

Supporting Moral Development in Medical Students through an Elective Course Focused on Moral Self-reflection

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Abstract

Due to the high level of stress experienced during study, the moral development of medical students may be being stunted, and in some cases even regressing, compared to other students of the same age. At the Third Faculty of Medicine, we have responded by creating an elective course that offers a safe space for moral self-reflection. The results show that this course can effectively support the moral development in students.

Keywords

moral development; moral regression; medical education; supporting moral development; personality of the physician; moral self-reflection; elective course

Introduction

The requirement for physicians to demonstrate high levels of morality is inextricably linked to their profession. The public rightly expects a humane, educated, and understanding physician who does not abuse their position and who respects patient's integral personal value and dignity when deciding on treatment. In terms of the theories of moral development, the physician should achieve the highest levels of moral development. However, studies of moral development in medical students show that, due to the stress experienced during the study of medicine, moral development can stagnate or even regress (McDonald et al. 2021, 1; Branch 2000, 503; Hren, M. Marušić, and A. Marušić 2011, 1).

Among the possibilities to support the moral development of medics are, for example, critical reflection in small groups, role modeling, and feedback on the wards (Branch 2000, 505). Nonetheless, the procedure of supporting moral development in medical students is not described in any great detail.

Therefore, at the Third Faculty of Medicine, we looked for specific ways how to support the moral development in medical students. For this purpose, we have set up a pilot elective course called Ethics and Personality of the Physician. The aim of the course is to inspire medics through moral self-reflection to ethical conduct in medical practice. In this way, the course connects psychology and ethics. The development of the course continues, and hopefully more similar courses will be added, but we take this as a first step in how to contribute to students' moral development in a structured manner.

This article presents the pitfalls of the moral development of medical students, which led us to establish an elective course. Furthermore, the structure of the elective course Ethics and Personality of the Physician and the potential of course seminars for the discussion of moral dilemmas experienced by medics are practically described. The article cannot cover the overall moral development of medical students or moral education at the faculty of medicine; it only offers an insight into how the moral development of medical students can be supported by moral self-reflection.

Medical study and moral development

The moral development of medical students is most often assessed in scientific studies according to the stages of Lawrence Kohlberg (McDonald et al. 2021, 2; Branch 2000, 504). Kohlberg's theory divides moral development into three basic levels – preconventional, conventional, and postconventional. At the preconventional level of moral development, mostly in children, an individual's actions are determined by the consequences. The first stage of the preconventional level is focused on punishment or reward, and the second stage of this level is focused on the satisfaction of personal needs. At the conventional level of moral development, behavior is influenced by the approval of society; later, behavior is influenced by social rules and laws. At the postconventional level, the perception of morality goes beyond the perspective of society and is interested in the well-being of each individual. In the first stage of the postconventional level, emphasis is placed on individual rights. In the second stage, which is the highest level of Kohlberg's theory of moral development, the individual is able to apply universal ethical principles, taking into account the perspective of each individual affected by the moral decision. According to Kohlberg, not everyone is able to reach this stage (Kohlberg 1983, 172).

New students enter the medical faculty at the conventional stage of moral development (Branch 2000, 504). They are highly motivated to help others and act according to general notions of physicians as bearers of moral values (Hafferty 2002, 385; Blue et al. 2009, 928). Moreover, they show the highest signs of prosocial behavior (Hafferty 2002, 385; Blue et al. 2009, 928; Maoyi 2014, 131). They care about others, have a high capacity for empathy, and are motivated to help.

During their six-year medical studies, as with other tertiary students, the moral potential of medical students should be developing rapidly (Branch 2000, 504), so that, on entering clinical practice, young physicians are already at the postconventional level of moral development, which is desirable for moral decision-making at this stage. However, the curriculum during the six-year study of medicine tends to undermine this outlook.

