Postgraduate Medical Education Professionalism

Approval Authority: Postgraduate Medical Education Committee

Established On: 2018 09 07

Category: B

1.0 POLICY STATEMENT

Developing a professional identity and learning professional behaviour is a vital and complex part of medical training that is expected by members of the profession, patients and the general public. Medical professionalism is underpinned by a variety of values, ethics and belief systems forming a "social contract in health care" (Cruess & Cruess, 2014). Professional behaviours and attitudes grounded in effective communication and collaboration are directly linked to patient safety and outcomes.

The purpose of this policy is to provide a framework to guide professionalism teaching, coaching, and assessment and to clarify broad expectations across all programs.

2.0 SCOPE

This policy applies to all residents. All members of NOSM University's Postgraduate Medical Education portfolio including administrative staff, managers, faculty, and residents are expected to be familiar with this document and adhere to its principles.

This document does not replace training objectives or specific assessment tools; it broadly defines expectations and links to the NOSM Postgraduate Medical Education Policy and Procedures for the Assessment of Resident Performance (also see CBME version).

Professionalism is a wide-ranging requirement encompassing many aspects of physicians' work. Requirements are specifically outlined in various ways including but not limited to: NOSM University assessment tools, Residency Program and PGME Office orientation documents, Hospital Codes of Conduct, regulatory and legislative requirements, and NOSM University clinical and academic goals and objectives based on the Royal College of Physicians and Surgeons CanMEDs Framework & the College of Family Physicians of Canada Evaluation Objectives.

The nature of professional behaviour is such that in each circumstance of exemplary professionalism or breaches/concerns there are multiple factors that are taken into consideration for decision making/judgements.

Therefore, this policy is not intended to be an exhaustive list of professional behaviours, timelines and related consequences; rather, this document identifies domains of professionalism and general expectations within categories. An outline of the key subdomains, the CanMEDs roles they reflect, and descriptive examples of behaviours both consistent and inconsistent with professional practice are documented in the NOSM University PGME Professionalism Matrix of Examples Document (**see Appendix A**).

3.0 DEFINITIONS

3.1 Associate Dean Postgraduate Medical Education (AD PGME)

The senior faculty officer responsible for the overall conduct and supervision of postgraduate medical education at NOSM University. The AD PGME reports to the NOSM University Dean.

3.2 Postgraduate Medical Education Office

The administrative office responsible for the admission, registration, policy and operational support of all postgraduate medical education residency programs.

3.3 360 Reviews

A process used to solicit information from a variety of workplace sources on a resident's work-related behaviour and/or performance; also known as multi-rater or multi-source feedback.

3.4 Remediation

A period of additional individualized structured training and monitoring initiated when resident performance is below minimal standards but above unacceptable standards with the goal of ensuring that resident performance moves to and stays above those minimal standards.

3.5 **Workplace Based & In-training Assessments**

The assessment of a resident's professional skills and attitudes should provide evidence of appropriate everyday clinical competences including professionalism. As examples, multi-source assessment tools such PULSE 360, Professionalism Mini-Evaluation Exercise (PMEE), Observed Structural Clinical Exams (OSCEs), Structured Assessments of a Clinical Encounter (STACER's) etc. capture data on the demonstration of professionalism competencies. In-training Evaluation Reports (ITERs) and In-training Assessment Reports (ITARs) also document professionalism competency levels and narrative feedback.

4.0 PROCEDURES

It is recognized that stressful and difficult situations may give rise to unprofessional actions at times. The ability to accept responsibility for such actions, and to learn from error and grow as a physician is a measure of professionalism.

4.1 Assessment Procedures – Clinical & Academic Domains

4.1.1 The procedures for the assessment of resident clinical performance, inclusive of professionalism domains, are detailed in the NOSM Postgraduate Education Policy and Procedures for the Assessment of Resident Performance (CBME version) . This document refers to assessment requirements, remediation, appeals, suspension and dismissal.

