

means (for example, email, social media, internet).

3.0 Definitions

For the purposes of this Policy, the following definitions apply:

Faculty Member means all NOSM Clinical Sciences Faculty including clinicians with academic appointments as well as academic staff whose salary or stipend may be paid, in whole or in part, by another organization.

Learning environment encompasses the classroom, the lab or other research settings, the affiliated clinical care setting at affiliated hospitals or other medical care instructional sites, and includes both formal learning activities and informal interactions with learners.

Professionalism concern is a situation whereby a Faculty Member is engaging in behaviour that does not meet NOSM's core values or the professionalism standard as described in this Policy.

4.0 Faculty Commitment

NOSM reaffirms its continuing commitment to providing, promoting and maintaining a professional and respectful work and learning environment. The Office of Faculty Affairs is committed to monitoring the learning environment by communicating regularly with hospitals and other instructional sites to identify both positive and negative influences on the maintenance of professional standards, and to develop appropriate strategies to enhance the learning environment.

NOSM recognizes the importance of professionalism in medicine and that it is both taught and modelled. NOSM reaffirms its commitment to recognize and promote positive role models in professionalism. Professionalism is a condition of obtaining and maintaining an academic appointment and is a required standard for promotion through academic ranks.

NOSM recognizes that unprofessional behaviour is disruptive and can affect or interfere with the quality of medical education, research and patient care, as well as the healthy functioning of the learning environment.

NOSM continues its commitment to: provide regular training for Faculty Members on professionalism in conjunction with appropriate regulatory colleges or other universities; to address professionalism concerns; and to provide mechanisms and resources to correct recurring professionalism concerns.

5.0 Database

The Office of Faculty Affairs will maintain a database to collect information on breaches of professionalism and code of conduct.

The database will collect the following information:

- name of faculty member,
- status of professionalism/code of conduct concern,

- academic year of occurrence,
- nature of professionalism/code of conduct concern, and outcome.

Examples of nature of professionalism concerns are:

- harassment (non-sexual),
- harassment (sexual),
- discrimination,
- breach of confidentiality,
- disruptive behaviour,
- disrespectful treatment of learners, colleagues, staff.

Examples of outcomes are:

- “cup of coffee conversation*”
- resolved and no further escalation (level 1*),
- informal (level 2*),
- formal (level 3*),
- legal proceeding, or
- satisfactory resolution (as per the person who brought the professionalism concern forward).

The information in the database will be used for the purposes of tracking the number of professionalism/code of conduct concerns, the nature of the concern, and the outcome, so that the Office of Faculty Affairs may identify patterns and develop appropriate strategies for improving the learning and work environments. The personal information contained in the database is confidential and treated in accordance with Ontario Freedom of Information and Protection of Privacy Act.

The information in the database may also be used by a restricted number of individuals to provide “guided” intervention. Information related to a concern will be limited to only those within the Northern Ontario School of Medicine with a need to know, to be able to carry out their duties.

Upon written request to the Clinical Sciences Division Head, a faculty member shall the right to examine the contents of their database file. Such examination shall be in the presence of a person designated by the Division Head. Faculty members have the right to have all of their database files corrected in the event of error. In the event of alleged distortion, Faculty members shall have the right to request the removal from their database file of any false or unsubstantiated material. Such requests shall be made through the Division Head and must be accompanied with reasons why the material is false or unsubstantiated.

*Note, level definitions can be found in the Appendix A.

6.0 Core Values and Professionalism Standards

NOSM expects Faculty Members to demonstrate throughout their academic appointments or employment, the values, attributes, and behaviours that are essential for physicians, researchers, or professors.

More specifically, the most responsible physician/supervisor is responsible for providing a model of appropriate and compassionate patient care. In general, regulatory bodies such as the CPSO make findings of professional misconduct and some finding may impact the ability of Faculty Members to supervise learners. Members of the Clinical Sciences Division (CSD) are therefore required to **self-report to the Division Head of CSD any change in their hospital privileges and any information that is relevant to a clinical academic appointment** including but not limited to:

- if they have been convicted of a criminal offense,
- if they have been found guilty of academic misconduct at another university,
- incompetence, negligence or any form of professional misconduct by a court of the CPSO's Discipline Committee of Fitness to Practice Committee (or its equivalent in any jurisdiction).

