The Ethics in Psychiatric Practice curriculum is broken down into modules that will be taught in a successive manner by faculty (and possibly senior/chief residents) who will teach through didactic lecture, role-playing exercises and general discussion break-out sessions.

The first module is aimed at core concepts and terminology in medical ethics. The subsequent five modules after the first will cover distinct topics in detail, allowing residents to become familiar with ethical concerns that arise specific to psychiatric practice and management of these situations. This curriculum does not claim to be comprehensive; rather, it is an introduction to ethical dilemmas that psychiatry residents can face, especially in reference to the distinct issues encountered when serving the neediest. As Dr. Richard C. Christensen wrote, "The practice of medicine is a moral endeavor grounded in a covenant of care." This introduction to psychiatric ethics, grounded in a focus on underserved populations, forcefully makes this humanistic and universal argument.

The six modules are divided into nine sessions. The suggested breakdown of modules and sessions, with descriptions and accompanying activities, is listed below.

Module One: Ethics Terminology (Suggested session 1: approximate timeframe including discussion is 1 and ½ hours)

Module Objective: Prepare for rest of course and learn ethics terminology.

Module Includes:

- Pre-test for course and pre-test for terminology module
- Introduction to medical ethics and why ethics is important in patient care
- Overview of the sections that will be covered in the remainder of the curriculum
- Reading of AMA Principles and APA Commentary on Ethics
- Review of ACGME requirements and milestones
- Terminology handout review
- Post-test for module
    - *Suggested Session 1*
        - In this module, the role of the faculty member providing education is didactic in nature for the initial part of the session. A handout has been created detailing the core concepts and definitions to be covered in the session, along with pretest and posttest quiz handouts to be completed by each resident during the session (which contain board-style questions covering the definitions and terminology within the module). Throughout this module, the facilitator should encourage questions from the residents and ask residents to provide personal accounts of situations where they perhaps encountered an ethical dilemma.

Preparation for Sessions 2 and 3: Assign articles for the next session: Slang 'On Board' A Moral Analysis of Medical Jargon (1) and The Ethics of Behavioral Health Information Technology – Frequent Flyer Icons and Implicit Bias (2).

Module Two: Slang 'On Board' – A Moral Analysis of Medical Jargon (Suggested sessions 2 and 3: approximate timeframe including discussion of 1 hour for session 2 and ½ hour for session 3)

Module Objective: A nuanced discussion of the impact medical jargon can have not only on patients and patient care, but also on the physician's psyche.

Module Includes:

- Review and discussion of articles with discussion questions
- Viewing of vignette videos and vignette handout with discussion questions.
- Role-playing exercise using conversations that include the different forms of medical jargon.
- Discussions of personal experiences that included using slang and considering the possibility for individual perspective modulation and attenuation.
- Learning how to respond to the unethical conduct of other colleagues through role-playing scenario.

  - *Session 2*

      - In this session, the role of the faculty member providing the education will be to conduct an overview and synopsis of the two articles that were passed out at the end of session 1: Slang 'On Board' A moral Analysis of Medical Jargon (1) and The Ethics of Behavioral Health Information Technology – Frequent Flyer Icons and Implicit Bias (2).
      - The facilitator of this module should take particular care to discuss several key learning points during review of the material. It is recommended that the faculty member discuss their own personal struggles or examples where medical jargon was used personally in order to create a non-judgmental forum for the residents to openly engage and discuss their own experiences.
      - The main session objective is to highlight our behaviors as physicians and bring to light the ethical dilemma in using excessive medical jargon in our everyday professional vernacular.
      - It is important to recognize that this behavior (which is typical amongst medical professionals) can be detrimental to care and puts professionalism in jeopardy.
      - It is also important to note that jargon may tend to be more prevalent in certain situations so that residents can be more self-aware of their own feelings that may tend to promote increased use of jargon. These include situations in which a medical professional may be tired or frustrated after a long shift of managing and treating perhaps difficult patients or trying to fit in with other colleagues who may be using excessive amounts of jargon.
      - Key Learning Points Summary for Session 2:

          - Be able to recognize the different types of medical jargon described by Dr. Christensen and give examples of each.

- Be able to discuss why using medical jargon can interfere with and impact patient care negatively by creating an environment that shows lack of respect for our patients.
- Discuss how inappropriate use of derogatory medical slang can have a corrosive effect on the character of the healthcare team as a whole.
- Take-away message: At some point in time we ALL fall susceptible to using medical jargon in patient care. The important thing is to be cognizant of what we are doing and strive to make changes in the way we interact with others to try to eliminate this as much as possible.

- Questions that may be used to facilitate interactive discussion of the articles reviewed (additional questions found in large article discussion handout):

  - Have you ever found yourself using medical jargon in practice?
  - By personally reflecting right now, can you identify a particular trigger that may make you more susceptible to using medical slang or derogatory jargon?
  - Have you ever experienced a situation where the use of derogatory jargon may have impacted your views on a patient you were treating even before you met with the patient yourself?
  - How can we as psychiatrists help to stop the culture of medical jargon being accepted and widely used?
  - In reflecting now on our own behaviors in the past, do you feel any different about using medical jargon in future encounters with colleagues and/or patients?

