AMERICAN SOCIETY FOR BIOETHICS AND HUMANITIES

ASBH TASK FORCE ON ETHICS AND HUMANITIES EDUCATION IN UNDERGRADUATE MEDICAL PROGRAMS

AMERICAN SOCIETY FOR
BIOETHICS + HUMANITIES

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/truthtelling
- 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:

LEARNING OBJECTIVES*	**WHEN:** **Year, course, or clerkship**	**HOW:** **Teaching methods to use**	**ASSESSMENT IDEAS**	**BIBLIOGRAPHY:** **Suggested Readings**
KNOWLEDGE: Students will know:				
SKILLS: Students will know how to:				
SKILLS: Students will show how to:				
SKILLS: Students will do:				
ATTITUDES: Students will know:				
ATTITUDES: Students will show:				
ATTITUDE: Students will do:				
** 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

Aulisio MP, Rothenberg LS. Bioethics, medical humanities, and the future of the "field": Reflections on the results of the ASBH survey of North American graduate bioethics/medical humanities training programs. *Am J Bioeth*. 2002 Fall;2(4):3-9.

Branch WT Jr. Supporting the moral development of medical students. *J Gen Intern Med*. 2000 Jul;15(7):503-8.

Coulehan J, Williams PC. Conflicting professional values in medical education. *Camb Q Healthc Ethics*. 2003 Winter;12(1):7-20.

Culver CM, Clouser KD, et al. Basic Curricular Goals in Medical Ethics. *NEJM* 312(1985): 253-256.

Dittrich, LR. Preface and Table of Contents. The Humanities and Medicine: Reports of 41 U.S., Canadian, and International Programs. *Acad. Med.* 78(2003):949-952.

DuBois JM, Burkemper J. Ethics Education in U.S. Medical Schools: A Study of Syllabi. *Acad Med*. 77(2002):432-437.

Fox E, RM Arnold, et al. Medical Education: Past, Present and Future. *Acad. Med.* 70(1995): 761-769.

Goldie JG. The detrimental ethical shift towards cynicism: can medical educators help prevent it? *Med Educ*. 2004 Mar;38(3):232-4. (*not sure "review" article*)

Goldie JG. Review of Ethics Curricula in Undergraduate Medical Education. *Med Educ*. 34(2000):108-119.

Haq C, Steele DJ, Marchand L, Seibert C, Brody D. Integrating the art and science of medical practice: innovations in teaching medical communication skills. Fam Med. 2004 Jan;36 Suppl:S43-50.

Martinez SA. Reforming medical ethics education. *J Law Med Ethics*. 2002 Fall;30(3):452-4.

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

Lehmann LS, Kasoff WS et al. A Survey of Medical Ethics Education. *Acad. Med*. 79(2004):682-689.

Medical Schools Objectives Project. Association of American Medical Colleges.1999. (Report III: Contermporary Issues in Medicine – Communication)

Miles SH, Lane LW, et al. Medical Ethics Education: Coming of Age. *Acad. Med*. 64(1989): 705-714.

Musick DW. Teaching medical ethics: a review of the literature from North American medical schools with emphasis on education. *Med Health Care Philos*.1999;2(3):239-54.

Pellegrino ED. The metamorphosis of medical ethics. A 30-year retrospective. *JAMA*. 1993 Mar 3;269(9):1158-62.

Roberts LW, Green Hammond KA, et al. The positive role of professionalism and ethics training in medical education: a comparison of medical student and resident perspectives. *Acad Psychiatry*. 2004 Fall;28(3):170-82.

Self DJ, Baldwin DC Jr. Does medical education inhibit the development of moral reasoning in medical students? A cross-sectional study. *Acad Med*. 1998 Oct;73(10 Suppl):S91-3

Singer PA. Recent advances: Medical ethics. *BMJ*. 2000 Jul 29;321(7256):282-5.

