The Health Professional Ethics Rubric: Practical Assessment in Ethics Education for Health Professional Schools

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The Health Professional Ethics Rubric: Practical Assessment in Ethics Education for Health Professional Schools

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Abstract A barrier to the development and refinement of ethics education in and across health professional schools is that there is not an agreed upon instrument or method for assessment in ethics education. The most widely used ethics education assessment instrument is the Defining Issues Test (DIT) I & II. This instrument is not specific to the health professions. But it has been modified for use in, and influenced the development of

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other instruments in, the health professions. The DIT contains certain philosophical assumptions ("Kohlbergian" or "neo-Kohlbergian") that have been criticized in recent years. It is also expensive for large institutions to use. The purpose of this article is to offer a rubric—which the authors have named the Health Professional Ethics Rubric—for the assessment of several learning outcomes related to ethics education in health science centers. This rubric is not open to the same philosophical critiques as the DIT and other such instruments. This rubric is also practical to use. This article includes the rubric being advocated, which was developed by faculty and administrators at a large academic health science center as a part of a campus-wide ethics education initiative. The process of developing the rubric is described, as well as certain limitations and plans for revision.

Keywords Ethics · Ethics Education · Assessment · Rubric · Interprofessional · Health Professional

Background

There is widespread agreement that ethics education is important in all of the health professions (Stern 2006; Yarborough et al. 2000). There is less agreement, however, concerning the outcomes of ethics education in the health professions. Broadly speaking, the literature supports two alternative views on the goal of ethics education in the health professions: 1) to create virtuous health care professionals in terms of behavior and intention; or 2) to equip health care professionals with a set of cognitive skills for analyzing and resolving ethical dilemmas (Eckles et al. 2005). This article is concerned with the latter.

Many health professional schools provide formal ethics education to their students. This training occurs in both didactic settings and clinical settings, sometimes as an individual course, or other times as a part of a larger course, such as an introduction to clinical medicine course. Because the field of bioethics only emerged in the 1970s, ethics courses are often taught by faculty with a variety of backgrounds, many without degrees or substantial training in ethics, though there is no agreement on what this training should entail (Chambers 2006). Indeed, at the national meeting of the American Society for Bioethics and Humanities in 2009, a panel was convened to address this very topic. In any case, common methods for teaching ethics include requiring students to listen to lectures, to read relevant literature, to present cases with ethical dilemmas in small groups, or to role-play in patient simulations (see, e.g., Fox et al. 1995). One way this training can be evaluated is by using instructor-created exams which include multiple choice questions or short-answer questions. Another way is by tracking scores on national licensing exams in relevant categories, such as ethics and professionalism. The purpose of this article is to offer a practical means of assessment of ethics education in health professional education. Assessment of ethics education in the health professions is difficult, and relatively new, but if ethics education is not evaluated and shown to be effective, it can lose space in the curriculum in favor of other clinical topics (Bertolami 2004).

Literature on Evaluation Instruments in Ethics Education

While ethics education can be evaluated by examining cognitive or behavioral outcomes (Stern 2006), this article, as noted, focuses specifically on cognitive outcomes. Although a

large number of instruments to evaluate ethics education exist, there are significant differences in technical design, target audience, goals, and instrument standardization and evaluation. Lynch et al. (2004) list forty-nine different instruments, of which nine were assessed with respect to validity and reliability. However, only three have been widely used in the health sciences. Four instruments have been created for and used within single studies, all of which were specific to medical students or physicians. Table 1 summarizes the characteristics of five of these instruments, along with two used in general undergraduate and graduate education as well as two other influential assessments.

