

TERMS OF REFERENCE

STUDENT PHYSICIANS & STUDENT PROFESSIONALISM COMMITTEE MEDICAL STUDENT PROFESSIONALISM

Guide to Professional behaviour

Updated by the Student Professionalism Committee, Classes of 2016 & 2017 & CMSA VP Student Affairs, Class of 2016, in consultation with the Assistant Dean Pre-clerkship and Associate Dean of Professionalism and Equity

1.0 Preface

Professionalism is the foundation of the social contract between the public and the medical profession (Irvine 2006). Although professionalism embodies many attributes, attributes such as empathy, honesty, collegiality and intellectual curiosity are largely viewed as having significant impacts (Rabinowitz *et al.* 2004).

The development of professional behaviours in student physicians is essential as these behaviours affect future practice, physicians' relationships with their patients, and quality of care (Sierles *et al.* 1980, Papadakis *et al.* 2004, Steward *et al.* 2000, Di Blasi *et al.* 2001). As such, medical educators must clearly outline expectations of professional behaviours and continually evaluate outcomes. Likewise, the means by which to correct unprofessional behaviours must also be considered.

This document is intended both to describe professional behaviours expected of student physicians by the faculty and to outline the professionalism complaint or concern resolution process.

2.0 Relationships with Colleagues

2.1 Student physicians should realize that their colleagues have a diversity of knowledge. Each will bring his or her own expertise to bear on a problem and recognize that, whatever the emphasis, colleagues share a common goal of becoming effective physicians.

2.2 Student physicians should give criticism or feedback to colleagues considerately and constructively. In turn, they should accept criticism graciously, using peer assessment as an important part of the evaluative process.

2.3 Motivation for medical education should be the aspiration of excellence rather than for external recognition, prestige or financial reward. Student physicians are expected to

establish their own educational goals and standards, which should exceed the minimum levels of performance required by the faculty.

2.4 Achievement of educational goals should be assessed by self- and peer-evaluation in addition to formal certifying evaluations.

2.5 Student physicians, together with faculty, are responsible for establishing a supportive environment of cooperation in their learning endeavors. They should refrain from any behaviour that obstructs or detracts from the learning opportunities of their colleagues. Many of the areas covered in this document may raise issues for group discussion among student physicians and with faculty. This is encouraged and can be used as another learning resource.

2.6 Student physicians must be vigilant in their concern for the physical and emotional well-being and professional conduct of their colleagues. Where concern(s) surface with the conduct of a colleague, student physicians should first attempt to address the issue with that colleague, if possible and/or reasonable. If the subject of the concern does not respond appropriately to a discussion of the problem, the concern(s) should be raised confidentially with appropriate authorities. Student physicians and faculty should hold in confidence opinions expressed to them about colleagues, and use discretion in deciding if the nature of these opinions necessitates raising them with the subject. However, self-destructive behaviour or breaches of the standards of the profession may supercede an individual's right to privacy.

2.7 The relationship between student physicians and faculty members should be one of collegiality. The junior members should respect the superior knowledge and experience of their seniors who, in turn, should appreciate the limitations of their juniors but respect their desire for knowledge. Should this relationship break down, either junior or senior should be prepared to approach the other and discuss the problem.

2.8 As partners with faculty in the educational program, student physicians are obliged to provide feedback about all aspects of the curriculum in order that it may be continually improved. Conversely, the faculty is obliged to provide student physicians with as much information about their performance in meeting the objectives of the MD degree.

2.9 In a clinical situation where the student physician objects to either the practical or ethical aspects of patient management, the student physician must always defer to the physician who is responsible for care of the patient. The collegial relationship should permit subsequent private discussion during which the student physician's concerns can be resolved. If the outcomes of this discussion are not to the satisfaction of the student physician, he or she may bring this to the attention of the faculty.

3.0 Relationships with Patients and their Families

3.1 Clarify your status as a student physician. Don't give the patient unrealistic expectations of your abilities or title.

3.2 Show consideration for the feelings of the patient; do not cause unnecessary emotional or physical discomfort.

3.3 Perform on patients only those procedures that are appropriate, taking into account the nature of the problem and the comfort and safety of the patient, colleague or bystander with the appropriate supervision when necessary.

3.4 Appreciate that the patient is assisting you in your education as well as requiring your best efforts at excellent care. In recognition of the patient's contribution to the relationship, reciprocate by providing extra attention in the form of support, explanation, etc.

