Introduction

The University of Arizona College of Medicine Tucson campus is dedicated to improving the learning environment and issues around unprofessional behavior as they pertain to all of our constituents including faculty, fellows, residents, staff, and medical students. The Professionalism Program, under the guidance and leadership of Dr. Bruce Coull, is dedicated to the implementation and success of the Cup of Coffee Conversations to Promote Professionalism initiative. This initiative is one mechanism for improving the learning environment.

Peer Messengers are an integral part of the Cup of Coffee initiative. With ongoing training, messengers’ interventions with colleagues lead to positive outcomes.

We thank you for your interest in being a Cup of Coffee messenger and look forward to working with you in this new role.

Best Regards,

Janet Corral, PhD
Associate Dean, Curricular Affairs
Professional Support Team Member
University of Arizona College of Medicine
Tucson, Arizona
University of Arizona Professionalism Initiatives

Background

In January 2014, the UA College of Medicine (COM) created and implemented a professionalism reporting and support mechanism. The first step was the creation of the Professionalism Program group (PP). The PP established an online comment and reporting system for both exemplary behaviors and lapses of professionalism. In addition, they created the Professional Support Team, identified an Ombudsman, and established Mistreatment Guidelines.

Professional Initiatives

- **Professionalism Program (PP)**—“The purpose of the Professionalism Program is to promote and reward excellence in professional behavior and ensure both compliance with policies and procedures addressing professional conduct, as well as to address inappropriate conduct ([http://medicine.arizona.edu/education/professionalism](http://medicine.arizona.edu/education/professionalism)).” This group includes both UA COM and Banner members ([http://medicine.arizona.edu/education/professionalism/members](http://medicine.arizona.edu/education/professionalism/members)).

- **Online Comment and Reporting System**—This is a confidential, web-based form for individuals to report both exemplary behaviors and lapses in professionalism. These forms are reviewed by members of the PP who then determine what actions, if any, are to be taken ([http://medicine.arizona.edu/education/professionalism/conduct-form](http://medicine.arizona.edu/education/professionalism/conduct-form)).

- **Professional Support Team (PST)**—Once a comment form has been received and reviewed by the PPC, those that involve medical students may be referred to the Professional Support Team. This team is made up of five members of Curricular Affairs (see page 15-16). Each comment is reviewed by the team and appropriate interventions are put into play.

- **Ombudsman**—The ombudsman is appointed and provides confidential support to students who may not know how to best address an issue or may not want to go to a Dean or Director or use the comment form. The ombudsman provides support, but cannot take action or act as an advocate for the student.

- **Mistreatment Guidelines**—see below.

- **Cup of Coffee Conversations for Promoting Professionalism**—In 2011, Vanderbilt University Medical Center established “a system of peer reporting of perceived disrespectful and unsafe conduct” ([https://news.vanderbilt.edu/2016/04/21/medical-professionals-can-change-their-behavior/](https://news.vanderbilt.edu/2016/04/21/medical-professionals-can-change-their-behavior/)) which emerged from a reporting system using feedback from patients and their families. Since the establishment of this peer-reporting system, a majority of those individuals who had a Cup of Coffee conversation were able to self-correct and had no further reports during the following year. The success of this program at Vanderbilt and other institutions suggested to the PP that the Cup of Coffee Conversations for Promoting Professionalism was a viable professionalism tool for the University of Arizona College of Medicine-Tucson campus.
Goal
The University of Arizona College of Medicine – Tucson Professionalism Program and the College’s administrators are dedicated to improving and advancing our learning environment and to reducing/eliminating behaviors toward our learners that are not conducive to their growth and professional development.

This policy is in addition to the University of Arizona’s Non-discrimination and Anti-harassment policy, which prohibits discrimination, including harassment and retaliation, based on a protected classification, including race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or genetic information. Any suspected violation of this policy will be referred to the Office of Institutional Equity.

Definition of Mistreatment
The Association of American Medical Colleges (AAMC) Graduation Questionnaire defines mistreatment as follows:

“Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender or sexual orientation; humiliation; psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.”

