

## **Appendix 3**

### **The current status of HELPERS-PRO in the four years.**

#### **The Admissions Process (Dr. Milford Foxwell).**

Prior to interviews, each applicant receives: (1) the SOM Catalogue which contains a section on Applicant Selection Criteria, which includes: character, personality, potential, integrity, maturity and stability, interpersonal and communication skills (p. 10) as well as (2) the SOM Catalogue which contains a section on Professionalism in Medicine, which includes service-orientation, meeting the needs of individuals and population, altruism, advocacy for patients, the patient coming first and foremost and the White Coat as a symbol of responsibility (p. 30-31), (3) a sheet of information on Responsibilities of Medical School Applicants which states that applicants “are expected to conduct themselves in an ethical and professional manner at all times,” (4) in the letter of invitation to an interview, the behavioral and social attributes desirable, including judgment, completion of responsibilities, sensitive relationships with patients, accepting criticism, empathy, integrity, concern for others and interpersonal skills, and (5) the Academic Handbook which has a section entitled Professional Issues (p. 36) with a subsection “On Presenting a Professional Image” that mentions courtesy, honor and appropriate dress.

#### **The First Year:**

##### **Human Dimensions of Medical Education (Dr. Michael Plaut).**

This is an opportunity each Wednesday-Saturday before school begins in August, for first year students to meet each other, senior students and faculty/staff in an informal rural resort setting. There are unstructured small groups and evening activities (square dancing, skits).

##### **Promotion of Organizations (Student organized).**

There is an Activities Fair to which 17 organizations participate (AMA/Med Chi, AMSA, AMWA, Asian Pacific SA, Christian Medical/Dental Society, Emergency Medicine IG, Family Medicine IG, Gertrude Stein Society, Human Dimensions in Medical Education, Internal Medicine Interest Group, Jewish Student Association, Medical Breakaway, Medical Students for Choice, Peds Pals/Premie Pals, Project HOPE, Psychiatry Club, SNMA.)

##### **Medical Informatics (Dr. David Mallott).**

This is a three-day course that practical how-to's with more theoretical material.

##### **Structure and Function (Drs Larry Anderson, Marshall Rennels).**

In their introduction to gross anatomy, Larry Anderson and Marshall Rennels, talk about the history of dissection/gross anatomy, the difficulty obtaining cadavers, the resistances from the church and the law, respect for the patient and each other, the intimate relationship they will have with the cadaver(s), working with their lab-mates who may

come from different backgrounds as a team and the responsibilities they owe to those who have donated their bodies to science and teaching. Among the areas touched on are the physicians adherence to high ethical and moral standards, social contract with the communities served, core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, accountability for themselves and for their colleagues, continuing commitment to excellence, commitment to scholarship and to advancing their field, reflection upon their actions and decisions and death and dying.

### **Principles of Human Behavior (Dr. Bruno Anthony).**

This course is a one-week course between Structure and Development and Cell and Molecular Biology that introduces the biopsychosocial framework in viewing all development, health and illness issues across the life span. It is seen by some as a “break” and by others as “squeezed between two other courses.” Some of the demonstrations and panels involve patients and their families. Indeed, in the very first hour a patient is interviewed and the emphasis is very much on the clinical context of the subject (in general, the small groups are highly evaluated by the students in contrast with the lectures.) The areas dealt with include the General Principles of physicians need to adhere to high ethical and moral standards, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness and deal with high levels of complexity and uncertainty as well as aspects such as the ability to communicate, decency, honesty, putting patients first, abuse of power, impairment, humanism (including caring for patients’ needs and psycho-social aspects, compassion and empathy), sensitivity to age, socio-economic status and sexual orientation; sexual misconduct and boundary violations, respect towards patients and family members, death and dying (including pain, palliation and the possibility of recovery), physician impairment from alcohol and other impairments, and sexual and aggressive behavior impinging on body and mental boundaries.

### **The White Coat Ceremony (Dr. Jack Gladstein).**

The White Coat Ceremony is an opportunity to present almost all the areas and aspects of HELPERS-PRO. The Dean’s address provides an introduction to the topic and covers the entry into the profession, the life-time journey of learning and healing, compromising care to control costs, service orientation and seeing every patient as a person. He then gives the eight pillars of professionalism: integrity, communication, caring, commitment, diversity, life-long learning, happiness and humility.