4.2 Assessment Procedures – Administrative Professionalism/ Interactions

4.2.1 The procedures for documenting and addressing administrative professionalism issues outside of the clinical and academic environment are as follows:

• Administrative staff from residency programs, the PGME Office, training site staff, and NOSM University support offices (HR, Finance, Housing, Electives etc) may communicate in writing factual accounts of unprofessional interactions (verbal and/or written) and actions to the Program Director.

• Residents will be provided with the correspondence and given an opportunity to comment on the nature of the incident and to provide a written response.

• The Program Director, acting upon the direction of the Residency Program Committee (RPC), will consider the nature of the concerns and determine appropriate resolution. File documentation related to the concern will be saved in the resident's file and may form part of aggregate multi-source feedback on professionalism concerns that may require coaching and/or remediation.

• Administrative professionalism encompasses, but is not limited to respectful and timely communication and responses to NOSM University administrative staff and faculty, payment of administrative fees by communicated deadlines, complying with NOSM University Travel Management and General Expenses Policy, and compliance with various institutional deadlines.

5.0 RELATED DOCUMENTS

This policy is intended to complement Canadian law, policies, guidelines and codes of conduct established for the profession of medicine, and other policies, regulations and ethical standards that govern residents, faculty and staff of NOSM University.

In support of this policy, the following [related policies/documents/companion/forms] are included:

NOSM University Documents and Information
- NOSM University Postgraduate Medical Education Policy and Procedures for the Assessment of Resident Performance
- NOSM University Postgraduate Medical Education Policy and Procedures for the Assessment of Resident Performance Assessment-*CBME version*
- NOSM University Faculty Handbook Section 7: Professionalism for Clinical Faculty: Clinical Sciences Division Professionalism and Code of Conduct Policy, Procedures and Professional Attributes Guidelines.
- NOSM University Travel Management and General Expenses Policy

External Partner Organizations

- [Canadian Medical Association – Code of Ethics)](#)

- College of Physician and Surgeons of Ontario:

    1) [Physician Behaviour in the Professional Environment](#)
    2) [Professional Responsibilities in Medical Education](#)
    3) [Professional Obligations and Human Rights](#)
- [College of Family Physicians of Canada Evaluations Objectives](#)
- [Royal College Physicians Surgeons Canada CanMEDs Framework)](#)
- Hospital Codes of Conduct: *Note: Refer to policy websites at relevant hospital training sites available upon orientation.*

AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:

a. Approving Authority: Postgraduate Medical Education Committee

b. Responsible Officer: Associate Dean, PGME & HS

c. Procedural Authority: Senior Director, PGME & HS

d. Procedural Officer: Senior Director, PGME & HS

Review and Revision History

Review Period: 4 years

Date for Next Review: 2022 09 07

DOMAIN #1: PROFESSIONAL RESPONSIBILITY & INTEGRITY

Note: examples provide some clarity and are not intended to be exhaustive

Subdomains	Inconsistent with Professional Practice	Consistent with Professional Practice	Exemplary Professional	CanMEDs Roles
Task completion	Failure to complete required tasks including administrative tasks in a timely fashion and as required by training site and program administration. *(e.g. Does not pay administrative fees or return documents by deadlines)*	Completes required tasks including administrative tasks in a timely fashion and as required by training site and program administration	Demonstrates leadership for system improvement, anticipates needs and is proactive in ensuring task completion. (e.g. participates in a committee to streamline administrative processes	*Expert* *Leader* *Advocate* *Professional*
Honesty	Dishonest, falsifies or purposefully omits information *(e.g., Purposefully claims a travel reimbursement not directly required by a claimant such as a personal meal for a partner, signs in for others at academic events)*	Demonstrates truthfulness and honesty in all interactions	Discloses proactively and effectively to improve patient care and educational environment *(e.g. Discloses a medication error to preceptor even though it was caught and corrected before the patient received the medication)*	*Collaborator* *Professional*

