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Introduction to Biomedical Ethics

Katherine Mendis

CUNY School of Medicine

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MED 30000: INTRODUCTION TO BIOMEDICAL ETHICS

FALL 2019 SEMESTER (3 credits)

Tuesday, August 27, 2019- Saturday, December 14, 2019.

Katherine Mendis, Course Director (kmendis@med.cuny.edu)

Office hours: by appointment via e-mail, Harris 303E

<i>Lecture:</i>	Tuesdays and Thursdays	2:00-2:50 pm, (NAC 1/202)
<i>Small Groups:</i>	Thursdays	PP -- 3:10-4:00 (HH 309)
	Fridays	PP2 -- 10:00-10:50 (HH 309)
		PP3 -- 11:00-11:50 (HH 309)
		PP4 -- 3:00-3:50 (HH 309)

Description: This course introduces students to issues in the field of biomedical ethics, the theoretical tools bioethicists use to analyze them, and methodology for resolving clinical ethical dilemmas.

Course Goals:

1. To introduce students to the field of bioethics:
 - a. ethical issues in clinical medicine, biomedical research, and public health;
 - b. philosophical methods used to analyze them; and
 - c. social and scientific influences on the field.
2. To develop students' critical thinking, writing, and oral communication skills.
3. To familiarize future physicians with the concepts and principles of clinical medical ethics.
4. To introduce a philosophical framework for clinicians to analyze, discuss, and resolve moral dilemmas that arise in their practice.

Methods of Instruction: This course will be conducted through lectures and small group sections. All required and recommended readings will be posted on LEO. Students will be assessed through in-class and take-home examinations, written essays, in-class presentations, and class participation.

Course Components and Objectives: Upon completion of this course students will be expected to:

- Appreciate and explain how and why medical professionalism requires a commitment to ethical behavior, particularly in relationships with patients and colleagues.
- Describe recent and current controversies in biomedical ethics, and identify their social, political, and scientific implications.
- Describe physicians' legal responsibilities that relate to concepts and principles of clinical ethics.
- Identify concepts and principles of clinical ethics; and explain their meaning and relevance to clinical cases.
- Resolve and justify resolutions of clinical ethical dilemmas.
- Critically assess moral arguments verbally and in writing.
- Articulate and defend positions on moral issues verbally and in writing.

Assessment	Date	% of Grade
Paper (1000 words)	Tuesday 10/15 or Thursday 11/21	20%
Exam I (8/27-10/22)	Thursday 10/24	25%
Debate	Tuesday 10/15 or Thursday 11/21	10%
Exam II (10/24-12/10) NOT CUMULATIVE	Tuesday 12/12, in class	15%
Exam II Take-Home Portion	Saturday, 12/14 via LEO	20%
Attendance/Participation*	Ongoing	10%

Grading Scale:

A+= 95-100%
 A= 88-94.9%
 A- = 85-87.9%
 B+= 80-84.9%
 B= 73-79.9%
 B- = 70-72.9%
 PEN= 60-69%

Attendance at ALL lecture and small group sessions is mandatory. Students are required to report all absences to the Course Director and Office of Student Affairs in accordance with the Absence Policy (see SDSBE / CUNY School of Medicine Student Absence Policy document, posted on Course LEO site and at <https://tinyurl.com/CSOMSBEAbsencePolicy>.)

The consequence for unreported absences will be a one-point deduction from the student's Attendance/Participation grade and documentation via the Professionalism Form. This course has a policy of non-enforcement for the *first* unreported absence, if it is from a Lecture other than 10/15 or 11/21. The non-enforcement policy does not apply to Small Group sessions, or the 10/15 and 11/21 Lectures.

Students may not attend Small Group sessions other than the one to which they are assigned without permission of the Course Director.

Punctuality is an important part of professional behavior. Students who demonstrate a pattern of tardiness will be required to meet with the Course Director. Continued tardiness will result in a deduction from the student's Attendance/Participation grade, to be discussed with the student in advance, and possible submission of a Professionalism Form.

Classroom Discussion Expectations: This course depends on a learning environment in which instructor and students rigorously examine ideas and arguments. It also depends on all participants displaying a sensitivity to the values and experiences of others, including, but not limited to, experiences of trauma and marginalization. For more information, see slides and podcast from Tuesday, 8/27 Lecture.

Make-Up Exams/Late Work: Students will not be permitted to make up exams, or take extended time on the take-home portion of the final exam, without written documentation (e.g. doctor's note, mechanic's receipt). Late papers will not be accepted unless arrangements are made with the course director prior to the due date, or written documentation of an emergency is provided.

