The role of the clinical environment in shaping medical students' moral development

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ABSTRACT

Background: It is generally accepted that most students start medical school idealistically, yet often walk out cold and aloof. Studies have shown that moral development does not occur during medical education and that it, in fact, may plateau or even regress. There is no empirical evidence as to the cause other than that the slowing or regression is coincident with medical students’ exposure to the clinical setting. The investigation of medical students’ moral judgement remains under-explored and driven largely by a handful of scholars. This, confounded by a recent spate of suicides by junior doctors in Australia and other parts of the world, raises the question: what happens to students during medical school?

Summary of Work: To explore factors contributing to the preservation, regression, and segmentation of moral development during the clinical years of medical training, the authors carried out a qualitative study of medical students’ experiences and insights in the clinical setting. Students’ experiences, relationships with staff and patients, their personal responses and systems of coping and their interpretations of moral regression or plateauing was analysed.

Summary of Results: Focus group discussions and interviews showed that many students were confused by what they witnessed, engaged in unethical conduct, felt powerless to challenge authority, and believed that their moral judgement had declined. Students attributed lapses in moral judgement to the clinical environment, where the hierarchical structure, bad role modelling, and fear of not fitting into a team were commonly cited.

Discussion and Conclusions: Understanding the factors that promote, impede or segment moral development in medical students will allow improved strategies for student education, orientation and support and will encourage evidence-based strategies for faculty development of hospital clinicians and staff to improve hospital culture and student experience.

Take-home Messages: More research is needed to understand how medical students reconcile and rationalise their lapses in moral judgement, and what kind of emotional impact this has on their personal and professional lives. Understanding his may provide some insight into how medical students can be better supported, and how medical schools and hospitals can be reformed to foster moral and ethical growth.
“I found myself a despicable being!”: medical students’ emotional responses to moral dilemmas

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ABSTRACT

Background: Medical students struggle to deal with moral dilemmas during clinical rotations. A moral dilemma consists of a situation in which two or more moral values conflict and the available choices support mutually inconsistent courses of action. Moral dilemmas trigger a moral reasoning process, resulting in different emotional reactions that may lead to moral distress. We sought to explore the nature of medical students’ moral dilemmas, their emotional reactions, and how those experiences influence their professional development.

Summary of Work: Thirteen final year medical students made a rich picture regarding a moral dilemma they faced during their clinical training. Rich Pictures are visual tools used in combination with interviews to enhance data collection by capturing the ‘hard-to-put-into-words.’ The authors analyzed the drawings and interviews through thematic analysis.

Summary of Results: Moral dilemmas arose in different clinical contexts and involved the need to deal with conflicting moral values from the patient, their families, the health professional team, the supervisor and themselves, often leading to a conflict of internal moral values, and challenges with understanding the best course of action. Students engaged in a moral reasoning process that evoked different emotional reactions. When students’ moralities were not aligned with the moral decision, students experienced moral distress accompanied by emotions like anger or frustration. When students’ moralities were aligned with the moral decision, students experienced positive emotions such as proud or courage. Although some experiences had happened more than one year before the interviews, students were still struggling to make sense of them and stated that those experiences were very influential in their process of becoming a doctor, particularly in helping them to understand that medicine demands for a professional and often personal commitment with a set of values and beliefs.

Discussion and Conclusions: Moral dilemmas trigger intense emotional reactions with significant impact on current and future professional behavior. Reflecting on the process of aligning personal and professional values around a real moral dilemma may be a powerful pedagogic strategy to scaffold professional identity development.

Take-home Messages: Clinical ethics training should address moral dilemmas faced by students when transitioning to clinical practice.
Just-in-time learning (JiTL) of bioethics: Experiences and lessons learnt

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ABSTRACT

Background: We designed EthAKUL, a mobile JiTL environment for bioethics for medical/nursing students, trainees and practitioners at Aga Khan University Pakistan, as a three-phased R&D study using participatory design methods. EthAKUL includes modules on selected clinical ethics concepts and a discussion forum ('Let's Talk') for participant-identified ethical dilemmas. The concept underlying EthAKUL and findings from the design/development phase were presented at AMEE 2017 and 2018, respectively. The initial findings from the second phase, i.e. facilitation of learning, are shared here.

Summary of Work: Sixteen facilitators were identified from a variety of medical/nursing specialities. Seventy-one students and trainees volunteered. Both groups were oriented to the learning environment and pedagogy in separate face-to-face workshops. An on-call schedule was created to ensure the availability of two facilitators on any given day for just-in-time discussion. Weekly reminders were sent to participants to post or respond to ethical dilemmas. A follow-up meeting was conducted with learners ~8-10 weeks after EthAKUL was launched to gauge their experiences. A WhatsApp group was used for discussion amongst facilitators.

