

## Summary

### Performance-based Assessment of Moral Reasoning and Ethical Judgment

*Purpose:* An assessment approach was designed to assess medical students' moral reasoning and ethical judgment.

*Method:* Fourth-year medical students completed ten clinical skills assessment stations where patient cases were portrayed by standardized patients (SP). One of the stations was designed to assess ethical skills. The case used in the 1991 administration of the assessment is described in Table 1 (a different case was used in 1992 and is described in the article referenced below).

Table 1

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#### Cancer Protocol Case

A middle-aged married person, with two teenaged children, has pancreatic cancer. The patient has undergone intensive chemotherapy with cis-platinum and 5-fluorouracil with no response. The treatment causes severe nausea and vomiting, weakness, sores in the mouth, and diarrhea. The patient's oncologist is an investigator in a research project in Phase II of clinical trials using a new experimental drug, RU 279. The drug causes bone marrow depression, alopecia, renal failure, and mild nausea and vomiting. From anecdotal evidence, it appears that about one patient in 20 with pancreatic cancer responds. There has been no long-term survivor. The oncologist wants the patient to agree to participate in a protocol using RU 279. He has told the patient that there is a "good chance" the patient will respond. The patient appears reluctant and needs time to think about it. The oncologist has noticed that the medical student has a good and close relationship with the patient. He asks the student, who is doing an oncology elective under his supervision, to talk the patient into agreeing to enter the protocol.

Following a 15 minute interaction, the SPs rated the students from 1 (failing) to 5 (excellent) on each of the skills in Table 2.

Table 2

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Elicitation: How well did the student get at the patient's view of the problem?

Moral reasoning: Did the student recognize and explicitly articulate the value issues in a nonjudgmental way, encouraging the patient to discuss them?

Forms plans: Did the student lay out alternative actions available to the patient and explore how well informed the patient was about possible actions?

Executes plans: Did the student bring the encounter to a close with both the patient and the student having a clear sense of what the next steps should be?

Mutuality: Did the student convey a sense of shared responsibility or partnership with the patient for solving the problem?

For five minutes after the SP encounter, students were given a one-page form on which to list the moral conflicts in the case and to briefly analyze at least two of the conflicts. The students' responses were graded by comparing them to a criterion list of conflicts. A list of conflicts for the 1991 case is in Table 3.

Table 3

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#### 1991 Cancer Protocol Case

1. Suffering vs quality of life.
2. Patient's autonomy
3. Truthfulness of data presented to patient
4. Role of researcher vs caregiver

5. Abuse of authority of attending physician
6. Desire for good grade vs truthfulness
7. Other

*Note:* Tables 1, 2, and 3 are from “Smith SR, Balint JA, Krause KC, Moore-West M, Viles PH. Performance-based assessment of moral reasoning and ethical judgment among medical students. *Acad Med.* 1994;69:381-86.” Reprinted with permission from Academic Medicine.