This summary report is intended to guide medical school faculty and curriculum deans in evaluating and implementing effective education in bioethics and humanities. We recognize that every school has a unique set of faculty, courses, and approaches to medical education. For this reason, this report provides an overview of key issues to consider and strategies to adapt for your own institutional purposes. We have provided some suggestions regarding the ideal curriculum, knowing that the range of hours dedicated to bioethics and humanities currently ranges from 4-200 hours. Given the LCME requirements that all programs address this core content in the required curriculum, we hope that medical schools can evaluate existing programs and perhaps extend invitations to faculty in bioethics and humanities departments to build on curriculum efforts already in progress. If your school has a program that has a particularly robust and effective curricular approach to bioethics and humanities, contact one of the co-chairs below and, if appropriate, we will include a link to your materials from the ASBH Web site.

In 2005, this Task Force was formed and asked to (1) review ethics education literature and curricula, and (2) propose model or sample curricula for the purpose of providing guidance to educators working within undergraduate medical school environments. The multidisciplinary Task Force comprised the following members: Catherine Belling, PhD, Michael Green, MD, John Moskop, PhD, Diane Timberlake, MD, MA, and Co-chairs Kelly Fryer-Edwards PhD, and Clarence Braddock, MD, in consultation with Arthur Derse, MD, JD, and David Doukas, MD. Over the course of two years, the Task Force proceeded to work via e-mail, conference calls, annual in-person meetings, and several ASBH and AAMC presentations and workshops. This report represents a summary of our findings and recommendations that were reviewed and finalized in 2007. For further detail and background material, please contact the co-chairs below.

**Primary Activities:**

- Conducted a review of recommendations and model curricula ethics and medical humanities education literature (2005-6)
- Developed a comprehensive list of core content and domains recommended in the literature, supplemented by the input of our group based on our curricular experience
- Used a modified Delphi technique to develop a list of recommended core content
- Reorganized the resulting topics based on existing LCME requirements for undergraduate medical education (5 domains – see attached)
- Developed a template for teaching and evaluation strategies based on principles of teaching and learning, to be used for each domain in order to have a consistent format and content in the curriculum resource (see attached)
- Conducted a pre-course to review results and set priorities with other ASBH members

**Task Force Co-Chairs:**

Kelly Fryer-Edwards, PhD  
University of Washington School of Medicine  
edwards@u.washington.edu  
Office phone: 206-221-6622

Clarence H. Braddock III, MD, MPH  
Stanford University School of Medicine  
cbrad@stanford.edu  
Office phone: 650-498-5923

**Bioethics and Humanities Curriculum Topics by Relevant LCME Standards**

**ED-19.** There must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.
Team/Peer Communication:

- Teamwork
- Addressing impaired colleagues
- Managing inter- and intra-collegial conflict

Specific Skills:

- Fidelity/keeping promises
- Disclosure/truth telling
- Delivering bad news
- Assessing decisional capacity
- Shared decision making/Informed consent/refusal
- Surrogate decision-making
- Disclosure of medical errors

End-of-life Specific Issues and Skills:

- DNR
- Medically ineffective care ("futility")
- Withholding/Withdrawal of treatment
- Advance care planning
- PVS/Death determination
- Assisted suicide/euthanasia

General Concepts:

- Patient-centered communication
- Empathy

**ED-20.** The curriculum must prepare students for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse.

- Community service / responsibility
- Definitions of disease/medicalization/disability
- Current public controversies in health care bioethics
- Issues and structures of health care access
- Rationing within healthcare
- Health disparities
- Chronic illness and aging
- Obligations vs. Abuse/violence

**ED-21.** The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.

- Cross-cultural communication and conflict
- Health beliefs, alternative and complementary health practices
- Spirituality and religion
- Existential / spiritual / cultural aspects of death and dying and bereavement
- The biopsychosocial model
- Sexual identity
ED-22. Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery.

- Culture of western medicine
- Medicine and the media
- Cultural competency/humility
- Self-awareness

ED-23. A medical school must teach medical ethics and human values, and require its students to exhibit scrupulous ethical principles in caring for patients, and in relating to patients’ families and to others involved in patient care.