It is expected that the Faculty Member will make such a report within ten business days of receipt of notification of such a finding in the case of an inquiry by a Discipline Committee or Fitness to Practice Committee. Reporting should conform to CPSO direction and hospital by laws, especially if such an Inquiry may be relevant to a violation of CPSO guidelines for supervision of trainees.

All Faculty Members are expected to adhere to, demonstrate, and promote NOSM's core values, which consist of respect, collaboration, innovation, inclusiveness and social accountability.

The NOSM professionalism standard and code of conduct is set by the fundamental core values set out in this Policy and by the various attributes and behaviours described below.

Below are attributes and behaviours to further define and explain NOSM's core values that Clinical Faculty Members are expected to adhere to. These attributes and behaviours are listed with a core value, are not meant to be exhaustive and may overlap with other core values.

The Professional Attributes and Behaviours Guidelines document provides for a more of a comprehensive definition of the attributes listed below:

- respect
- collaboration
- excellence
- compassion and empathy
- integrity and honesty
- equity
- wellness
- confidentiality
- responsibility and accountability
- dedication and self-improvement

Harassment or Discrimination. NOSM's [Human Rights, Anti-Discrimination and Harassment Policy and Procedures](#) should be consulted when a concern consists of or is a form of harassment and/or discrimination. Some examples include:

- making derogatory comments related to an individual's protected grounds; telling or posting of discriminatory jokes, slurs, posters, cartoons, etc.; drawing attention to an individual's protected grounds to undermine their role in a professional or business environment; innuendo, taunting, or ostracizing a learner or Faculty Member on the protected grounds.
- Sexual harassment such as unwanted comments or behaviours related to one's sexual orientation or display of degrading or stereotypical images of a sexual nature.
- Inappropriate forms of communications, whether on social media/ internet, in person or other means - include the use of unacceptable words, images, or actions such as profane or disrespectful language; inappropriate labels or name-calling; patronizing and insulting remarks; shaming others publicly; yelling or screaming; using intimidation tactics to gain compliance from others; verbal insidious intimidation with gossiping, spreading rumours, constant criticism; intimidating gestures by slamming doors or throwing things; or non-verbal gestures such as rolling eyes, exaggerated sighing, making faces, turning away.
- Confidentiality breach of a learner's personal or academic information.
- Retaliation, including making threats or taking action against someone who reports disruptive behaviour or acts as witness regarding disruptive behaviour; making threats or taking action against those who express a difference of opinion, including involvement in appropriate advocacy or performance management activities.
- Uncooperative behaviours, including intentional, subtle, and/or uncooperative behaviour, showing disrespect for others, showing up late for meetings.
- Other unethical practices, including attempts to exploit others for personal gains; taking credit for someone else's ideas; or inappropriately accessing information. For example, placing a learner in the middle of a conflict between healthcare workers or using care issues to meet one's own agenda would be considered unethical practices.
- Academic Fraud as a condition to obtain and maintain an appointment and for promotion. NOSM requires Clinical Faculty Members to demonstrate NOSM's core values and to uphold the professionalism standard at all times throughout the duration of their appointment.
- Academic Freedom is to be protected, including the rights of free expression, inquiry and research.
- Intimidation does not include the good faith exercise of supervisory responsibilities, including without limitation, assessments and criticisms of the learner's academic efforts, even where the learner does not agree with such assessment(s) or criticism(s) or finds the process uncomfortable or difficult.
- Personnel harassment does not include the normal exercise of academic freedom providing the academic freedom is not exercised in a discriminatory, humiliating or abusive manner that serves no legitimate or academic purpose.

A Faculty Member risks losing their appointment, losing privileges or being denied promotion, if the Faculty Member fails to adhere to NOSM's core values and the professionalism standard, or has lost their medical privileges at the hospital, or is

otherwise no longer permitted to practice medicine within the clinical setting, or no longer permitted to conduct research by reason of a professionalism concern.

See Procedures for Clinical Faculty Professionalism and Code of Conduct for General Principles on Approach for Concerns and Complaints Process.

7.0 Policy Review

This Policy shall be reviewed and amended by the appropriate governing body of the Faculty as required. Faculty Members are expected to consult this Policy and to familiarize themselves with any changes; this Policy will be made available on the NOSM website.