### **The Autopsy Experience (Dr. Raymond Jones).**

Currently, as much as possible, students are told before viewing an autopsy, of the varying reactions students have and are given the opportunity to talk 1-1 to someone afterwards if they wish. Issues that can come up are the areas of death and dying, respect for the patient, the intimate relationship they will have with patients, physicians’ adherence to high ethical and moral standards, social contract with the communities served, core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, accountability for

themselves and for their colleagues, continuing commitment to excellence, commitment to scholarship and to advancing their field, and reflection upon their actions and decisions are once again explored. In June, there is a cremation ceremony at Sykesville to which 50-100 families of persons who had donated their bodies for dissection is held, to which students are invited and attend. This reinforces many of the aspects discussed at the first session earlier in the year.

**Cell & Molecular Biology (Drs. Giuseppe Inesi, Jerry Barcak).**

This is an 11 week course which includes lectures, clinical correlates and conferences where students present Amini-papers. The faculty try to inject aspects of the area throughout rather than highlighting them separately (e.g. Dr Inesi led off the course with a lecture that started with a 5 minute presentation of the ethical issues around stem-cell research). The course currently covers the General Principles of Professionalism such as the physicians need to demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field and deal with high levels of complexity and uncertainty as well as aspects such as the ability to communicate, excellence, following through with recommendations made to patients knowledge, language (appropriate), service (devotion to a lifetime of), keeping proper records, respect towards patients and family members and respect towards physician and non-physician colleagues and the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, life-long commitment to education (e.g. CME), use of evidence-based medical skills, using primary source reading.

**(Genetics Component) (Dr. Miriam Blitzer).**

Because of the emerging if not "emerged" importance of genetics, I interviewed Dr. Blitzer individually about the emphasis place on the area in her portion of the course. The Genetics Group offers both Clinical Correlates and lectures that are integrated into the bigger course. The clinical correlates cover issues such as families coping with genetic illnesses in offspring, financial and other burdens, emotional reactions, disability, etc which are presented to both the whole class and discussed in small groups. The lectures deal with genetic counseling and other issues more amenable to the lecture format.

Currently, they cover the General Principles of Professionalism including the physicians' need to subordinate their own interests to the interests of others, evince core humanistic values, including honesty and integrity, caring and compassion and deal with high levels of complexity and uncertainty as well as aspects such as the ability to communicate, knowledge, breaches of confidentiality, humanism, evinced by caring for patients= needs and psycho-social aspects, compassion, and empathy, confidentiality, respect towards patients and family members and respect towards physician and non-physician colleagues, recognition of deficits in knowledge, skills or attitudes, using primary source reading and common sense in MD/industry relationships.

**Intimate Human Behavior (Dr. Michael Plaut).**

IHB takes place for 2 2 days with about 2 2 hours of lectures and small groups. It touches on almost all areas and aspects of HELPERS-PRO (and may deal in depth with many, depending upon whether it comes up in the small groups. It covers most directly issues concerning physicians' need to subordinate their own interests to the interests of others and adhere to high ethical and moral standards, sexual behavior, including body boundaries, abuse of power, in interactions with patients or colleagues and bias and sexual harassment, and sensitivity, including sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation. Also specifically covered are the need for physicians to: subordinate their own interests to the interests of others, adhere to high ethical and moral standards, respond to societal needs, and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, he covers: ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, integrity, judgement, knowledge, language (appropriate), putting the patient first, skills, unprofessional behavior such as abuse of power, in interactions with patients or colleagues, bias and sexual harassment, misrepresentation of education and training, lack of conscientiousness, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality, sexual orientation, ethical behavior such as proper records, transfer of responsibility and ethical issues such as sexual misconduct and boundary violations, confidentiality, avoidance of exploitation (financial, sexual, self-aggrandizement), respect towards patients and family members, respect towards physician and non-physician colleagues, physician impairment, including impairment of cognition, body and mental boundaries, sexual harassment, the need for life-long learning, including: self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, use of evidence-based medical skills, and physician-industry relationships using common sense.

