This study examines survey responses from medical trainees regarding their ethics education background and their real clinical experiences with ethical problems. We found discrepancies between trainees' evaluation of their general ethics education experience and the data we collected from real case-based discussion surveys. The findings have implications for improving the methods for teaching medical ethics, in particular by highlighting the role that case-based learning and the habit of self reflection may have.

**Methods:** For our mixed methods study, we surveyed undergraduate and graduate medical trainees about their experiences with ethics education; collected evaluation data from attendees at regularly scheduled ethics case discussions; and took detailed notes on the case discussions.

**Results:** We found a discrepancy between trainees' evaluation of their general ethics education experience and the data we collected from the case discussions. Session attendees were far more likely to express discomfort, ambivalence, and uncertainty in the context of ethical quandaries in clinical practice than reported in survey responses.

**Discussion/Conclusions:** Our data highlight a disconnect between trainee perception of preparedness for navigating ethical problems in clinical practice and their application of ethical knowledge in actual cases. This overestimation of comfort may provide insights into shortcomings of current teaching modes and ways to improve them. We postulate that medical ethics requires teaching methods distinct from other bodies of knowledge, such as anatomy or physiology, and that classroom mastery of ethical approaches cannot replace practical experience. We argue that development of habits of self reflection, key to all ethical approaches, via a focus on actual clinical experiences may mitigate the disconnect experienced by trainees.

**Level of Audience:** Early-career

**Focus of Presentation:** GME, Continuum

**References:**

PRESENTER: Judy Kuhn

AUTHORS/INSTITUTIONS: J.M. Kuhn, Pulmonary and Critical Care Medicine, University of North Carolina, Raleigh, North Carolina, UNITED STATES|B. Joyner, R. Lovrich, Pediatrics and Anesthesiology, University of North Carolina, Chapel Hill, North Carolina, UNITED STATES|A. Davis, Social Medicine, University of North Carolina, Chapel Hill, North Carolina, UNITED STATES|P. Ossman, General Medicine, University of North Carolina, Chapel Hill, North Carolina, UNITED STATES|J. Cadigan, Social Medicine, University of North Carolina, Chapel Hill, North Carolina, UNITED STATES|S. Street, University of North Carolina, Chapel Hill, North Carolina, UNITED STATES