

**Professionalism Task Force**  
**August 31, 2006**  
**133 MacNider from 4:00-5:00**

1. How might the professionalism issues impact various courses and students?
  - a. A handout was distributed that stated narrative evaluation adjectives and statements. These narratives go in the dean's letter. Currently, the student does not receive the dean's letter until the last year. It may be beneficial to the student to receive this narrative earlier.
  - b. A philosophical quote was handed out to focus on professionalism with moral, philosophical, and political view in mind.
  - c. The document that the clinical years produced with the 5 A's are good but may not be the best for the first two years of the School of Medicine. We need to make documents deliberately and not work backwards to make the documents meet the 5 A's.
  - d. Alice Ma suggested wearing white coats for patients that visit the first two years and create a true physician atmosphere. This included a list of do's and don'ts. Several rules were made during for professional behavior during the patient's visit. A few of the rules are listed: no laptops opened, no applause, address the patient by name to ask a question, and attendance is required. It is necessary to complete and plan the visit of the patient and rules well in advance for the students. A reminder may be necessary for the students.
  - e. Jennifer Orr stated that ICM and professionalism go together. She stated that her ICM tutor and her ICM group engaged in professionalism conversations with a group of 12 students.
  
2. What professionalism issues do the students see?
  - a. Attendance
  - b. Patience Interactions-such as patient visits, ICM, and Med/Soc.
  - c. Forum/Emails
  - d. Verbal discussions
  - e. Students need to learn material in class.
  - f. Student roles
  
3. What feedback is currently being done in the first two years on professionalism?
  - a. ICM gives feedback one on one during the semester. There is a difference in the quality of that feedback based on tutors. A beneficial outcome of this taskforce is to create a way in which the faculty knows what they are teaching, students know what they are learning, and both can evaluate each other. This may need to be text rather than a check off list.
  - b. Med/Soc and ICM are small groups that last throughout the year and these courses get information on students' level of professionalism. It was stated that we should target these classes.
  - c. It was then stated that professionalism across the board should be discussed not just in Med/Soc and ICM.

4. What options are there for self evaluation exists?
  - a. There is a need to address the self assessment first.
  - b. Where is the student accountability to complete self assessment?
  - c. ICM tutor groups could be used to account for self evaluations.
  - d. Self evaluations are beneficial for the large group (160 students).
  
5. What are thoughts about peer evaluations?
  - a. A safety mechanism is needed to make evaluations constructive and not to have an adverse affect on the student.
  - b. Dr. Chris Osmond stated peer evaluations should be ungraded.
  - c. There is a need for a tool that has a scale from left to right. The student could the get feedback from the faculty in a form of a text that states the strengths and weaknesses of the student.
  - d. No matter what tools are created they need to be useable for both Med/Soc and ICM.
  
6. How are you going to address deficiencies?
  - a. There needs to be a focus on behavior as well as content.
  - b. Feedback on positive behavior is just as important as the deficiencies.
  
7. How are we going to move this committee forward?
  - a. What are the key professionalism expectations that need to be addressed in the first two years?
    - i. Everyone should email 3 or 4 areas that you think should be addressed. Send that information to Steve Charles. Steve Charles will compile and lump.
  - b. Concepts about any tools that can be used to assess and evaluate professionalism.
  - c. There is a need to have a clear and detailed statement of what they are going to need to learn in respect to professionalism.
  - d. Dr. Shaheen stated that the purpose should be getting at grabbing the bottom of the bunch that are 2 standard deviations below the norm.
  - e. Dr. Cross wants to catch the bottom, middle, and the best ones.
  - f. Concrete scenarios and examples of professionalism are needed. These scenarios can contribute to discussions.