CCNY FALL 2019 ACADEMIC CALENDAR

<https://www.ccnycunyu.edu/registrar/fall-2019-academic-calendar>

(Note that the final exam schedule with this link is for the CCNY courses only. For the CSOM courses, please check your exam schedule within the course syllabus and/or in LEO.)

- 9/2/19 Monday – College is closed
- 9/5/19 – Thursday CCNY Classes follow a Monday Schedule
- 10/8/19 – 10/9/19 – No CCNY Classes Scheduled
- 10/14/19 – Monday – College is closed
- 10/16/19 – Wednesday – Classes follow a Monday Schedule
- 11/28/19 – Thursday – College is closed
- 12/24 & 25/19 – Tuesday and Wednesday – College is closed
- 1/1/20 – Wednesday – College is closed

MED 30000 COURSE SCHEDULE WITH READINGS

<i>Week</i>	<i>Date</i>	<i>Type</i>	<i>Topic</i>	<i>Preparation</i>	<i>Session Objectives</i>
1	8/27	Lecture	Introduction to the Class	Review syllabus and lecture PPT.	<ol style="list-style-type: none"> 1. Explain the goals of studying biomedical ethics. 2. Describe ethics and biomedical ethics as fields of inquiry. 3. State all the elements of the course for which you are responsible, including due dates and key elements of each assignment.
	8/29	Lecture	The Virtuous Physician	<ul style="list-style-type: none"> • Pellegrino E. The Internal Morality of Clinical Medicine. <i>Journ Med Phil.</i> 2001; 26(6): 559-79. • Rhodes R. The Professional Morality of Medicine. In: Rhodes R, Francis LP, Silvers A eds. <i>The Blackwell Guide to Medical Ethics.</i> 	<ol style="list-style-type: none"> 1. Articulate the meaning of a telos/end and explain how Aristotle defined a virtue. 2. Summarize Pellegrino’s argument for an internal morality of medicine.

				Malden, MA: Blackwell; 2008: 71-87.	3. Explain the difference between distinctivism and non-distinctivism.
	8/29-30	Small Groups	Physicians' Oaths	<ul style="list-style-type: none"> • Hippocratic Oath (Classical) • Hippocratic Oath (Modern) • Oath of the Maimonides • Oath of the Muslim Physician • Declaration of Geneva • Oath of Sun Simiao 	<ol style="list-style-type: none"> 1. Compare the Classical and Modern versions of the Hippocratic Oath to the Prayer of Maimonides, the Oath of a Muslim Physician, and the Oath of Sun Simiao. 2. Identify concepts and principles of medical ethics discussed in the Hippocratic Oath
2	9/3	Lecture	Oaths and Codes	Sulmasy, D.P. What is an Oath and Why Should a Physician Swear One? <i>Theor Med Bioeth.</i> 1999; 20: 329.	<ol style="list-style-type: none"> 1. Distinguish among promises, oaths, and codes. 2. Recall the history of the Hippocratic Oath. 3. Recall the history of codes of medical ethics. 4. Recognize views on the importance of oaths.
	9/5-6	Small Groups	Treatment v. Enhancement	No Additional Readings	<ol style="list-style-type: none"> 1. Apply theoretical distinctions between treatment and enhancement to a clinical ethical dilemma. 2. Identify features of a case that clinicians should consider when resolving a clinical ethical dilemma.
3	9/10	Lecture	The Distinctive Professional Ethics of Medicine	<ul style="list-style-type: none"> • Miller FG, Brody H, Chung KC. Cosmetic Surgery and the Internal Morality of Medicine. <i>Cambridge Q Healthc Ethics.</i> 2000; 9(3):353-64 	<ol style="list-style-type: none"> 1. Review the commitments of distinctive and non-distinctive approaches to medical ethics

