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Title: From Classroom to Community: Enacting Moral Education through Industry-Embedded Pedagogy

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Research Overview

This pilot presents community-engaged learning that enacts moral education through dialogical engagement embedded within local healthcare delivery. Using a Design-Based Research lens, it outlines the iterative development of the Health Hub Morayfield “World Café” pedagogy and examines its emerging potential to cultivate ethical awareness, empathy, and professional identity formation.

Purpose of Study

This presentation presents a pilot case study of an industry-implemented learning and teaching initiative designed to enact moral education through structured university–community partnership. Co-designed with the community engagement team at Australian Catholic University (ACU), the initiative centres on the Health Hub Morayfield (HHM) “World Café,” developed collaboratively with healthcare and community stakeholders.

The purpose of this pilot was to explore how philosophical commitments to human dignity, reciprocity, justice, and the common good can be enacted into pedagogical design within a real healthcare environment. Rather than treating ethics as abstract theory, the initiative embedded dialogical engagement with lived experience as a central method of moral inquiry within service design conversations involving students, healthcare professionals, and community consumers.

The pilot responds to enduring questions in philosophy of education concerning how moral formation occurs in professional programs. It proposes that moral learning is strengthened when students engage dialogically with lived experience and locally situated ethical issues. This case therefore documents the structure, rationale, and early implementation of the initiative while examining its potential to bridge classroom learning with community realities.

Research Methods

We used a Design-Based Research (DBR) lens to guide structured reflection and iterative refinement. DBR supports cycles of implementation, review, and adaptation within authentic educational settings.

The World Café pilot is being implemented across successive teaching cycles. Each cycle includes preparatory workshops, a guided consumer-perspective tour, facilitated rotating dialogue sessions, and structured reflexive assessment tasks. Students engage directly with healthcare consumers who share lived experiences of accessing general practice, allied health, and urgent care services.

Following each delivery cycle, the teaching and industry team review de-identified student reflections, Industry Sector Reports, Fieldwork Reports, and facilitator observations to inform adjustments to dialogue prompts, preparation materials, safety briefings, and assessment scaffolding. Attention is given to how instructional design influences students' articulation of ethical concepts and structural awareness.

Results and Discussion

The HHM World Café pilot brings students, primary care professionals, community volunteers, and health consumers together to co-create insights into healthcare access and service improvement. The structured, rotating dialogue model is grounded in principles of hospitable space, open questioning, diverse perspectives, and collective insight. Consumers are positioned as experts in their own experiences, operationalising respect for human dignity within the learning design.

Available observations suggest that students engage readily in dialogical exchange and demonstrate strong interpersonal empathy. Iterative refinements have focused on strengthening structural analysis, encouraging students to connect individual narratives with broader systemic barriers such as complex registration processes, mobility constraints, financial pressures, limited chronic disease management coverage, and psychological discomfort within clinical environments.

A central illustrative example involved a fictional consumer "Jed," a construction business owner encouraged to attend a free lung scan. Dialogue reveals logistical barriers including multiple appointments and potential fees, alongside emotional dimensions such as fear of diagnosis and productivity pressures. Collected reflections

indicate that students begin to reconsider assumptions about appointment non-attendance, to explore how service design and systemic factors shape health behaviours.

The pilot also foregrounds relational, cultural, and psychological safety. Preparation sessions emphasised confidentiality, recognition of power imbalances, and responsiveness to emotional disclosure. Facilitator observations suggest that structured safety framing enhances students' confidence and ethical attentiveness during dialogue.

From a philosophy of education perspective, the pilot illustrates how virtue-ethical and capability-oriented commitments can be embedded within experiential pedagogy. The iterative DBR approach enables closer alignment between moral intentions and instructional practice over time. The pilot shows promise as a model for community-engaged moral education integrating community partnership with professional formation.

Keywords

Moral education, industry-embedded pedagogy, design-based research, community engagement, health professional formation