### **Neuroscience (Dr. Marshall Rennels, David Smith).**

**Currently dealt with in this course are the need for physicians: to subordinate their own interests to the interests of others, physicians adhere to high ethical and moral standards, to respond to societal needs, and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, honesty, honor, integrity, judgement, knowledge, language (appropriate), not impugning the reputation of others, putting the patient first, service (devotion to a lifetime of), skills, telling the truth, caring for patients' needs and psycho-social**

aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, ethical behavior including confidentiality, sexual misconduct and boundary violations, confidentiality, avoidance of exploitation (financial, sexual, self-aggrandizement), towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, sexual-aggressive behavior, including body and mental boundaries, physical aggression, sexual harassment, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, life-long commitment to education (e.g. CME), use of evidence-based medical skills, using primary source reading. judgement, knowledge, language (appropriate), not impugning the reputation of others, putting the patient first, reporting colleagues' errors, service (devotion to a lifetime of), skills, telling the truth, abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, cheating, greed, misrepresentation, credentials and certifications, education and training, impairment, lack of conscientiousness, lying, caring for patients' needs and psycho-social aspects, compassion, empathy, ethical behavior including confidentiality, sexual misconduct and boundary violations, confidentiality, avoidance of exploitation (financial, sexual, self-aggrandizement), respect towards patients and family members, respect towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, sexual harassment, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, life-long commitment to education (e.g. CME), use of evidence-based medical skills and using primary source reading.

#### **Functional systems (Dr. Michael Selmanoff).**

The course is structured to deal with different organ systems (heart, lung, etc). There are 2 hours of lectures followed by clinical correlate sessions that because 50-75% involve patients, lend themselves to many of the areas and aspects involved. Currently covered are excellence, honesty, honor, integrity, judgement, knowledge, the academic honor code, reporting colleagues' errors, unprofessional behavior such as cheating and misrepresentation of education and training, and the need for life-time learning, e.g. recognition of deficits in knowledge, skills or attitudes, re-mediation and life-long commitment to education, e.g. CME.

#### **Introduction to Clinical Practice (Dr. David Stewart).**

ICP consists of three parts: (1) Dr. Henry Silverman's "The Philosophy of Medicine through Literature" course, (2) lectures, (3) small interviewing groups, and (4) community visits.

(1) Dr. Silverman gives a 5-week course using films, short stories and guest speakers. Discussed are diversity (race & gender), spirituality, clinical reasoning, what it means to be a doctor, healing and traditional healers, critical reflection, intimacy, death, gross anatomy, doctor-patient interactions (e.g. the power imbalance, partnership), vocation and pain. Specifically covered are the need for physicians to: subordinate their own interests to the interests of others, adhere to high ethical and moral standards, evince core

humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, demonstrate a continuing commitment to excellence, deal with high levels of complexity and uncertainty, physicians reflect upon their actions and decisions. He also covers: the ability to communicate, accountability, altruism, duty, excellence, honesty, integrity, putting the patient first, abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, impairment, lack of conscientiousness, lying, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality, respect towards patients and family members, respect towards physician and non-physician colleagues. (Parenthetically, it should be noted that Dr. Silverman also coordinates the "Medical Humanities Hours" which some 1st and 2nd year students attend, which involve genetics, palliative care and genetic research/tissue issues.)

(2 and 3) Dr Stewart coordinates the lectures and 18 small groups that emphasize doctor-patient communication, interviewing skills, respect for the age continuum, and death and dying. The course also deals with the physicians need to: subordinate their own interests to the interests of others, physicians adhere to high ethical and moral standards, to respond to societal needs, and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, integrity, judgement, knowledge, language (appropriate), putting the patient first, service (devotion to a lifetime of), skills, telling the truth, abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, cheating, impairment, conflicts of interest, self-referral, acceptance of gifts, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, ethical behavior including confidentiality, proper records, transfer of responsibility, sexual misconduct and boundary violations, confidentiality, respect towards patients and family members, respect towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, physician impairment, including alcohol and drug impairment, other impairment of cognition, sexual-aggressive behavior, including physical aggression, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, use of evidence-based medical skills and physician-industry relationships, including common sense. Within the segment, Dr. Donna Parker chairs four panels followed by small groups on the subjects of: ethnicity and health and illness, religion and various views of health/illness and death/dying, sexual orientation and socio-economic issues that affect access to care.

(4) The community visits include agencies such as Planned Parenthood, a homeless housing program, a child care center, a hospice and a soup kitchen.

### **PBL (Dr. David Mallott).**

PBL presents another opportunity where cases all have some aspects of the areas of HELPERS-PRO but depending on the faculty leaders and student interests, may or may not be discussed.