**ETHICAL ISSUES IN MEDICAL EDUCATION:**

- History of medicine and medical education
- The hidden curriculum in medical school: ethical issues for trainees

**METHODS OF BIOETHICS**

- Ethical principles
- Theories and methods of ethical analysis/clinical ethics
- Skills: critical thinking, evaluating arguments, articulate communication
- Narrative competence
- Ethics Committees

**BASIC/ESSENTIAL HEALTH LAW**

**PROFESSIONAL(ISM) ISSUES:**

- Professional identity
- Moral aspects of medical practice/fiduciary responsibility
- Professionalism/law/ethics/codes/oaths
- Medical Errors
- Conflicts of interest: gifts/relationship with industry
- Self-awareness of burnout and self-care needs
- Boundary issues

**PRIVACY & CONFIDENTIALITY**

**OTHER:** Specialty or content-specific topics identified by Task Force Members on first review, not yet categorized into an LCME grouping.

- Repro-ethics and new reproductive technologies
- Pediatric ethics
- Obstetrics, midwifery, medicalization of pregnancy and birth
- Maternal-fetal conflict
- Stem cell ethics
- Genetics
- Organ donation and transplantation
- Institutional practice/organizational ethics
- IRBs and research ethics
- Preventive ethics
**Template for Topic Development:**
*To be used in developing or evaluating curricular content.*

LCME Domain:  

**TOPIC:**

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES*</th>
<th>WHEN: Year, course, or clerkship</th>
<th>HOW: Teaching methods to use</th>
<th>ASSESSMENT IDEAS</th>
<th>BIBLIOGRAPHY: Suggested Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOWLEDGE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will know:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKILLS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will know how to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKILLS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will show how to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKILLS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will do:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTITUDES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will know:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTITUDES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will show:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTITUDE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will do:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Not all categories of student learning objective are necessary for every topic.**
Implementation Narratives:
Tools and Strategies to Launch or Improve an Ethics and Humanities Curriculum in a Medical School

The ASBH Task Force on Ethics and Humanities Curriculum for Undergraduate Medical Education has reviewed the literature, reviewed the national guidelines and requirements, and conducted a modified Delphi-process to develop a focused list of core content and skills. The recommendations can be used in a number of ways, depending on the needs of the particular institution. We offer the following “implementation narratives” as a way to illustrate a range of options for using this Task Force report. Our overarching aims are (1) to offer support to our ethics and humanities colleagues in their teaching and institutional change efforts, (2) to support schools in their efforts to meet the LCME requirements responsibly and effectively, and (3) to help our medical students prepare for ethical and humane clinical practices.

Case 1:
Newly appointed professor of ethics brings LCME and USMLE requirements to the Dean’s attention. He leverages the national requirements for more hours devoted to ethics and humanities education in the required curriculum.

Case 2:
In a school with an integrated ethics and humanities curriculum, issues and skills were taught in situ, which was seen as a strength (real-time, content-focused) and a weakness (right-hand not knowing what the left hand was doing; lack of coordinated efforts). The curriculum office used TACCT (cultural competency assessment tool) and the ASBH Task Force topics to conduct an environmental scan of formal and informal teaching in the curriculum (across preclinical and clinical years). Gaps and overlaps were identified and certain foundational skills (ability to form reasoned judgments, evaluate arguments) were missing in students. The curriculum dean, in collaboration with an Ethics Theme committee, worked to re-appropriate overlapping curriculum time to give more foundational skills and bolster content-specific teaching within courses/clerkships. A new stand-alone course for ethics was created with 12 hours in year 2.

Case 3:
A school with a long-standing required ethics curriculum uses ASBH recommendations to review and reinforce course content choices. Teachers within the clinical medicine course collaborated with humanities faculty to integrate more narrative and historical perspectives into existing course work. New reflective writing assignments were created.
ASBH Task Force – Bibliography – Last updated Fall 2005

Ethics Education: Review Articles


LCME Guidelines - Educational Program for the M.D. Degree (excerpts) http://www.lcme.org/functionsnarrative.htm#educational%20objectives


USMLE excerpts http://www.usmle.org

Medical Humanities Education: Review Articles


Shapiro J, Rucker L. Can poetry make better doctors? Teaching the humanities and arts to medical students and residents at the University of California, Irvine, College of Medicine. Acad Med. 10(2003):953-7.

Teaching: Small-group


Teaching: Case-based Teaching: Narrative


Teaching: Writing/Reflection


Teaching: Experiential

Teaching: Clinical Settings


Evaluation: Review Articles
ACGME Outcome Project. Website: www.acgme.org/outcome/project/ourintro_fnl1.htm.


Evaluation: OSCEs/SPs

Evaluation: Clinical Observation/360 feedback


Education: Theory/Overview Papers