Summary of Results: Between November 2018-January 2019, 22 ethical dilemmas were posted by learners (n=12) and facilitators (n=3) on 'Let's Talk'. Response rates to individual posts ranged from 0-23. Of the 16 facilitators, 10 posted on 'Let's Talk'. When facilitators could not respond during their 'call' period, other facilitators covered for them. The dilemmas varied from the clinical ethics modules.

Discussion and Conclusions: EthAKUL provided access to materials and a space for anonymous discussion of ethical dilemmas faced by students/trainees, yet a limited number of participants posted on 'Let's Talk'. Majority of posts came during the work-week, likely as and when dilemmas were encountered. While facilitators encouraged open discussion, learners expected closure or concrete next steps.

Take-home Messages: EthAKUL has a potential for JiTL of bioethics and other subjects, but both facilitators and learners need to be more attuned and responsive to the pedagogy. Learners need support on identifying ethical dilemmas, and facilitators need training on facilitating text-based JiTL.
Do pharmacy and medical students share the same views on telling the truth?

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ABSTRACT

Background: The requirement for health-care professionals (HCPs) to tell the truth is articulated in the guidance of UK professional bodies. This study explores undergraduate healthcare students’ views on truth telling.

Summary of Work: Fourth year medical and third year pharmacy students undertook an interprofessional on-line ethics exercise. They were faced with the dilemma of whether to tell the truth to parents about the distressing death of their daughter. After the exercise students were asked their views on truth telling. Ethical approval for the study was obtained.

Summary of Results: 67 medical students and 90 pharmacy students completed the questionnaire (response rate 69%). Key results include: Should HCPs always tell truth to patients? Medical students yes 66 (98.5%) vs pharmacy students 64 (71%) Should HCPs always tell truth to relatives? Medics yes 49 (73%) vs pharmacists 40 (55%) Should HCPs always answer patients’ questions honestly? Medics yes 65 (97%) vs pharmacists 76 (85%) There was a significant difference between all 3 pharmacy and medical student answers (p<0.05). The medical students almost universally stated they would tell the truth to patients. 30% of pharmacy students felt that it is acceptable to withhold the truth in some situations. The medical students commonly gave the importance of maintaining trust as key, with professional duty being the next most commonly given reason for telling the truth. The pharmacists most frequently cited patient rights as a reason the tell the truth, with following professional standards being the next most common reason. Pharmacy students who would not always tell the truth usually gave concerns about doing more harm than good as their reason.

Discussion and Conclusions: Most pharmacy and medical students would tell the truth to patients. However, many more pharmacy students than medical students stated they would withhold the truth on occasion. The difference was seen despite discussing truth-telling in an on-line interprofessional exercise.

Take-home Messages: There is a difference between pharmacy and medical student approaches to truth-telling. This supports the importance of interprofessional learning as a method of challenging and sharing views.
Changing Paradigms of Medical Education in Pakistan

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ABSTRACT

Background: The pressing need for familiarity with the ethical dimensions of health care is acknowledged worldwide. In Pakistan, medical ethics education is still in its infancy but a few efforts are pushing towards a slow but positive change in paradigms. While ethics was previously taught passively, through doctor-patient observation, a few training programs in Ethics have been introduced. However, these programs have not kept pace with the growing need of bioethics training in Pakistan. Pakistan Medical and Dental Council has advised that Bioethics be taught to medical students but has not made it a mandatory subject. Hence, there still remains a dearth of trained professionals and organized training of medical ethics in Pakistan.

Summary of Work: Pakistan has a unique social, political and cultural context and interpreting and implementing core ethical values within this local context, is a big challenge. It is imperative that the curricula and protocols be tailored according to the local socio-cultural milieu. The Bioethics Department at Shalamar Medical and Dental College, Lahore-Pakistan is the only department in Pakistan that has adapted the core curriculum of UNESCO International Network of Bioethics, for training of all healthcare professionals. The interactive workshops and lectures use local clinical and ethical dilemmas. The teaching methodologies used include moral games, role plays, film viewings, photography competitions and interactive quizzes.

Summary of Results: A preliminary review of feedback suggests that most of the medical students and post-graduate trainees have found Bioethics sessions to be engaging, fun and necessary.

Discussion and Conclusions: We hope that this initiative would serve as the first step of a long journey towards creating an integrated curriculum of ethics and professionalism in Pakistan. The overall aim is to develop professionals who are not just clinically sound, but are compassionate, morally and culturally sensitive, and who will create an environment that enhances the experiences of the patients and their families.

Take-home Messages: Education of Bioethics and Professionalism, attuned to socio-cultural context is crucial for healthcare providers. Innovative and engaging methodologies play an important role in value clarification, critical thinking and moral reasoning.