The most widely used instrument is the Defining Issues Test (DIT I and II), originally developed by Rest (1979). Along with the Moral Judgment Interview (MJI) (Kohlberg 1984; cf. Kohlberg 1981; Baldwin and Self 2006) and the Sociomoral Reflection Measure (SRM) (Gibbs and Widaman 1982), the DIT is situated in a particular philosophical tradition, which might be called "Kohlbergian" or "neo-Kohlbergian" (Rest et al. 1999). This tradition has received a great deal of criticism, particularly from feminists (Gilligan 1982), because some believe it inappropriately favors abstract impartial reasoning as the highest form of moral reasoning as opposed to thinking about ethics as rooted in particular relationships (MacDonald 2007). In other words, a particular way of thinking about ethics is assumed, and perhaps unjustifiably so, and this way of thinking about ethics is embedded in the DIT. Another critique of the DIT is that it is expensive for large institutions to use. For example, to use the DIT for 5,000 students the cost would be nearly $4,500 (see http://www.centerforthestudyofethicaldevelopment.net/DIT%20price%20sheet.htm).

In addition to philosophical assumptions about ethics, instruments also differ in their design. Only one of the ten assessment methods listed in Table 1 is designed to be an oral interview: The Moral Judgment Interview (MJI). All of the others are written evaluations. Written evaluation instruments use multiple choice questions, rankings, or rubrics to evaluate short-answer or essay responses. And all of these instruments use pre-determined case studies or vignettes to present ethical dilemmas to the students (see Table 1).

Using rubrics has advantages that other assessment methods do not. Specifically, rubrics, unlike the DIT, do not necessarily privilege a particular way of thinking about ethics, but instead evaluate the quality of a student's response based on concrete criteria. Because, the Association of American Colleges and Universities (AACU) (2010) notes, "there are no standardized tests for many of the essential outcomes of an undergraduate education," they developed fifteen rubrics to assess these outcomes. One of these rubrics is for ethics education assessment: the Ethical Reasoning VALUE Rubric. The AACU notes that it is difficult, if not impossible, to assess whether or not students, after taking a given course or program, actually behave more ethically. But what *can* be assessed is whether or not they have the intellectual tools to think about ethical issues.

The Ethical Reasoning VALUE Rubric evaluates five areas of ethical reasoning:

- Ethical Self-Awareness,
- Ethical Issue Recognition,
- Understanding Different Ethical Perspective/Concepts,
- Application of Ethical Principles, and
- Evaluation of Different Ethical Perspectives/Concepts.

In each of these areas, learning activities can be scored on a continuum of 1–4, 1 being the lowest (benchmark) and 4 being the highest (capstone). Scores of 2 or 3 are milestones. In each of the cells of the rubric, the authors of the rubric explain what would constitute such a score. (For details on this rubric, see http://www.aacu.org/value/rubrics/pdf/

Table 1 A comparison of ethics education evaluation methods

Name of Instrument (if any) and Reference	Audience	Topics	Assessment Types	Rubric (Yes/No)	Comments
Moral judgment interview (Kohlberg 1984)	Adults	Moral development stage	3 hypothetical moral dilemmas with probing questions, oral	No	Prescribes ethical reasoning style, not universally accepted, expensive to administer and requires training to score, not health professional specific
Sociomoral Reflection Measure (Gibbs and Widaman 1982)	Adults	Moral development stage	Written version of MJI, free text responses	No	Prescribes ethical reasoning style, not universally accepted, not health professional specific
Defining Issues Test (DIT I and II) (Rest 1979)	Adults	Moral development stage	6 moral dilemmas with 12 choices for action and justification	No	Prescribes ethical reasoning style, not universally accepted, most frequently used, potentially expensive to use
Ethical Reasoning Value Rubric, AACU, AACU Website	Undergraduates	Ethical Self-Awareness, Understanding different ethical perspectives and concepts, Ethical issue recognition, Application of ethical perspectives and concepts, Evaluation of different ethical perspectives and concepts	Any work produced by students	Yes	Ethical reasoning style neutral, not health professional specific, theory driven
Rubric for Ethics Audit http://faculty.css.edu/dswenson/web/Gradingrubrics/rubricethics.html	Undergraduate and Graduate Students	Ethical awareness, organizational ethics, research ethics,	Any work produced by students	Yes	Ethical reasoning style neutral, broad, not health professional specific
Christie Ethical Decision-Making Questionnaire (Hoffmaster et al. 1991)	Family Doctors in Canada and US, General Practitioners in England and Wales	Patient autonomy and patient welfare	6 cases with a selection of five courses of action and ranking of reasons	No	Based on actual problems seen by Canadian family doctors, international panel of ethicists and family physicians validated scoring; Scenarios specific to clinical specialty; ethical reasoning

