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A contextually relevant ethics education model

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Educational models or frameworks provide a bridge between the theories and their application in the educational process. They enable the educators and learners in creating a conducive learning environment through appropriately designed instructional activities. Building on the premise that a single learning theory may not satisfy all facets in medical education, medical educationists (Dennick 2014; Taylor and Hamdy 2013) have recently developed models for delivery of healthcare education using combinations of learning theories. By using two such frameworks, this paper introduces a novel model for delivery of ethics in healthcare education.

Educational models

Dennick (2014) proposes Constructive Experience as an educational model encompassing constructivist theory, experiential learning theory and humanistic theory. In this model, knowledge is created by an iterative process where ideas and concepts are formed and reformed through the stages of experiential learning cycle. Learning here is seen as a recurring process of theory creation through induction and reduction of ideas generated from previous knowledge and experiences, and assimilation and accommodation of newly formed concepts. According to Dennick, this model can be used for developing the process of adult education in varying disciplines (Dennick 2016).

Taylor and Hamdy (Taylor and Hamdy 2013) propose a Multi-theories model to guide the roles of teachers and learners in planning of curriculum. They developed the model on constructivist perspectives, in consultation with humanistic theory, transformational learning theory, and motivational and reflective frameworks. The Multi-theories model elaborates the roles of teachers and learners in five phases; dissonance, refinement, organization, feedback and consolidation. They further their model by

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describing the roles of teachers and learners during each of these phases during the development and implementation of the educational process.

Both models described above can provide a holistic approach to the delivery of education in general. However, they do not consider the intricacies of healthcare ethics education, for which a more focused model is needed. This model should specifically address the complexities of healthcare ethics in developing learners' ethical and moral reasoning skills, and should also cater for the demands of environmental and socio-cultural influences on healthcare ethics education.

A model for ethics education

A Contextually Relevant Ethics Education Model (CREEM) is conceived, grounded in the two frameworks for medical education described above (Dennick 2014; Taylor and Hamdy 2013). CREEM is designed to address the needs of ethics education.

The CREEM (Fig. 1) starts with a *task or experience* that the learner is engaged with for beginning the learning process in ethics education. This task or experience is designed with the relevance of learners' *socio-cultural context* and may comprise of a situation with an ethical issue or dilemma. The socio-cultural contexts influencing medical ethics education are informed by the *living environment* from where learners bring their cultural beliefs, values, traditions and social norms; and the *working environment,* with its standards, legal framework and societal expectations, from where learners bring their previous experiences. Vygotsky separates the living and working environments as Everyday Concepts and Academic Concepts (Haenen et al. 2003). According to Vygotsky, everyday concepts, driven from the living environment,

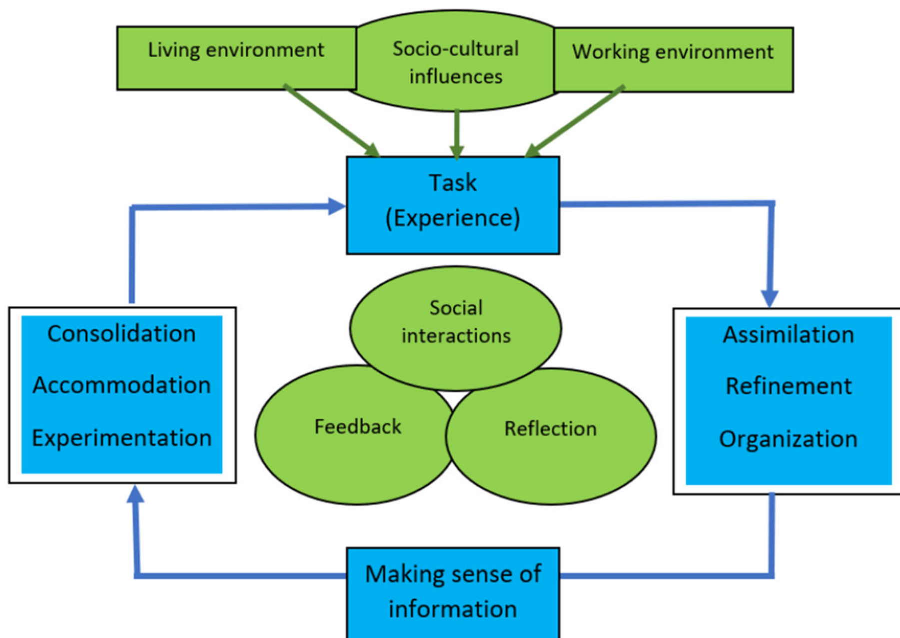

Fig. 1 Contextually Relevant Ethics Education Model (CREEM)

continue to develop from childhood to adult life, while academic concepts, driven from working environment, are formed later in educational endeavours. Learning can be influenced by any of the two environments, therefore, they need consideration in developing the task or experience that learners engage with for enhancing their knowledge and skills in healthcare ethics.

Further in this model, the learner goes through different stages in order to understand the situation or problem given in the task and make sense of the newly acquired information. These stages include: *Assimilation,* absorbing the information given in the task, *Refinement,* exploring possible explanations or solutions to the ethical problems from different angles, *and Organisation,* restructuring ideas to account for the new information and concepts. After going through the initial phase of learning, learner begins to make sense of the newly acquired information. The learning process further moves with the stages of learning through *experimentation* with the new information in addressing the task in hand, *accommodation*, incorporating the new concepts into learners' cognitive structures, and *consolidation*, where learner identifies what they have learned and how that helps in understanding or solving the task in the given context.

Central to the cycle of CREEM are *social interactions, reflection and feedback*. The framework of social interaction, reflection and feedback embedded within the model's learning cycle provide opportunities for the learners to articulate their newly acquired knowledge and test it against what other learners and facilitators believe, at every stage. This facilitates learning through reinforcing their thinking or guiding them to reconsider their thought process (Taylor and Hamdy 2013). In both cases learning is enhanced. Reflection and feedback in education have also shown to increase learners' motivation and internalization of knowledge (ten Cate et al. 2011). Social interaction of learners with other learners, facilitators and the society (environment) during their learning process enrich the experience of acquiring and understanding of the new information. It allows learners to see beyond their personal beliefs within their cultural context and encourages them to engage in discourse in ethics education (Dennick 2014; Wertsch and Stone 1999).

Implications of CREEM on delivery of ethics education

A feature of an educational model is that it suggests pedagogical interventions and techniques that can be used practically by educators. Hence, CREEM provides a coherent set of implications for delivery of ethics education in different socio-cultural contexts. These implications are:

1. Acknowledge and respect learners' socio-cultural values and beliefs.
2. Ascertain, activate and build on their prior knowledge, acquired from environment.
3. Provide appropriate learning experiences with consideration of learners' socio-cultural, living and working environments, and resources available to them.
4. Encourage social interactions in discourse on ethical practices.
5. Facilitate critical reflection and provide constructive feedback.
6. Develop a learning environment that supports open discussion, exploration and self-directed learning.
7. Demonstrate a learning relationship of trust and empathy with learners.

Conclusion

CREEM is specifically designed for guiding educational strategies for ethics. The model incorporates a wide range of elements including learners' environments, contexts, experiences, reflections and feedback. These elements assimilated in an educational strategy may address the requirements of medical ethics education and enhance its effectiveness in different socio-cultural contexts.

Compliance with ethical standards

Conflict of interest There is no conflict of interest.

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