Exploring Identification and Assessment of Professionalism—Sharing Tools to Navigate Murky Waters

Nancy Hueppchen, MD
Johns Hopkins University

Lorraine Dugoff, MD
University of Colorado

John Dalrymple, MD
University of California—Davis
We have nothing to disclose.

JOHN  LORRAINE  NANCY
Objectives

At the end of this session, participants will be able to:

– Identify specific behaviors that represent elements of professionalism

– Link measureable components of professionalism with an appropriate evaluation tool

– Discuss challenges to implementing tools for assessment of professionalism
On Assessing Professionalism

Small Groups Brainstorming

Who?
Why?
What?
How?
When?
Where?
Who and Why do we need to teach and assess professionalism in medical school?
• **Professionalism**
  – Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles:

  • Compassion, integrity, and respect for others
  • Responsiveness to patient needs that supersedes self-interest
  • Respect for patient privacy and autonomy
  • Accountability to patients, society and the profession
  • Sensitivity and responsiveness to a diverse patient population
LCME Standards 2010

• MS-31 Development of professional attributes
  – Learning environment promotes the development of explicit and appropriate professional attributes.

• MS-32 Defining standard of conduct and policies for reporting

• MS-33 Published standards of assessment
  – Must publicize standards and procedures for the assessment, advancement, graduation, and disciplinary action.
• UNIT ONE: APPROACH TO THE PATIENT

1. History
2. Examination
3. Pap Smear and DNA Probes/Cultures
4. Diagnosis and Management Plan
5. Personal Interaction and Communication Skills
6. Legal and Ethics Issues in Obstetrics and Gynecology
7. Preventive Care and Health Maintenance

*Additional Educational Topics address professionalism as related to examination, communication, and counseling skills
Literature Supports Early Identification of Unprofessional Behavior

“Unprofessional behavior in medical school associated with disciplinary action by state medical boards”

- Irresponsibility
- Lack of self-improvement
- Poor initiative

Papadakis et al, N Eng Jn Med 2005
Hodgson et al, Acad Med 2007
What should be assessed?
What is your mental image of professionalism?
Defining Professional Behavior

- AAMC Medical School Objectives Project:
  - Must be Altruistic
    - Trustworthy and truthful in all professional dealings
  - Must be Dutiful
    - Obliged to meaningful collaboration with other healthcare professionals and commitment to advocacy
Dimensions of Professional Behavior

**Standard**
- Altruism
- Accountability
- Commitment and self-reflection
- Compassion and sensitivity
- Integrity
- Respect
- Teamwork

**Contemporary**
- Cultural awareness
- Community responsibility
- Lifelong learning
- Social Networking
- HIPAA
How should professionalism be assessed?
Myriad Assessment Formats for Professionalism

**Standard**
- Checklists
- Clinical rating forms
- Surveys
- Rating scales
- Records of praise or complaint
- Standardized patient exams

**Newer Innovations**
- Self, peer, and patient assessments
- Writing/Portfolios
- Critical incidents
- Concern cards
- Rubrics
When and Where should professionalism be assessed?

Setting, Timing, Frequency
Assessing the Environment

• Don’t forget the hidden curriculum
• These samples illustrate:
  – MS-31
  – Surveys, Likert scales
  – Samples from
    • UC Davis
    • JHU
Professionalism Environment Survey: UC Davis

1. During this rotation I met individuals who I consider role models

2. During this rotation I have encountered individuals who display and promote professional behavior

3. During this rotation I have been treated with disregard/not felt part of the team

4. My resident/attending have assisted me in attaining educational material pertinent to my patients

5. I have observed residents place their needs of patient ahead of their own self interest

6. I have observed resident/attendings educating their patients

7. I have been instructed to withhold data from a patient chart

8. I have observed someone lie to a patient

9. I have observed residents/attendings referring to patients as “hits, losers, frequent flyers”

10. I have observed residents/attendings making derogatory statements about other medical/surgical specialty groups or other health care workers

11. I have observed resident/attendings scheduling tests or performing procedures at times that are more convenient for themselves than for the patient.
Professionalism Climate Survey: JHU