### **SECOND YEAR**

#### **Host Defenses and Infectious Diseases – HDID (Drs. Abdu Azad, James Kaper)**

Dr Kaper notes that the course directorship rotates and thus what is covered this year may be different from what was covered last year.

#### **Pathophysiology & Therapeutics – P&T - (Drs. Jordan Warnick & Gary Plotnick).**

Currently the course deals with the need for physicians: to subordinate their own interests to the interests of others, physicians adhere to high ethical and moral standards, to respond to societal needs, and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty, and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, knowledge, not impugning the reputation of others, putting the patient first, skills, telling the truth, reporting colleagues' errors, service (devotion to a lifetime of), abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, cheating, greed, misrepresentation, credentials and certifications, education and training, impairment, lack of conscientiousness, lying, conflicts of interest, self-referral, acceptance of gifts, over-utilization of services, collaboration with industry, compromising the principles of clinical investigation, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, ethical behavior including confidentiality, proper records, transfer of responsibility, sexual misconduct and boundary violations, confidentiality, double-agency, fees, billing, reimbursement, ethical obligations under managed care structures, avoidance of exploitation (financial, sexual, self-aggrandizement), respect towards patients and family members, respect towards physician and non-physician colleagues, human research such as human experimentation, treatment of research subjects, possibility of recovery, on call alertness, sexual-aggressive behavior, including body and mental boundaries, physical aggression, sexual harassment, physician-industry relationships, including the AMA Guidelines, common sense and conflicts of interest when seeing patients, peer-reviewing research or articles.

#### **Physical Diagnosis (Dr. Raymond Flores).**

Dr. Flores has the students for at least 3 hours a week throughout the year. While the course is intended to teach the hands-on skills of conducting a history (presumed already

to have occurred in ICP) and physical, it also deals with many aspects of the physician-patient interaction, e.g. communication, respect for the patient, draping and sensitivity to examination of the female patient and sexual harassment.

### **The Ex-PBL Segment (Dr. Raymond Flores).**

This segment is 3 weeks long and is comprised of several components: Health Care Organization (equity & ethics), Cultural Diversity/Sensitivity, The Medical Record, Human Experimentation (esp. ethical aspects of), Evidence-based Medicine, Death and Dying and Introduction to the Third Year.

Epidemiology presents material on the ethical issues faced by practitioners, equity concerns, cultural, ethnic, gender and age diversity, the significance of “race,” and the physician’s responsibility to patients, providers and insurers.

Two 2-hour sessions are devoted to Cultural Awareness and cover the need for physicians to: subordinate their own interests to the interests of others, adhere to high ethical and moral standards, respond to societal needs, and their behaviors reflect a social contract with the communities served, physicians, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. Dr Parker also covers: ability to communicate, decency, demeanor, language (appropriate), putting the patient first, arrogance, caring for patients’ needs and psycho-social aspects, compassion, empathy and sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, respect towards patients and family members.

This year (Spring 2001) Professors Susan Dwyer (UMBC) and Diane Hoffman (Law School) added a new segment on Ethics and Dr. Robert McCarter set up a section on how to evaluate the literature, evidence-based medicine, etc.; and there was also new material on the ethical aspects of human experimentation.

## **THIRD YEAR**

### **Orientation (Dr. Dorothy Snow).**

The orientation to the Clinical Years consists largely of skills workshops on learning about the utilization of iv's, Foleys, CPR, etc., but also involves areas and aspects of HELPERS-PRO inherent in the shift from PreClinical to Clinical Experiences. Some issues are presented formally, e.g. sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, ethical behavior including confidentiality, proper records, transfer of responsibility, respect towards patients and family members, respect towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, remediation, life-long commitment to education (e.g. CME), use of evidence-based medical skills, using primary source reading and common sense. Others are taught informally and may not be covered by all attendings, e.g. the need for physicians: to subordinate their own interests to the interests of others, adhere to high ethical and moral standards, to