8.0 Related Documents

For further information, the reader is referred to the following:

- Appendix A – The Vanderbilt Model
- Appendix B - The Professional Attributes Guidelines
- Procedures to Clinical Faculty Professionalism and Code of Conduct
- NOSM [Mission Statement](#)
- NOSM [Faculty Handbook](#)
- NOSM [Human Rights, Anti-Discrimination and Harassment Policy and Procedures](#)
- [NOSM CEPD Protocol on Relationships with Industry](#)
- NOSM [Investigative Research Misconduct Policy](#)

The reader is also referred to the following regulations of external organizations:

- [Canadian Medical Association Code of Ethics and Professionalism](#)
- [Canadian Medical Association Guidelines for Physicians in Interactions with Industry](#)
- [College of Physicians and Surgeons of Ontario: The Practice Guide: Medical Professionalism and College Policies](#)
- [College of Physicians and Surgeons of Ontario: Physician Behaviour in the Professional Environment](#)
- [College of Physicians and Surgeon of Ontario Policies](#)
- [College of Physicians and Surgeons Policy: Physician Relationships with Industry Practice](#)
- [College of Physicians and Surgeons of Ontario Policy Statement: Professional Responsibilities in Undergraduate Medical Education](#)
- [https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Postgraduate-Medical Education](https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Postgraduate-Medical-Education)
- [The Guidelines for the Ethical Conduct of Research and Procedures https://ethics.qc.ca/eng/policy-politique_tcps2-eptc2_2018.html](https://ethics.qc.ca/eng/policy-politique_tcps2-eptc2_2018.html)

9.0 References

Some of the concepts and ideas used in this policy have been derived from the following resources:

- Buchanan AO, Stallworth J, Christy C, Garfunkel LC, Hanson JL. *Professionalism in practice: strategies for assessment, remediation, and promotion*. Pediatrics. 2012 Mar; 129(3):407-9. PubMed PMID: 22371458. Epub 2012/03/01. eng.

- Hickson GB, Pichert JW, Webb LE, Gabbe SG. *A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors*. *Acad Med*. 2007 Nov; 82(11):1040-8. PubMed PMID: 17971689. Epub 2007/11/01. eng.
- Office of Professional Affairs. 2020. *Policy on Professionalism*. [online] Available at: <<https://med.uottawa.ca/professional-affairs/policies/professionalism-policy>> [Accessed 1 September 2020].

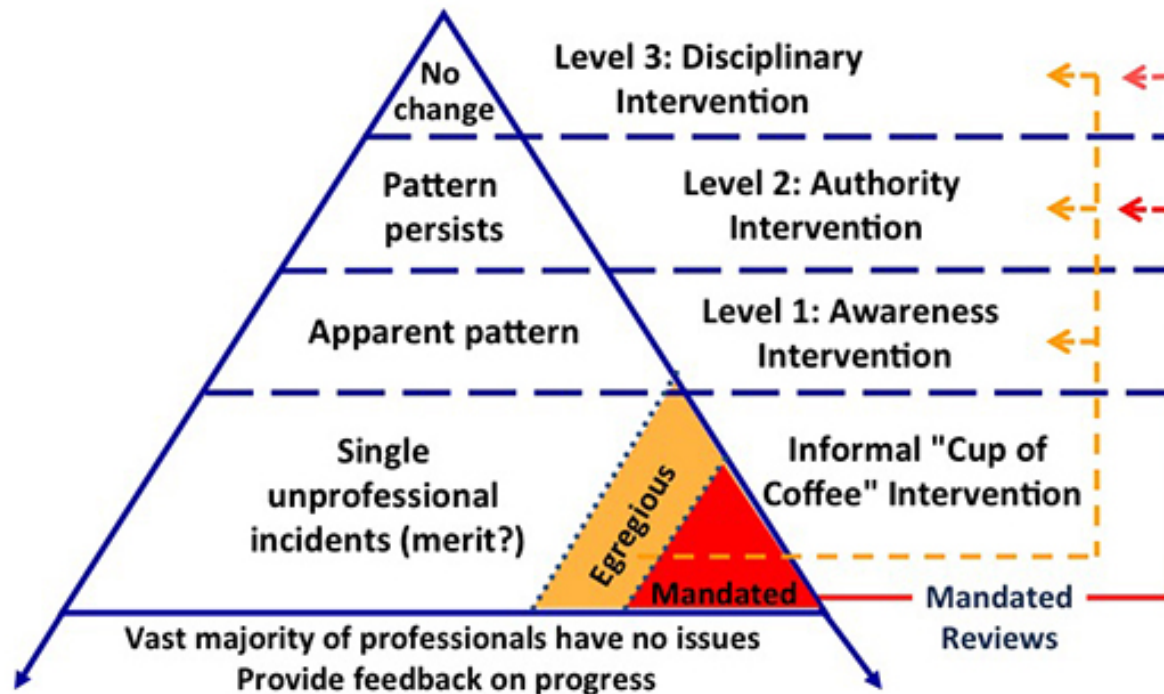
10.0 Getting Help

Queries regarding interpretations of this document should be directed to:

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DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date	Authors/Comments
1.0	2012 06 07	Original Version (Policy for Clinical Faculty and the Discipline Procedures for Clinical Stipendiary Faculty)
2.0	2020 10 08	Full revision – retired previous policy dated 2012 06 07.
3.0	2020 12 17	Approved final version by Academic Council. Added details about access to database file in Section 5.0-Database as per Dr. Geoffrey Hudson.

The Vanderbilt Model



This is a pyramid representation of an approach to professionalism by Vanderbilt University. The pyramid does not have a line at the bottom, depicting the fact that most healthcare professionals do not have professionalism issues.

At NOSM, the "cup of coffee" depicts informal "chats" between colleagues without necessarily any documentation.

Level 1 depicts a documented confidential discussion on a professionalism issue between the individual and one with supervisory responsibilities. Such documentation is not shared outside of the unit or department¹ as applicable.

Level 2 depicts a documented confidential discussion between the individual and one with supervisory roles such as a higher-level such as Dean, the Vice Dean Academic, the Associate Dean Faculty Affairs, AD PGME and HS, AD UME, and/or other Associate Dean with an Academic Portfolio as applicable based on the individual reporting lines; Level 3 depicts a formal investigation process as stipulated in the Policy and Procedures.

Level 1 or 2 tends to be more informal in nature and aims to provide formative feedback.

Level 3 is a formal process and may have legal implications

¹ NOSM uses the term Portfolio, Unit or Program not departments

Crisis intervention is required where there is a mandated review of a sudden appearance of behaviour that is too egregious for a staged approach or where previous responses have failed to correct or stop the unprofessional behaviour. This may be escalated if deemed appropriate by the Section Chair or Division Head.



Clinical Sciences Division Professionalism and Code of Conduct Procedures – Version 3.0					Class: A
Approved By:	Academic Council				
Approval Date:	2020 12 17	Effective Date:	2012 06 07	Review Date:	2023 12 17
Responsible Portfolio/Unit/Committee:	Faculty Affairs				
Responsible Officer(s):	Associate Dean Faculty Affairs				

1.0 Purpose

The purpose of the Clinical Sciences Division Professionalism and Code of Conduct Procedures is to provide a transparent process for responding to concerns of lapses or breaches in professional behaviour or code of conduct by Clinical “Faculty Members”. The Procedures are intended to be consistent with the College of Physicians and Surgeons of Ontario and the Canadian Medical Association Code of Ethics for Clinical Faculty and ensure compliance with accreditation requirements.

2.0 Scope

These procedures apply to instances where Clinical Faculty Members at the Northern Ontario School of Medicine, irrespective of the geographically distributed site to which they are currently assigned or currently working, engage in behaviour which is generally recognized as being unprofessional, or is a code of conduct related concern.

3.0 Approach to Concerns and Complaints

3.1 Principles on Approach:

NOSM adopts what is known as the "Vanderbilt Model" (see Appendix A in the Professionalism and Code of Conduct Policy) which is premised on the notion that the vast majority of Faculty Members will have no issues with professionalism, but in those instances where a professionalism concern arises, and where the circumstances permit, the Section Chairs will use a staged approach with the objective of correcting the behaviour and preventing reoccurrence. The stages or levels as referred to in the Vanderbilt Model are described as follows:

- **Level 1:** Interventions are warranted for first time lapse and a single incident of low severity. The perceived unprofessional or disruptive behaviour is brought to

the attention of the individual concerned. It is explained why the observed behaviour is considered unprofessional or disruptive, and the methods of redress to stop of the behaviour.

- **Level 2:** Interventions are warranted for behaviour that is of moderate severity, where stage one intervention has been ineffective, i.e. repetitive, or when a pattern of behaviour has emerged. The methods of redress established at Level 1 (if applicable) are formalized. There may be more monitoring of behaviours or teaching evaluations; a timeframe in which change or progress must be demonstrable will be identified; and notification to the Faculty Member will occur indicating that another incident could result in additional consequences.
- **Level 3 or egregious or mandated:** Interventions are required for behaviour that has continued despite previous interventions, or where there is a significant concern about the quality of teaching, leadership, or conducting scholarly activity. At this level, discipline or sanctions are considered where appropriate.