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Medical Students</th>
<th>Residents</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show disrespect to patients, students, faculty, staff or other healthcare personnel</td>
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<tr>
<td>Advocate for the well-being of patients, students, colleagues, the community and/or the medical profession</td>
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<tr>
<td>Make selves look good at the expense of others</td>
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<tr>
<td>Finish their work and help others finish theirs</td>
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<tr>
<td>Complain about professional obligations</td>
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<tr>
<td>Lie to patients, professors, colleagues/peers or in the medical record</td>
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<tr>
<td>Accurately and spontaneously report their own mistakes or uncertainties</td>
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<tr>
<td>Ignore the unprofessional behavior of others</td>
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<tr>
<td>Do just enough to get by in patient care, class, conferences and/or rounds</td>
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<tr>
<td>Refer to patients in derogatory terms such as, “hits,” “gomers,” “frequent flyers.”</td>
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<tr>
<td>This clerkship promoted and supported professional attitudes and behaviors among students</td>
<td>SD</td>
<td>D</td>
<td>N</td>
</tr>
</tbody>
</table>

Adapted from Climate of Professionalism Survey - UMKC-SOM Quaintance JL., et. al. Acad Med 2008; 83 (10 Suppl); S5-S8
Assessing the Individual

- **Formative** observation of professional behaviors
- Promoting self awareness
- Opening the door to change
- Feedback
  - Peds
- Concern Card
  - JHU
  - UC Denver
### Professionalism Mini-Evaluation Exercise

**Level:** (please circle) PGY1 PGY2 PGY3 PGY4 PGY5 PGY6  
**Setting:** Ward Clinic ER ICU Other  

<table>
<thead>
<tr>
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<th>N/A</th>
<th>UN</th>
<th>BEL</th>
<th>MET</th>
<th>EXC</th>
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<tbody>
<tr>
<td>Listened actively to patient</td>
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<td>Showed interest in patient as a person</td>
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<td>Recognized and met patient needs</td>
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<td>Extended him/herself to meet patient needs</td>
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<td>Ensured continuity of patient care</td>
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<td>Advocated on behalf of a patient</td>
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<td>Demonstrated awareness of own limitations</td>
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<tr>
<td>Admitted errors/omissions</td>
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<td>Solicited feedback</td>
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<td>Accepted feedback</td>
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<td>Maintained appropriate boundaries</td>
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<td>Maintained composure in a difficult situation</td>
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<td>Maintained appropriate appearance</td>
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<td>Was on time</td>
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<td>Completed tasks in a reliable fashion</td>
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<td>Addressed own gaps in knowledge and/or skills</td>
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<td>Was available to colleagues</td>
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<tr>
<td>Demonstrated respect for colleagues</td>
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<tr>
<td>Avoided derogatory language</td>
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<tr>
<td>Maintained patient confidentiality</td>
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<tr>
<td>Used health resources appropriately</td>
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</tbody>
</table>

- Please rate this resident's overall professional performance during THIS encounter:  
  - UNAcceptable  
  - BELow expectations  
  - MET expectations  
  - EXCoeded expectations  

- Did you observe a critical event?  
  - no  
  - yes (comment required)
ABP Professionalism Praise Card

Subject: Praise Card about Physician Performance
From: Program Director

Please complete and submit this card to me when you wish to praise the performance and/or professional behavior of a physician colleague. This information will be conveyed to the physician and noted in the departmental file.

Name of Physician: __________________________ Date: _________________

My praise about the performance of this physician is based on his/her demonstration of exceptional ability in the following:
(please v)

- clinical judgment
- clinical skills
- medical knowledge
- communication skills
- teaching
- humanistic qualities
- professionalism
- team management and leadership
- critique of medical/scientific literature
- conduct of research

Comments: __________________________________________________________

Name: ______________________ Phone: __________________________

ABP & APPD, 2008
Subject: Early Concern Note About Physician Performance

From: Program Director

Please complete and submit this card to me when you have any concerns about the performance and/or professional behavior of a physician colleague. This information will be used confidentially and constructively to help the physician.

