

Moral regression in medical students

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Do we really need to teach moral attitudes to our medical students?

■ Introduction

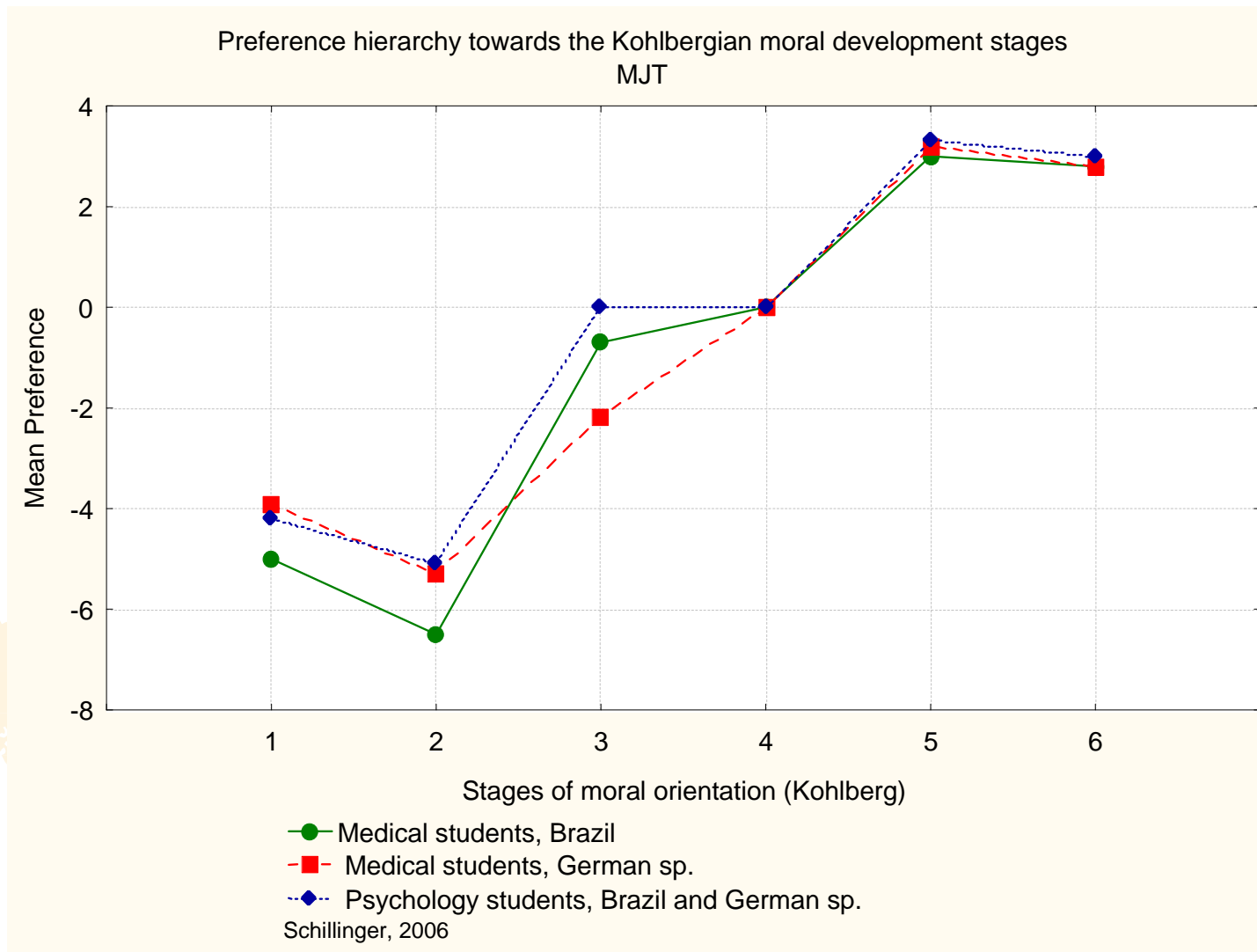
- Moral development and higher education.
- Moral attitudes or moral judgment competence? Both? Lind's **dual-aspect theory** of moral behaviour.
- Particularities in medical education.

