

1. **Title:** Analytical study of Micro-Ethics in Medical Education

2. **Objectives:**

- To be a leader in science of micro-ethics to attain the divine gift of practice of healing amongst students and staff.
- Bring out inherent capacity in the students and the staff to develop inner vision and in depth perception to reach beyond the known frontiers of Biosciences of medicine to see that sublime art of medicine of the students surpasses the narrow confines of bio-frontiers of the science of medicine.
- To learn to keep a balance between latest technological tools and clinical medicine to excellent communication skills.
- To develop social relations with the patients and understand their organic and psychological issues at the same time to include all the above aspects in the form of continuous lectures, demonstrations and practical for the students so that they will understand social, cultural, demographic, economical issues during the MBBS tenure itself.

3. **Context:**

In the recent times several changes have taken place in the society. Materialism in every way of life has now become part of life. The eagerness amongst the present generation to earn more and in a fast way has become a routine practice, not giving any importance to the requirements of the community.

The technological advancements in every discipline and sub-discipline of medical field has reached very high level and in future because of robotic technology, nanotechnological advances, Biotechnological advances, artificial intelligence and advances in sub disciplines of medical sciences, medicine is slowly becoming techno-medicine rather than clinical medicine. This system will lead to lot of dissatisfaction amongst the clientele, their friends, relatives and visitors. Rules simultaneous emphasis is not laid to wants of community.

The genomics and genetic medicine are also developing paripassu so that precision medicine may take over existing disciplines, though this is supposed to be predictive, preventive, participatory and personalized. Medicine as a system is being overshadowed by technological advancements. It is difficult to expect it to be participatory and the dissatisfaction amongst the clientele is expected to further increase.

No amount of technological evolution or revolution shall ever be a substitute for the doctor-patient relationship. No amount of technology can ever be a substitute for trust nor should we ever let technology dehumanize medicine.

4. Practice

A. Cultivation of behavior for professional virtues

1. Medical college selects students with the “right” character and attitudes. Those qualities are assessed regularly.
2. Constant efforts are made to effecting character change in the limited time available for medical ethics and professionalism in education is inducted constantly.
3. Students are taught to face challenges in shaping character traits.
4. The foundation of this approach is providing trainees with conceptual tools for seeing, preventing, analyzing, and resolving the ethical dilemmas encountered in clinical medicine.
5. Although an argument can be made that this pragmatic approach is not ideal, it is a workable compromise that may be the best available option in given circumstances, considering existing constraints.

B. Following code of conduct by staff and student

1. A professional compact code of conduct governing the student-faculty-school relationship is regularly widely discussed, developed and applied. Applying equally to students and faculty, the student-faculty-college compact is not just the usual honor code on academic honesty. It is outlined and practiced including principles, values, responsibilities and expected behaviors; and how they should be developed and what remedial actions can be taken.
2. All teaching staff and students of this institute are committed to professionalism. This is important as it forms a basis to the social contract with society, and in fulfilling the social accountability of medical schools and medical education.

C. Learning and teaching of micro-ethics for staff and students

1. The elaborate descriptions of the mutual obligations of the teacher and student in the Hippocratic tradition of medicine may not apply to modern medical education. Nevertheless, it is important for us in the profession to reflect on the central nature of this commitment for the sustainability of the medical healing traditions. Pledge – “to give respect and gratitude to my teacher”. The institute through micro-ethics teaches the students and staff to practice and experience professional values, follow role models, learn the skills that have significant influence in determining the role as a physician.

D. Conduct of various seminars, programs, courses on medical ethics.

1. Institute follows use of student centric methods for enhancing experiences in the practice of medical ethics.
2. Teaching and evaluation of medical learners: Successful medical ethics and professionalism education efforts are implemented through a sufficient number of faculty with appropriate training who are committed to establishing meaningful, ongoing relationships with learners to act as role models, share their own experiences, and teach, observe, give feedback to, and ultimately evaluate learners.
3. Financial support, recognition, and reward for faculty educators will lead to success which is regularly followed.

E. Methods of assessment including simultaneously checking whether students are following ethical behavior.

1. While carrying out quantitative evaluation, we ensure that there are enough qualified faculty observers to make sufficient number of observations to achieve reliability. The faculty evaluators are skilled at listening, observing, and reading to understand them by qualitative approach.
2. Importance of medical ethics is explained to students through debate competition, paper writing etc.

F. Research in ethics

1. The ethics of medical education is understood better by the ethics of research on human subjects. We provide a theoretical framework for ethical medical education by extending three key concepts from the literature of research ethics—respect for individuals, beneficence, and distributive justice.

G. Establishment of micro ethics centre

1. Microethics centre was established and operating constantly for student character building activity.
2. Teaching staff and students are encouraged to carry out research related to implementation of medical ethics.

Evidence of success:

1. Students approach

Students approach towards the patient care is being improved, and it is timely assessed by the faculty.

Communication is becoming effective in defining the patient problem and reaching correct diagnosis, specifying therapeutic objectives

Informing the patient about the effect of the drug, dosage schedule, duration of treatment, probable side effect precautions to be taken and the need for regular follow up.

2. Patients feedback

Patient's positive feedback encouraged the number of OPD visitors.

3. Involvement in research activities

The faculty and students are found to be actively involved in the Research and publication in ethics with practical changes in character building and personal relation among students and staff.

4. Students improvement

As Physician our students have proved to be responsible citizens and understood their accountability toward society which is appreciated.

Protection of patient privacy and confidentiality

Care at the end of life, including patient advance directives, withholding and withdrawing life-sustaining interventions, care for the dying, and determination of death

Maternal–fetal medicine, including reproductive technologies and termination of pregnancy Pediatric and neonatal medicine care found to be improved .

Access to health care, including health care disparities, the health care system, and the allocation of scarce resources.

Students have become aware of

- Conflict of interest and of obligation in education
- Clinical practice, and research with human subjects, including institutional review boards
- Work within the medical team, including inter professional interactions
- Dialogue created healthy work environment between staff and students.
- Concerns about colleagues, including impairment, incompetence, and mistakes
- Attention between education and best care for patients, the hidden curriculum, moral distress and Self-awareness, including professional identity and self-care Management of challenging patients/family members.

Students have developed knowledge in ethics related to

- Organ transplantation
- PCPNDT act
- MTP act
- Gender sensitivity
- Research publication and articles in books
- Communication skills.

Problem Encountered and Resources Required

1. Ethical behavior is part of personality development few students need to be taught about the importance of and using following their principles at all times.
2. Though ragging is strictly stopped, students of senior batch interneers and post graduate students need to assist first year students in understanding new subjects and getting used to new atmosphere having suddenly gone out of parental guidance
3. Though communication with colleagues, seniors, juniors, patients' relatives, teachers and friends has improved. He / she should learn communication. There is requirement of demonstrating ability to communicate adequately, sensitively, effectively and respectfully with patients.

They should be able to apply good knowledge for the patient and community. The student should be able to recognize and function effectively responsibly and appropriately with health care team leaders. They should be able to educate, monitor other members of the team and work in the collaborative and collective fashion.

They should learn to participate appropriately and effectively that will advance quality health care.

The only resource required is that all teachers should enthusiastically sincerely and honestly demonstrate need of acquiring above qualities to all students throughout the student and internship careers.