Preparation for Session 3: Point students toward any recommended articles in the article guide.

- *Session 3*

  - In this session, the educator will hand out the scripted examples of medical jargon in a real-world setting. Facilitator may ask for volunteers to role play as the residents in each situation or assign residents to role play. After residents have role-played the vignettes using the handout provided, the facilitator will help to moderate and assist residents in working through the questions at the end of each vignette.
  - Materials: Slang 'At Work' Real World Case Vignettes Handout

Preparation for Session 4: Assign articles for the next session: 'Diagnostic Overshadowing': worse physical health care for people with mental illness (3), Diagnostic Overshadowing and Other Challenges Involved in the Diagnostic Process of Patients with Mental Illness Who Present in Emergency Departments with Physical Symptoms – A Qualitative Study (4), and 'Premature Mortality Among People with Mental Illness: Advocacy in Academic Psychiatry. ' (5)

Module Three: Diagnostic Overshadowing (Suggested session 4: approximate timeframe including discussion is 1 hour)

Module Objectives: After completion of this module, residents should…

- Be able to explain what diagnostic overshadowing is and give examples that they may have personally encountered.
- Explain why diagnostic overshadowing is an ethical issue that needs to be explored in order for psychiatric patients to receive the best total healthcare possible.
- Recognize that people with mental illness legitimately suffer higher rates of physical illness and are more likely to die prematurely as a result of physical illness than members of the general population without mental illness.
- Openly work on a potential action plan for ways to decrease stigmatizing attitudes of colleagues towards mentally ill patients in order to be ready to face this dilemma in practice.

Module Includes:

- *Session 4*

    - Discussion of articles "'Diagnostic Overshadowing': worse physical health care for people with mental illness" (3), "Diagnostic Overshadowing and Other Challenges Involved in the Diagnostic Process of Patients with Mental Illness Who Present in Emergency Departments with Physical Symptoms – A Qualitative Study" (4), and "Premature Mortality Among People with Mental Illness: Advocacy in Academic Psychiatry" (5).
    - Residents engaging in conversation that targets situations where resident psychiatrists have been faced with this ethical dilemma.
    - In this module, the role of the faculty member providing the education will be to conduct an overview and synopsis of articles that were passed out at the end of the session 3: 'Diagnostic Overshadowing': worse physical health care for people with mental illness (3), Diagnostic Overshadowing and Other Challenges Involved in the Diagnostic Process of Patients with Mental Illness Who Present in Emergency Departments with Physical Symptoms – A Qualitative Study (4), and Premature Mortality Among People with Mental Illness: Advocacy in Academic Psychiatry (5).

- Materials:
    - 'Diagnostic Overshadowing': worse physical health care for people with mental illness (3)
    - Diagnostic Overshadowing and Other Challenges Involved in the Diagnostic Process of Patients with Mental Illness Who Present in Emergency Departments with Physical Symptoms – A Qualitative Study (4)
    - Premature Mortality Among People with Mental Illness: Advocacy in Academic Psychiatry (5)

Preparation for Sessions 5 and 6: Assign articles for the next session: Christensen R, Tueth M. Pharmaceutical Companies and Academic Departments of Psychiatry. Academic Psychiatry; summer 1998: 22, 2; page 135-137. (6) and Collins J. Professionalism and Physician Interactions with Industry. J Am Coll Radiol 2006: 3;325-332. (7).

Module Four: Relationships with Pharmaceutical Representatives (Suggested sessions 5 and 6: approximate timeframe including discussion for each session is 1 hour)

Module Objective: The main objective of this module is to introduce residents to the specific ethical conflicts that can arise when communicating with pharmaceutical representatives. Residents will consider two main articles, Christensen R, Tueth M. Pharmaceutical Companies and Academic Departments of Psychiatry. Academic Psychiatry; summer 1998: 22, 2; page 135-137. (6), and Collins J. Professionalism and Physician Interactions with Industry. J Am Coll Radiol 2006: 3;325-332. (7), as well as additional handouts, filmed vignettes, written vignettes and discussion questions.