Name of Physician: __________________________ Date: ______________

My concerns about the performance and/or professional behavior of this physician are based on: (please √)

- critical incident
- gut level reaction
- series of “red” flags

I have discussed my concerns with the physician __________ Yes ______ No
I feel uncomfortable discussing my concerns with the physician __________ Yes ______ No
Please call me about these concerns __________ Yes ______ No

Comments: __________________________________________________________

Name: ______________________ Phone: ____________________________

ABP & APPD, 2008
The above-named student evidenced a need for further development in one or more of the following areas: (Please check all that apply.)
Honesty/Integrity

☐ The student misrepresented the work of others as his/her own.
☐ The student did not accurately report research or clinical data.
☐ Other: ________________________________

Responsibility/Reliability/Dependability

☐ When acting in the clinical role, the student did not appear to put the care of the patient as his/her highest priority.
☐ The student did not comply with course/clerkship policies.
☐ Other: ________________________________

Respect for Others

☐ The student was disrespectful of patients, peers, teachers, and/or staff members.
☐ The student was not respectful of patient confidentiality/privacy.
☐ The student’s behavior was disruptive to the learning environment.
☐ The student was insensitive to the differences in patients and how they affect the delivery of healthcare.
☐ The student’s dress was inappropriate for the educational/clinical context.
☐ Other: ________________________________

Altruism/Empathy

☐ The student seemed insensitive to the needs or others or the suffering of patients and their families.
☐ Other: ________________________________

Commitment to Excellence, Self-Assessment, and Improvement

☐ The student did not appear to devote the time or energy required to fulfill curricular responsibilities.
☐ The student did not show much evidence of self-directed learning.
☐ The student seemed unaware of his/her limitations.
☐ The student did not seek assistance when handling situations beyond his/her experience level.
☐ The student did not accept constructive criticism about his/her performance.
☐ Other: ____________________________________________________________

Communication

☐ The student showed difficulty in communicating with patients, peers, teachers and/or staff.
☐ The student provided disrespectful or harmful feedback.
☐ Other: ____________________________________________________________

Ability to form and sustain appropriate relationships

☐ The student demonstrated difficulty in forming relationships with fellow learners, team members, patients, and/or their families.
☐ The student engaged in romantic/sexual relationship with a patient or patient’s family member.
☐ Other: ____________________________________________________________

Narrative Comments: (Mandatory)
A student with any of the following patterns of behavior is not meeting the personal or professional standards inherent to the profession of medicine. Please mark the area which best describes your concerns about this student. Provide comments in the space provided.
Unmet professional responsibility:
[ ] Student needs continual reminders in the fulfillment of responsibilities to faculty, colleagues, staff or patients
[ ] The student cannot be relied upon to complete tasks
[ ] The student misrepresents or falsifies actions and/or information (refer to Honor Council)
[ ] The student fails to maintain a professional appearance/attire
[ ] Other ________________________________

Lack of effort toward self improvement
[ ] The student is resistant or defensive in accepting criticism
[ ] The student remains unaware of his/her inadequacies
[ ] The student resists considering or making changes
[ ] The student does not accept blame for failure, or responsibility for errors
[ ] The student is abusive or critical during times of stress
[ ] The student demonstrates arrogance
[ ] Other ________________________________

Inadequate rapport with patients or families
[ ] The student does not adequately establish rapport with patients or families
[ ] The student appears insensitive to patient or family needs, feelings or wishes
[ ] The student uses his/her professional position to engage in romantic or sexual relationships with patients or families
[ ] The student fails to display empathy
[ ] The student displays an inadequate personal commitment to honoring the wishes of patients
[ ] Other ________________________________

Inadequate rapport with fellow students, faculty or other members of the health care team
[ ] The student does not interact appropriately within the small group
[ ] The student does not interact appropriately in the lecture setting
[ ] The student does not function appropriately within a health care team
[ ] The student appears insensitive to the needs, feelings or wishes of other members of the small group
[ ] The student appears insensitive to the needs, feelings or wishes of other members of the health care team
[ ] The student appears insensitive to issues of diversity (e.g., cultural, spiritual, ethnic, etc.).
[ ] Other ________________________________