				<ul style="list-style-type: none"> • Coleman S. A Defense of Cosmetic Surgery. In Benatar D, ed. <i>Cutting to the Core: Exploring the Ethics of Contested Surgeries</i>. USA: Rowman & Littlefield; 171-182. 	<ol style="list-style-type: none"> 2. Identify practical implications of the difference between distinctive and non-distinctive approaches, with regard to cosmetic surgery. 3. Assess ethical concerns about advertising for cosmetic surgery.
	9/12	Lecture	Modern Moral Theories	<ul style="list-style-type: none"> • Selections from Bentham and Mill • O’Neill O. A Simplified Account of Kantian Ethics. in White J, ed. <i>Contemporary Moral Problems</i>, USA: West Publishing Company; 1994. 	<ol style="list-style-type: none"> 1. Recall the key assumptions and claims of utilitarianism and Kantianism. 2. Compare and contrast utilitarianism and Kantianism. 3. Identify connections between moral theories and principles of clinical ethics.
	9/12-13	Small Groups	Clinical Research on Human Subjects	<ul style="list-style-type: none"> • Spettel S, White MD Mark Donald. The Portrayal of J. Marion Sims’ Controversial Surgical Legacy. <i>J Urol</i>. June 2011;185: 2424-2427. • Berger R Nazi Science—The Dachau Hypothermia Experiments. <i>N Engl J Med</i>. 1990; 322(20): 1435-1440. • Brandt A. Racism and Research: The Case of the Tuskegee Syphilis Study. <i>Hastings Cent Rep</i>. 1978; 8(6): 21-29. • Reverby S. ‘Normal Exposure’ and Inoculation: Syphilis: A PHS ‘Tuskegee’ Doctor in Guatemala, 1946-48. <i>J Policy Hist</i>. 2011; (23(01): 6-28. 	<ol style="list-style-type: none"> 1. Articulate reasons for selecting recipients of charitable donations. 2. Identify harms caused in cases of unethical research on human subjects. 3. Identify ways in which human subjects were treated without respect for their autonomy in cases of unethical research.

				<ul style="list-style-type: none"> • NIH: Exploring Bioethics. <i>Willowbrook Hepatitis Experiments</i>. Education Development Center: National Institutes of Health; 2009. • Lerner B. Sins of Omission—Cancer Research without Informed Consent. <i>N Engl J Med</i>. 2004; 351(7): 628-630. 	
4	9/17	Lecture	Research Ethics	<ul style="list-style-type: none"> • Jonas H. Philosophical Reflections on Experimenting with Human Subjects. In: Humber J.M., Almeder R.F. (eds) <i>Biomedical Ethics and the Law</i>. Boston, MA: Springer; 1979. • Wendler D, Grady C. What Should Research Participants Understand to Understand They Are Participating in Research? <i>Bioethics</i>. 2008;22(4):203-8. • Hawkins JS, Emanuel EJ. Clarifying Confusions about Coercion. <i>Hastings Cent Rep</i>. 2005; 35: 16-19. 	<ol style="list-style-type: none"> 1. Understand the moral tension inherent in biomedical research. 2. Define equipoise, therapeutic misconception, and placebo, and explain the ethical implications of each concept. 3. Identify different approaches to the assessment of risk and benefit in research. 4. Identify concerns related to research on vulnerable populations.
	9/19	Lecture	Assisted Reproductive Technology and Feminist Ethics	<ul style="list-style-type: none"> • Singer P. IVF: The Simple Case. in D. DeGrazia, T. Mappes, and J. Brand-Ballard, eds., <i>Biomedical Ethics</i>. 7th edition. New York, NY: McGraw-Hill; 2011: 544-548. • Sherwin S. Feminist Ethics and In Vitro Fertilization. <i>Canadian Journal of Philosophy, Supplementary Volume</i>. 1987; 13:265. 	<ol style="list-style-type: none"> 1. List ways in which medical technology is used to assist human reproduction. 2. Describe and critique arguments in favor of the moral permissibility of ART. 3. Articulate the commitments of feminist philosophical inquiry. 4. Describe a feminist critique of ART.
	9/19-9/20	Small Groups	Research Ethics Cases	No additional readings	<ol style="list-style-type: none"> 1. Apply concepts of research ethics to a clinical ethical dilemma.