■ Learning environment (role-taking and guided reflection) and moral judgment competence.

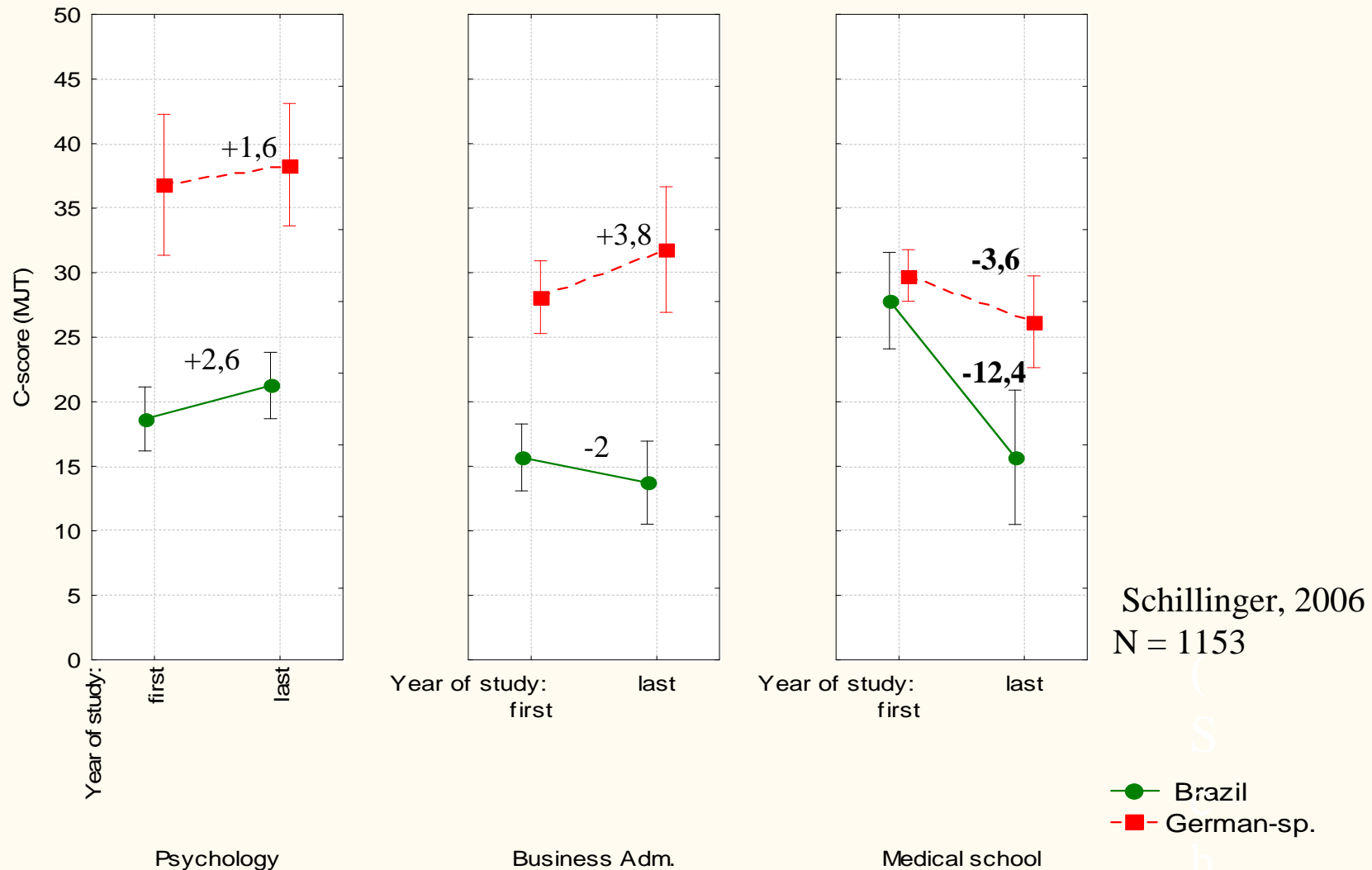
■ Implications for medical education

- „*Unfavorable* learning environment“: what is the power of that?
- Moral regression: reversible?