*Includes narrative

* Signed by faculty and student
Assessing the Individual

• **Summative** Evaluation
  – UC Denver
  – JHU
  – UC Davis
### Professionalism

<table>
<thead>
<tr>
<th>8)</th>
<th>OBSERVER TO NOVICE REPORTER</th>
<th>REPORTER TO NOVICE INTERPRETER</th>
<th>INTERPRETER TO NOVICE MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is sometimes unreliable in completing work or inefficient in carrying out required duties.</td>
<td>Is punctual and reliable in day-to-day tasks; fulfills basic patient care responsibilities required of him/her; helps with team tasks when requested.</td>
<td>Takes primary responsibility for patients and advocates for their needs; anticipates the needs of the team and actively attempts to meet these needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9)</th>
<th>OBSERVER TO NOVICE REPORTER</th>
<th>REPORTER TO NOVICE INTERPRETER</th>
<th>INTERPRETER TO NOVICE MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can be disrespectful or offensive to one or more members of the team including but not limited to nurses, pharmacists, social workers, medical students, housestaff, and other teams.</td>
<td>Interacts respectfully with ALL members of the health care team, consultants and fellow physician providers.</td>
<td>Actively integrates all members of the interprofessional team into the care of patients.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>10)</th>
<th>OBSERVER TO NOVICE REPORTER</th>
<th>REPORTER TO NOVICE INTERPRETER</th>
<th>INTERPRETER TO NOVICE MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lacks sensitivity, insight, or empathy with certain patients; disregards patient preference.</td>
<td>Is sensitive to patient differences (race, culture, gender, socioeconomic status) and preferences.</td>
<td>Actively seeks to understand the patient’s views; is able to incorporate patient differences and preferences into plan of care.</td>
</tr>
</tbody>
</table>
### Responsibility / Reliability (Question 16 of 37 - Mandatory)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement</td>
<td>Often unprepared, lackadaisical, needs reminders in fulfillment of responsibilities. Often late, appears uninterested.</td>
</tr>
<tr>
<td>At Expected Level</td>
<td>Fulfills assigned tasks consistently. Responsible and reliable.</td>
</tr>
<tr>
<td>Above Expectations</td>
<td>Seeks and is capable of taking on additional responsibility.</td>
</tr>
<tr>
<td>Outstanding</td>
<td>Excellent initiative. Unusual dedication to patient care and education.</td>
</tr>
</tbody>
</table>

### Integrity (Question 18 of 37 - Mandatory)

- **Unacceptable**
  - Unreliable. Lapses in: truthfulness, honesty with patients and peers, respect for other health professionals, patients or families. Disregards need for self-assessment.
- **At Expected Level**
  - Appropriate behaviors of honesty, truthfulness and respect.

### Rapport with colleagues (Question 28 of 37 - Mandatory)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Unacceptable Avoids contact with team members. Inadequate skills to establish relationships with medical colleagues and other health professionals.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>Sometimes has difficulty in relating well to medical colleagues and other health professionals. Maintains distance from the team.</td>
</tr>
<tr>
<td>At Expected Level</td>
<td>Relates well with medical colleagues and other health professionals. &quot;Good team player.&quot; Functions well within the team structure.</td>
</tr>
<tr>
<td>Above Expectations</td>
<td>Able to establish excellent rapport with medical colleagues and other health professionals. Gains confidence of team leaders.</td>
</tr>
<tr>
<td>Outstanding</td>
<td>Establishes tone of mutual respect and dignity with medical colleagues and other health professionals. Highly integrated into the team structure.</td>
</tr>
</tbody>
</table>
## Respectfulness (Question 22 of 37 - Mandatory)

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Unacceptable</th>
<th>Needs Improvement</th>
<th>At Expected Level</th>
<th>Above Expectations</th>
<th>Outstanding Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inconsiderate, lacks respect. Unable to work with medical team. Indifferent to concerns/opinions of others.</td>
<td>Occasional lapses in respectful behavior Often intolerant to opinions/concerns of others.</td>
<td>Considerate and shows appropriate deference. Treats patients, families, and staff with respect. Culturally sensitive.</td>
<td>Shows respect in difficult situations such as conflict resolution. Extra effort in cultural sensitivity.</td>
<td>Can both foster and maintain respectful environment</td>
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</table>