Crisis intervention is required where there is the sudden appearance of behaviour that is too egregious for a staged approach or where previous responses have failed to correct or stop the unprofessional behaviour. This may be escalated if deemed appropriate by the Section Chair or Division Head.

This Model does not derogate the responsibility to report to the CPSO when incidents as stipulated under the Regulated Health Professions Act, 1991 are reported.

Interim measures may be made at any level during the handling of a professionalism concern and where appropriate to the circumstances so that the professionalism concern ceases, or the reoccurrence is reduced in order to stabilize the situation, pending the outcome of the disposition by the governing authorities.

3.2 Principles around Process:

At each level of intervention, the following steps are recommended:

- confirm the lapse;
- understand the context;
- communicate and discuss in a mutually respectful manner;
- encourage self-reflection;
- agree on a plan for remediation;
- document the interventions;
- construct a plan for follow-up;
- respect the confidentiality of personal information of those involved. Sharing of personal information related to a professionalism/code of conduct concern should be limited to those within the Office of Faculty Affairs with a need to know to be able to carry out their duties, and to those within the hospital or clinic setting. This can be delegated to by the Chief of Staff or equivalent responsible for addressing the professionalism concern.

The Associate Dean Faculty Affairs or designate should decide if the matter should additionally be referred to the appropriate Program Associate Dean, Vice-Dean Academic, or Dean as per the appropriate procedures related to learners, staff or faculty.

3.3 What is Not Considered a Lapse or Breach of Professionalism?

Examples that are not considered lapses or breaches of professionalism may include:

- providing constructive, objective, respectful feedback to learners or Faculty Members in general, or in the context of performance management;
- providing an opinion to express a concern regarding patient safety or quality of care;
- advocating for individuals, communities, populations, including challenging the status quo when such advocacy is undertaken with respect, within the parameters of this policy, within principles of fairness, and without any conflict of interest;
- professionalism as a condition for academic appointments.

3.4 Possible Consequences/Remedial Actions:

Consequences resulting from a professionalism concern of a Faculty Member will depend on circumstances, on the seriousness of the behaviour, and on any mitigating factors. Disciplinary action if indicated, shall be fair, reasonable, commensurate with the seriousness of the violations, and based on the principle of progressive discipline. Disciplinary action shall be initiated only after completion of a fair and complete preliminary investigation, and shall not be based on anonymous information.

The following list provides examples of consequences/remedial measures and is not meant to be exhaustive, nor does it necessarily represent a progression of sanctions or measures:

- a letter of apology;
- attendance at educational sessions on professionalism*;
- attendance at coaching sessions to improve communication or conflict resolution skills*;
- prohibited or restricted access to the learning environment;
- other measures such remediation, probation, recording on the performance record;
- failure to attain promotion;
- termination of the academic appointment.

*Any associated costs are the faculty member's responsibility.

3.5 Egregious or Mandated Reporting of Gross Misconduct:

An incident which appears to constitute gross misconduct is defined as behaviour that has direct harmful consequences, or is an egregious breach of well-recognized standards of professionalism.

Examples include but are not limited to:

- work place violence
- sexual harassment, harassment and bullying or assault
- theft
- research misconduct including but not limited to plagiarism, falsification and misuse of research funds
- behaviour which brings the School and/or its faculty in disrepute
- inappropriately accessing or using a co-worker, learner, research participant or patient's personal information

- unwelcome and inappropriate verbal, written, graphic or physical conduct, or coercive behaviour, where the behaviour is known, or reasonably ought to be known, to be unwelcome
- unauthorized release of confidential information including identifiable personal data of a research participant; a patient's health information or other breach of personal information, privacy policy and law Freedom of Information and Protection of Privacy Act (FOIP), the Local Authority Freedom of Information and Protection of Privacy Act (FIPPA), Health Information Privacy Act (HIPA).

If the incident is considered egregious or gross misconduct and has the potential to significantly affect the safety or wellbeing of others, particularly patients or learners, the Associate Dean, Faculty Affairs or designate will be notified and may interrupt the participation of teaching, research, or clinical activities of the faculty member, pending investigation of the allegations. Referral to the appropriate regulatory body may also be required. In such cases, the Professionalism Panel would proceed as quickly as possible. As soon as safe return to teaching, research, or clinical activities is established, the panel would communicate a plan for the Faculty Member to resume supervision of learners (if applicable).