Table 1 (continued)

Name of Instrument (if any) and Reference	Audience	Topics	Assessment Types	Rubric (Yes/No)	Comments
					prescribed
Savulescu Ethics Competence Tool (Savulescu et al. 1999)	Medical Students	Ethical awareness and ethical reasoning	6 vignettes, open-ended response to question, scored using rubric	Yes	Vignettes, scoring criteria refined through inter-rater reliability, content validity and test-retest reliability; Scoring partly prescribes ethical reasoning
Siegler Assessment (Siegler et al. 1982)	Medical students rotating through internal medicine service	Ethical reasoning	Several simulated cases, free text response to question	Unsure	Cases developed by faculty, scoring created post hoc; Scoring independent of ethical reasoning style, not efficient
Sulmasy Questionnaire for House Officers (Sulmasy et al. 1995)	Faculty and House Officers	Ethics and law knowledge, ethics self-efficacy, attitude toward ethics education	21 MCQ	No	Reliability assessed, face validity through consultation with 2 ethicists; Legal questions specific to location
Health Professional Ethics Rubric (this paper)	Health Professionals and Health Professional Students	Critical thinking in ethics	Any work produced by respondent	Yes	Iterative by committee, inter- and intra-rater reliability; Ethical reasoning style neutral, applicable to all health professions

ethicalreasoning.pdf.) While the Ethical Reasoning VALUE Rubric was developed for general undergraduate education, we developed a rubric more appropriate for health professional education: The Health Professional Ethics Rubric. We began by identifying what would be the ideal characteristics for a rubric for ethics education assessment in our particular context at an academic health science center.

Characteristics of an Ideal Rubric for Ethics Education Assessment

In order for an evaluation rubric to be adopted widely in health professional ethics education, we suggest that the rubric should have the following characteristics: 1) while the rubric should be specific to the health sciences, it also should be applicable to multiple health professions; 2) the rubric should not assume a particular style of ethical reasoning; 3) while ethical reflection necessarily has an essential subjective component, the rubric should introduce some measure of objectivity to the evaluation; 4) the rubric should be reliable and valid; 5) from a practical standpoint, the rubric should be short and easy to use—faculty should be able to use it with minimal training, and it should be easy to explain to students; 6) the implementation of the rubric should not place a heavy financial burden on institutions; and 7) the rubric should be adaptable so it can be used for evaluating a variety of different student products or activities. We believe that these characteristics should hold for other methods of health professional ethics education evaluation as well, such as interviews and checklists. The DIT, for example, does not fulfill several of these criteria, such as criterion 2 and possibly criterion 6.

The Health Professional Ethics Rubric

The Health Professional Ethics Rubric (Table 2) is similar to the AACU Ethical Reasoning VALUE Rubric. The Health Professional Ethics Rubric, however, was designed specifically to fulfill the seven characteristics of an ideal rubric for ethics education assessment. While the two rubrics are similar, the Health Professional Ethics Rubric was not derived from the AACU Ethical Reasoning VALUE Rubric and, moreover, was developed prior to the publication of the VALUE Rubric. The AACU Ethical Reasoning VALUE Rubric is not suitable for our purposes because it seems to be theory-driven, as reflected in the order of areas to be evaluated in the AACU Ethical Reasoning VALUE Rubric. A common difference between the teaching of ethics at the undergraduate level and the teaching of ethics in health professional schools is that ethics education in health professional schools tends to be cased-based rather than theory-driven (Carson 1986; Fox et al. 1995). The major difference between the Health Professional Ethics Rubric and that of the AACU is that the Health Professional Ethics Rubric learning outcomes were derived from health professional literature (Beemsterboer 2010, pp. 88–89; Fletcher et al. 1997, p. 22 ff.; Shamoo and Resnik 2009, p. 34; Israel and Hay 2006, p. 132; Jennings et al. 2003), while the AACU Ethical Reasoning VALUE Rubric is rooted in committee work involving educators and administrators from undergraduate institutions.