Categories of Mistreatment include:

Physical Mistreatment:
- “Physically mistreated causing pain or potential injury”
- “Pushed/slapped hand”
- “Exposed to other forms of physical mistreatment used to express frustration, make a point, or get attention”

Verbal Mistreatment:
- “Threatened/intimidated”
- “Yelled at”
- “Degraded/ridiculed/humiliated/insulted/sworn at/scolded/berated”
- “Exposed to inappropriate conversation/comments”

Sexual Harassment:
- “Exposed to hostile environment, including inappropriate physical contact, gender discrimination, sexual jokes, inappropriate comments, innuendo, and inappropriate requests of a sexual nature”
- “Unwanted social invitations (quid pro quo)”
- “Ignored because of gender”
Ethnic Mistreatment:
- “Exposed to racial or religious slurs/jokes”
- “Stereotyped”
- “Neglected/ignored (because of ethnicity)”

Power Mistreatment:
- “Dehumanized/demeaned/humiliated”
- “Deliberately asked a question the physician knows the student cannot answer (“pimping”)”
- “Intimidated/threatened with poor evaluation or grade consequences”
- “Asked to do inappropriate tasks”
- “Forced to adhere to inappropriate scheduling”
- “Neglected/ignored”

Adapted from The Pritzker School of Medicine, University of Chicago’s examples of mistreatment and non-mistreatment:

<table>
<thead>
<tr>
<th></th>
<th>Mistreatment is not . . .</th>
<th>Mistreatment is . . .</th>
</tr>
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<tbody>
<tr>
<td><strong>M</strong></td>
<td>Malicious intent</td>
<td>A resident purposely gives a student misinformation before rounds. The student overhears the resident laughing about messing him over.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Intimidation on Purpose</td>
<td>A resident tells a student that he intends to make her cry before the rotation is over.</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>Sexual harassment</td>
<td>A resident tells a female student, “I can tell you how to grab it like you mean it” while she is inserting an indwelling Foley catheter.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Threatening verbal or physical behavior</td>
<td>An attending grabs the student’s finger with a clamp in the OR or tells the student he is an idiot after he could not answer a “pimp” question.</td>
</tr>
<tr>
<td><strong>R</strong></td>
<td>Racism or excessive discrimination</td>
<td>A resident tells a Hispanic student his “people” (assuming illegal immigrants) are responsible for high healthcare costs.</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>Excessive or unrealistic expectations</td>
<td>A resident tells a student it is her job to perform rectal exams (necessary or not) on all the patients admitted to the service.</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Abusive favors</td>
<td>A student is asked to pick up an attending’s dry cleaning.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Trading for grades</td>
<td>A student is told that if he helps a resident move, he will get honors.</td>
</tr>
</tbody>
</table>
As the above table illustrates, there is a distinction between **embarrassment**, which is NOT mistreatment, and **harassment**, which is mistreatment.

- **Embarrassment**: The state of feeling foolish in front of others. Example: An attending tells a student to prepare for an upcoming surgery by reviewing the relevant anatomy. The student fails to do so and is embarrassed when the attending asks an anatomical question during the surgery that he does not know the answer to.
- **Harassment**: When an unpleasant or hostile situation is purposefully created. Example: An attending physician purposely asks a question that he feels the student will not know the answer to and then publically calls her “stupid.”

**Reporting Concerns of Possible Mistreatment**

a. Medical students who are the subject of mistreatment or who have witnessed mistreatment of their fellow student are encouraged to discuss it with a faculty member/staff who is in a position to understand the context and address necessary action. Retaliation against medical students who report is not tolerated.

b. The following positions should be considered as primary resources:
   - Block/Course Directors
   - Deans in the College of Medicine
   - Professionalism Support Team
   - Ombudsman
   - Students on away rotations should report to their course director at the site or to the above College of Medicine resources.
   - If the student does not feel comfortable reporting the mistreatment in person he/she can file a confidential report via the [professional conduct comment form](#).