					2. Identify features of a case that clinicians should consider when resolving a clinical ethical dilemma.
5	9/24	Lecture	Abortion	<ul style="list-style-type: none"> • Warren MA. On the Moral and Legal Status of Abortion. <i>Monist</i>. 1973; Jan;57(1):43-61. • Marquis D. Why Abortion is Immoral. <i>J Philos</i>. 1989; Apr;86(4):183-202. • Thomson J. A Defense of Abortion. <i>Philosophy and Public Affairs</i> 1 (1):47-66. • Little M. Abortion, Intimacy and the Duty to Gestate. <i>Ethical Theory and Moral Practice</i>. 1999;2(3), 295-312. 	<ol style="list-style-type: none"> 1. Identify background assumptions that underlie arguments about the morality of abortion. 2. Describe and critique arguments for and against the moral permissibility of abortion.
	9/26	Lecture	Defining Death	<ul style="list-style-type: none"> • Bernat J. The Whole Brain Concept of Death Remains Optimum Public Policy. 	<ol style="list-style-type: none"> 1. Identify technological advances that have challenged the definition of and criteria for death. 2. Restate reasons supporting the consensus conception of death as the irreversible cessation of whole brain function. 3. List possible alternative conceptions of death. 4. Evaluate the arguments in favor of a whole brain criterion for death.
	9/26-27	Online Lecture Instead of Small Groups	Medical and Social Models of Disability	View "Disability" PPT posted on LEO; Read entry from "Stanford Encyclopedia of Philosophy"	<ol style="list-style-type: none"> 1. Identify ways in which people with disabilities have been underserved by the US health care system. 2. Explain the medical model and social models of disability.

					3. List important ethical considerations in providing care to patients with disabilities.
6	10/3	Lecture	Disorders of Consciousness and Personhood	McMahan J. An Alternative to Brain Death. <i>J Law Med Ethics</i> . 2006 Spring;34(1):44-8.	<ol style="list-style-type: none"> 1. List features of PVS and semi-conscious states. 2. Predict the ethical and emotional challenges that arise when patients lose higher-brain function but maintain brain-stem function. 3. Describe the concept of personhood and its relevance to decisions about life-sustaining treatment.
	10/3-4	Small Groups	End of Life Cases	No additional readings	<ol style="list-style-type: none"> 1. Apply concepts of clinical ethics to a clinical ethical dilemma. 2. Identify features of a case that clinicians should consider when resolving a clinical ethical dilemma.
7	10/10	Lecture	Euthanasia/Physician Aid-in-Dying	<ul style="list-style-type: none"> • Rachels J. Active and Passive Euthanasia <i>N Engl J Med</i>. 1975 Jan 9;292(2):78-80. • Callahan D. Self Determination Run Amok. <i>Hastings Cent Rep</i>. 1992 Mar-Apr;22(2):52-5. • Michel V. Suicide by Persons with Disabilities Disguised as the Refusal of Life Sustaining Treatment. <i>HEC Forum</i>. 1995 Mar-May;7(2-3):122-31. 	<ol style="list-style-type: none"> 1. Describe the history of euthanasia in medicine and recent Western history. 2. Identify the criteria under which euthanasia can be performed, and the corresponding potential ethical issues. 3. Evaluate two influential and opposing views about the passive/active euthanasia distinction.
	10/10-11	Small Groups	Death with Dignity Assignment	No additional readings	<ol style="list-style-type: none"> 1. List the expectations for the Death With Dignity assignment. 2. List the expectations for written

					assignments. 3. Identify appropriate sources.
8	10/15	Lecture	NYS DEATH WITH DIGNITY	PAPERS/DEBATE DUE	<ol style="list-style-type: none"> 1. Describe the recent proposal to legalize medical aid in dying in NYS. 2. Paraphrase arguments for and against medical aid in dying in NYS. 3. Critique arguments for and against medical aid in dying in NYS.
	10/17	Lecture	Bedside Rationing	<ul style="list-style-type: none"> • Ubel P. Physicians, Thou Shalt Ration: The Necessary Role of Bedside Rationing in Controlling Healthcare Costs. <i>Healthc Pap.</i> 2001;2(2):10-21. • Schafer A, Bedside Rationing: The Case Against. <i>Healthc Pap.</i> 2001;2(2):45-52. 	<ol style="list-style-type: none"> 1. Define clinical justice and rationing. 2. Describe and critique assumptions and arguments about the role of physicians in rationing decisions.
	10/17-18	Small Groups	Principles of Justice	No additional readings	<ol style="list-style-type: none"> 1. Identify principles of political liberty and economic distribution that are required in a just society. 2. Justify selected principles.
9	10/22	Lecture	Justice in Health Care	<ul style="list-style-type: none"> • Buchanan A. Justice: A Philosophical Review. In: Shelp E.E., eds. <i>Justice and Health Care. Philosophy and Medicine</i>, vol 8. Springer, Dordrecht; 1981. • Wilson J. The right to public health. <i>Journal of Medical Ethics.</i> 2016;42:367-375. 	<ol style="list-style-type: none"> 1. Identify and define the two key features of clinical justice. 2. Explain the claims of Utilitarian, Rawlsian, and Libertarian theories of justice. 3. Predict Utilitarian, Rawlsian, and Libertarian theories' conclusions on the existence of a right to health care.
9	10/24	EXAM	EXAM 1		1. Demonstrate comprehension of course readings.

