1. **Selective Title:** Conscientious Objection in Medicine  
   
   **Selective Director:** Toby Schonfeld, PhD and Jennifer Goedken, MD

2. **Intended for medical students that have matched in these Specialities or practice areas (eg: Surgery, Pediatrics, any, outpatient practice, hospital-based specialties):**  
   
   All students are welcome, although there will be special attention to GYN/OB issues

3. **Learning Objectives:**  
   At the conclusion of the selective, students will be better able to:  
   1. Consider and articulate their own values with regard to medical practice  
   2. Evaluate the relationship between personal and professional values  
   3. Identify resources for patient referral and for professional value clarification

4. **Description:**  
   Whether doctors can decline to provide standard care on the basis of conscience is the subject of considerable debate, but most agree that priority should be given to patients' health interests. In medical school this is rarely a problem: students can "opt-out" of procedures they find objectionable without compromising patients' health. According to the AMA, "Medical schools should have mechanisms in place that permit students to be excused from activities that violate students' religious or ethical beliefs." Yet when students become doctors, refraining from providing care may have real consequences for patients' health, especially in circumstances where another practitioner is not willing or able to provide requested care.

   Issues of conscientious objection are most commonly referenced in GYN/OB (e.g. with regard to providing abortion or contraception), but also occurs in many other areas, including (but not limited to):
   
   - Emergency care: provision of emergency contraception  
   - Surgery: bloodless surgery for a Jehovah's Witness patient  
   - End-of-life care: palliative/terminal sedation  
   - Critical care, surgery, geriatrics: do-not-attempt-resuscitation orders  
   - All specialties: appropriateness of complementary and alternative medicine

   In this selective, we will facilitate students' discernment of the value systems involved in this process and provide a safe space for the discussion of these contentious issues. In addition, students will practice counseling patients on issues that involve their value boundaries through the use of standardized patients.

5. **Minimum number of students:** 5

6. **Maximum number of students:** 15
7. **Room/Space Needs:**
   a. Will you be using Standardized Patients, ExCEL (simulation) or the OSCE suites? We will need 2 standardized patients, to whom we will provide particular scenarios, in order to facilitate student practice counseling on issues about which they conscientiously object.

8. **A/V and IT needs:** standard smart room facilities

9. **Time (hours):** 3

10. **Faculty:** Selective directors will be the faculty

11. **Teaching Modality – Lectures/Small Group:** We will use a mixture of case study analysis, group discussion, role paying, and standardized patient interviewing

12. **Assessment Methods:** We will use the MIRS assessment for standardized patient interviews. In addition, we will assess students’ active participation in the session, as well as conduct a simple pre-test and post-test to measure change in confidence levels before and after the session.

13. **Remediation Plan:** Students who require remediation will be required to do independent study with one or both of the selective directors.