The Health Professional Ethics Rubric is being used as an assessment method in a campus-wide ethics program at our institution. We will describe its development and its

application so that other institutions might be able to modify and to implement this rubric as a practical means of assessment.

Method

The Health Professional Ethics Rubric was developed by a committee comprised of faculty and administrators from all six schools of our academic health science center. To maintain good inter-rater reliability (or consistent consensus), we decided to have three possible scores (1 = insufficient, 2 = acceptable, and 3 = proficient) for each learning outcome area:

- Identifies an Ethical Issue,
- Outlines Options for Addressing the Issue,
- Selects a Personal Action Plan, and
- Identifies Professional Values Relevant to the Ethical Situation and Articulates their Relevance.

In each category, we list criteria for each possible score (see Table 2). The areas of evaluation were derived from ethical reasoning models that are widely used among the health professions (Beemsterboer 2010, pp. 88–89; Fletcher et al. 1997, p. 22 ff.; Shamoo and Resnik 2009, p. 34; Israel and Hay 2006, p. 132; Jennings et al. 2003) so as to establish

Table 2 The health professional ethics rubric © 2011 UTHealth

Outcome	Insufficient (1)	Acceptable (2)	Proficient (3)	Score
Identifies an ethical issue	Identification of ethical concerns is sparse or missing.	Identifies 2 of the ethical concerns in a complex situation.	Fully describes multiple ethical concerns in a complex situation.	
Outlines options of addressing the issue	Identification of options is sparse or missing.	Identifies 2 options for addressing the issue.	Fully describes multiple options for addressing the issue.	
Personal action	Description of personal action is sparse or missing.	Developed a realistic approach/plan about action in a complex situation, missed some minor considerations.	Developed a realistic approach/plan about action in a complex situation. Takes ownership for action/ decision.	
Able to identify professional values relevant to the ethical situation and able to articulate relevance	Identification of professional values is sparse or missing. The relevance of these values is not articulated.	Incorporates professional guidelines and applies ethical models or values to consideration of alternative options. Recognizes that alternate ethical perspective results in differing options.	Fully incorporates professional guidelines and applies ethical models or values to consideration of alternative options. In choosing one option, recognizes that alternate ethical perspectives result in differing options and is able to evaluate the merits of these differing options.	

face validity. Faculty with expert knowledge of health professional ethics also reviewed the rubric to confirm face validity.

The first use of the Health Professional Ethics Rubric involved a large survey that asked students to identify an ethical dilemma that they had encountered during their educational program, how the issue could have been or was dealt with, which professional values influenced their thinking, and what the ideal course of action would have been in that specific situation. This survey entailed obtaining and using the rubric to score 327 student surveys, and six reviewers independently scored these surveys. Four of the raters were involved in the design of the rubric, while two were first-time users. Three of the six raters had advanced training in bioethics. All of the raters found the rubric easy to use.

The open-ended questions to which students responded are listed in Table 3. Each rater spent approximately 5 min per student survey. The reason that this assessment time is minimal is because the time spent for the learning activity itself was minimal: 15 min. For more substantial learning activities, such as scoring essays, the assessment time would, of course, increase.

In order to determine inter-rater reliability, we divided the number of evaluator scores that agreed by the total number of scores from the evaluators. Six reviewers, as noted, scored five surveys, and each survey has four outcomes to be scored using the rubric. This means that, for a given outcome on the rubric, there could be 6 possible agreements. This also means that each survey could have 24 possible agreements. Perfect agreement on a given survey, then, would come to 24 agreements of scores/24 scores given by the evaluators. Perfect agreement on all five surveys would mean 120 agreements of scores/120 scores given by the evaluators. On the surveys that these six evaluators scored, the number of scores that agreed divided by total number of scores from the evaluators were as follows: 23/24; 21/24; 22/24; 20/24; and 23/24. This totaled to 109/120, or .9083.