Responsibility	Fails to accept responsibility for own actions and behaviours/ blames others for errors *(e.g., Makes a clinical error and does not admit personal role or responsibility; blames another member of the health team)*	Acknowledges and demonstrates ability to take appropriate responsibility	Accurately discerns complex challenges with appropriate engagement of resources and refers within scope of responsibility *(e.g., calls Physician supervisor on call to seek guidance during complex case)*	*Collaborator* *Leader* *Professional*
Confidentiality	Fails to respect/neglects confidentiality *(e.g. removes patient records from training site)*	Respects and maintains confidentiality, protects patient privacy and dignity.	Identifies, mitigates and reports potential risks to confidentiality *(e.g. recognizes and reports a risk of confidentiality breach – hallway or elevator discussions to Site Director)*	*Advocate* *Professional*

Respect of learning environment	Abuses or damages physical and/or virtual learning environment and shared resources. *(e.g. inattentive/disengaged during academic online sessions; talks to others during presentation)*	Respects physical and/or virtual learning environment and shared resources	Contributes or improves the physical and/or virtual learning environment. Facilitates learning of others; does not inhibit their efforts. *(e.g. respectfully addresses peer behavior in the learning environment if necessary for the benefit of the whole group)*	*Professional*
Balance of interest: self and other	Chooses personal interest to the detriment of patient and colleagues *(e.g. requests late call schedule cancellations, arrives late to work, unexplained absences)*	Balances personal interests with the needs of patients or colleagues. Identifies conflicts of interest.	Is a role model for balancing the needs of patients or colleagues *(e.g. plans and manages schedule/time well ahead to balance and attend well to both personal and professional responsibilities – ensures care and follow-up for all patients)*	*Communicator* *Leader* *Advocate* *Professional*

DOMAIN #2 INTER-PERSONAL INTERACTIONS				
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional**	**CanMEDs roles**
Respect	Disrespectful towards others *(e.g. uses inappropriate and aggressive language to admin staff in verbal or written communication)*	Respectful towards others and resolves conflict constructively	Exceptional insight and actions that enhance a culture of respect and safety *(e.g. recognizes when others are uncomfortable and asks what they require to feel more at ease)*	*Collaborator* *Advocate* *Professional*
Different points of view	Lack of awareness of or devaluing different points of view and/or socio-cultural differences *(e.g. discloses information against patient wishes –e.g.with adolescents, the elderly or those with different cultural backgrounds)*	Aware of and acts with acceptance of different points of view and/or socio-cultural differences	Develops a shared understanding of different points of view and/or socio-cultural differences *(e.g. in a meeting seeks to understand opposing views and works to build mutual solutions; provides space for all voices)*	*Collaborator* *Communicator* *Professional*

DOMAIN #2 INTER-PERSONAL INTERACTIONS			
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional**	**CanMEDs roles**
Impact on others	Demonstrates a lack of awareness and disinterest in understanding impact of self on others *(e.g. does not respect cleanliness, personal space and quiet study needs in shared resident housing scenarios)*	Demonstrates awareness and willingness to reflect, receive feedback and learn about the impact of self on others	Actively seeks opportunities for enhanced self awareness, mindfulness and to continually improve practice effectiveness *(e.g. engages in self-reflective reading and personal practice without prompting/mandating)*	*Collaborator* *Professional*

DOMAIN #2 INTER-PERSONAL INTERACTIONS				
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional**	**CanMEDs roles**
Needs and feelings of others	Does not engage with the needs of others and does not demonstrate positive, non-judgmental and empathic communication *(e.g. makes critical negative comments publically on the performance of colleague; rolls eyes when others speak)*	Willing to engage with the needs and feelings of others and demonstrates positive, non-judgmental and empathic communication	Acknowledged by others as committed to excellence in addressing the needs of others and in empathic communication *(e.g. thinks and speaks about colleagues in a positive manner; respects their time as if it were his or her own. Lets others speak/continue; hears them out and stays respectful even if he or she may not agree with topics or points of view)*	*Collaborator* *Communicator* *Professional*