Any report that suggests mistreatment will be referred to the College of Medicine Professionalism Program. Any report that suggests unlawful discrimination or harassment under the University’s Non-discrimination and Anti-harassment policy will be referred to the Office of Institutional Equity. Students may also directly report suspected discrimination or harassment to the Office of Institutional Equity.

Anyone found to have engaged in mistreatment will be subject to disciplinary action.

**References**

Educational Program Objectives (EPOs)

The Educational Program Objectives for the Program Leading to the MD Degree are based on the ACGME six core competencies: Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice and Population Health. The Educational Program Objectives, as they pertain to the professionalism competency, are detailed below and the entire EPOs can be found at the link to the right:

EDUCATIONAL PROGRAM OBJECTIVES
for the Program Leading to the MD Degree

As approved by the General Faculty, the Educational Policy Committee has established the following Educational Program Objectives for the program leading to the MD degree. The Educational Program Objectives are comprised of six competencies and the measurable objectives by which attainment of each competency can be assessed.

By the time of graduation, students will demonstrate the following as it pertains to the professionalism competency:

COMPETENCY: PROFESSIONALISM (PRO)

Graduates are committed to carrying out professional responsibilities, demonstrating compassion, adhering to ethical principles, and are sensitive to diverse patient populations. Graduates respect patients, families, and professional colleagues and are advocates for improving access to care for everyone. Graduates will exemplify a professional character that exhibits:

- Compassion, integrity, and respect for others
- Respect for patients’ autonomy, privacy, and dignity
- Respect for patients’ race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics
- Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
- A responsiveness to patient’s needs and society that supersedes self-interest
- The skills to advocate for improvements in the access of care for everyone, especially vulnerable and underserved populations
- A commitment to excellence and on-going learning, recognizing the limitations of their personal knowledge and abilities, and the capacity to effectively address their own emotional needs
- Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent
- An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team.
1. Professional conduct comment form is received.
2. PP reviews the professional conduct comment form.
   a. If it is an exemplary comment, a commendation letter is sent to the individual named.
   b. If it is a lapse, the PP ranks the lapse according to a rubric.
3. The PP determines if the lapse is appropriate for a Cup of Coffee conversation.
4. The PP determines the messenger most appropriate for delivering the message.
5. The messenger schedules the Cup of Coffee Conversation with the identified individual.
6. The messenger shares the report in a private conversation with the individual.
7. The messenger completes an online debriefing report.
8. Debriefing reports are tracked for Cup of Coffee completion.

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**Cup of Coffee Conversation Debriefing**

Date of Conversation: ________________________________________________

Starting Time: _______________  Ending Time: _______________

Messenger Name: ______________________  Receiver Name: ______________________

Meeting Location: _______________________________________________________

Brief Description of Lapse in Professionalism: ________________________________

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1. How would you characterize the receiver’s receptivity to this conversation?
   a. Eager/Willing to make changes
   b. Receptive/Interested
   c. Reserved
   d. Indifferent
   e. Frustrated/Defensive
   f. Angry/Hostile

2. Did the receiver try to offer an explanation for the behavior? If so, summarize.

3. If you had any difficulties delivering the message, please describe (e.g. pushbacks: deflection, dismissal, distraction or other):

4. Do you have any feedback/suggestions to help improve this process in the future?

5. Additional comments or concerns:

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*Cup of Coffee Conversation Debriefing Form*
Policies

As a UA COM Tucson Cup of Coffee Messenger Champion it is important for you to be aware of pertinent polices as they pertain to potential issues around professionalism.