Inter-rater reliability was not established on the first attempt. After the first attempt, the reviewers discussed their rationale for scoring, and, after an hour of discussion, the reviewers had come to an agreement on how to apply the rubric. The steps involved in this process included the following:

1) The evaluators scored 5 surveys independently, using the rubric;
2) The evaluators then shared their responses;
3) Inter-rater reliability was calculated, and found to be less than .80;
4) Differences of scoring were discussed, and the group came to a consensus as to how to apply the rubric when scoring the surveys; and
5) Five new surveys were selected, with the process re-initiated from the beginning.

The second time through this process the evaluators achieved an inter-rater reliability of .90.

Table 3 Questions from ethics and professionalism survey

1) Please provide an example of an ethical or professional dilemma that you have encountered during your education at this institution. Do not provide names or other identifying information.
2) Please describe the significance of your example to your professional activities.
3) Describe the possible options you considered in dealing with the situation and your evaluation of each option.
4) What did/would you do? Why did you choose that option?
5) Please list, if any, professional codes or historical precedents, principles, position statements, and cases that were relevant to your decision. How were they relevant?

Application

The strength and utility of rubrics is that they are used to assess open-ended type responses. Most of the other instruments presented in Table 1 are limited to the specific content that is included in the instrument, such as the Sulmasy Questionnaire for House Officers. The Sulmasy instrument seems adequate for its purpose—assessing knowledge of and confidence about ethical issues relevant to house officers—but this instrument cannot be applied to a variety of clinical or health professional settings, such as with dental hygienists or with social workers, easily; but it was not be intended to do so. The Health Professional Ethics Rubric has the flexibility to be used in many different teaching and learning venues, similar to the Ethical Reasoning VALUE Rubric.

We are applying and adapting the rubric to assess student learning using a number of learning activities, including short-answer responses to open-ended questions about ethical and professional issues; short-answer questions on examinations; short-answer responses to interprofessional ethics cases; online forum posts and discussions; and live discussions after grand rounds and guest lectures. For example, the Health Professional Ethics Rubric has been used in the Ethical Dimensions of Biomedical Research, a required course at the Graduate School of Biomedical Sciences at our academic health science center. In this course, students were asked to respond to an ethical dilemma posed to them. They were given the same dilemma on the first day of class and on the last day of class during the final exam. The dilemma, as well as the questions, can be seen in Table 4. The purpose of this assessment was to measure gains in critical thinking with regard to research ethics.

One reviewer scored 277 student responses, after achieving an intra-rater reliability of .80 with 5 student short-answer responses. The process for determining intra-rater reliability was slightly different from the process of establishing inter-rater reliability described above. Here, one reviewer scored five short-answers. Then, after waiting 1 h, this reviewer scored the same five short-answers again. The reviewer then divided the number of scores that agreed by the total number of scores. A perfect score would be 20 scores that agree divided by 20 total scores. The actual scoring was as follows: 3/4; 2/4; 4/4; 3/4; and 4/4, which totaled to 16/20, or .80. One month after scoring all of the short-answer responses, the reviewer re-scored 5 different short-answer responses from students so as to recheck intra-rater reliability. This time an intra-rater reliability of .85 was achieved (4/4; 4/4; 4/4; 3/4; and 2/4—or 17/20).

Table 4 Ethics scenario for the ethical dimensions of biomedical research

As a graduate student at the GSBS, you help to conduct research that leads to the publication of an article, of which you will be a co-author, along with three other scientists. The article has been submitted and accepted for publication, though there is a long waiting period for the article to appear in print. In the meantime, your research in the lab continues. You notice that new data disconfirm the conclusions of the article that your Principle Investigator submitted for publication. You inform your PI of the new data, but she just says that does not matter because the publication will be in print within 30 days and it will help her career.
1) What various ethical issues can you identify in this scenario?
2) What are the various options of dealing with the various issues that you identified?
3) What is the best course of action?
4) What professional codes or ethical principles support your position? How are they relevant?

