As required by the Accreditation Council for Graduate Medical Education (ACGME), all geriatric medicine fellowship programs are 1–2 year postgraduate positions (postgraduate year [PGY]-4, PGY-5) based at existing accredited family medicine or internal medicine residency programs. Currently, there are 139 accredited geriatric medicine programs in the United States.

Applications for PGY-4 geriatric medicine fellowship programs typically include a written personal statement. The personal statement is typically no more than 500 words long. It explains the applicant’s personal motivation for pursuing a geriatric fellowship and plans for future practice.

Personal statements for geriatric fellowships often comment on the increasing population of elderly patients and the unique and challenging medical needs of frail elders. It is not uncommon to describe a unique or meaningful patient encounter with a geriatric patient as part of the motivation for desiring further geriatric medicine training.

**The Plagiarism Experience**

In the fall of 2005, while reviewing applications to the geriatric fellowship program at Florida Hospital, the program director noticed a striking similarity between two of the personal statements. The applications came from residents at different residency programs in different parts of the country. The personal statements differed in opening and concluding paragraphs, but each contained the following description nearly verbatim:

I met a tiny, elderly lady with mild dementia who had been admitted to my care because she was suffering from a urinary tract infection. Starting her on a routine antibiotic, I noticed that while her physical condition improved, her spirit remained listless and depressed. The woman accepted her treatment reluctantly, even crying or screaming at the nursing staff. The other physicians attributed her behavior to the dementia, but I wondered whether there might be something more complex going on in her pathology. Surmising that her outbursts might be the result of loneliness rather than confusion—I decided to see whether some personal attention could help improve her condition. I spent a little time at the end of each shift talking to the woman. After earning her trust, she confided in me her story. She said that she lived alone and had

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From the Florida Hospital Family Medicine Residency Program, Orlando, Fla.
personal statement” provided a list of possible plagiarism against Inter- 
statements were then checked for story repeated above. All personal 
Web site contained the extended customer to review. The polished 
and after versions for a potential statement, complete with before 
ples provided is a geriatric personal 
of essays for a fee. One of the exam- 
that offers to improve various types 
essayedge.com, an editing service 
ning of 774,000 Web sites. The first 
A Google search for “Geriatric 
were listed was www. 
A Google search for “Geriatric 
Personal Statement” provided a listing 
of 774,000 Web sites. The first 
written content as their own and did not 
they did not intend to represent the 
expressed dismay and claimed that 
oral presentations by failing to cite 
plagiarized portions of or entire 
applications received the previous 
writing a paper for another student 
that content. 
Another reason may be that 
applicants, particularly those for 
whom English is not a primary 
language, may be uncomfortable 
with their writing ability. Medical 
documentation rarely requires writ- 
ing with complete sentences or cor- 
rect grammar. Residents, regardless 
of primary language, likely feel 
out of practice with writing prose 
when composing their personal 
statements, thus making plagiarism 
more attractive. 
A third reason is even more 
problematic. There may be a gen- 
erational gap in the perception of 
plagiarism. The learners may not 
perceive plagiarism as a significant 
wrong. One example of plagiarism 
in the form of one medical student 
writing a paper for another student 
was published by Emilie Osborne, 
MD, MPH, in 2000. In it, Dr Os- 
borne points out that the student 
and faculty response to the admit- 
ted cheating varied greatly, with 
faculty supporting dismissal and 
students expressing that because 
the paper was in a “trivial course” 
and not for publication, the act was 
balanced by the good of “helping 
your buddy.”

A survey of medical students 
in 1980 found that 58% reported 
cheating.\textsuperscript{3,4} Rennie and Crosby 
surveyed medical students and 
found that 56% reported that they 
had engaged in or would consider 
engaging in copying directly from 
published text and only listing it 
as a reference.\textsuperscript{4} The authors noted 
that this response “may indicate 
students’ lack of understanding 
regarding referencing text appropri- 
ately and also a need for clear 
guidelines.”\textsuperscript{3}

Even more controversial is the 
idea of a difference in cultural 
perceptions of plagiarism. While a 
discussion of the moral codes for- 
bidding stealing of the written word 
in various world cultures is beyond 
the scope of this document, percep- 
tion of what constitutes public ver- 
sus private property does vary from 
one culture to another. Learners 
from varying cultural backgrounds 
greatly enrich the medical school 
and residency landscape, but some 
need instruction in proper citation 
and the expectations of their cur- 
rent national residence regarding 
plagiarism.