USMLE excerpts http://www.usmle.org

Medical Humanities Education: Review Articles

Andre J, Brody H, Fleck L, Thomason CL, Tomlinson T. Ethics, professionalism, and humanities at Michigan State University College of Human Medicine. *Acad Med*. 10(2003):968-72.

Friedman LD. The precarious position of the medical humanities in the medical school curriculum. Acad Med. 2002 Apr;77(4):320-2

Krackov SK, Levin RI et al. Medical humanities at New York University School of Medicine: an array of rich programs in diverse settings. *Acad Med*. 10(2003):977-82.

Montgomery K, Chambers T, Reifler DR. Humanities Education at Northwestern University's Feinberg School of Medicine. *Acad Med*. 10(2003):958-62.

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.

Sklar DP, Doezema D et al. Teaching Communication and Professionalism Through Writing and Humanities: Reflections of Ten Years of Experience. *Acad. Emerg. Med*. 9(2002):1360-1364.

Teaching: Small-group

Baldor RA, Field TS, Gurwitz JH. Using the "Question of Scruples" game to teach managed care ethics to students. *Acad Med.* 2001 May;76(5):510-1.

Goldie J, Schwartz L, Morrison J. A process evaluation of medical ethics education in the first year of a new medical curriculum. *Med Educ.* 2000 Jun;34(6):468-73.

Lewin LO, Lanken PN.Longitudinal small-group learning during the first clinical year. Fam Med. 2004 Jan;36 Suppl:S83-8.

Self DJ, Olivarez M, Baldwin DC Jr. The amount of small-group case-study discussion needed to improve moral reasoning skills of medical students. *Acad Med.* 1998 May;73(5):521-3.

Teaching: Case-based Teaching: Narrative

Self DJ, Baldwin DC Jr, Olivarez M. Teaching medical ethics to first-year students by using film discussion to develop their moral reasoning. *Acad Med.* 1993 May;68(5):383-5.

Smith S, Fryer-Edwards K, Diekema DS, Braddock CH 3rd. Finding effective strategies for teaching ethics: a comparison trial of two interventions. *Acad Med.* 2004. Mar;79(3):265-71.

Teaching: Writing/Reflection

Branch WT Jr, Paranjape A. Feedback and reflection: teaching methods for clinical settings. *Acad Med.* 2002 Dec;77(12 Pt 1):1185-8.

Branch WT Jr. Small-group teaching emphasizing reflection can positively influence medical students' values. *Acad Med.* 2001 Dec;76(12):1171-2.

Carson AM. That's another story: narrative methods and ethical practice. *J Med Ethics.* 2001 Jun;27(3):198-202.

Hatem D, Ferrara E. Becoming a doctor: fostering humane caregivers through creative writing. *Patient Educ Couns.* 2001 Oct;45(1):13-22.

Verkerk M, Lindemann H, et al. Enhancing reflection: an interpersonal exercise in ethics education. *Hastings Cent Rep.* 2004 Nov-Dec;34(6):31-8.

Teaching: Experiential

Torke AM, Quest TE, Kinlaw K, Eley JW, Branch WT Jr. A workshop to teach medical students communication skills and clinical knowledge about end-of-life care. *J Gen Intern Med.* 2004 May;19(5 Pt 2):540-4.

Teaching: Clinical Settings

Kern DE, Branch WT Jr, Jackson JL, Brady DW, Feldman MD, Levinson W, Lipkin M Jr; General Internal Medicine Generalist Educational Leadership Group. Teaching the psychosocial aspects of care in the clinical setting: practical recommendations. *Acad Med.* 2005 Jan;80(1):8-20.

O'Connell MT, Pascoe JM. Undergraduate medical education for the 21st century: leadership and teamwork. *Fam Med.* 2004 Jan;36 Suppl:S51-6.

O'Toole TP, Kathuria N, Mishra M, Schukart D. Teaching professionalism within a community context: perspectives from a national demonstration project. *Acad Med.* 2005 Apr;80(4):339-43.

