also makes sense that there would be a stronger focus on preparing students for licensure in practitioner scholar than in scientist practitioner or clinical science programs.

Limitations

There are several limitations to this study. First, as is the case whenever conclusions are based on self-report data, it is possible that participants' responses were influenced by their perceptions of what is desirable. Thus, they may have over-reported the number of topics addressed in their courses or exaggerated their reliance on research and professional literature. Also, because participants were asked only *whether or not* particular topics were covered, there may be other commonly covered topics that were not captured. Furthermore, there is no way to know from the current survey format the amount of time allocated to each topic.

A second limitation to the current study is that we collected little demographic data on ethics educators. The potential influences of age, years of experience, gender and ethnicity, for example, cannot be determined with available data. Also, we have no information on these educators' own ethics training, their primary professional experiences, or whether they are contributors to the ethics literature. Questions about the ethics educators themselves would provide rich information for further comparisons. For example, ethics educators who were

primarily researchers may be more likely to allocate more time and attention to research ethics. Conversely, educators who are primarily clinicians may spend more time addressing ethical issues relevant to psychotherapy, assessment, and supervision.

Recommendations and Conclusions

The results of this study provide an opportunity for ethics educators to learn from one another. Ethics educators employ many creative teaching methods, and although lecture appears to be the most common and necessary, it is only one strategy for facilitating the acculturation of ethical professionals. A semester-length course certainly does not allow for thorough coverage of every major ethical issue. Therefore, instructors must determine the relative importance of each issue and allocate course time in light of the goals and objectives of training programs, the likely career paths of students, and the zeitgeist surrounding professional ethics. The reports of educators suggest that teaching the practical applications of ethical principles and standards is essential.

Our results provide a valuable update to existing knowledge about ethics education in professional psychology programs. The historical shift from optional to required coursework in ethics appears to continue, with almost all surveyed programs requiring ethics education. There also appears to be a shift from clinically focused materials to broader applicability across areas (research, teaching) of psychological practice. There is substantial convergence in course content and teaching strategies. The time is right for more nuanced observations of ethics education and educators in the service of optimizing student learning and, hence, professionals' competence in ethics.

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Table 1

Frequency and Percentages for Participant and Program Characteristics

	n	%
Program:		
Clinical	81	59.6
Counseling	29	21.3
School	23	16.9
Combined	3	2.2
Program Model:		
Scientist Practitioner	100	73.6
Practitioner Scholar	28	20.6
Clinical Science	7	5.1
Degree Offered:		
Ph.D.	106	77.9
Psy.D.	28	20.6
Other	1	0.7
Ethics Curriculum:		
Single course	100	73.5
Part of a sequence of courses	28	20.6
Covered in other courses	8	5.9
Ethics Course:		
Required	130	95.6
Elective	4	2.9
Offered:		
Every semester/quarter	10	7.4
Every year	108	79.4
Every other year	15	11.0
Faculty:		
Core	119	87.5
Adjunct	17	12.5

Table 2

Frequency and Percentages of Instructional Strategies Used in Teaching Ethics

Strategy	*n*	*%*
Lectures	130	95.6
Guest speakers	63	46.3
Student presentations	94	69.1
Small group discussions	109	80.1
Large group discussions	84	61.8
Experiential exercises	85	62.5
Educational Videos/DVD	48	35.3
Popular media Videos / DVDs	41	30.1

Note: N and % represent "yes' responses. Participants were asked to respond to all that applied

Table 3

Frequencies and Percentages of Course Assignments and Activities and Teaching Practices

	n	*%*
Assignments and Activities		
Textbook/s	123	90.4
Other readings (journal articles, newsletters, etc.)	128	94.1
Oral analysis of ethical dilemmas/vignettes	113	83.1
Paper- Analysis of ethical dilemmas/vignettes	93	68.4
Individual Presentations	68	50.0
Experiential exercises (e.g. role plays)	62	45.6
Group Presentations	54	39.7
Paper- Reaction	53	39.0
Paper- Research	48	35.3
Paper- Essays	33	24.3
Development of practice forms (e.g., informed consent)	30	22.1
Teaching Practices		
Teaching by example (e.g., modeling thinking and behavior)	123	90.4
Developing a trusting relationship with your students	117	86.0
Providing learning goals	109	80.1
Using a Socratic method to promote students' independence	109	80.1
Providing corrective feedback to students: written	105	77.2
Having expectations and rules of conduct in the classroom	96	70.6
Providing corrective feedback to students: live / observed	90	66.2

Table 4

Frequencies and Percentages of Teaching Goals and Objectives

	n	*%*
Advancing critical thinking	129	94.9
Preparing students to use ethical decision making models	126	92.6
Providing specific information and resources on ethics	126	92.6
Teaching the ability to make difficult decisions	118	86.8
Preparing students for practicum/field experiences/internship	111	81.6
Teaching the ability to tolerate ambiguity	100	73.5
Promoting students' self-discovery	95	69.9
Preparing students for licensure exams	80	58.8
Being a resource to students rather than guide	62	45.6
Preparing students for comprehensive exams	48	35.3
Maximizing empathy	35	25.7

Supplemental Material-Additional

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