Student Policies:

Diversity
- Diversity Statement
- Non-Discrimination and Anti-Harassment Policy

Disability Resources
- Disability Resource Center

Grading and Progression
- Educational Program Objectives (EPOs)
- Essential Qualifications for Medical Students (COM)
- Teacher Learner Compact

Professionalism and Integrity
- Attributes of Professional Behavior (COM)
- Code of Academic Integrity
- Fingerprinting and Background Checks (COM)
- Policy on Interactions with Industry/Conflict of Interest (COM)
- Professional Conduct Policy
- Professionalism Conduct Comment Form
- Protected Health Information and HIPAA Policy (COM)
- Social Media Guidelines for Individuals (COM)
- Society Mentors – Policy on Conflict of Interest
- Student Code of Conduct
- Student Disciplinary Procedures
- Student Dress Code Policy
- Student Honor Code Committee Policy (COM)

Faculty & Staff Policies:

- Banner Core Behaviors
- Classified Staff Human Resources Policy Manual
- Arizona Board of Regents
- Ethics and Conduct
- Faculty Affairs and Academics
Cup of Coffee Messenger Champion Job Description

**Position title:** Professionalism Program Cup of Coffee Messenger Champion

**Position type:** Year-to year based on academic calendar

**Department:** College of Medicine Tucson Campus

**Reports to:** Associate Dean, Curricular Affairs

**Purpose of the position:**
To act as a messenger to meet with peer individuals throughout our institution as called upon regarding a report of unprofessional behavior in an effort to communicate the observed behavior and improve our learning environment.

**Duties and responsibilities:**

- Be available to conference with Professional Support Team through face-to-face, email, or telephone meetings
- Act as a liaison to the Professionalism Program and/or Professional Support Team to convey issues around the Cup of Coffee process
- Act in coordination and collaboration around issues of unprofessional behavior as directed by the Professionalism Program and/or the Professional Support Team
- Understand and uphold the professionalism initiatives of the University of Arizona College of Medicine and Banner University Medical Center
- Be aware of the University of Arizona policies around nondiscrimination and anti-harassment
- Be familiar with the resources available to your respective peer group in terms of counseling services
- Maintain peer confidentiality where feasible
- Participate in twice yearly debriefing sessions with the Professional Support Team

☐ I agree to perform the above stated job duties to the best of my abilities.

________________________________   ________________________________
Signature      Date

________________________________
Printed Name
References

1. https://ww2.mc.vanderbilt.edu/cppa/
2. https://news.vanderbilt.edu/2016/04/21/medical-professionals-can-change-their-behavior/

Sample Email to Schedule Cup of Coffee Meeting

SAMPLE #1

Dear ________:

I am reaching out to you today as a peer messenger for the Cup of Coffee Conversations for Professionalism program. Recently, the Professionalism Program received a report about you regarding a perceived lapse of professionalism. I would like to schedule a meeting with you to share this information (takes about 5 minutes).

Please select a date and time below that is convenient for us to meet:

• provide several dates/times

I am looking forward to hearing from you soon.

Sincerely,

Signature block

PS For more information about the Cup of Coffee Conversations for Professionalism Program, click here.

SAMPLE #2

Dear ________:

You may have heard of the Cup of Coffee Conversations for Professionalism initiative the College of Medicine is rolling out July 1. This initiative is a proactive approach for acknowledging exemplary acts and lapses in professionalism. Generally, the process is initiated with a report to the Professionalism Program via the Professional Conduct Form found on the College of Medicine Website; sometimes a report is made directly to a member of the Professionalism Program or the Professional Support Team. If it is a reported lapse, the Professionalism Program reviews and rates it according to a rubric. The rating will then determine the action to be taken.

In the past, reports were sent to the immediate supervisor, the supervisor was expected to take appropriate action, then report that action back to the Professional Program. However, with this new initiative, certain lapse will be referred to a “peer messenger.” The messenger shares the report in a short meeting. The meeting is not punitive nor is it a place to pushback at the messenger; rather, it is a place to hear the message, then to leave and think about ways to avoid lapses in the future. From the data about the effectiveness of the Cup of Coffee approach, we know that most people will self-correct and never have another lapse.
I am emailing you to set up a meeting regarding a reported lapse in professionalism. This meeting will need to occur within the next _____ weeks. I will need about 5 minutes to share the report with you. This report does not go to your supervisor and does not go into a personnel file; however, it is tracked through the Professionalism Program, in the event of a future reported lapse.

Again, the purpose is not to be punitive, but to simply share this report so you may self-correct. Please look at your schedule and see if you can meet either on _____ or ____. If either of those days do not work, please suggest several alternative dates and times when we might meet for 5 minutes.