respond to societal needs and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, integrity, judgement, knowledge, language (appropriate), not impugning the reputation of others, putting the patient first, service (devotion to a lifetime of), skills, telling the truth, abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, cheating, greed, misrepresentation, credentials and certifications, education and training, impairment, lack of conscientiousness, lying, conflicts of interest, self-referral, acceptance of gifts, over-utilization of services, collaboration with industry, compromising the principles of clinical investigation, caring for patients' needs and psycho-social aspects, compassion, empathy, sexual misconduct and boundary violations, confidentiality, avoidance of exploitation (financial, sexual, self-aggrandizement), physician impairment, including alcohol and drug impairment, other impairment of cognition, on call alertness sexual-aggressive behavior, including body and mental boundaries, physical aggression, sexual harassment, physician-industry relationships, including the AMA Guidelines, and conflicts of interest when seeing patients, peer-reviewing research or articles. In addition, there is a module on Risk Management (Nancy Barzak) that presents: the ability to communicate, following through with recommendations made to patients, judgement, knowledge, language, telling the truth, confidentiality and proper records. There is also a module on cultural diversity/student unprofessionalism (Dr. Donna Parker), and Palliative Care (Dr. Douglas Ross).

### **Clerkship in Internal Medicine (Dr. Philip Mackowiak).**

Internal Medicine is a required 12-week experience. Dr. Mackowiak's orientation stresses three points - that all of us, including the medical students: (1) are "special" in having both special opportunities (a comfortable income and interesting, fulfilling career) and obligations (hard work, showing up on snow days, etc.) , (2) have to wrestle with the implications of our relationships with pharmaceutical companies and (3) have to keep our "word," with all that it entails. (Dr Mackowiak, stressed, along with others, the need to realize that for the most part students are highly professional and ethical, that the general approach should be directed to developing a reputation of a school that turns out such graduates and that it is most effective to use current examples of problems and desirable traits.) In addition, during the experience those in the Department "try to cover" the following (as they are again in the 4th year elective in Medicine which Dr. Mackowiak also gives the Orientation to and directs): the need for physicians: to subordinate their own interests to the interests of others, physicians adhere to high ethical and moral standards, to respond to societal needs, and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing

commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, integrity, judgement, knowledge, language (appropriate), not impugning the reputation of others, putting the patient first, reporting colleagues' errors, service (devotion to a lifetime of), skills, telling the truth, abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, cheating, greed, misrepresentation, credentials and certifications, education and training, impairment, lack of conscientiousness, lying, conflicts of interest, self-referral, acceptance of gifts, over-utilization of services, collaboration with industry, compromising the principles of clinical investigation, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, ethical behavior including confidentiality, proper records, transfer of responsibility, sexual misconduct and boundary violations, confidentiality, double-agency, fees, billing, reimbursement, ethical obligations under managed care structures, avoidance of exploitation (financial, sexual, self-aggrandizement), respect towards patients and family members, respect towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, physician impairment, including alcohol and drug impairment, other impairment of cognition, on call alertness sexual-aggressive behavior, including body and mental boundaries, physical aggression, sexual harassment, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, life-long commitment to education (e.g. CME), use of evidence-based medical skills, using primary source reading, physician-industry relationships, including the AMA Guidelines, common sense and conflicts of interest when seeing patients, peer-reviewing research or articles.

### **Clerkship in Surgery (Dr. Bruce Jarrell).**

There is an 8-week clerkship in Surgery, directed by Drs Jarrell and Colonna. Dr Colonna starts by "giving the nuts and bolts" including how to be seen as a good student which includes punctuality, O.R. behavior, attitudes toward nurses, interactions with house staff, sexual harassment, etc. Then Dr Jarrell conducts a 2 hour orientation at which he stresses honesty, integrity, appearance, confidentiality (e.g. talking on elevators), respect for patients (e.g. not using words like "gomers," "dirtballs," etc.), caring and compassion. Throughout the Clerkship he notes that the following areas are usually touched on or observed (and Dr Colonna notes the need to reinforce them every 1-02 weeks): the need for physicians: to subordinate their own interests to the interests of others, physicians adhere to high ethical and moral standards and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor,

integrity, judgement, knowledge, language (appropriate), not impugning the reputation of others, putting the patient first, reporting colleagues' errors, service (devotion to a lifetime of), skills, telling the truth, abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, cheating, greed, misrepresentation, credentials and certifications, education and training, impairment, lack of conscientiousness, lying, caring for patients' needs and psycho-social aspects, compassion, empathy, ethical behavior including confidentiality, sexual misconduct and boundary violations, confidentiality, avoidance of exploitation (financial, sexual, self-aggrandizement), respect towards patients and family members, respect towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, sexual harassment, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, life-long commitment to education (e.g. CME), use of evidence-based medical skills and using primary source reading. Dr Colonna also stresses issues around death and dying, since "surgeons are often the last persons to give after an operation," respect for and not impugning the referring physicians and/or local hospitals, and communication with referral sources. He also stresses the importance of the medical student's role as "representative" of the medical center to the family and/or outside physician world.