					2. Critically assess a variety of arguments surrounding topics of research ethics, abortion, euthanasia/physician assisted suicide, and justice in health care.
	10/24-25	Small Groups	Public Health Cases	No additional readings	Apply concepts of clinical ethics to a clinical ethical dilemma.
10	10/29	Lecture	Beneficence/Paternalism	<ul style="list-style-type: none"> Loewy E. In Defense of Paternalism. <i>Theor Med Bioeth.</i> 2005;26(6):445-68. Goldman A. The Refutation of Medical Paternalism. In: <i>Bioethics: Principles, Issues, and Cases.</i> UK: Oxford University Press, 2010:73-78. 	<ol style="list-style-type: none"> Define beneficence and non-maleficence and explain their relevance to medical ethics. Describe the range of domains in which beneficence and non-maleficence are relevant. Evaluate critiques and defenses of paternalism. List justifications for physicians' behaving paternalistically.
	10/31	Lecture	Respect for Autonomy/ Truth Telling	<ul style="list-style-type: none"> Brett A, McCullough L. Addressing Requests by Patients for Nonbeneficial Interventions <i>JAMA.</i> 2012 Jan 11;307(2):149-50. Freer J. Autonomy in Applied Medical Ethics. <i>Ethics and Medicine: An International Journal of Bioethics.</i> 2017;33(1):21-25. 	<ol style="list-style-type: none"> Define Respect for autonomy and explain its relevance to medical ethics. Define deception and list its component elements. Explain and critique arguments for the importance of truth telling in clinical medicine.
	10/31-11/1	Small Groups	Genetic Counseling Cases	No additional readings	1. Describe features of assigned genetic disease that are relevant to counseling.

					2. Recommend courses of action for clinicians counseling patients with regard to assigned genetic disease.
11	11/5	Lecture	Decisional Capacity/ Informed Consent	Appelbaum P, Assessment of Patients' Competence to Consent for Treatment. <i>N Engl J Med.</i> 2007 Nov 1;357(18):1834-40.	1. Identify the necessary elements of informed consent. 2. Understand the basic meaning of decisional capacity. 3. Identify the criteria for assessing a patient's decisional capacity.
	11/7	Lecture	Surrogate Decision-making	<ul style="list-style-type: none"> Buchanan A, Brock D. Deciding for Others: The Ethics of Surrogate Decision Making. <i>Milbank Q.</i> 1986;64(Suppl. 2):17-94. <i>Family Health Care Decisions Act</i> 	1. Define "health care proxy" and "surrogate decision-maker." 2. Identify the criteria for an appropriate surrogate decision-maker 3. Explain the standard surrogate decision-makers are required to apply.
	11/7-11/8	Small Groups	Decision-making Cases	No additional readings	1. Apply concepts of clinical ethics to a clinical ethical dilemma. 2. Identify features of a case that clinicians should consider when resolving a clinical ethical dilemma.
12	11/12	Lecture	Duty to Provide Care	<ul style="list-style-type: none"> Schuklenk U, Smalling R. Why medical professionals have no moral claim to conscientious objection accommodation in liberal democracies. <i>J Med Ethics</i> Published Online First: 22 April 2016. Cowley C. Defense of Conscientious Objection. <i>Bioethics.</i> 2016 Jun;30(5):358-64. 	1. Articulate the duty to provide care as a distinctive principle of clinical ethics. 2. Explain the legal dimensions of a duty to provide care. 3. Connect the duty to provide care to efforts to combat discrimination and bias.

	11/14	Lecture	Non-Judgmental Regard	<ul style="list-style-type: none"> Groves J. Taking Care of the Hateful Patient. <i>N Engl J Med.</i> May 1978; 298(16):883-7 Fiester A. The Difficult Patient Reconciled. <i>Am J Bioeth.</i> 2012;12(5):2-7. 	<ol style="list-style-type: none"> Define the principle of Non-Judgmental Regard and explain its connection to other concepts and principles of clinical ethics. Describe the role countertransference and implicit biases play in clinical encounters. Describe of the ethical implications of reflection and self-knowledge.
	11/14-15	Small Groups	Confidentiality Assignment	No additional readings	<ol style="list-style-type: none"> List the expectations for the Confidentiality assignment. List the expectations for written assignments. Identify appropriate sources.
13	11/19	Lecture	Confidentiality/Duty to Warn	<ul style="list-style-type: none"> Kipnis K. A Defense of Unqualified Medical Confidentiality. <i>Am J Bioeth.</i> 2006 Mar-Apr;6(2):7-18. Hodge J. The Legal and Ethical Fiction of 'Pure' Confidentiality. <i>Am J Bioeth,</i> 2006; 6:2, 21-22. 	<ol style="list-style-type: none"> Describe the public safety rationale for a duty to warn. Recognize the argument for unqualified confidentiality. Evaluate arguments for exceptions to confidentiality.
	11/21	Lecture	NYS SAFE Act	DEBATE/PAPERS DUE	<ol style="list-style-type: none"> Describe the mental health notification requirements of the NYSAFE Act. Paraphrase arguments for and against the mental health notification requirements of the NYSAFE Act. Critique arguments for and against the mental health notification requirements of the NYSAFE Act.