Regards,

Signature block

Sample Cup of Coffee Messenger Conversation

GOALS: Deliver a single message, and let the receiver know the behavior was observed.

- **Open the Conversation:**
  - **Sample opening conversation:**
    Thank you for coming to meet with me. My name is ____________ and I am here as a peer messenger to deliver some information. Are you familiar with the Professionalism Program? And Cup of Coffee Conversation?

  **If not, describe for the receiver:**

  The program is modeled after the process developed by Vanderbilt University which addresses perceived lapses in professionalism. It is intended to bring an issue to your attention. Peer messengers are designated to deliver this information.

  - Summarize Cup of Coffee Conversation process.
  - We share each report that is received by the Professionalism Program with the person named.

- **Review Data:**
  - **Sample review data conversation:**
    There is a report that was received by the Professionalism Program stating that _____ (provide details; can read from report but do not give to receiver).

    - Review story with sufficient specifics (“I” not “you”).
    - Avoid seeming judgmental.
    - Pause and listen

- **Respond:**
  - Address pushbacks (see chart below)
  - Stay on your square: This conversation is to bring awareness to the issue that was reported.
Close the Conversation:

- **Sample closing conversation:**
  Thank you for taking the time to meet with me (stand up, shake his/her hand – use body language as well as conversation to close). Here are some resources for you in case you would like to follow up with any of the people on this list.
- Ask the receiver to reflect about this incident.

**TIPS:**
- Anticipate pushbacks/reactions & think about your potential response(s).
- Review the circumstances – balance empathy & objectivity
- Avoid “enabling” or “authority” comments.
- Do not attempt to “fix” the problem.
- Do not advise/counsel.
- Model respect and seek to maintain trust.
- Share in a private area. It is helpful to meet in a neutral room (not your office) so that when the conversation is over, you can leave.
- Avoid tendency to downplay event.
- Don’t expect thanks.
- Know your message and stay on it.

### Pushbacks | Responses
--- | ---
**Deflection:**
- It’s not me, it’s the…”
  - Patients, System, Reporter’s Perception, Report
**Remind:**
- This is part of an overall effort to promote professionalism, teamwork, and respect.
- This is just to bring awareness to the issue that was reported.

**Dismissal:**
- “Do you know who I am? I don’t believe…”
  - Data, Seriousness, Messenger’s (Committee’s) Authority or Process
**Reflect:**
- It may be useful to know how it appears to have been perceived by others.
- I encourage you to consider this and reflect on it.

**Distraction:**
- “We should really be focusing on…”
  - Data Analysis, fixing or helping me (can also involve body language and an emotional response)
**Reinforce:**
- You are a valued member of this organization
- I’m giving you this information as part of our organization-wide approach to professionalism, teamwork, and respect.
## Resources