3.5 Know your limitations and seek help from others more skilled. Recognize that professional behaviour is dictated by law and the regulations of individual institutions and organizations, as well as by ethical considerations.

3.6 Ensure that your behaviour is not influenced by the patient's ethnic origin, age, gender, cultural background or value system, except where these factors specifically have medical significance.

3.7 In the event of an ethical conflict with a patient, which has ramifications for patient care, it is the student physician's responsibility to refer quickly and efficiently to a colleague who does not perceive such a conflict. Your ethical code must not be imposed on patients.

3.8 Refrain from inappropriately divulging confidential information concerning patients.

4.0 Intellectual Honesty & Non-Academic Misconduct

4.1 University of Calgary Statement of Intellectual Honesty: "Intellectual honesty is the cornerstone of the development and acquisition of knowledge. Knowledge is cumulative and further advances are predicated on the contributions of others. In the normal course of scholarship these contributions are apprehended, critically evaluated, and utilized as a foundation for further inquiry. Intellectual honesty demands that the contribution of others be acknowledged. To do less is to cheat. To pass off contributions and ideas of another as one's own is to deprive oneself of the opportunity and challenge to learn and to participate in the scholarly process of acquisition and development of knowledge. Not only will the cheater or intellectually dishonest individual be ultimately his/her own victim but also the general quality of scholarly activity will be seriously undermined. It is for these reasons that the University insists on intellectual honesty in scholarship. The control of intellectual dishonesty begins with the individual's recognition of standards of honesty expected generally and compliance with those expectations."

Intellectual dishonesty may take many forms, e.g. unauthorized use of material in examinations and unauthorized copying of work (published and unpublished) of others, falsification in the results of reports and laboratory experiments and use of commercially prepared essays in place of one's own work.

4.2 Intellectual dishonesty in a student physician has serious implications for quality of patient care. For example, cheating on evaluations as a student may evolve into such behaviour as a physician who cheats by reporting as negative the results of procedures that were actually omitted.

4.3 Before entry to the medical profession, a student may have felt able to justify intellectual dishonesty by the flawed rationalization that it was a "means to an end" (i.e. entry to Medical School). Such thinking is absolutely unacceptable in a student physician. The "end" now is not the MD degree but excellence in patient care and intellectual dishonesty at any stage of medical education detracts from attainment of the goal.

4.4 Student physicians have extraordinary obligations to maintain the highest standards of integrity. Society and the medical profession demand nothing less, recognizing the serious consequences of dishonesty in a physician.

In 1998 the Calgary Medical Students Association, the student body and the Curriculum Committee of the Faculty of Medicine approved the Student Code of Conduct, which outlines the expectations of student physician behaviour in both academic and clinical settings. All incoming students are made aware of this document through an orientation professionalism workshop and during the annual Welcome to the Profession Ceremony. Following its approval, the student body developed the Student Professionalism Committee to provide a mechanism to resolve concerns raised regarding student professionalism. The primary focus of the Student Professionalism Committee is to prevent concerns related to ethics and professionalism and to provide support to students who may be experiencing and/or encountering problems, difficulties or obstacles relating to these matters.

5.0 Cumming School of Medicine Student Code of Conduct*

As a student in the Faculty of Medicine at the University of Calgary, I assume the responsibility for the health and wellbeing of others. This undertaking requires that I maintain the highest standards of ethical behaviour. Accordingly, I have adopted the following as principles to guide me throughout my academic, clinical and research work. I will uphold both the spirit and the letter of this code.

5.1 Honesty

I will maintain the highest standards of academic honesty. I will record accurately all historical and physical findings, test results and other information pertinent to the care of my patient to the best of my ability. I will conduct research in an unbiased manner, report results truthfully and credit ideas developed and work done by others. I will admit to errors I have made.

5.2 Confidentiality

I will regard confidentiality as a central obligation of patient care. I will limit discussions of patients to members of the health care team in appropriate settings. I will respect the privacy, rights and dignity of patients.

5.3 Respect for others

I will not discriminate on such grounds as age, gender, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, disability or socioeconomic status.

I will interact in a considerate manner with all others providing patient care. I will uphold, protect and promote a classroom atmosphere conducive to learning.

I will provide feedback in an appropriate manner and language.

I will not subject my peers to unwanted romantic or sexual overtures.

I will treat institutional staff and representatives, as well as faculty and patients, respectfully in all circumstances.

5.4 Responsibility and Accountability

I will set patient care as the highest priority in the clinical setting.

I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation.