### **Clerkship in Pediatrics (Dr. Prasanna Nair).**

Dr. Nair has administered the third year rotation in Pediatrics for many years; Dr. Robert Englander will direct starting in July it. It is a 6-week rotation with 3 weeks inpatient and 3 weeks outpatient at various hospitals in Baltimore. At her orientation, Dr Nair stresses several aspects of Professionalism that derive from the patient population in Pediatrics. They include respect for and dealing with children of all developmental phases as well as adolescents and the parents; dealing with patients from different socio-economic and ethnic groups, being non-judgmental (especially about what may appear to be child abuse); being non-judgmental and putting yourself in the parents' place; avoiding stereotyping patients and their parents; dressing professionally; their role as the very first health care person who meets outpatients; learning to read the literature critically; confidentiality (especially with adolescents); and presenting a pleasant, smiling, non-threatening demeanor.

She also thinks they present issues such as: the need for physicians: to subordinate their own interests to the interests of others, physicians adhere to high ethical and moral standards, to respond to societal needs, and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, integrity, judgement, knowledge, language (appropriate), not impugning the reputation of others, putting the patient first, reporting colleagues' errors, service (devotion to a lifetime of), skills, telling the truth,

abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, cheating, greed, misrepresentation, credentials and certifications, education and training, impairment, lack of conscientiousness, lying, conflicts of interest, self-referral, acceptance of gifts, over-utilization of services, collaboration with industry, compromising the principles of clinical investigation, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, ethical behavior including confidentiality, proper records, transfer of responsibility, sexual misconduct and boundary violations, confidentiality, double-agency, fees, billing, reimbursement, ethical obligations under managed care structures, avoidance of exploitation (financial, sexual, self-aggrandizement), respect towards patients and family members, respect towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, physician impairment, including alcohol and drug impairment, other impairment of cognition, on call alertness sexual-aggressive behavior, including body and mental boundaries, physical aggression, sexual harassment, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, life-long commitment to education (e.g. CME), use of evidence-based medical skills, using primary source reading, physician-industry relationships, including the AMA Guidelines, common sense and conflicts of interest when seeing patients, peer-reviewing research or articles.

#### **Clerkship in Family Medicine (Dr. Yvette Rooks).**

The Clerkship in Family Medicine is a 4-week experience in the 3rd year coordinated by Yvette Rooks. She notes that at the beginning the students are shown the evaluation form that includes sections on interpersonal relationships with patients (respect, empathy, communication, putting the patient above self); reliability, initiative, & dependability; proper records, and relationships with preceptor and staff. In addition, in the clerkship, the following are stressed, the need for physicians to respond to societal needs, demonstrate a continuing commitment to excellence, physicians exhibit a commitment to scholarship and to advancing their field as well as accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, integrity, judgement, knowledge, language (appropriate), breach of confidentiality, cheating, lying, conflicts of interest, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality, sexual orientation, confidentiality, fees, billing, reimbursement, pain, palliation, possibility of recovery, self-assessment, using primary source reading and common sense.

#### **Clinical Clerkship in Ob-Gyn (Dr. Lindsay Alger).**

This clerkship covers many of the areas and aspects, such as the physicians need to: subordinate their own interests to the interests of others, adhere to high ethical and moral standards, respond to societal needs, and their behaviors reflect a social contract with the communities served, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field and deal with high levels of complexity and uncertainty as well as the ability to communicate, accountability, demeanor, duty,

excellence, following through with recommendations made to patients, honesty, judgement, knowledge, putting the patient first, skills, telling the truth, lack of conscientiousness, lying, sensitivity to sexual orientation proper records, transfer of responsibility, need for life-time learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, life-long commitment to education (e.g. CME), use of evidence-based medical skills and using primary source reading.

