Canadian Undergraduate Deans Statement on Professionalism

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Preamble:

Physician professionalism comprises a set of knowledge, attitudes, behaviours and skills essential to the provision of effective and safe patient care and therefore essential to the practice of medicine. It is accepted and required as a core competency by all accrediting and licensing bodies, and as an essential, integrated component of progression for all Canadian medical education programs. The AFMC Residency Match Committee Subcommittee on Application and File Review recommendation 1 (b) states that ***"All 17 medical schools use a common standardized approach and the same criteria in documenting professionalism issues on the Medical Student Performance Record (MSPR)."*** This document is intended to serve as a guide for documentation of professionalism lapses in order to increase equity and standardization across Canadian medical schools.

Background:

Although precise definitions vary, it is universally understood that professionalism requires both *cognitive* and *behavioural* components. Both the Royal College of Physicians and Surgeons and the College of Family Physicians of Canada incorporate professionalism as a core competency within their respective frameworks.

> *"The Professional Role reflects contemporary society's expectations of physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest."*
>
> From The Royal College of Physicians and Surgeons of Canada – CanMEDS Role: Professional

> *"The Professional Role is guided by codes of ethics and commitment to clinical competence, the embracing of appropriate attitudes and behaviours, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a physician and society."*
>
> From Family Medicine Professional, CanMEDS-FMU

Medical schools are therefore obligated to not only ensure that the cognitive components are taught and learned, but also that the behavioural components are accepted and demonstrated by their learners and graduates.

Medical schools in Canada are housed within publicly funded universities. Medical students therefore come under the governance of their parent universities which have specific and often individual or unique expectations regarding student behaviour, but these expectations are not necessarily based on the requirement that all students be entrusted to function within the clinical, patient care environment, nor that they must achieve competence necessary for licensing and ongoing medical training. Medical schools are therefore required to ensure that appropriate standards for professional behaviour of students are operative within their institutions and that they ensure students achieve those standards.

Professionalism is now understood to be a complex and contextual competency that develops longitudinally throughout medical training (Lucey & Souba, 2010). Professional identity formation occurs through gaining the knowledge, competencies and acumen of professional behaviour and integrating them into one's professional identity (Mak-van der Vossen et al., 2020). The process of professional identity formation occurs through learning from mistakes (Parker et al. 2008; Rabow et al., 2010) and role modeling (Byszewski et al. 2012; Haidet & Stein, 2006). Most medical students act professionally and rarely, if ever, behave in a manner that is unprofessional (Hickson et al. 2007). When professionalism lapses occur, there may be a number of contributing factors including contextual factors as well as personal, interpersonal, and external stressors (Hickson et al., 2007). In addition, it is recognized that individual behaviours may be affected by the socio-cultural contexts in which they occur. Students manifest complex and layered identities (such as race, gender, ethnicity, sexuality, and the like) that may influence their professional encounters and must be considered in the interpretation of any particular incident.

Professionalism lapses are associated with low morale and increased adverse events. Disciplinary actions by regulating bodies have been associated with prior professionalism lapses in medical school (Papadakis, 2005). This highlights the importance of addressing professionalism lapses in medical school in order to ensure that the learner has the opportunity to develop professionalism competency prior to progressing to post graduate training and independent practice. However, professionalism is inherently difficult to assess in national standardized assessments and there is a reluctance for preceptors to report student professionalism lapses, in part, due to a concern that such reporting will negatively impact the student's career (Ziring et al., 2018).

This document is prepared with the intention of defining a common understanding, terminology, and suggested framework for the approach to professionalism lapses among all Canadian medical schools to better enable them to develop effective programming and equitable approaches. Reaching a common understanding is crucial to improving future physician behaviours and outcomes.

Principles:

1. Professional behaviour is essential to the provision of safe and effective patient and team-based care.
2. Medical students are actively involved in the delivery of patient care and in team-based processes, and so are required to maintain high standards of professional behaviour aligned with the profession.
3. Understanding and adherence to the core principles of professionalism are expectations of undergraduate medical education and a mandatory graduation expectation.
4. Professionalism is a competency which develops longitudinally in the medical student and whereby learning can occur through a variety of mechanisms, including developing self-awareness, self-analysis, accepting feedback and the ability to learn from and correct mistakes (Parker et. al, 2008; Rabow et.al., 2010).
5. Professionalism lapses may indicate that the student requires support in their professional identity formation (Mak-van der Vossen et al., 2020), or may be an indicator of other underlying issues including student burnout or illness (Dyrbye et al., 2010; Roberts, 2010). They may also be influenced by aspects of the student's individual socio-cultural context. Consequently, review processes, supports and resources should be developed and provided to students who demonstrate a professionalism lapse.
6. High standards of professionalism should permeate all aspects of the medical education environment, including administrative staff, teaching faculty and university leadership.

Operational considerations:

(It is recognized that, among medical schools, the specific forms and processes will vary based on individual policies and institutional requirements.)

1. **Accepted Definitions.**
   An understanding regarding the categorization of professional concerns. This should be based on three key criteria: chronicity; harm and awareness.

2. **Mechanisms by which professionalism concerns come to attention.**
   Professionalism concerns may be brought forward by faculty, students, residents, administrative staff, other health professionals, members of the larger university community and by the general public. Schools should provide a variety of avenues to report professionalism concerns, including routes by which students can bring forward issues without identifying themselves recognizing that there may be limitations on how such reports can be addressed. Documents related to reporting professionalism concerns, including reporting forms and related policies and procedures, should be available on the school website. Educational leadership and students should be oriented to these processes.