In the aforementioned circumstances, the faculty member will be offered a meeting with the Professionalism Panel which will consist of two NOSM faculty members with responsibilities at the level of a Section Chair, Assistant Dean or higher, and the third member will be the affected faculty member's Section Chair. The Chair of the Panel will be the Associate Dean of Faculty Affairs or designate

The Panel is to receive the evidence, determine the validity of the allegation, and if warranted, determine, implement and monitor appropriate remedial action. The Panel will meet within 20 working days from receipt of the professionalism notification.

The Faculty Member will have the opportunity to present evidence that relates directly to the alleged misconduct. The Faculty Member may bring an academic colleague to the Panel meeting.

The Panel will consider the nature of the information presented and will submit a written report to the Faculty Member detailing the reasons for the finding, and the disciplinary actions to be imposed (if applicable) within 20 business days of the meeting.

Disciplinary actions include, but are not limited to:

- a letter of warning or reprimand;
- attendance at educational sessions on professionalism*;
- attendance at coaching sessions to improve communication or conflict resolution skills*;
- prohibited or restricted access to the learning environment;
- other measures such remediation, probation, recording on the performance record;
- failure to attain promotion;
- suspension of academic appointment for a defined period;
- termination of the academic appointment with cause.

*Any associated costs are the faculty member's responsibility.

3.6 Procedures for Discipline:

The Clinical Sciences Division Head is responsible for oversight of the process to address professionalism and code of conduct concerns involving Clinical Faculty.

- **Level 1:** If a Faculty Member is engaging, in a manner that does not meet NOSM's core values or NOSM's professionalism standard and policies, the professionalism concern is reported to the Section Chair. The Section Chair will:
 - bring the professionalism concern to the Faculty Member's attention;
 - give the Faculty Member an opportunity to provide any additional information or clarification;
 - explain to the Faculty Member why the observed behaviour is considered unprofessional or disruptive; and
 - establish and convey to the Faculty Member, the format of a response and methods of redress to stop of the behaviour.

- **Level 2:** If the Faculty Member continues to engage in a manner that does not meet NOSM's core values, or the faculty's professionalism standard and policies, after a Level 1 type of intervention, the Section Chair will inform the Clinical Sciences Division Head in writing of the professionalism concern, the steps already taken to bring the professionalism concern to the attention of the Faculty Member, the method of redress, and any other relevant circumstances.

The Clinical Sciences Division Head will share information related to the professionalism concern with the medical school, hospital, research institute or clinic based on the following criteria:

- potential or actual harm to learner(s) or the learning environment;
- potential or actual threat to NOSM accreditation;
- potential or actual violations to NOSM's policies or procedures;
- potential or actual impact on promotion requirements at NOSM;
- potential or actual impact on any show-casing activities at NOSM or at the respective hospital(s);
- potential or actual reputational risk to NOSM.

The Clinical Sciences Division Head or designate will communicate with the Faculty Member and seek clarification or additional information if required. It will be decided whether the circumstances permit another opportunity for the Faculty Member to correct the behaviour with additional monitoring, timeframes within which to change or progress, or whether the circumstances are such that the matter be referred to Level 3. Informal notice will be provided to the Associate Dean Faculty Affairs and to the Dean of the Medical School.

- **Level 3 or egregious or mandated:** If other levels of intervention have not addressed the professionalism or code of conduct concern, the Clinical Sciences Division Head or designate will review the case based on a summary of the professionalism concern and the steps already taken to the attention of the Faculty

Member, along with the method of redress, and any other relevant circumstances or documentation.

The Clinical Sciences Division Head or designate will notify the Associate Dean Faculty Affairs and meet to review the case and will determine whether the professionalism concern raises matters that cannot be solely addressed within the appointment and jurisdiction of NOSM, or has an impact on safeguarding the quality of care provided within the hospital or clinical setting. In such case, the Associate Dean or designate will contact in writing the Chief of Staff of the hospital or clinical setting with authority over the Faculty Member's permission to practice medicine or conduct medical research.