The first half of the studies is preclinical (theoretical), when students come into contact with patients only to a very limited extent. They must first acquire extensive and detailed knowledge of the human body, and become acquainted with it in the context of the theory and practice of scientific disciplines. This theoretical study is very time-consuming. At the same time, there is pressure on students to be infallible during exams, because any mistake of the future physician can have fatal consequences. For most medical students, the beginning of their medical studies is demanding and stressful, and many experience anxiety from the high demands on

performance (Radcliffe, and Lester 2003, 32; Guthrie et al. 1995, 337; Hayes et al. 2004, 1154). Studying often means isolation from other people, concentration solely on learning, and the experience of stress. As a result, at the end of the first year, there is already a noticeable decline in interest in helping and interacting with other people (Maoyi 2014, 132).

Studies record a further significant decrease in prosocial behavior and increase in anxiety during the transition from preclinical teaching to clinical teaching (practical) (Maoyi 2014, 60; Radcliffe, and Lester 2003, 32; Moss, and McManus 1992, 17), when students take up the role of the physician. For the first time, they report on visits, use their theoretical knowledge in making diagnoses, and practice applying their skills in the real-life operation of hospitals. There are high demands on communication skills and overall performance.

The stress experienced by students in clinical years tends to eliminate their ability to perceive the needs of patients, students' empathy decreases (Hojat et al. 2004, 934), and patients can very easily become mere objects upon which medical students perform individual tasks. This is the period at which moral development is most vulnerable, during which it may stagnate or even regress (Branch 2000, 504; Hren, M. Marušić, and A. Marušić 2011, 1). The main factors negatively affecting the moral development of medical students include a lack of support to deal with ethical dilemmas, witnessing unethical behavior and inequities in patient care and services, and the experience of helplessness from the students (McDonald et al. 2021, 2; Hren, M. Marušić, and A. Marušić 2011, 7). In clinical practice, students may also be exposed to situations where they are forced to act unethically. The inability to act in accordance with one's own moral principles causes moral distress, which can be a factor in disrupting moral development (McDonald et al. 2021, 2).

Additionally, as part of their adaptation to stress, medical students imitate the coping strategies of already serving physicians. However, these strategies are not necessarily conducive to good medical practice. Many medics acquire sarcasm, cynicism, and other forms of depersonalization (Rezler 1974, 1024; Wolf et al. 1989, 19).

Supporting moral development in medical students – experience from the Third Faculty of Medicine, Charles University

At the Department of Medical Ethics and Humanities, Charles University, Third Faculty of Medicine, we looked for ways to support the moral development in medical students, especially in the critical transition from preclinical to clinical trials. The current curriculum did not offer a space in which it would be possible to address issues of moral development, so we established an elective course called Ethics and Personality of the Physician for this purpose. The objectives of the course are to open a safe space for students to self-reflect on their morality in the context of the study of medicine and to inspire students for ethical conduct in medical practice.

The course Ethics and Personality of the Physician is divided into seven thematic units: 1) the ethics of medical practice, 2) the motivation of the physician, 3) the needs of the physician, 4) knowledge of oneself, 5) self-care, 6) boundaries in patient interaction, and 7) inspiration for ethical practice. The total allocation is 30 teaching units implemented in 15 sessions within the span of one semester. The breadth of individual topics offers the opportunity to concentrate seminars directly on the specific interests of individual students. Every unit contains stimuli for



self-reflection and offers a subsequent discussion in which moral development, its advancement and the possibilities of ethical behavior in clinical practice are considered.

The introductory seminar is devoted to the ethical conduct of physicians. The issue of cheating during studies, which is readily imaginable and a somewhat alluring subject to students, is discussed. They are able to enumerate a wide range of ways to cheat during their studies. This is followed by a discussion of who has already cheated, how, and to what extent this is compatible with the image of an honest future physician. Many students seek excuses for their actions, arguing that insufficient time to cover the curriculum is a mitigating factor, and blaming the failure of the authorities to supervise them (not vigilant enough, no ban on cell phones). According to Kohlberg's stages of moral development, we could classify most students at the conventional stage or – as some of the downright childish excuses for cheating suggest – even at the preconventional stage. However, the discussion of this topic itself gives students the opportunity to reconsider their attitude. Students are introduced to theories of moral development (Kohlberg, Gilligan, and Piaget), which offer a good starting point for the possibility of self-reflection and subsequent work on students' own moral reasoning.