### Preclinical Course Directors

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<tr>
<th>BLOCK</th>
<th>DIRECTOR</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge</td>
<td>Marc Tischler, PhD</td>
<td><a href="mailto:tischler@email.arizona.edu">tischler@email.arizona.edu</a></td>
</tr>
<tr>
<td>Clinical Reasoning</td>
<td>Kathy Smith, MD</td>
<td><a href="mailto:kwsmith@psychiatry.arizona.edu">kwsmith@psychiatry.arizona.edu</a></td>
</tr>
<tr>
<td>Orientation</td>
<td>George Fantry, MD</td>
<td><a href="mailto:gfantry@email.arizona.edu">gfantry@email.arizona.edu</a></td>
</tr>
<tr>
<td>Foundations</td>
<td>Athena Ganchorre, PhD</td>
<td><a href="mailto:athenag@medadmin.arizona.edu">athenag@medadmin.arizona.edu</a></td>
</tr>
<tr>
<td>Nervous System</td>
<td>Muhammed Khan, MD</td>
<td><a href="mailto:Mkhan17@email.arizona.edu">Mkhan17@email.arizona.edu</a></td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>Claudia Stanescu, PhD</td>
<td><a href="mailto:stanesuc@email.arizona.edu">stanesuc@email.arizona.edu</a></td>
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<tr>
<td>CPR</td>
<td>John Bloom, MD</td>
<td><a href="mailto:jbloom@arc.arizona.edu">jbloom@arc.arizona.edu</a></td>
</tr>
<tr>
<td>DMH</td>
<td>Dale Woolridge, MD</td>
<td><a href="mailto:dale@aemrc.arizona.edu">dale@aemrc.arizona.edu</a></td>
</tr>
<tr>
<td>Immunity and Infection</td>
<td>Nafees Ahmad, PhD</td>
<td><a href="mailto:nafees@email.arizona.edu">nafees@email.arizona.edu</a></td>
</tr>
<tr>
<td>Life Cycle</td>
<td>Tejal Parikh, MD</td>
<td><a href="mailto:tparikh@email.arizona.edu">tparikh@email.arizona.edu</a></td>
</tr>
<tr>
<td>Advanced Topics</td>
<td>Athena Ganchorre</td>
<td><a href="mailto:athenag@medadmin.arizona.edu">athenag@medadmin.arizona.edu</a></td>
</tr>
<tr>
<td>Doctor &amp; Patient/Societies</td>
<td>Paul Gordon, MD; Kevin Moynahan</td>
<td><a href="mailto:pgordon@email.arizona.edu">pgordon@email.arizona.edu</a>; <a href="mailto:moynahan@email.arizona.edu">moynahan@email.arizona.edu</a></td>
</tr>
<tr>
<td>Transitions</td>
<td>Colleen Cagno, MD</td>
<td><a href="mailto:colleenc@email.arizona.edu">colleenc@email.arizona.edu</a></td>
</tr>
<tr>
<td>Intersessions 1 &amp; 2</td>
<td>Art Sanders, MD</td>
<td><a href="mailto:art@aemrc.arizona.edu">art@aemrc.arizona.edu</a></td>
</tr>
<tr>
<td>OSCE</td>
<td>Paul Gordon, MD</td>
<td><a href="mailto:pgordon@email.arizona.edu">pgordon@email.arizona.edu</a></td>
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### Clerkship Directors

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<thead>
<tr>
<th>CLERKSHIP</th>
<th>DIRECTOR</th>
<th>EMAIL</th>
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<tbody>
<tr>
<td>Family &amp; Community Medicine</td>
<td>Eamon Armstrong, MD</td>
<td><a href="mailto:eamona@email.arizona.edu">eamona@email.arizona.edu</a></td>
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<tr>
<td>Medicine</td>
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<tr>
<td>Neurology</td>
<td>Holli Horak, MD</td>
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</tr>
<tr>
<td>OB-GYN</td>
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<tr>
<td>Pediatrics</td>
<td>Ziad Shehab, MD</td>
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<tr>
<td>Psychiatry</td>
<td>Steven Herron, MD</td>
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<td>Surgery</td>
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<td><a href="mailto:mfditillo@surgery.arizona.edu">mfditillo@surgery.arizona.edu</a></td>
</tr>
</tbody>
</table>

### Curriculum Content Experts

The following Discipline Directors are the content experts. If you have any questions related to a particular discipline or feel you need a deeper explanation of a topic, please feel free to contact any of the Discipline Directors directly.

<table>
<thead>
<tr>
<th>DISCIPLINE</th>
<th>DIRECTOR</th>
<th>EMAIL</th>
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</thead>
<tbody>
<tr>
<td>Gross Anatomy and Embryology</td>
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</tr>
<tr>
<td>Behavioral Sciences</td>
<td>TBD</td>
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</tr>
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<td>Biochemistry and Nutrition</td>
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<tr>
<td>Histology and Cell Biology</td>
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<tr>
<td>Genetics and Molecular and Cell Biology</td>
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<td>Microbiology and Immunology</td>
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<td>Pharmacology</td>
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http://medicine.arizona.edu/education/professionalism/professional-conduct-comment

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MAYA ANGELOU

People will forget what you said, people will forget what you did, but people will never forget how you made them feel.