	11/21-22	Small Groups	Confidentiality Cases	No additional readings	<ol style="list-style-type: none"> 1. Apply concepts of clinical ethics to a clinical ethical dilemma. 2. Identify features of a case that clinicians should consider when resolving a clinical ethical dilemma.
14	11/26	Lecture Cancelled	This class will not meet.		
15	12/3	Lecture	Other Professional Responsibilities	No additional readings	<ol style="list-style-type: none"> 1. Describe and explain duties to peers and institutions and evidence-based medicine as concepts and principles of clinical ethics. 2. Identify the relevance of duties to peers and institutions and evidence-based medicine to clinical ethical dilemmas.
	12/5	Lecture	Clinical Moral Reasoning I	Rhodes R, Alfandre D. A Systematic Approach to Clinical Moral Reasoning. <i>J Clin Ethics</i> . 2007; 2 (2):66-70.	<ol style="list-style-type: none"> 1. Explain the purpose of Clinical Moral Reasoning. 2. List the steps of the Clinical Moral Reasoning process. 3. Identify concepts and principles of clinical ethics that are relevant to clinical cases. 4. Articulate ethical dilemmas that present in clinical cases.
	12/5-6	Small Groups	Case Analysis	No additional Readings	
16	12/10	Lecture	Clinical Moral Reasoning II	Rhodes R, Alfandre D. A Systematic Approach to Clinical Moral Reasoning. <i>J Clin Ethics</i> . 2007; 2 (2):66-70.	<ol style="list-style-type: none"> 1. List the steps of the Clinical Moral Reasoning process.

					<ul style="list-style-type: none"> 2. Resolve ethical dilemmas that present in clinical cases. 3. Justify resolutions to ethical dilemmas.
12/12	EXAM	EXAM II-IN CLASS			<ul style="list-style-type: none"> 1. Demonstrate comprehension of assigned course readings. 2. Demonstrate understanding of concepts and principles of clinical ethics. 3. Demonstrate critical thinking and writing skills.
12/14	TAKE-HOME	EXAM II TAKE-HOME DUE			Demonstrate competence in Clinical Moral Reasoning.

CSOM Educational Program Objectives Addressed in this Course:

- 3.1. Identify strengths, deficiencies, and limits in one's knowledge and expertise.
- 3.2. Incorporate learning and improvement goals into one's educational practice.
- 4.1. Effectively communicate with empathy and respect with all individuals regardless of their backgrounds.
- 4.2. Educate patients and their families about the nature of their illness, prognosis, and treatment options.
- 4.3. Converse with patients regarding wellness, prevention, and behavior modification in order to maintain good health.
- 4.4. Present information in both written and verbal forms in a clear, concise, effective, and timely manner.
- 4.6. Communicate with honesty, sensitivity, and compassion in difficult conversations, including end of life issues, delivering bad news, and workplace conflicts.
- 5.1. Demonstrate honesty and integrity in all professional activities.
- 5.3. Demonstrate compassion and empathy for all individuals, including peers, patients, faculty, and staff in all interactions.
- 5.5. Commit to the principles of social justice, advocating for equity and access to care.
- 5.7. Act in accordance with ethical principles; resolve ethical dilemmas; and prioritizing the best interest of the patient.
- 5.8. Strive for excellence and continuous self-improvement through professional and personal development.
- 5.10. Demonstrate accountability, reliability, conscientiousness, and responsibility in all professional activities.
- 7.2. Assess how social determinants of health and biological risk factors can be modified to reduce health disparities and prevent and manage disease in individuals and populations.
- 7.8. Recognize how social hierarchies and systems of power differentially impact health care access and delivery, definitions of health and disease, and disease status of individuals and populations.
- 7.10 Design and conduct research and present findings demonstrating knowledge of scientific methods and following ethical principles.

