

## A Question of Ethics and Faith

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**Abstract :** An Emergency Department consultant identified the failure of medical students to complete the task of clerking a patient in its entirety. As six medical students on our first clinical placement, we recognised our own failure and endeavoured to examine why this failure was consistent among all medical students that had been given this task, despite our best motivations as adult learner. Our aim is to understand and investigate the elements which impeded our ability to learn and perform as medical students in the clinical environment, with reference to the prescribed task. We also aim to generate a discussion around the delivery of medical education with potential solutions to these barriers. Six medical students gathered together to have a comprehensive reflective discussion to identify possible factors leading to the failure of the task. First, we thoroughly analysed the delivery of the instructions with reference to the literature to identify potential flaws. We then examined personal, social, ethical, and cultural factors which may have impacted our ability to complete the task in its entirety. Through collation of our shared experiences, with support from discussion in the field of medical education and ethics, we identified two major areas that impacted our ability to complete the set task. First, we experienced an ethical conflict where we believed the inconvenience and potential harm inflicted on patients did not justify the positive impact the patient interaction would have on our medical learning. Second, we identified a lack of confidence stemming from multiple factors, including the conflict between preclinical and clinical learning, perceptions of perfectionism in the culture of medicine, and the influence of upward social comparison. After discussions, we found that the various factors we identified exacerbated the fears and doubts we already had about our own abilities and that of the medical education system. This doubt led us to avoid completing certain aspects of the tasks that were prescribed and further reinforced our vulnerability and perceived incompetence. Exploration of philosophical theories identified the importance of the role of doubt in education. We propose the need for further discussion around incorporating both pedagogic and andragogic teaching styles in clinical medical education and the acceptance of doubt as a driver of our learning. Doubt will continue to permeate our thoughts and actions no matter what. The moral or psychological distress that arises from this is the key motivating factor for our avoidance of tasks. If we accept this doubt and education embraces this doubt, it will no longer linger in the shadows as a negative and restrictive emotion but fuel a brighter dialogue and positive learning experience, ultimately assisting us in achieving our full potential.

**Keywords :** medical education, clinical education, andragogy, pedagogy

**Conference Title :** ICHE 2023 : International Conference on Healthcare Education

**Conference Location :** Zurich, Switzerland

**Conference Dates :** January 16-17, 2023