

The University of Texas Southwestern Medical School at Dallas

Professionalism Policy

Constitution of the ad hoc committee:

Patricia Bergen, MD, Adam Brenner, MD, Dennis Burns, MD, Steve Cannon, MD, PhD, Susan Cox, MD, Lynne Kirk, MD, Angela Mihalic, MD, Hari Raja, MD, James Wagner, MD, Wes Norred.

Background

Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health.

(Charter on Medical Professionalism- ABIM)

Professionalism is a core competency in medical education.

- LCME Standards ED-5, ED-19, ED-20, ED-21, ED-22, ED-23
- ACGME Outcome Project includes Professionalism as a core competency in which residents must demonstrate a commitment to carrying out professional responsibilities and adhere to ethical principles.
- UT Southwestern Educational Objectives of the Medical School are aligned with the LCME Standards and the ACGME competencies, and include “Ethical roles and responsibilities of the physician to society” (2.2), “Interactions with Professionals” (5.1), “Responsibility to Patients and Society” (5.4-5.12), and “Life –long learning” (5.13-5.14).
- Unprofessional behaviors in medical school particularly related to irresponsibility and diminished capacity for self-improvement predict future disciplinary action by state medical boards. (*Papadakis et al N Engl J Med.* 2005)

It is critical that professional behaviors and responsibilities expected of future physicians be;

- Clearly articulated
 - The Policy describes fundamental principles and a set of professional responsibilities from the Charter of Medical Professionalism- *Ann Intern Med.* 2002.
 - The Policy describes a Medical Student Code of Professional Conduct which will be distributed annually to and signed by all students on admission.
 - All Physicianship Evaluation Forms describing expected behaviors will be readily available to students and mirror those evaluated on clerkship evaluation forms.
 - Faculty development will proceed to assure that all course and clerkship directors are familiar with the policy and can inform participating faculty.
- Explicitly taught both in the formal and informal curriculum
 - Professionalism is both formally and informally taught in the Academic Colleges during several small group activities and ethics discussions.
 - Professionalism is both formally and informally taught in the clinical clerkships through discussions and role modeling by our clinical faculty and house staff.
 - The informal curriculum is addressed and discussed with students by their College Mentor through the submission of reflection papers during the clerkships.
- Assessed early and monitored throughout medical school with feedback and guidance provided when necessary to avoid future unprofessional behavior especially as it relates to patient care.
 - The Policy includes a mechanism for early identification, counseling, and remediation of problematic behavior in the pre-clinical curriculum and in relation to behaviors outside of the classroom but otherwise related to their role as a medical student at UT Southwestern.
 - Feedback is provided by the faculty or course director with suggestions on how to improve. If behavior is repeated or serious enough, then a Physicianship Evaluation Form is completed, reviewed with the student, and then sent to the Associate Dean for Student Affairs. The student then meets with the Associate Dean for counseling and remediation.

- The Policy also includes a mechanism to address and remediate problematic behavior in the clinical clerkships.
 - Students who do not demonstrate adequate professional and personal attributes (lowest 2 scores) on their final clerkship evaluation (Attached) in *Professional Attributes and Responsibilities, Self-Improvement and Adaptability, Relationships with Patients, or Interpersonal Relationships with other members of the Health Care Team* will be evaluated by the course or clerkship director who will complete a Physicianship Evaluation Form if the concern raised is found to have merit. The course/clerkship director will meet and provide feedback to the student making recommendations for improvement as will the Associate Dean for Student Affairs.
- Clinical Course/Clerkship Directors are encouraged in a private forum to identify and review students who have had difficulty with professionalism to monitor and provide earlier recognition and intervention if continued behavior is noted. Individual faculty will not be notified to avoid undue bias.
- Students who receive one or more Physicianship Evaluation form(s) in the pre-clinical years and none subsequently or who receive one Physicianship Evaluation form in the clinical years thus having successfully addressed and remediated the problematic behavior will not have a notation made in the Medical Student Performance Evaluation or be referred to the Student Promotions Committee and these forms held in the Office of Student Affairs will be destroyed at graduation.
- Required to be demonstrated as an achieved competency to be eligible to receive the Medical Doctor degree.
 - The Policy includes a mechanism to formally address the inability of a student to achieve the competency of Professionalism.
 - If a student receives 2 more Physicianship Evaluation Forms in the clinical years OR receives 2 or more Physicianship Evaluation Forms in the pre-clinical years and then 1 in the clinical years:
 - The course/clerkship director has the ability to provide a failing grade for the course/clerkship based on lack of achievement of a core competency.
 - A notation will be made in the Medical Student Performance Evaluation
 - A referral will be made to the Student Promotions Committee for review with outcomes to include dismissal.
 - The procedure for appeals made by the SPC is described in the UT Southwestern Medical School catalog.