IMPORTANT POLICIES:

HONOR CODE/PLAGIARISM: This course recognizes and endorses the Sophie Davis Student Code of Honor. Course faculty share your commitment to creating an environment that fosters professionalism in our educational community.

Students will be asked to sign an honor code at the conclusion of exams stating that they have neither given nor received assistance on the examination and that they have no knowledge of others having done so. Students will also be asked to certify, upon turning in written assignments, that they have properly

cited all sources used to complete the assignment. (For information about citing sources, see “Paper Assignment Sheet,” available on the Course LEO site.)

If the Course Director is made aware of cheating or plagiarism in any form either by a specific individual or at the class level, the matter will be referred to the Sophie Davis School of Biomedical Education of the City College Ethics Committee for investigation. Students found to have practiced academic dishonesty or unprofessional behavior as defined in the Ethics Committee of the Sophie Davis School of Biomedical Education of The City College procedural manual will receive a failing grade in the course.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES: Qualified students with disabilities will be provided reasonable academic accommodations if determined eligible by the AAC. Prior to granting disability accommodations in this course, the instructor must receive written verification of a student's eligibility from the AAC, which is located in NAC 1/218. It is the student's responsibility to initiate contact with the AAC and to follow the established procedures for having the accommodation notice sent to the instructor.

GRADING AND REASSESSMENT: The course passing grade is 70. Letter grades will be assigned according to Sophie Davis School of Biomedical Education/CUNY School of Medicine policies. *The reassessment date for MED30000 is January 4, 2020.*

Students whose final grades are below 70 will be permitted to reassess, subject to approval of the Office of Academic Affairs. The reassessment examination consists of a single examination covering material assessed on Exam 1, Exam 2, and the Take-Home Case Exam. A grade of 70 in the reassessment examination is required to pass the course.

EXAM POLICY: Students are expected to refrain from behavior that compromises the fairness of an exam as an instrument of evaluation for any and all members of the class at all times. Students may not engage in conduct which impairs the ability of fellow students to complete the exam without disturbance and they may not use any reference source, including other persons or material recorded in any form, or any data retrieval devices while the exam is in progress. Additionally, students are expected to adhere to Honor Code (see below). It is imperative that you respect and follow the direction of the proctors. Failure to do so is grounds for professional citation and dismissal.

Honor Code: I hereby affirm that I have neither given nor received unauthorized assistance during this examination. I acknowledge that the Code of Professional Conduct of CUNY School of Medicine stipulates that students may not cheat, plagiarize or assist others in the commission of these acts. I also acknowledge that the Code of Professional Conduct provides that students have a duty to report any breach of these ethics through appropriate channels.

Exam Behavior:

Each student is expected to be in place (seated) in time for the announced exam start time. Students who are more than 15 minutes late from the stated start time for the exam will not be admitted. CUNY SOM has adopted the testing regulations of the NBME for all exams. The following items must be left in the area designated by the course director:

- iPads/tablets turned off
- Cell phones turned off
- Paging devices turned off
- iPod, radio or media devices turned off
- Calculators
- Recording/filming devices
- Beverages or food of any type
- Reference materials (books, notes, papers)
- Watches with alarms, computer, or memory capability turned off
- Backpacks, briefcases, or luggage
- Coats, hats and head coverings (other than those worn for religious reasons)

Students will not be permitted to enter the test seat with prohibited items.

In the event of a computer malfunction or a circumstance under which you are unable to continue with an exam due to testing site circumstances, the timing on the exam stops until the problem is resolved. Proctors remain on site until all students have finished their exams.

Students may not leave the exam room for any purpose other than to use the rest room. Each student will be provided with an exam answer sheet on which they may record their answer choices. These answer sheets will be collected at the end of the test and will be distributed during the Exam Review Session; students will not be allowed to use other than the provided scratch sheet(s). Upon completion of the exam, all scratch paper sheets must be turned in to a proctor. Students are not allowed to remove any notes taken during the exam from the exam room. Dissemination of exam content by any means is strictly forbidden.

TUTORIAL AND REVIEW POLICIES: None for this course.

TEACHER-LEARNER EXPECTATIONS (AAMC Teacher-Learner Expectations)

The School holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn.