I will not exploit my relationships with my patients or their families for educational, emotional, financial or sexual purposes. In my demeanor, use of language and appearances, I will conduct myself professionally in a health care setting and in the classroom. I will not use alcohol or drugs in any way that could interfere with my academic, professional and clinical responsibilities. I will respect the reputations of members of the health care team including my classmates; however, I will report unprofessional conduct to an appropriate group or individual.

I will not misuse faculty resources, e.g., computers. I will inform the appropriate people when I am not available to fulfill my responsibilities. I will arrive to teaching sessions, including small group sessions, on time and take responsibility for my share of work.

5.5 Expectations of Faculty, Residents and Fellows

I have the right to expect clear guidelines regarding assignments and examinations as well as to have testing environments that are conducive to academic honesty.

I cannot be compelled to perform procedures or examinations that I feel are unethical or beyond the level of my training.

I have the right not to be subjected to romantic or sexual overtures from those who are supervising my work.

I have the right to be challenged to learn, but not abused, harassed or humiliated.

I have the right to expect prompt, frequent and constructive feedback from faculty and supervisors.

I have the right to have my research contributions appropriately represented and acknowledged.

**Approved by the University of Calgary Medical Students in the Classes of 2006, 2007 and 2008 on May 10, 2006. This remains a living document, which may be updated and modified at the request of future students.*

In addition to the above Student Code of Conduct, in 2008 the Cumming School of Medicine adopted a Professional Standards Document, entitled "Professional Standard for Faculty Members and Learners in the Faculty of Medicine at the University of Calgary", which serves as an additional outline of professional standards and expectations for faculty and student physicians. The document is available for perusal on the Cumming School of Medicine website.

6.0 Student Professionalism Committee Terms of Reference*

6.1 Rationale

The Student Professionalism Committee (SPC) acts as an initial resource for medical students in resolving issues of professionalism that may arise between staff, faculty, or colleagues by providing feedback on the most appropriate process for resolution. This feedback processes recognizes medical students as student physicians, thereby allowing for behaviour modification without the need for complaint escalation.

The SPC also proactively promotes professionalism through orientation activities by outlining expected professional behaviors of incoming students.

6.2 Structure

The SPC is comprised of two student representatives from each undergraduate medical education class, who are elected for a three-year term at the beginning of the medical school program.

6.3 Descriptors of Unprofessionalism

Students at the Cumming School of Medicine are expected to demonstrate professionalism as part of prerequisite clinical competencies. To assess attributes of professionalism, patterns of behaviour, as observed throughout the continuum of training and within the educational environment, play an integral role. The following descriptors serve to identify and to provide examples of unprofessional behaviour; however, unprofessional behaviours are not solely limited to these instances.

6.3.1 Unmet Professional Responsibility Fails to fulfill responsibilities to patients, teachers, staff, and to other health care professionals. Fails to complete assigned tasks. Misrepresents or falsifies actions and/or information, for example, regarding patients, self, laboratory tests, etc.

6.3.2 Lack of Effort Towards Self-Improvement and Adaptability Is resistant or defensive in accepting performance feedback that is critical. Demonstrates inability

to self-assess, as judged by failing to make changes to correct performance failures. Resists considering or making changes to appropriate feedback. Does not accept responsibility for errors or failure. Is overly critical and/or verbally abusive, especially during times of stress. Demonstrates arrogance or a lack of respect in dealing with peers, patients, nursing staff, teachers and staff.

6.3.3 Diminished Relationships with Patients and Families Lacks empathy and is often insensitive to patients' needs, feelings, and wishes or to those of the family. Lacks rapport with the patients and families. Displays inadequate commitment to honouring the wishes and wants of patients.

6.3.4 Diminished Relationships with Teachers and Health Care Professionals Demonstrates the inability to function within a healthcare team. Lacks sensitivity to the needs, feelings, and wishes of fellow students and of the health care team. Inappropriate conduct in class or small group teaching sessions.

6.4 Resolution Process

Complaints or concerns regarding unprofessional behaviour of students or faculty may be brought forward to the SPC by students, faculty or community members (herein thereafter referred to as "Complainants"). Complaints may be made in person to members of the committee or in writing to med.professionalism@ucalgary.ca. Upon receipt of the complaint, one or more members of the SPC will consult with the Complainant regarding the appropriate initial action to be undertaken. In most circumstances, the Complainant will first be encouraged to attempt to resolve the issue directly with the party involved, with the support of the SPC.