Additionally, international medi- 
cal graduates training in the United 
States with J-1 or H-1B visas may 
be allowed to remain in the United 
States longer by pursuing educa- 
tion beyond the completion of a 
traditional residency and continu- 
ing on to a fellowship program. It 
is difficult to judge the degree of 
effect this may have on motivation 
to pursue further graduate medical 
education, but combined with a lack 
of comfort with written English 
prose, it may contribute to plagia- 
rism in personal statements.

Why Learners Plagiarize  
The first reason why learners 
plagiarize is obvious—access. The 
current students or residents are far 
more adept at utilizing computers to 
find information than many of their 
instructors. The Internet allows 
for a virtually limitless supply of 
information accessible in seconds. 
Years ago, to plagiarize required a 
word-for-word retyping of a docu- 
ment or text on a typewriter. The 
typists certainly knew they were 
plagiarizing. The seconds it takes 
to cut a paragraph or two from an 
Internet Web site and paste it into 
your electronic document may 
reduce the awareness of stealing 
that content.

Another reason may be that 
applicants, particularly those for 
whom English is not a primary 
language, may be uncomfortable 
with their writing ability. Medical 
documentation rarely requires writ- 
ing with complete sentences or cor- 
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Failure of Professionalism  
Training  
Whatever the reason, it is often 
said, “To tolerate is to teach.” Cer- 
tainly most educators, whether in 
the medical school or graduate med- 
cal education setting, would agree 
that plagiarism, when recognized, 
should be confronted. Beyond 
this, the Accreditation Council for 
Graduate Medical Education (AC- 
GME) has charged residencies with 
the task of teaching and evaluating 
professionalism in our students. It is
usually addressed with discussions of ethical principles in the context of challenging cases such as end-of-life or reproductive medicine. However, as Huddle explores in his article on teaching professionalism, professionalism in training means “acting rightly when the right path is clear before us but other pressing needs and desires pull us away from that path in the midst of the day-to-day medical routine, under often burdensome stresses.” We can easily see how students, in the midst of fatigue and under pressure from multiple sources, may find it easy to plagiarize a presentation or personal statement found on the Internet.

What Is the Appropriate Response to Plagiarism?

Returning to the example of the plagiarized personal statements, the program director discussed the case with multiple colleagues. The general consensus was to notify the offending residents and their respective residency directors. This was done via written letter. A letter was sent to each resident stating that they would not be invited to interview because of the plagiarism act. A letter was concurrently sent to the program directors of the residencies each resident was currently attending, including a copy of the personal statement and a citation of the Web site (www.essayedge.com).

The program director arranged through the Association of Directors of Geriatric Academic Programs (ADGAP) for an e-mail to be sent out to each member of ADGAP stating that applications containing plagiarized personal statements had been received and referring the program directors to the Web site for review. The names of the applicants were not included in the e-mail. This prompted a discussion regarding the proper response with other program directors who also received applications containing plagiarized personal statements.

The Florida Board of Medicine was contacted, reporting the plagiarism act and requesting guidance regarding any further obligations to report. A representative of the Florida Board of Medicine responded, stating that no obligation to report exists.

Are Personal Statements Useful?

Program directors and other faculty reviewing an application use personal statements for various purposes. Many use them as a guide to the applicant’s proficiency in English and motivation for pursuing the residency or fellowship position. The possibility that a personal statement was not written by the applicant calls into question the usefulness of this practice.

It is common practice to ask a colleague to review an important writing sample, whether a personal statement for application to a fellowship or an article for submission to a journal. So long as the writing is done by the author, and reviewers, whether paid or unpaid, make only minor revisions, most would argue that plagiarism has not occurred. However, when the writing is so heavily edited as to no longer represent the abilities and ideas of the author, plagiarism has occurred. Where the line falls between the two is debated. For a more complete discussion on the subject, I refer the reader to Bok’s Lying: Moral Choice in Public and Private Life.

Resources for Medical Educators

While little is written on plagiarism among medical students and residents, much more information on the subject has been published by our undergraduate professor colleagues. Multiple online services exist (at some cost) to search for plagiarism in documents. Among them are www.turnitin.com and www.iThenticate.com. However, as in the experience of the example cited above, plagiarism may be found by use of a common and free Internet search engine such as www.google.com.

A variety of information defining plagiarism and correct citing of reference sources is available at www.plagiarism.org and www.web-miner.com/plagiarism.

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References