MEDICINE

THE EMPTY WELL

FACILITATION GUIDE

Overview

These caselets 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 caselet 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.

Caselets are organized by virtue and professional context, but many will resonate beyond their primary category. A caselet about curiosity in a business setting may illuminate curiosity in medicine or law. Instructors are encouraged to use caselets 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 caselet, 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 caselet 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 caselet'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 caselet 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.

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Discussion Questions

1. How does Sarah's response to Arthur illustrate the gradual erosion of patience and compassion rather than a sudden failure of character? At what specific points in the narrative do you notice her professional boundaries shifting into emotional detachment?

2. How does emotional exhaustion affect not just how a practitioner feels, but what they are physically able to perceive and evaluate? Why might a less experienced colleague see what a seasoned clinician misses?

3. Technical training defines *anchoring bias* as relying too heavily on an initial piece of information—in this case, Arthur's long history of intoxication. How did Sarah's fatigue create the conditions for this shortcut to feel plausible and unassailable? How can frustration make a diagnostic assumption feel like clinical certainty?

4. When Sarah moves Arthur's gurney to the hallway and flags his chart as "lowest priority," she rationalizes the move as effective resource allocation amid incoming trauma cases. Where is the line between prudent clinical triage and using institutional language to rationalize stepping away from a challenging patient?

5. In high-stress environments like the ER, is maintaining patience and compassion strictly an individual discipline of character? Or does it depend on organizational structures? What does this caselet suggest about the limits of personal resilience when professional environments operate under perpetual strain?

Facilitation of this Caselet

Resist making Sarah a cautionary tale too quickly. The caselet ends with consequences and guilt, which can push students toward a clean verdict: Sarah failed, and here is what it cost. But the more instructive question is how she got there. She is not an indifferent nurse; the caselet establishes early that she is skilled, caring, and genuinely proud of her ability to connect with patients under pressure. The failure of compassion here is not a character flaw so much as an accumulated erosion. Help students locate the specific moments where that erosion happened rather than simply judging the outcome.

Use the resident's observation as a teaching moment. A newer and less experienced colleague notices something Sarah dismisses. This detail is easy to overlook but worth dwelling on. Ask students what allowed the resident to see what Sarah couldn't (or wouldn't). Compassion fatigue doesn't just affect how we feel; the case suggests it affects what we perceive and how we reason. That connection between emotional state and clinical judgment is one of the case's most important insights.

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Let the anchoring bias question open up rather than close down. The third discussion question introduces a clinical concept—anchoring bias—that names what Sarah did technically. But students should be pushed beyond the label. The question is not just that Sarah assumed Arthur's symptoms were alcohol-related; it is why that assumption felt so available and so easy to maintain. Compassion fatigue doesn't cause anchoring bias in some mechanical way — it creates the conditions in which a clinician stops asking the next question. That distinction matters.

Slow down the moment Sarah flags the chart. The decision to move Arthur to the hallway and mark him lowest priority is the pivot on which the case turns, and it deserves close attention. Sarah tells herself she is triaging effectively, and on the surface, that framing is not absurd. She has a trauma case coming and sick children waiting. Ask students what is true in that reasoning and what it is covering. The language of triage can do real moral work in clinical settings, and it can also serve as a way of not looking too closely at a decision already made on other grounds.

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