Other seminars are devoted to the motivation of the medic and the physician. Students in the third and fourth year have already experienced a certain loss of illusion about medicine, and often feel demotivated to continue their studies. Using a questionnaire, they can assess their current motivation directly in class and then discuss it with classmates. The most common reasons for the decrease in motivation are the lack of time needed to cover the curriculum and the concomitant lack of free time. Students often envy their peers studying other disciplines, who are able to allocate their time to study in a healthier manner. This contrast also leads to the phenomenon of medics viewing themselves as an elite group, and demarcating themselves from others. In discussions we then examine the motivation behind studying medicine and pursuing the profession as such, and look at ethical conduct within their studies and the profession. We discuss universal ethical principles in the context of the postconventional stage of Kohlberg's theory of morality, and we map out how not to perceive physicians as superior to patients and society. In connection with the loss of motivation, we also devote seminars to examining the medic's and physician's own needs. This contrasts with the content of other subjects in medicine, where the needs of the patient are constantly discussed. Medical students sometimes overly focus on patient needs, which can lead to early burnout. Therefore, we try to foster self-care and build healthy relationships with ourselves and each other.

The following seminars on self-knowledge also generate rich discussion. Among other items, we offer students the opportunity to test themselves using personality tests (Myers–Briggs test), some simplified projective tests, and tests focused on suitable prerequisites for individual medical specializations. For some students, this is their first opportunity during their studies to get a better idea of who they really are, what their vulnerabilities, strengths and weaknesses are. In discussion, we focus on how these traits affect their (un)ethical conduct and moral decision-making during practice.

Seminars on the psychological limits of relationships with patients are usually surprising to students. They find that their boundaries are either too permeable, bordering on self-sacrifice for patients, or too rigidly set, which is often influenced by the behavior of doctors they see

during internships. Students do not regard the cynicism and sarcastic expressions they encounter in clinics negatively; on the contrary, they perceive such behavior as a suitable way of coping with stress at work. Sensitively conducted discussions can help students see the unsuitability of such strategies and provide an impulse to seek a different approach.

The final seminars are focused on the search for inspiration for ethical practice. Finding inspiring characters and seeing how the social, professional, and moral dimensions of their lives overlap has proven to be motivating for students. Such people include Albert Schweitzer, Maria Montessori, and Viktor Emanuel Frankl.

Course outcomes – impetus to support moral development

The Ethics and Personality of the Physician course is evaluated electronically at the end of the semester. The evaluation application created by the Third Faculty of Medicine allows the course to be rated on a point scale from 0 stars (worst rating) to 7 stars (best). Additionally, the student has the opportunity to provide written assessment. The Ethics and Personality of the Physician course achieved an average rating of 6.78 in the years 2017–2021, which ranks it among the best-rated courses at the Third Faculty of Medicine.

In their written assessments of the course, students positively evaluate learning about topics that are not offered by the regular curriculum, and which force them to think not only directly during the seminar but often also long after it. They appreciate that these seminars give them the opportunity to make time for themselves and provide them with stimuli for personal moral development.

From the teachers' point of view, we are seeing a shift in the course graduates' thinking about ethical medical practice. We are managing to dispel the black-and-white perception of reality and the tendencies to relativize morality. Students are given the opportunity to recognize their own perception of morality and gain insight into their actions in medical practice. Many graduates of the course started volunteering or took part in medical missions in third world countries on the basis of the obtained suggestions.

We take establishing this course as the first step towards the search for a philosophy of moral education at the Third Faculty of Medicine. We hope this course can offer inspiration on how to supplement the modern curriculum of medical faculties so that graduates are prepared for practice not only in scientific terms, but also in moral and human ones as well. We would like to encourage colleagues from medical schools to think about ways to how to support students' moral development.

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