We do not need to teach doctors moral ideals or moral attitudes. What do they need instead?



Moral judgment competence: regression in medical education



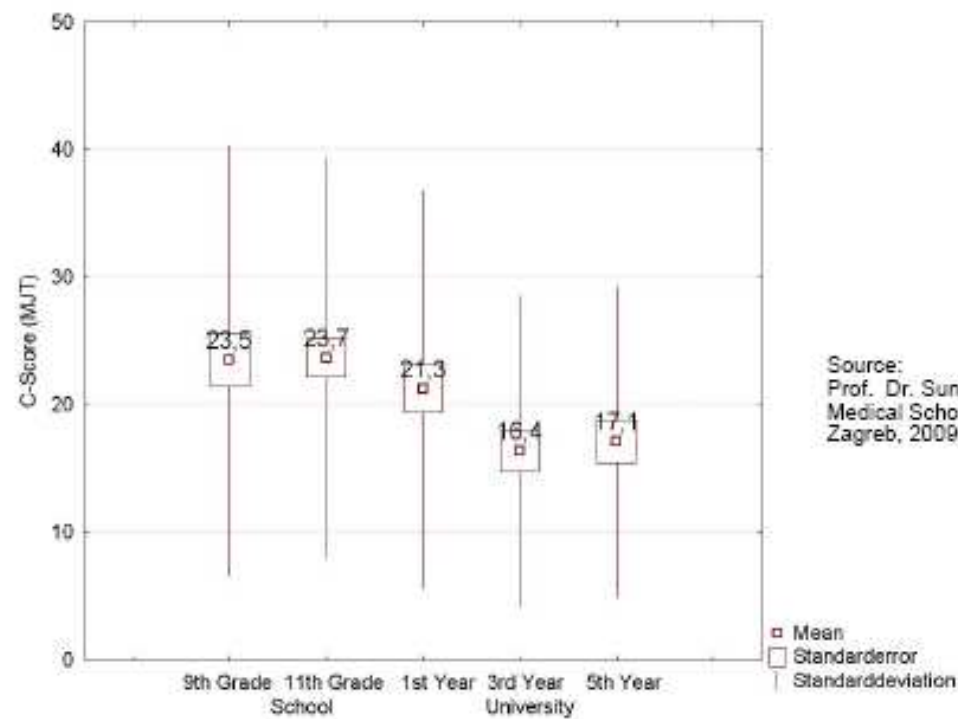
Schillinger, 2006
N = 1153

● Brazil
■ German-sp.