The Professionalism Policy contains the following:

1. A description of Fundamental Principles and Professional Responsibilities based on the American Board of Internal Medicine's "Medical Professionalism in the New Millennium: A Physician Charter".
2. A Medical Student Code of Professional Conduct
3. Description of the Physicianship Evaluation Form for the Pre-Clinical Curriculum
4. Description of the Physicianship Evaluation Form for the Clinical Curriculum
5. Description of the Institutional Physicianship Evaluation Form

This policy is intended to address concerns related to unprofessional behavior. There may be instances where unprofessional behavior may also be subject to Regents' Rules, State or Federal law, or other institutional policies. This process does not preclude other actions/consequences as appropriate.

This Policy was adapted with permission from the University of California, San Francisco School of Medicine and largely based on the work of Dr. Maxine Papakakis, Associate Dean for Student Affairs.

Fundamental Principles

- **Principle of primacy of patient welfare**
This principle is based on a dedication to serving the interest of the patient. Market forces, societal pressures, and administrative exigencies must not compromise this principle.
- **Principle of patient autonomy**
Physicians must have respect for patient autonomy. Patients' decisions about their care must be paramount, as long as those decisions are in keeping with ethical practice and do not lead to demands for inappropriate care.
- **Principle of social justice**
The medical profession must promote justice in the health care system, including the fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category.

A Set of Professional Responsibilities

- **Commitment to professional competence**
Physicians must be committed to lifelong learning and be responsible for maintaining the medical knowledge and clinical and team skills necessary for the provision of quality care.
- **Commitment to honesty with patients**
Physicians must ensure that patients are completely and honestly informed before the patient has consented to treatment and after treatment has occurred. Physicians should also acknowledge that in health care, medical errors that injure patients do sometimes occur. Whenever patients are injured as a consequence of medical care, patients should be informed promptly because failure to do so seriously compromises patient and societal trust. Reporting and analyzing medical mistakes provide the basis for appropriate prevention and improvement strategies and for appropriate compensation to injured parties.
- **Commitment to patient confidentiality**
Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to disclosure of patient information.
- **Commitment to maintaining appropriate relations with patients**
Given the inherent vulnerability and dependency of patients, certain relationships between physicians and patients must be avoided. In particular, physicians should never exploit patients for any sexual advantage, personal financial gain, or other private purpose.
- **Commitment to improving quality of care**
Physicians must be dedicated to continuous improvement in the quality of health care.
- **Commitment to improving access to care**
Medical professionalism demands that the objective of all health care systems be the availability of a uniform and adequate standard of care. A commitment to equity entails the promotion of public health and preventive medicine, as well as public advocacy on the part of each physician, without concern for the self-interest of the physician or the profession.
- **Commitment to a just distribution of finite resources**
While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources.
- **Commitment to scientific knowledge**
Much of medicine's contract with society is based on the integrity and appropriate use of scientific knowledge and technology. Physicians have a duty to uphold scientific standards, to promote research, and to create new knowledge and ensure its appropriate use.
- **Commitment to maintaining trust by managing conflicts of interest**
Medical professionals and their organizations have many opportunities to compromise their professional responsibilities by pursuing private gain or personal advantage. Such compromises are especially threatening in the pursuit of personal or organizational interactions with for-profit industries, including medical equipment manufacturers, insurance companies, and pharmaceutical firms.

- **Commitment to professional responsibilities**

As members of a profession, physicians are expected to work collaboratively to maximize patient care, be respectful of one another, and participate in the processes of self-regulation, including remediation and discipline of members who have failed to meet professional standards.

Medical Professionalism in the New Millennium: A Physician Charter (Abstracted from *Annals of Internal Medicine* 2002; 136:243-246).

Resources:

AAMC Medical Schools Objectives Project: <http://www.aamc.org/meded/msop/start.htm>

ACGME Outcome Project: <http://www.acgme.org/outcome>

LCME Accreditation Standards: <http://www.lcme.org/standard.htm>

Early Detection and Evaluation of Professionalism Deficiencies in Medical Students: One School's Approach. *Papadakis et al. Acad Med* 2001;76:1100-6.

Medical Professionalism: A Physician Charter. *Annals of Internal Medicine* 2002;136:243-6.

Unprofessional Behavior in Medical School is Associated with Subsequent Disciplinary Action by a State Medical Board. *Papadakis et al Acad Med* 2004;79(3)244-9.

Disciplinary Action by Medical Boards and Prior Behavior in Medical School. *Papadakis et al N Engl J Med.* 2005; 353(25):2673-82.

Medical Student Professionalism: Are We Measuring the Right Behaviors? A Comparison of Professional Lapses by Student and Physicians. *Ainsworth MA, and Szauter KM. Acad Med.* 2006; 81(10).

USCF School of Medicine- Professional Development and Physicianship Forms – http://medschool.ucsf.edu/professional_development/professionalism/index.aspx ,with permission.