High scores of reliability, then, were achieved with two different learning activities (see Table 5). This is promising for the application of the Health Professional Ethics Rubric for other learning activities.

The rubric also has been incorporated in various courses at the School of Dentistry, though on a much smaller scale, and faculty modified the rubric to fit their needs. Specifically, faculty added another area of evaluation that included identifying relevant clinical information. These faculty report that giving students clear guidelines about how to think through an ethical dilemma—that is, by giving them the rubric when they are giving the instructions for an assignment—has led to better student performance.

Another way the rubric has been used includes assessing student oral presentations. As a final assignment in a course in the School of Nursing, students were required to prepare and to deliver a presentation on an ethics topic of their choice. Topics included, for example, the ethics of the duty to treat in New Orleans after Hurricane Katrina and the ethics of rationing health care among the elderly. Immediately after the student presentations, two reviewers jointly scored the presentations using the Health Professional Ethics Rubric, and they subsequently wrote down their observations about how the presentations could be improved the following year.

The rubric has proven to be a practical means of assessment. Limitations, however, have been discovered—the rubric needs to be more discriminating than "insufficient," "acceptable," and "proficient." Once the rubric is revised to be more discriminating, it seems likely that the high reliability scores, which have been achieved with two learning activities, will increase. Our initial plans for further development will be noted below (see Table 5).

Discussion

There are strengths and limitations to any assessment method. Some bioethicists, especially those trained in the humanities, might consider a rubric to be too simplistic of an assessment method. Many such humanists think that multiple choice exams and short-answer questions cannot test humanistic knowledge, and that the only valid way of evaluating student learning with regard to ethics, or any other area in the humanities, is through essays, term papers, dissertations, and oral defenses. While this is a compelling viewpoint, it is not practical for health professional schools to incorporate these time intensive methods for assessment. Medical, dental, and nursing students have compact curricula that leave little room for writing comprehensive and reflective term papers on topics in ethics and professionalism on a regular basis. Health professional education is

Table 5 Data on two applications of the health professional ethics rubric

Learning activity	Number of respondents	Number of evaluators	Average number of respondents per evaluator	Estimated time spent by evaluator per respondent	Estimated total evaluation time	Type of reliability sought	Reliability achieved
Ethics and professionalism survey (see Table 3)	327	6	54.5	5 min	27.25 h (plus 2 h Calculating Inter-rater Reliability)	Inter	.90
Pre/post short-answer response (see Table 4)	277 (Pre=132; Post=145)	1	277	5 min	23.08 h (plus 1 h Calculating Intra-rater Reliability	Intra	.85

simply different from graduate training in the humanities. Health professional schools attempt to train health professionals to know enough about bioethics to have well grounded judgments when faced with difficult and controversial choices. Facing this reality, we have developed a rubric that recognizes the practical situations relevant to the realities of health professional education (one that, in our experience, is easy to use even if a health professional educator or administrator has not had advanced training in bioethics). In other words, we realize that health professional schools are not trying to train bioethicists but, rather, professionals who can recognize ethical issues and *begin* to think critically about these issues, and we have developed an assessment rubric accordingly.

This objection can be put another way. A truism in bioethics is that that good ethics requires good facts—a truism in bioethics with which we agree—and that the rubric presented here does not require what Geertz (1973) would call "thick description," or for biopsychosocial data as advocated by Engel (1980), or for methodological approaches such as casuistry as advocated by Jonsen and Toulmin (1990) or by Arras (1991), or for virtue ethics (Pellegrino 1995), or for narrative ethics (Jones 1999), or for ethics of care (Tronto 2005), or for other methods in bioethics, such as principlism (Beauchamp and Childress 2009). We value all of these approaches. Our answer to this objection is that we suggest that the methods mentioned here are not mutually exclusive with this rubric—any form of moral reflection may be evaluated with this rubric—though we concede the point that the Health Professional Ethics Rubric is not able to differentiate among the nuances of all of these alternative theoretical perspectives. In any case, we believe that a fundamental strength of the Health Professional Ethics Rubric is that it does not advocate any one system, or way of thinking about ethics, and the importance of this cannot be exaggerated when developing a rubric to be useful to many professions.