### **Clinical Clerkship in Pediatrics (Dr. Robert Englander).**

Dr. Englander starts the orientation off with a 30-45 minute exercise asking the students to recall good and bad role models & teachers as well as a list of good and bad professional attributes. The list the students arrive at is strikingly similar to the 8 aspects of Professionalism outlined by the American Board of Pediatrics that he distributes, which highlights: honesty/integrity, reliability/responsibility, respect for others, compassion/empathy, self-improvement, self-awareness/knowledge of limits, communication/collaboration and altruism/advocacy. He also makes note of two aspects in particular since they appear in this first meeting; responsibility through punctuality (prompted by the fact that 50% come 10-20 minutes late) and appearance, prompted by dress such as scrubs while not involved with surgery or night call. Dr Englander believes the clerkship emphasizes: the General Principles of Professionalism as well as aspects such as ability to communicate, accountability, altruism, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, integrity, judgement, knowledge, language (appropriate), not impugning the reputation of others, putting the patient first, reporting colleagues' errors, service (devotion to a lifetime of), skills, telling the truth, unprofessional behavior such as abuse of power, in interactions with patients or colleagues, breach of confidentiality, arrogance, lack of conscientiousness, lying, humanism, including caring for patients' needs and psychosocial aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality, sexual orientation; ethical behavior including confidentiality, proper records and transfer of responsibility; respect including respect towards patients and family members and respect towards physician and non-physician colleagues; and the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, life-long commitment to education (e.g. CME), use of evidence-based medical skills, using primary source reading.

### **Clerkship in Neurology (Dr. Neil Porter).**

The Clerkship in Neurology is held within an 8-week block along with Psychiatry. In his introduction to the clerkship, Dr Porter strong emphasizes the importance of telling the truth and answering when one does not know as a way to maintain one's honesty, honor, integrity and trustworthiness.

### **Clerkship in Psychiatry (Dr. Donald Thompson).**

Dr. Thompson indicates that currently the rotation covers: the need for physicians: to evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the

ability to communicate, following through with recommendations made to patients, honesty, judgment, knowledge, skills, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, use of evidence-based medical skills and using primary source reading.

### **Surgical Subspecialties (Dr. Shirley Slezak).**

Dr. Slezak coordinates a 4 week required experience in the fourth year consisting of four one-week rotations in Anesthesia, ENT, Orthopedics and Urology. Each consists of one-half day's lecture followed by exposure to the common diagnostic and clinical problems encountered in the specialty. The students have a 50 page book chapter to read, on which the exam is based and because of which they say they do not need to attend the clinical experiences. As a result of poor attendance, attendance is now taken. Dr. Slezak is considering basing part of the grade on more than just the 50-page reading. The ethical and other problems encountered and discussed are entirely dependent on the patients presenting to each service when the students are there. She noted that faculty with heavy clinical burdens do not relish spending a great deal of time teaching since they are not rewarded for it, therefore no clinical examinations are directly observed of students and patients. She hopes that in the future student teaching will be financially rewarded.

### **Anesthesiology Subinternship (Dr. Brenda Fahey).**

Dr. Fahey says that the Anesthesia Subinternship deals with the General Principles, such as the physicians need to adhere to high ethical and moral standards, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, and deal with high levels of complexity and uncertainty as well as aspects such as accountability, duty, honor, knowledge, skills; humanism including caring for patients= needs and psycho-social aspects, compassion and empathy; respect, including respect towards patients and family members and respect towards physician and non-physician colleagues; and death and dying, including pain, palliation and the possibility of recovery.

### **Draw-the-Line Project (Organization of Student Representatives).**

The Draw-the-Line Project introduces third-year students to the issues of abusive relationships between and among faculty, house-staff and medical students but not patients and their families. It thus covers Sexual-Aggressive Behavior, including Body and Mental Boundaries, Physical Aggression and Sexual Harassment.

### **The Longitudinal Ambulatory Experience (Dr. David Stuart).**

The experience utilizes 85 preceptors some of whom meet every other week in the evening. There are no guidelines on what to cover concerning the areas and aspects.