Evaluation: Review Articles

ACGME Outcome Project. Website: www.acgme.org/outcome/project/outintro_fnl1.htm.

Arnold L. Assessing professional behavior: yesterday, today, and tomorrow. *Acad Med.* 2002 Jun;77(6):502-15.

Lewin LO, Olson CA, Goodman KW, Kokotailo PK. UME-21 and teaching ethics: a step in the right direction. *Fam Med.* 2004 Jan;36 Suppl:S36-42.

Veloski JJ, Fields SK, et al. Measuring professionalism: a review of studies with instruments reported in the literature between 1982 and 2002. *Acad Med.* 2005 Apr;80(4):366-70.

Evaluation: OSCEs/SPs

Robb A, Etchells E, et al. A randomized trial of teaching bioethics to surgical residents. *Am J Surg.* 2005 Apr;189(4):453-7.

Evaluation: Clinical Observation/360 feedback

Larkin GL. Evaluating professionalism in emergency medicine: clinical ethical competence. *Acad Emerg Med.* 1999 Apr;6(4):302-1.

Gross ML. Ethics education and physician morality. *Soc Sci Med.* 1999 Aug;49(3):329-42.

Ginsburg S, Regehr G, Lingard L. Basing the evaluation of professionalism on observable behaviors: a cautionary tale. *Acad Med.* 2004 Oct;79(10 Suppl):S1-4.

Education: Theory/Overview Papers

Branch WT Jr. Is ethical development impeded in young doctors? *J Gen Intern Med.* 2001 Aug;16(8):569-70.

Branch WT Jr., Kern D, Haidet P, Weissmann P, Gracey CF, Mitchell G, Inui T. The patient-physician relationship. Teaching the human dimensions of care in clinical settings. *JAMA*. 2001 Sep 5;286(9):1067-74.

Coulehan J, Williams PC. Conflicting professional values in medical education. *Camb Q Healthc Ethics*. 2003 Winter;12(1):7-20.

Coulehan J, Williams PC, Van McCrary S, Belling C. The best lack all conviction: biomedical ethics, professionalism, and social responsibility. Camb Q Healthc Ethics. 2003 Winter;12(1):21-38.

Gauthier CC. Teaching the virtues: justifications and recommendations. *Camb Q Healthc Ethics.* 1997 Summer;6(3):339-46.

Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. *Acad Med.* 1998 Apr;73(4):403-7.

Hafferty FW, Franks R. The hidden curriculum, ethics teaching, and the structure of medical education. *Acad Med.* 1994 Nov;69(11):861-71.

Pellegrino ED. The internal morality of clinical medicine: a paradigm for the ethics of helping and healing professions. Journal of Medicine and Philosophy 2001;26(6):559 – 79.

Rhodes R, Cohen DS. Understanding, being, and doing: medical ethics in medical education. *Camb Q Healthc Ethics.* 2003 Winter;12(1):39-53.

Satterwhite RC, Satterwhite WM 3rd, Enarson C. An ethical paradox: the effect of unethical conduct on medical students' values. *J Med Ethics.* 2000 Dec;26(6):462-5.

Self DJ, Davenport E. Measurement of moral development in medicine. *Camb Q Health Ethics.* 1996 Spring;5(2):269-77.

Self DJ, Baldwin DC Jr, Wolinsky FD. Further exploration of the relationship between medical education and moral development. *Camb Q Healthc Ethics.* 1996 Summer;5(3):444-9.

Shelton W. Can virtue be taught? *Acad Med.* 1999 Jun;74(6):671-4.

Shrank WH, Reed VA, Jernstedt GC. Fostering professionalism in medical education: a call for improved assessment and meaningful incentives. *J Gen Intern Med.* 2004 Aug;19(8):887-92.

Stern DT. Practicing what we preach? An analysis of the curriculum of values in medical education. *Am J Med.* 1998 Jun;104(6):569-75.

Sulmasy DP. Should medical schools be schools for virtue? *J Gen Intern Med.* 2000 Jul;15(7):514-6