What the Health Professional Ethics Rubric attempts to do is to determine whether students can recognize the parameters of ethical practice in their field, can ask the right questions, can work within their relevant legal context, and can make the kinds of discriminations needed to respond ethically to challenging cases he or she will encounter in their career. Each of the theoretical approaches mentioned above will be helpful to students, but we have chosen not to privilege one over the others because we believe that there are many ways to live up to professional expectations. To choose one approach and thus exclude the others would seem unnecessarily restrictive, implying that the other approaches would not be equally adequate. The Health Professional Ethics Rubric allows students trained in many different methods to show the analytical sophistication that they have gained without prescribing the method they have used to achieve that result. This, we think, is the best approach because it focuses on what is most important—student ability to handle tough cases.

Limitations and Further Research

There are limitations to this rubric. We discovered, as noted, that the rubric should be more discriminating. In particular, there needs to be a category between "acceptable" and "proficient," such as "good." When scoring the responses for the student responses in the Ethical Dimensions of Biomedical Research, the reviewer found that the rubric was not capable of capturing the performance of students who fell somewhere between, for example, "identifying more than two ethical concerns in a complex situation" and "fully describing multiple ethical concerns in a complex situation." The same was found for outlining options for addressing the issue. With regard to identifying professional values relevant to the ethical situation and articulating their relevance, it was found that many

students were able to incorporate professional guidelines into their arguments but that few would weigh alternative perspectives according to various professional guidelines—this finding suggests that these criteria should be separated in the rubric. With regard to achieving intra-rater reliability, the reviewer who scored the student responses for the Ethical Dimensions of Biomedical Research found the greatest variability with regard to personal action, thus indicating that the rubric is not as concrete in its criteria in this area in comparison to other areas of evaluation. These issues will be studied further.

Conclusion

The approach to assessment of ethics education in health professional schools presented here is pragmatic. What the Health Professional Ethics Rubric requires is a level of justification to be provided for an ethical choice. Our description makes it clear that we are asking for not only a choice, but also a *reason* for that choice. The types of justifications that are acceptable may vary from a general ethical theory, such as utilitarianism; to a mid-level principle, such as beneficence (cf. Beauchamp and Childress 2009); or to an element of a professional code, a federal law, or state law. The key point here is this rubric requires students to provide arguments and rationales, not merely unsubstantiated opinions. What this rubric judges, in other words, is whether students, given enough facts and context, are familiar with some kind of justification rooted in one's professional values that fits those facts so that what they are presenting is given objective support and is not mere unreflective bias. The strength of this rubric, as opposed to other rubrics such as the Ethical Reasoning VALUE Rubric, is that the Health Professional Ethics Rubric is rooted in common learning outcomes shared among various health professions. Ethics education assessment, just like assessment in other areas, needs to be assessed in a variety of ways. This article offers one assessment rubric that can be a part of larger assessment strategies—such as in student portfolio based assessments, which are becoming increasingly common in graduate and undergraduate education (Tochel et al. 2009; Buckley et al. 2009) or in competency based assessments, which are common in schools of public health (Calhoun et al. 2008)—of health professional schools in the development of and the refinement of ethics education programs.

We encourage other educators to use this rubric for assessment purposes. For permission to use, please contact Nathan Carlin (Nathan.Carlin@uth.tmc.edu). There is no charge to use the rubric. The rubric can be accessed here: http://www.uth.tmc.edu/hhhs/programs/qep/documents/rubric.pdf.

Practice Points

- While ethics education is widely regarded as important, there is not an agreed upon method of assessment, and many methods are impractical and expensive.
- Rubrics offer a practical and inexpensive means of assessment.
- The Health Professional Ethics Rubric is rooted in common learning outcomes in health professional ethics education.
- The Health Professional Ethics Rubric is compatible with many philosophical perspectives and ethical theories.
- The Health Professional Ethics Rubric should be used as one component of a larger assessment strategy.

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