In the case of Level 3 incidents or incidents of gross misconduct, the Faculty member will meet with a Professionalism Panel, will consist of two NOSM faculty members with responsibilities at the level of a Section Chair or Assistant Dean or higher, and the third member will be the a clinical faculty member at large appointed by the Clinical Sciences Division Head. The Chair of the Panel will be the Associate Dean of Faculty Affairs or designate.

The Panel is to receive the evidence, determine the validity of the allegation and, if warranted, determine, implement and monitor appropriate remedial action. The Panel will also determine whether there should be further repercussions. Where possible, the Panel will meet within 20 working days from receipt of the Professionalism notification.

The Faculty Member should present evidence that relates directly to the alleged misconduct. The Faculty Member may bring an academic colleague to the meeting.

The Panel will consider the nature of the information presented and will submit a written report to the Faculty Member detailing the reasons for the finding and the penalty to be imposed (if applicable), within ten business days of the meeting.

Disciplinary actions include but are not limited to:

- a letter of warning or reprimand
- suspension from the faculty of NOSM for a defined period
- dismissal from the Faculty of NOSM with cause

4.0 Appeals

The Faculty Member shall have the right to appeal the decision of the Professionalism Panel related to Level 3 investigations to the Dean.

4.1 Grounds for an Appeal

An appeal will be considered only where a Faculty Member is able to establish:

- a) There is evidence of a factual error or procedural irregularity in the previous level of decision-making; or
- b) That the previous Panel did not adhere to the principles of natural justice.

An appeal must be filed in writing to the Dean within ten working days of receipt of the Professionalism Panel's decision and notice.

The Dean or designate may establish an Appeal Committee within twenty working days of the receipt of the written intention to appeal by the Faculty Member. The Faculty Member (appellant), Committee and Associate Dean Faculty Affairs and all other related individuals shall be notified in writing of the process, location, and date/time of the appeal hearing.

The decision of the Appeal Committee is considered final and may not be further appealed.

5.0 Related Documents

- Clinical Sciences Division Professionalism and Code of Conduct Policy
- Professional Attributes Guidelines
- NOSM [Human Rights, Anti-Discrimination and Harassment Policy and Procedures](#)

References: Some of the concepts and ideas used in this policy have been derived from the following resources:

- Buchanan AO, Stallworth J, Christy C, Garfunkel LC, Hanson JL. *Professionalism in practice: strategies for assessment, remediation, and promotion*. Pediatrics. 2012 Mar; 129(3):407-9. PubMed PMID: 22371458. Epub 2012/03/01. eng.
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6.0 Getting Help

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Associate Dean of Faculty Affairs
Faculty Affairs, Northern Ontario School of Medicine
6th Floor ATAC Building
Thunder Bay, ON
P7B 5E1
Email: associatedeanfa@nosm.ca

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT

Version	Date	Authors/Comments
1.0	2012 06 07	Original Version (Policy for Clinical Faculty and the Discipline Procedures for Clinical Stipendiary Faculty)
2.0	2020 10 08	Procedure expanded upon the original Professionalism Policy for Clinical Faculty and the Discipline Procedures for Clinical Faculty which is repealed in its entirety.
3.0	2020 12 17	Approved by Academic Council.

- work effectively and respectfully with others in a collegial, safe and supportive atmosphere free from discrimination and harassment and conducive to learning and dispute resolution rather than confrontation;
- be present and punctual for activities of the learning experience and patient care;
- adhere to faculty regulations, policies/procedures, respecting deadlines and requests for information as it pertains to the efficient administration of student files;
- assume responsibility to notify others, in advance whenever possible, when unavoidable absence or tardiness occurs;
- treat patients and their families with respect and dignity both in their presence and in discussions with other members of the allied health care team;
- place the rights, needs and interests of the patient foremost, while respecting the professional obligations to society to participate in matters related to health care planning and resource allocation;
- respect patient autonomy at all times by discussing treatment options with the patient or surrogate;
- respect Academic Freedom including not infringing on the Academic Freedom of colleagues.

Collaboration:

- view oneself as a member of a team;
- contribute to a common goal;
- offer one's expertise;
- share in the responsibility for outcomes;
- acknowledge contribution of other members of the group;
- identify common interests, define common problems and seek solutions;
- be reasonable and fair in expectations of others and attempting to resolve conflicts in an appropriate manner;
- provide fair, respectful, objective, timely, frequent and constructive evaluations of others;
- demonstrate willingness and ability to identify and discuss both one's own problematic behaviours and those involving colleagues.