Moral Regression in Medical Education

In Croatia

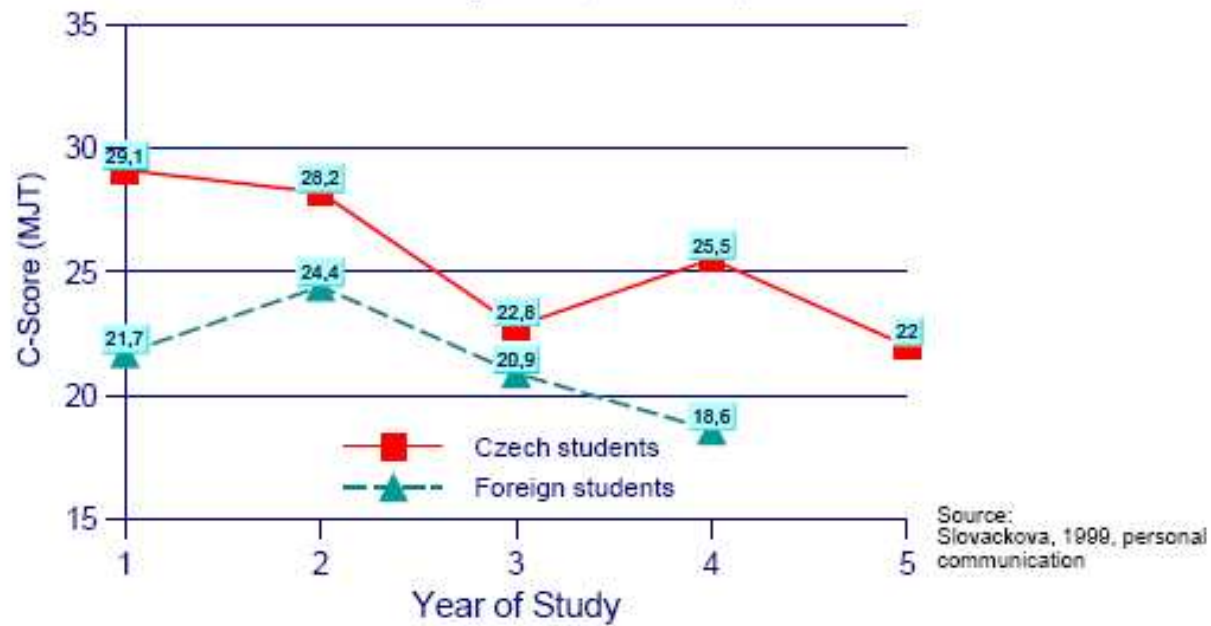


Source:
Prof. Dr. Sunčana Kukulja Taradi,
Medical School, University of
Zagreb, 2009, N= 352



Moral Regression in Medical Education

Czech Republic, N = 380, 1998



Actually, higher education is supposed to influence moral development

King and Mayhew (2003); Pascarella and Terenzini (2005): participation in higher education environment is associated with increases in moral development levels.

...but it does not happen in medical school.

What happens with medical education?

- Self (1993); Rest (1979): no development during the study.
- Self & Baldwin (1994): „possible inhibiting effect of this educational experience“.
- Helkama (2003): „Medical schools (Finland) do not promote developmental process“.
- Patenaude et.al. (2003): „ (...) a significant decline in moral development“. „72% of the students shifted to a lower stage“ (after 3 years).

What happens with medical education?

- Lind (2000); FORM Project in the 1980`s and Schillinger (2006) more than 20 years later in Germany: moral regression.
- Slováčková et.al.(2007).

Development of moral judgment competence as a goal

Competence and not attitude??

The **dual-aspect** theory of moral behaviour (Lind):

- Affective and cognitive are inseparable but distinct aspects of the same behaviour.
- Moral competencies (ability of solving moral conflicts) are needed in order to make possible the application of one's own moral principles or ideas in a moral behaviour.

MJT => measures moral judgment development (moral competence) separated from the affective aspect (moral orientations).

Which aspects of the learning environment influence moral judgment competence?

„Role-taking and Guided reflection“ (Sprinthall)

- => RTGR („*favorable* learning environment“)

- Role-taking and guided reflection foster self-sustaining moral cognitive development.
- An „*unfavorable* learning environment“ leads to regression or stagnation of moral judgment competence (Schillinger, 2006).

What medical students say about their learning environment?

- Low involvement with role-taking and guided reflection opportunities.
- Practical activities are rather „observation“ activities =>“professional conformity“.
- 76% say that teachers give priority to memorization and reproduction of the learning content.
- Only 16% report that teachers‘ methods foster communication, discussion and critical abilities.
- „Deficient environment“ for role-taking; students as a „rote-learning machine“.

Helkama (2003); Rego (2004); Schillinger (2006).

Turning *unfavorable* into *favorable*

„ The challenge will be to develop a curriculum that will enable medical students to at least maintain their stage of moral development if not increase it through the medical education experience“
(Patenaude et.al., 2003).

What works and what does not work?

KMDD?