Guiding Principles:

- ***Duty:*** Medical educators have a duty to convey the knowledge and skills required for delivering the profession’s standard of care and also to instill the values and attitudes required for preserving the medical profession’s social contract with its patients.
- ***Integrity:*** Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.
- ***Respect:*** Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students and residents are always treated respectfully.

Responsibilities of Teachers and Learners:

Teachers should:

- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in a course or clerkship
- Provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship
- Display honesty, integrity and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive
- Solicit feedback from students regarding their perception of their educational experiences
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

Students should:

- Be courteous of teachers and fellow students
- Be prepared and on time
- Be active, enthusiastic, curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Display honesty, integrity and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own
- Recognize and respect patients' rights to privacy
- Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse"

Relationships between Teachers and Students

Students and teachers should recognize the special nature of the teacher-learner relationship which is in part defined by professional role modeling, mentorship, and supervision.

Because of the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.

MISTREATMENT

Definition of Mistreatment : Certain behaviors are clearly antithetical to a productive learning environment and are classified as mistreatment of students. Mistreatment of students includes but is not limited to disclosing confidential student information; public humiliation and other actions that can be reasonably interpreted as demeaning or humiliating; sexual harassment (including unwelcome sexual remarks or jokes); inappropriate comments about student's dress, ethnicity or sexual orientation; physical aggression (including pushing, shoving, or other intentional inappropriate physical contact) or the threat of physical aggression; unjustified exclusion from reasonable learning opportunities; and other unfair treatment of students. Mistreatment of students can result in disciplinary action of the offender. These policies as outlined are in compliance with the CCNY Academic Affairs Integrity Process and are not meant to supersede or supplant CUNY policy.

Policy and Procedure for Reporting Alleged Mistreatment and Unprofessional Behavior

All reports of alleged mistreatment will be monitored and tracked by the Office of Student Affairs by the procedures described below:

Contemporaneous allegations of mistreatment/unprofessional behavior

If students encounter mistreatment and/or unprofessional behavior, it must be addressed immediately. They have non-anonymous and anonymous mechanisms to report mistreatment/unprofessional behavior.

Non-Anonymous reporting: Students may talk to the course/clerkship director, who will try to resolve the issue. The course or clerkship director will report the issue to the Office of Student Affairs. If the course/clerkship director is unable to resolve the issue, the student and/or the course/clerkship director will report it to the Office of Student Affairs. The student always has the option to report directly to the Office of Student Affairs, either in person or via email at the address mistreatment@med.cuny.edu. The Office of Student Affairs will report issues to the appropriate course/clerkship director, the department chair, and the Assistant Dean charged with that area of the curriculum to investigate and address. When the issue is resolved, a report will be made to the Office of Student Affairs.

Anonymous reporting: Students may report instances of mistreatment via an online reporting system (<https://www.cuny.cuny.edu/csom/mistreatment-policy>). They will have the option to provide their name, or they may report anonymously. The Office of Student Affairs monitors and reports issues to the appropriate course/clerkship director, the department chair, and/or the Assistant Dean charged with that area of the curriculum to investigate and address. When the issue is resolved, a report will be made to the Office of Student Affairs.

Course/clerkship directors must report allegations of mistreatment/unprofessional behavior as soon as possible, but no more than five working days after the report.

Allegations of mistreatment/unprofessional behavior reported in end-of-experience evaluations

Students are asked explicitly about their experiences with mistreatment and unprofessional behavior in every course, clerkship, and clinical experience evaluation. Reported instances are highlighted and given immediately to the course/clerkship director, appropriate personnel at the site of the mistreatment/unprofessional behavior, the Assistant Dean charged with that area of the curriculum, the department chair and the Office of Student Affairs. The Office of Student Affairs is charged with ensuring the issue is addressed in a timely fashion.

Resolutions of allegations of mistreatment/unprofessional behavior

Those engaging in mistreatment/unprofessional behavior may be disciplined, up to and including removal from the teaching responsibilities at CUNY School of Medicine. Determination of consequences that may arise from mistreatment will be the responsibility of the course or clerkship directors, Assistant Dean charged with that area of the curriculum, site directors at clinical sites, and/or the department chair. Students who engage in mistreatment/unprofessional behavior will be referred to the Office of Student Affairs, and may face disciplinary proceedings through the Student Academic Progress Committee.

CUNY Policy for Student Complaints about Faculty Conduct

Students may always use the CUNY policy for complaints about faculty conduct in academic settings, found here:

https://www.cuny.edu/about/administration/offices/1a/PROCEDURES_FOR_HANDLING_STUDENT_COMPLAINTS.pdf