## Response to feedback (Question 24 of 37 - Mandatory)

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Unacceptable</th>
<th>Needs Improvement</th>
<th>At Expected Level</th>
<th>Above Expectations</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completely unaware of own inadequacies. Uninterested in receiving feedback on performance. Refuses or makes no effort to improve.</td>
<td>Resistive or defensive in accepting feedback. Makes marginal efforts to improve with feedback.</td>
<td>Accepts and generally makes efforts to improve with feedback.</td>
<td>Seeks and accepts feedback. Shows consistent improvement.</td>
<td>Able to self assess and make necessary changes for growth and progress.</td>
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</table>
**Instances of Non Professional Behavior**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td>Tardiness</td>
<td>Arriving late without notifying appropriate individuals</td>
</tr>
<tr>
<td>Availability</td>
<td>Occasions of being unavailable for required clinical responsibilities</td>
</tr>
<tr>
<td>Deadlines</td>
<td>Difficulty meeting deadlines or following through</td>
</tr>
<tr>
<td>Unprepared</td>
<td>Problems being prepared or participating in discussion</td>
</tr>
<tr>
<td>Team Player</td>
<td>Difficulty working as a team</td>
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<tr>
<td>Difficulty accepting feedback</td>
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<tr>
<td>Difficulty recognizing limitation</td>
<td>and calling upon assistance of others</td>
</tr>
<tr>
<td>Lack of Respect</td>
<td>Or civility towards others</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Lapses in patient confidentiality</td>
</tr>
<tr>
<td>Compassion</td>
<td>Problems/lapses in addressing fears and suffering of patients</td>
</tr>
<tr>
<td>Civility</td>
<td>Lack of civility towards students, faculty or staff</td>
</tr>
<tr>
<td>Prejudice</td>
<td>Occasions of comments/behaviors harmful to professional relationships</td>
</tr>
</tbody>
</table>

Certain types of behaviors should be reported IMMEDIATELY to the IOR:
- Dishonesty
- Anything that compromise the safety or endangers a patient
- Instance of threats of harm to a patient, family, student, staff or faculty

If you would recommend this student for commendation for professionalism please make comments to support this recommendation.
ACGME Professionalism Assessment Instruments

- Wake Forest Physician Trust Scale
- ABIM Scale – Professional Attitude & Behaviors
- Musick 360-degree Assessment
- Barry Challenges to Professionalism Questionnaire
NBME Assessment of Professional Behaviors

- Standardized approach using ACGME competencies, and LCME and Joint Commission requirements
- Designed for formative feedback
- Focus on observable behaviors
- Survey format – 2 relational items, 23 behaviors, 2 comment fields
- Web-based using E*Value or New Innovations
- Individual and program reports twice yearly
Ongoing areas research utilizing data from this program
- Generalizability analysis
- Implementation process evaluation
- Observability study
- Characteristics of written feedback
- Feedback experience
MedEd Portal Resources

• Assessment of Medical Student Professionalism Development
  – Nowack et al, 2010
  – Faculty development course on assessing professionalism
  – 13 measures designed to assess professionalism development over four years of medical school career
Operationalizing Assessment of Professionalism

What works?
What are the pitfalls?
Choice of Assessment Tool

1. Assess learner’s attainment of competency-based objectives
2. Facilitate continuous improvement of the educational experience
3. Facilitate continuous improvement of learner performance
4. Facilitate continuous improvement of the education program performance

Dimensions of Professional Behavior

**Standard**
- Altruism
- Accountability
- Commitment and self-reflection
- Compassion and sensitivity
- Integrity
- Respect
- Teamwork

**Contemporary**
- Cultural awareness
- Community responsibility
- Lifelong learning
- Social networking
- HIPAA
Operationalizing Assessment Tools

