MEDICINE

THE WORK NOTE

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. Dr. Thorne's note was medically inaccurate regarding the wrist, but perhaps accurate regarding Sarah's overall state. Does "integrity" in this case mean adhering to medical facts, or addressing the holistic needs of the patient?
2. If Dr. Thorne had refused the request, sticking strictly to the guidelines for a sprained wrist, would he have failed Sarah? Why or why not?
3. Consider the concept of the doctor as a "gatekeeper" for social benefits (like sick leave). How does this role complicate the virtue of integrity in the exam room?
4. How do systemic issues force doctors into these ethical gray areas? Is it the doctor's responsibility to fix these gaps with their signature?

Facilitation of this Caselet

Start with the last line, not the first. Dr. Thorne sits alone with an X-ray of a perfectly healthy bone and wonders if he did the right thing. That image and the question arriving after the fact is where the caselet's real weight lives. Open discussion there rather than at Sarah's request. Ask students what kind of wondering this is: guilt, doubt, moral seriousness, or something else? A person without integrity would not be sitting with that question. That Thorne is asking it tells us something, and it is worth naming before the discussion moves to what he should have done.

Resist the clean verdict in either direction. Students will be tempted to land quickly, either Thorne did the compassionate thing and the system is the real problem, or he falsified a medical document and no amount of sympathy justifies that. Both responses are available and neither is fully satisfying. The caselet is designed to make both feel true simultaneously. Push students who reach a quick conclusion to account for what their verdict costs: if he was wrong to sign, what exactly should he have said to Sarah? If he was right, where does that logic end?

Take the medical accuracy question seriously. The note was medically inaccurate regarding the wrist. That is not a minor detail—it is the integrity question in its most precise form. Thorne is a physician whose signature carries institutional and legal weight precisely because it is presumed to reflect accurate medical judgment. Ask students what that weight depends on, and what happens to it if it becomes available for other purposes, however sympathetic. The first discussion question (whether integrity means adhering to medical facts or addressing holistic needs) is genuinely hard and should not be treated as rhetorical.

Follow the systemic argument without letting it dissolve the individual question. The final discussion question asks whether it is the doctor's responsibility to fix systemic gaps with a signature. Students who are sympathetic to Thorne will often retreat to this framing: that the real problem is Sarah's employer, the lack of social safety nets, the impossibility of light duty on a warehouse floor. These observations are accurate and important. But ask students whether the systemic critique changes what Thorne should have done in that room, or whether it is a way of feeling better about a decision that remains difficult regardless of its context.

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