A First-Year Medical Student's Dilemma Facilitation Guide

Overview

These case studies are narrative accounts designed to stimulate dialogue about the virtues that shape professional life. They differ importantly from the ethical case studies most faculty and students encounter in professional training. Rather than presenting a moral dilemma to be resolved, each case illustrates the presence—or absence—of a particular virtue as it operates in everyday practice. The goal is not to reach a verdict on what a character should have done, but to explore what a virtue looks like in action—and what may be at stake when it is absent.

Cases are organized by virtue and professional context, but many will resonate beyond their primary category. A case about curiosity in a business setting may illuminate curiosity in medicine or law. Instructors are encouraged to use cases flexibly and across disciplines.

General Facilitation Tips

- Focus on virtue, not verdict. Keep discussion centered on how the virtue appears (or is absent) in the case, not on whether the character made the right call. If the conversation drifts toward "what should they have done?", redirect gently.
- Start with observation. Open by asking what students noticed before asking what they think. Grounding early discussion in specific moments from the case prevents premature judgment.
- Use questions as starting points, not a script. Follow student energy. If a student raises a more generative question than the ones provided, pursue it.
- Push back on easy agreement. If the room converges too quickly, the case's complexity may not have been fully engaged. Invite students to complicate their own claims and consider opposing readings.
- Invite connection to professional life. The richest moments often come when students link the case to patterns they've observed or anticipated: "I've seen something like this when..."
- Let silence work. Resist the urge to fill every pause. Students often need a moment to arrive at their most substantive responses.
- Close with reflection. Reserve a few minutes to ask students what will stay with them — a question, an image, an unresolved tension. A sentence or two naming what they now understand about the virtue that they didn't before is a strong closing move.

Discussion Questions

1. How does Eric’s hesitation reflect both humility and a lack of confidence? Are these two qualities always aligned in clinical settings?
2. In what ways can humility protect patients in medicine? How does it differ from passivity or self-doubt?
3. What factors contribute to a student or clinician deciding whether to voice a concern during rounds? How do hierarchy and team dynamics influence this?
4. How can clinicians maintain humility while also developing confidence in their medical knowledge and decision-making?

Facilitation of this Case

Hold both sides of Eric's tension.
Eric has two legitimate concerns pulling against each other: he might be wrong, and a patient might be harmed. Resist any framing that resolves this too quickly in either direction. Students should sit with the real possibility that Eric's instinct about the medication interaction is correct, and that his decision to wait has consequences.

Take the hierarchy seriously.
Don't let students dismiss the hierarchical pressure Eric feels as merely a personal weakness. The clinical environment depicted is genuinely intimidating, and that matters. Explore how institutional culture and team dynamics can make it harder or easier for humility to function well. The chief resident's style is part of the case, not just background.

Connect to Eric's backstory.
His background, first-generation, rural, motivated by witnessing gaps in care, is not incidental. Invite students to consider how his history shapes both his sense of purpose in medicine and his discomfort with speaking up. What does it mean to be an advocate for patient dignity when you feel like an outsider in the very institution you're working within?

Avoid the easy verdict.
Students may quickly conclude that Eric "should have spoken up" and move on. Push past that. The more interesting question is what it would have taken—in terms of character, institutional culture, and self-understanding—for speaking up to have felt possible. Focus discussion on conditions for virtue, not just the virtuous choice.