• Individual or Pairs
  – Identify professionalism issue you have encountered
    • Positive or negative behaviors
  – Choose a tool(s) for evaluating and reporting these behaviors
  – When and how would you use this tool?
  – What would you do with the assessment information?
  – Identify barriers in implementing this tool(s) in your institution
Summary of Assessment Tools

Our Institutions

- Environment Survey
  - UC Davis
  - JHU
- JHU Concern Note
- UC Denver Prof. FB Form
- Summative Evaluations
  - UC Davis
  - UC Denver
  - JHU

Literature

- ABP Professionslism
  - Mini Eval Exercise
  - Praise and Early Concern Cards
- Wake Forest Trust Scale
- ABIM Prof. Attitudes & Behaviors Scale
- Musik 360 Degree Assessment
- Barry Challenges to Prof. Questionaire
- NBME Assessment Program
- Nowack Prof. Assessment
Group Discussion
Overcoming Barriers to Implementation

- Needs assessment of environment
- Supported by Department Chair or SOM Dean mandate
- Faculty development opportunity
- Resource for follow-up:
  - Dean of Students
  - Student Assistance Office
  - Professionalism Committee
  - Advisory College faculty
Evaluating Professionalism

• Longitudinal assessment
• Definitions of unprofessional behavior
• Multiple components required:
  – tracking mechanism
  – reporting mechanism
  – feedback mechanism
  – remediation system
• Criteria for “passing” and therefore “failing”
- Tardiness
- Lack of Availability
- Missed Deadlines
- Unpreparedness
- Not a Team Player
- Resistance to feedback
- Not recognizing limitations
- Lack of respect or civility towards others
- Breach of Confidentiality
- Lack of Compassion
- Prejudice
<table>
<thead>
<tr>
<th>PERSONAL &amp; PROFESSIONAL RESPONSIBILITY</th>
<th>1 2 3 4</th>
<th>5 6 7 8 9</th>
<th>UA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not accept responsibility for own actions and decisions; blames patients or other professionals. Fails to acknowledge errors; does not consider needs of patients or families. Fails to communicate with faculty, fails to follow up on tasks, is late or misses meetings.</td>
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<td>Comments:</td>
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<thead>
<tr>
<th>RESPECT</th>
<th>1 2 3 4</th>
<th>5 6 7 8 9</th>
<th>UA</th>
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</thead>
<tbody>
<tr>
<td>Shows inadequate personal commitment to honoring the choices and rights of other persons, especially regarding their medical care.</td>
<td>5</td>
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<td>Comments:</td>
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<thead>
<tr>
<th>INTEGRITY</th>
<th>1 2 3 4</th>
<th>5 6 7 8 9</th>
<th>UA</th>
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</thead>
<tbody>
<tr>
<td>Shows inadequate commitment to honesty and trustworthiness. Is not truthful, does not keep one’s word, and does not meet commitments. Places personal gain over interest of the patient or team.</td>
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<td>Comments:</td>
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<tr>
<th>PSYCHOSOCIAL AWARENESS</th>
<th>1 2 3 4</th>
<th>5 6 7 8 9</th>
<th>UA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes a highly effective therapeutic relationship with patients and families; demonstrates excellent relationship building through listening, narrative and nonverbal skills; excellent education and counseling of patients, families, and colleagues; always “interpersonally” engaged. Recognizes and responds to psychosocial aspects of illness, patients and families.</td>
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<td>Comments:</td>
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<thead>
<tr>
<th>COMPASSION</th>
<th>1 2 3 4</th>
<th>5 6 7 8 9</th>
<th>UA</th>
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</thead>
<tbody>
<tr>
<td>Always appreciates patients’ and families’ special needs for comfort and help, but avoids inappropriate emotional involvement</td>
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<td>Comments:</td>
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</table>
Beyond the Assessment Process

• Can students fail a clerkship for unprofessionalism?

• If so, how does a student remediate the clerkship(s) when unprofessional behavior is the cause of failure?

• How and when does a student remediate unprofessional behavior?

• What are the criteria for dismissing a student for unprofessional behavior?
Thank You All for Participating

nhueppc1@jhmi.edu

Lorraine.dugoff@ucdenver.edu

Johndalrymplemd@yahoo.com