Excellence:

- conscientiously trying to exceed ordinary expectations;
- display commitment to continuously improve one's knowledge and skills through life-long learning (for example, participate in continuing medical education activities as approved by the department);
- recognize and accept limitations in one's knowledge and skills;
- be aware of one's responsibilities;
- demonstrate initiative and a commitment to ensure the job gets done well;
- handle challenges, conflicts, and ambiguities inherent in professional health care at appropriate training levels.
- pursue fruitful avenues of inquiry and engage in free and full discussion of ideas.

Compassion and Empathy:

- demonstrate deep awareness of the suffering of another and the desire to relieve it;
- recognize or understand another's state of mind or emotion;
- experience the outlook or emotions of another being by “putting one’s self in another’s shoes”.

Integrity and Honesty:

- demonstrate consistent regard for the highest standards of behavior and the refusal to violate one’s professional codes;
- be fair, be truthful, keep one’s word, meet commitments, and be straightforward;
- avoid misrepresentation or falsification;
- avoid real, potential or perceived conflicts of interest and disclose conflicts of interest as they arise, whether such conflict of interest is financial or any other circumstance that might influence an individual’s judgment or commitment;
- conduct research responsibly;
- credit ideas developed and work done by others;
- record accurately history and physical findings, test results, and other information pertinent to the care of the patient;
- communicate with honesty and compassion;
- recognize one’s own limitations in terms of level of training, experience, skills, competence.

Equity:

- recognize fair opportunity to attain full potential in health, as well as in work and career;
- reject discrimination based on age, physical characteristics, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race sexual orientation, or social standing;
- advocate for those who cannot advocate for themselves.

Wellness:

- adopt a multidimensional state of being, describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being as per the NOSM definition of wellness.
- The goal is for NOSM learners, faculty, and staff to work and learn in a culture of respect, kindness, and professional collegiality and civility across NOSM's entire campus of Northern Ontario.

Confidentiality:

- protect the confidentiality of personal information of others;
- limit discussions of patient health or learner issues to appropriate settings for clinical or educational purposes and avoid disclosure of details in conversation, other settings and in social media or on the internet;
- respect the patient and their family and to observe the need for consent and confidentiality in all dealings with patients and their family;
- respect the confidentiality of information related to research participants.

Responsibility and Accountability:

- ensure that patient and learner well-being is one's main focus and primary obligation;
- develop an awareness and respect for the ethical and medical-legal standards in accordance with the guidelines of the relevant professional bodies;
- demonstrate an ability to work independently while accepting direction from those charged with supervision;
- acknowledge and recognize one's strengths and limitations and will seek assistance as necessary;
- demonstrate accessibility, attendance, punctuality and trustworthiness;
- present and conduct oneself in a dignified, respectful and professional manner while functioning in an official capacity;
- promote the dignity of the medical profession in all settings.

Dedication and Self-improvement:

- strive continuously to develop knowledge, skills and competence;
- promote and uphold the educational standards of NOSM as well as the Academic Principles;
- assess one's own educational progress and determine one's own learning needs;
- pursue self-education through the use of appropriate resources and prepare oneself for all learning sessions

4.0 Related Documents

- Clinical Sciences Division Professionalism and Code of Conduct Policy
- Clinical Sciences Division Professionalism and Code of Conduct Procedures
- NOSM [Human Rights, Anti-Discrimination and Harassment Policy and Procedures](#)

5.0 References

Some of the concepts and ideas used in this policy have been derived from the following resources:

- Buchanan AO, Stallworth J, Christy C, Garfunkel LC, Hanson JL. *Professionalism in practice: strategies for assessment, remediation, and promotion*. Pediatrics. 2012 Mar; 129(3):407-9. PubMed PMID: 22371458. Epub 2012/03/01. eng.
- Hickson GB, Pichert JW, Webb LE, Gabbe SG. *A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors*. Acad Med. 2007 Nov;82(11):1040-8. PubMed PMID: 17971689. Epub 2007/11/01. eng.
- Office of Professional Affairs. 2020. *Policy on Professionalism*. [online] Available at: <<https://med.uottawa.ca/professional-affairs/policies/professionalism-policy>> [Accessed 1 September 2020].

6.0 Getting Help

Queries regarding interpretations of this document should be directed to:

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1.0	2020 10 08	Guidelines developed in association with the revised 2020 Clinical Sciences Division Professionalism Policy and Procedures
2.0	2020 12 17	Approved by Academic Council