DOMAIN #2 INTER-PERSONAL INTERACTIONS				
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional**	**CanMEDs roles**
Effect of stress	Lacks insight into how stress impacts one's interactions with others *(e.g. creates an uncomfortable environment for team members by raising their voice during stressful clinical procedures)*	Appreciates how one's stress impacts interaction with others and takes responsibility for effects	Demonstrates management of own stress and facilitates positive communication during stressful situations *(e.g. maintains composure during stressful clinical procedures and helps to calm others)*	*Collaborator* *Professional*
Personal appearance	Appearance is not appropriate for context and lacks insight into how appearance affects relationship with patients and colleagues *(e.g. dressed too formally when working with disadvantaged patient populations)*	Maintains an appearance consistent with a professional role in a setting that inspires trust with patients and colleagues	Actively builds trust through interpretation of the clinical context and subjective selection of attire *(e.g. participates in a culture or community activity with respect for customs and traditions related to attire; clarifies expectations in advance)*	*Leader* *Professional*

DOMAIN #3: INSIGHT & REFLECTION			
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional**	**CanMEDs roles**
Feedback	Resistant, hostile or defensive in receiving feedback *(e.g. interrupts preceptor providing feedback and frequently argues with preceptor's feedback)*	Willing to learn from and explore feedback and set goals	Actively solicits and integrates feedback and is willing to provide feedback constructively *(e.g. at the end of a difficult clinical experience, asks preceptor what they did well and what they could improve; attends to all daily assessment requirements)*	*Collaborator* *Communicator* *Professional*
Personal limits and reflective practice	Unaware of or difficulty acknowledging limits of and barriers to knowledge, skills and attitudes *(e.g. reacts negatively to constructive feedback or overconfident e.g. junior resident discharging a patient without reviewing with preceptor)*	Aware and able to acknowledge limits and barriers to knowledge, skills and attitudes	Continually tests assumptions and conclusions around one's own practice and reflects on experience to continuously improve and grow *(e.g. writes reflective narrative on challenging feedback scenarios in assessments/portfolio)*	*Expert* *Professional* *Scholar*

DOMAIN #3: INSIGHT & REFLECTION				
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional**	**CanMEDs roles**
Professional Identity development	Lacks self-reflection and acknowledgement of need for professional identity development; focused on own personal needs. *(e.g. refuses to see a patient who arrives slightly late for an appointment; shows anger rigidity when patients don't follow prescribed plan)*	Demonstrates self reflection and commitment to continued growth in professional identity development; has concern for ideals of the profession	Recognized as role model and mentor for others in deliberate reflection and life-long commitment to continued growth in professional identity development. *(e.g., seeks out leadership opportunities within program to mentor other more junior residents)*	*Expert* *Communicator* *Professional* *Scholar*
Personal impairment	Failing to recognize or take action regarding an impairment (i.e. physical, cognitive, emotional). *(e.g. works beyond acceptable levels of fatigue)*	Recognizing or taking action/seeking assistance in the face of potential impairment; manages fatigue risk	Intervenes pro-actively to address situational or environmental factors which could lead to impairment in self or others *(e.g,. recognizes a colleague in distress and reaches out to offer peer support and to connect them with support)*	*Leader* *Professional*

DOMAIN #3: INSIGHT & REFLECTION			
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional**	**CanMEDs roles**
Initiative and motivation	Does not demonstrate initiative and motivation *(e.g., arrives unprepared and without advance reading to clinical or academic responsibilities)*	Achieves an appropriate level of initiative and motivation for the required task	A role model for balancing responsibilities and achievements; inspires initiative and motivation in others *(e.g., embraces resident teaching role and seeks UME teaching opportunities/moments beyond minimum assessment requirements)*	*Leader* *Professional* *Scholar*

Adapted with permission from McMaster University's 2012 Professionalism in Practice.