Currently Dr Stewart believes that the following are covered: the need for physicians: to subordinate their own interests to the interests of others, physicians adhere to high ethical and moral standards, to respond to societal needs, and their behaviors reflect a social

contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, integrity, judgement, knowledge, language (appropriate), putting the patient first, service (devotion to a lifetime of), skills, telling the truth, abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, misrepresentation, credentials and certifications, education and training, impairment, lack of conscientiousness, lying, conflicts of interest, self-referral, acceptance of gifts, over-utilization of services, caring for patients' needs and psycho-social aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, ethical behavior including confidentiality, proper records, transfer of responsibility, sexual misconduct and boundary violations, confidentiality, fees, billing, reimbursement, ethical obligations under managed care structures, avoidance of exploitation (financial, sexual, self-aggrandizement), respect towards patients and family members, respect towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, physician impairment, including alcohol and drug impairment, other impairment of cognition, sexual-aggressive behavior, including body and mental boundaries, physical aggression, sexual harassment, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, life-long commitment to education (e.g. CME), use of evidence-based medical skills, using primary source reading, physician-industry relationships, including the AMA Guidelines, common sense and conflicts of interest when seeing patients, peer-reviewing research or articles.

As part of the course, Dr. Steven Havas directs 10 afternoon sessions on prevention of common conditions (cardio-vascular problems including hypertension, cancer, diabetes, mental illness and infectious diseases), risk factors (smoking, nutrition, alcohol and lack of exercise) and conditions in the elderly. He specifically deals with the physician as a role model, the need to base treatment on evidence-based literature and behavioral change.

## **FOURTH YEAR**

### **The Ambulatory (AHEC) Experience (Dr. David Stuart).**

This is a 2 months ambulatory experience utilizing 60 supervisors. One evening over 3 months there is a meeting, largely to discuss business issues. The experience features an interdisciplinary experience in which respect towards physician and non-physician colleagues can feature prominently. Currently, Dr. Stewart believes the following are covered: the need for the physician to: subordinate their own interests to the interests of others, physicians adhere to high ethical and moral standards, to respond to societal needs, and their behaviors reflect a social contract with the communities served, evince core humanistic values, including honesty and integrity, caring and compassion, altruism and

empathy, respect for others, and trustworthiness, exercise accountability for themselves and for their colleagues, demonstrate a continuing commitment to excellence, exhibit a commitment to scholarship and to advancing their field, deal with high levels of complexity and uncertainty and reflect upon their actions and decisions. In addition, the ability to communicate, accountability, altruism, appearance, decency, demeanor, duty, excellence, following through with recommendations made to patients, honesty, honor, integrity, judgement, knowledge, language (appropriate), putting the patient first, reporting colleagues' errors, service (devotion to a lifetime of), skills, telling the truth, abuse of power, in interactions with patients or colleagues, bias and sexual harassment, breach of confidentiality, arrogance, greed, misrepresentation of education and training, impairment, lack of conscientiousness, lying, conflicts of interest, self-referral, acceptance of gifts, over-utilization of services, caring for patients' needs and psychosocial aspects, compassion, empathy, sensitivity to age, culture, gender, socio-economic status, religion and spirituality and sexual orientation, ethical behavior including confidentiality, proper records, transfer of responsibility, sexual misconduct and boundary violations, confidentiality, double-agency, fees, billing, reimbursement, ethical obligations under managed care structures, avoidance of exploitation (financial, sexual, self-aggrandizement), respect towards patients and family members, respect towards physician and non-physician colleagues, death and dying including: pain, palliation, possibility of recovery, physician impairment, including alcohol and drug impairment, other impairment of cognition, on call alertness sexual-aggressive behavior, including body and mental boundaries, physical aggression, sexual harassment, the need for life-long learning, including self-assessment, recognition of deficits in knowledge, skills or attitudes, re-mediation, life-long commitment to education (e.g. CME), use of evidence-based medical skills, using primary source reading and common sense.

#### **Epidemiology (Dr. Paul Stolley).**

Dr Stolley coordinates the 4th year Epidemiology rotation.

#### **Dermatology (Dr. Mark Lowitt).**

Dr. Lowitt directs the Dermatology rotation and what issues are taught depend on the patients presenting to their clinic.

#### **Complementary Medicine (Dr. Brian Berman).**

An area, which appears in several places throughout the four years, is complementary medicine. There are lectures in the first year (2 hours), second year (11 hours in P&T) and third year (2 hours in Family Medicine/Longitudinal Ambulatory) and fourth year electives.

#### **The Mentoring Project (Dr. Donna Parker).**

Dr. Parker has been heading the project that began in the spring of 2000. The goal is to "serve as a guide to the student's personal and professional development by helping them to network on campus, assisting them in obtaining clinical experiences, and being able to just listen." She has a database of a couple of hundred faculty members and their interests

and pairs them with students requesting a mentor. They meet twice a year face to face and have contact monthly by email.