3. **Processes by which professionalism concerns are assessed.**
   Professionalism concerns are reviewed by a designated individual or group that has been identified for intake of professionalism concerns for each school. For example, Assistant Dean, Academic Affairs. There should be a fully transparent and understood protocol for processing of such concerns. For example, more serious concerns may be referred to a Review Committee. Processes should be in place for provision of student advising and personal support through this process. Like the approach to other competency deficits, assessment and remediation of professionalism lapses may be addressed within the usual assessment and remediation framework.

4. **An understanding regarding the expected or "usual" response to each level of concern, recognizing that documentation may vary in accordance with specific university or provincial regulations.**
   Examples of potential responses to increasingly severe professionalism concerns:

   - a discussion for purely formative purposes, for example, a "coffee cup conversation" (Hickson et al., 2007)
   - a documented discussion with understanding that it be expunged if not repeated
   - opportunity for reflection
   - ongoing support with monitoring
   - assignment of a mentor
   - a remediation exercise recorded temporarily on the condition that no further concerns occur
   - a remediation requiring documentation in the student record
   - a remediation requiring documentation in the MSPR
   - a remediation requiring repeat of a course or year
   - dismissal from medical school

For what aspects is there value and opportunity for a common approach to professionalism concerns among Canadian medical schools?

Canadian medical schools would benefit by undertaking common definitions and potential responses to each level of concern. With this goal in mind, the following is proposed as a guide:

	Professionalism Concern	**Examples include but are not limited to:**	**Potential Interventions include but are not limited to:**	***Documentation principles:**
Level 1 *Concerning Behaviour Requiring Intervention*	A first-time concern <u>and</u> No or very minor harm to others (patients, other students, faculty, the public or institutions), <u>and</u> Acknowledgement and acceptance of responsibility <u>and</u> Potential for remediation with, but not limited to,	**Examples below may be Level 1 or Level 2 depending on if this a recurrent professionalism lapse:** • *Submitting an assignment late* • *Arriving late for a mandatory lecture or clinical learning experience without valid reason* • *Missing a mandatory session without a valid reason*	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance	No further review or permanent documentation required although record of the encounter should be retained by the reviewing party in the event of future issues
	education, apology and/or reflection	• *Communication that may be perceived as Inappropriate or disrespectful (verbal or written, including social media, etc.)* • *Receiving or responding to feedback inappropriately* • *Repeated failure to meet deadlines or respond promptly to calls, particularly when patient care may be impacted* • *Minor, unintentional incidents of academic misconduct*		
Level 2 *Concerning Pattern of Behaviour Requiring Intervention*	Previous Level 1 concerns <u>or</u> Minor direct or indirect harm to others (as above) <u>or</u> Lack of insight into the concerns raised by the incident, <u>and</u> Potential for remediation through, but not limited to, education, apology, reflection, and/or formal course of study		Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance A program of remediation to include elements such as: • completion of assigned learning tasks • mentorship • sufficient time to demonstrate improvement • monitoring	Documentation in UGME Office academic file but no record on transcript and/or MSPR if remediation successfully completed and no further transgressions.

Level 3 *Concerning Pattern of Behaviour Persisting Following Remediation* OR *Threatening or dangerous behaviour requiring major intervention*	Previous Level 1 or 2 concerns that persist despite remediation, <u>or</u> Significant, or potential for significant harm to others (as above), <u>and</u> Student shows limited insight into the concerns raised by the incident, <u>and</u> Potential for remediation through formal program(s) and reassessment.	• *Demonstrating a pattern of not responding to call for assistance* • *Failing to communicate absences in a timely fashion • Incidents of academic misconduct as defined by each university's policy on academic misconduct* • *Breaching of patient confidentiality* • *Inappropriate or offensive communication (verbal or written, including social media, etc.)* *Engaging in discriminatory communication or behaviour (depending on context / egregiousness)*	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance A program of remediation to include elements such as: • completion of assigned learning tasks, • mentorship • sufficient time to demonstrate improvement • monitoring	Documentation in UGME academic file <u>and</u> Inclusion in the MSPR recommended
Level 4 *Behaviour Potentially Incompatible with Practice of Medicine*	Multiple previous professionalism concerns documented, or Failure to remediate previous concerns, or Egregious or potential for	•*Physically or sexually assaulting a patient, colleague, faculty, or staff* •*Breaching the Criminal Code of Canada with a conviction relevant to the practice of medicine and/or the learner's role as a university student* •*Unwelcomed and inappropriate*	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance if appropriate in the context of the behaviour	Documentation in UGME academic file <u>and</u> Inclusion in MSPR
	egregious harm to others (as above), or Behaviour inconsistent with a future career in medicine	*communication or contact, where the behavior is known or reasonably ought to be known to be unwelcomed* •*Unauthorized and intentional release of or accessing confidential information* *Engaging in discriminatory communication or behavior (depending on context / egregiousness)*	A program of remediation to include elements such as: • completion of assigned learning tasks • mentorship • sufficient time to demonstrate improvement • monitoring Dismissal from medical school	

*** Documentation may vary in accordance with specific university or provincial regulations**

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