Depending upon the nature of the complaint or concern, additional involvement may be necessary for resolution. The SPC, in consultation with the Associate Dean of Equity and Professionalism, will then refer the complaint or concern to other bodies as appropriate. These include the VP Student Affairs and the Student Affairs Committee, the Calgary Medical Students Association (CMSA), and the Office of Undergraduate Medical Education (UME) (Figure 1). Along with the SPC, these bodies will endeavor to provide all possible supports to the parties involved to ensure that future unprofessional behaviors do not recur.

In all instances, the SPC shall use its best efforts to maintain the confidentiality of the nature of the complaint or concern and all parties involved. In certain instances however, such as when it is deemed necessary for the matter to be referred to other bodies, it may not be possible for the confidentiality of all parties to be maintained within the SPC.

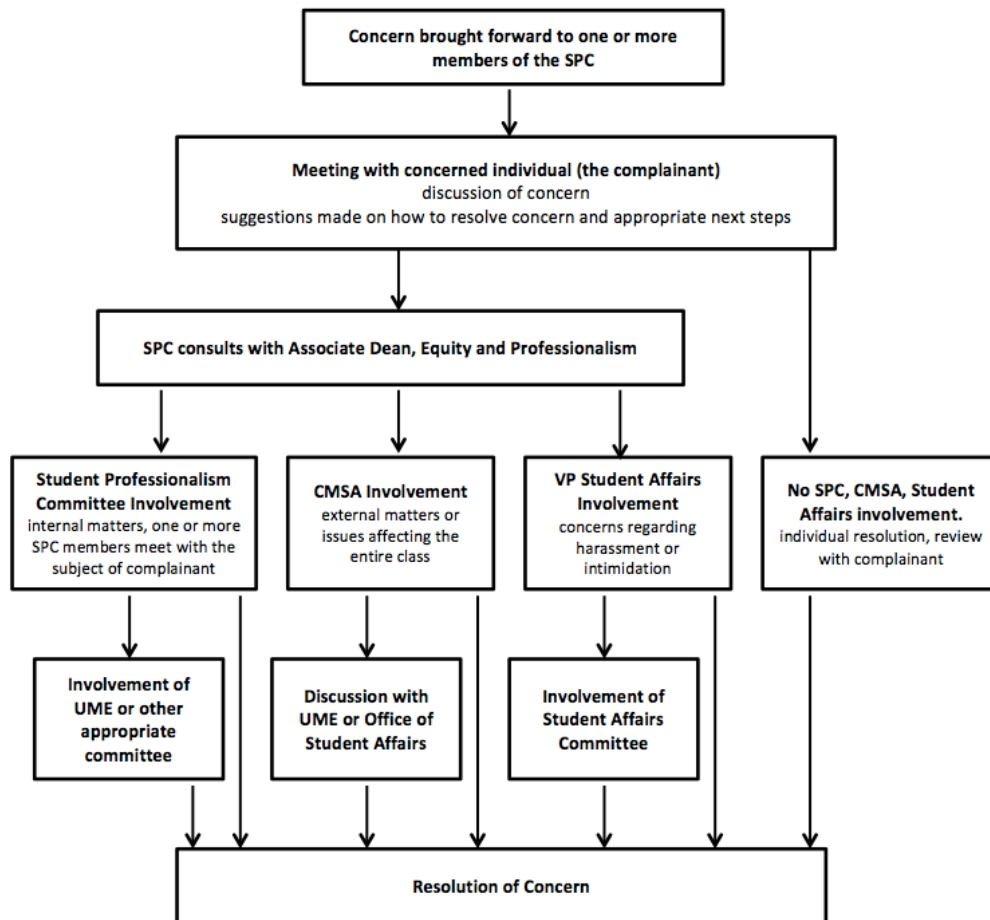


Figure 1. Student Professionalism Committee Complaint Resolution Process

**Approved by the University of Calgary Medical Students in the Classes of 2015, 2016 and 2017 on [insert date]. This remains a living document, which may be updated and modified at the request of future students.*

6.5 Documentation

As matters brought forward to the SPC are often of a sensitive nature, keeping confidential records is of utmost importance. All complaints and resolutions will be documented; however, the complainant and the subject will be anonymized so that they may not be identified. These records will be provided to the SPC members of the incoming class for the purposes of education and tracking activity. In the event that a complaint is escalated to require faculty involvement, pertinent documents may be provided by the SPC, if requested.

6.6 Complaints Involving SPC Members

Should a concern arise involving a member of the SPC, this issue should be brought directly to the attention of the Associate Dean, Equity and Professionalism, thereby bypassing SPC involvement?

7.0 References

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