Module Includes:

- Focus on filmed vignettes and accompanying discussion questions, along with articles and handout.
- In this module, for session 5, faculty will review current information regarding pharmaceutical representative interactions and challenges of these interactions. The educator will then offer discussion with active feedback from residents regarding solutions to these challenges. The material covered in this session will include key summary points from several articles that describe this topic. A handout will be provided.
- In this module, for session 6, faculty will facilitate resident review and discussion of the clinical vignettes handout and questions associated with each vignette. The main objective is to introduce the residents to this subject matter and to enhance their awareness about potential moral conflicts in medical-industry interactions.
    - *Session 5*
        - In session 5, the role of the faculty member providing the education will be to facilitate the residents through the clinical vignettes handout and questions associated with each vignette. It will be of utmost importance for the facilitator to encourage open discussion of the content in a non-biased manner, allowing the residents to start to formulate their own perceptions of the material covered and develop reasoning skills to manage each ethical dilemma presented. The AMA guidelines have been added to the materials and should be used as a reference point when discussing matters related to "gifts in the industry," but it is also important to recognize that these are merely guidelines.
        - The material covered in this session is controversial depending on each physician's opinions and this will need to be discussed openly as well, so the resident can understand that there are differing opinions on the subject matter.
    - *Session 6*
        - In session 6, the role of the faculty member providing the education will be to review current information regarding pharmaceutical representative interactions, challenges of these interactions, and offer discussion with active feedback from residents regarding solutions to these challenges. The material covered in this session with include key summary points from several articles that describe this topic. A handout will be provided to the faculty member that includes the papers reviewed and the core content that should be covered in this section. It is up the faculty member as to how they would like to present this material, as it can be presented via a PowerPoint

presentation or can be discussed as already formatted in the handout provided. The main objectives in this session are for psychiatry residents to:

- Be able to describe what roles a pharmaceutical representative plays and how psychiatrist's roles and interactions can influence them both consciously and unconsciously.
- Recognize and understand the concept of cognitive dissonance as it pertains to the pharmaceutical industry and relationships with the pharmaceutical industry representatives.
- Understand that interactions with pharmaceutical representatives make physicians susceptible to ethical dilemmas and moral conflicts (6).
- Review how the pharmaceutical industry markets using a social science concept called the "norm of reciprocity" (7)
- Explain professional guidelines regarding the pharmaceutical industry as discussed by the American Medical Association

- Materials:
  - Relationships with Pharmaceutical Representatives Clinical Vignettes Handout
  - Relationships with Pharmaceutical Representatives – Core Concepts Outline

Preparation for Sessions 7 and 8: Assign any articles included in the article guide.

Module Five: Ethical Concerns Regarding the Underserved (Suggested sessions 7 and 8: approximate timeframe including discussion for each session is ½ hour)

Module Objective: The objective of this module is to review Dr. Christensen's extensive articles on this topic (see the article guide for this module's list) and review Dr. Sheryl Fleisch's slides and video about creating programs to serve underserved populations.

Module Includes:

- Dr. Sheryl Fleisch's slides about pursuing this field and Dr. Christensen's vast body of work regarding the topic contained in his published articles (contained in booklet).
- Residents will be asked to discuss Dr. Christensen's articles (*Session 7*).
- Residents will review Dr. Sheryl Fleisch's slides and video. Residents will have the option of formulating an outside project addressing these issues in their community. (*Session 8*)

Preparation for Session 9: Potentially assign students to write an evaluation of the course and/or reflect on what they've learned. Assign any other articles from the article guide.

Module Six: Wrap Up (Suggested session 9: approximate timeframe for this session is ½ hour)

Module Objective: The objective of this module is to read any other Christensen articles the instructor wishes to assign and to complete the post-quiz, assessing what the resident learned.

Module Includes:

- Reading of any other recommended articles from article guide, along with discussion questions.

- Discussion of any lingering concerns residents may have.
- Giving the pre-test from module one again as a post-quiz.

References for the Curriculum Outline:

1. Christensen RC, Van McCrary S. *Slang 'On Board' A Moral Analysis of Medical Jargon*. Arch Fam Med. 1993: 2; 101-105.
2. Joy M, Clement T, Sisti D. *The Ethics of Behavioral Health Information Technology – Frequent Flyer Icons and Implicit Bias.* (September 2016). JAMAdoi:10.1001/jama.2016.12534.
3. Jones S, Howard L, Thornicroft G. '*Diagnostic overshadowing': worse physical health care for people with mental illness.* Acta Psychiarica Scand 2008: 118;169-171.
4. Shefer G, Henderson C, Howard LM, Murray J, Thornicroft G (2014) *Diagnostic Overshadowing and Other Challenges Involved in the Diagnostic Process of Patients with Mental Illness Who Present in Emergency Departments with Physical Symptoms – A Qualitative Study.* PLoS ONE 9(11): e111682. Doi:10.1371/journal.pone.0111682.
5. Weiss Roberts, Laura & K Louie, Alan & P S Guerrero, Anthony & Balon, Richard & Beresin, Eugene & Brenner, Adam & Coverdale, John. (2017), *Premature Mortality Among People with Mental Illness: Advocacy in Academic Psychiatry.* Retrieved from https://link.springer.com/content/pdf/10.1007%2Fs40596-017-0738-9.pdf, November 13, 2017.
6. Christensen R, Tueth M. *Pharmaceutical Companies and Academic Departments of Psychiatry.* Academic Psychiatry; summer 1998: 22, 2; page135-137.
7. Collins J. *Professionalism and Physician Interactions with Industry.* J Am Coll Radiol 2006: 3;325-332.