

These judgments of professionalism are more qualitative than quantitative, and I am comfortable relying on the sound judgment of my faculty for assessment of our students - Medical College of Wisconsin

We use a small group form for all years 1-2 courses that does get at attributes of professional behavior. This helps us flag problem students and work with them early. We also use Critical Incident Reports (positive and negative) modeled after UCSF's Physicianship forms so that we can have a paper trail of egregious unprofessional behavior.

We ask that students distribute what we call "praise cards" or "professionalism cards" to faculty, peers and allied health personnel. We then include comments from these in their MSPEs. Also: when unprofessional behavior comes to our attention, we refer it to a Professionalism Committee consisting of faculty, staff and students who then make recommendations about action--up to and including dismissal from the medical school - Wayne State University School of Medicine

Here is the form we just started using. It is being used in our required clerkships for all students. Students have the option to make comments on the form. It is signed both by the faculty rater and by the student before being submitted to the Dean's office (Medical Student Programs). Both positive and negative professionalism behaviors can be reported - Rush Medical College

Rush Medical College Physicianship Evaluation Form

Student name (type or print legibly)

Faculty Name (type of print legibly)

Course (dept. or course title)

Site (if applicable)

Date

Circle one of the following:

This student needs further education or assistance with the following:	This student has exhibited exemplary behavior in one or more of the following areas:
--	--

Circle all that apply:

1. Reliability and responsibility

- a. Attendance and punctuality
- b. Completing assignments on time (including course evaluations)
- c. Notification of absences for required activities

2. Self improvement and adaptability

- a. Acceptance of feedback and constructive criticism
- b. Recognition of limitations and willingness to seek help
- c. Incorporation of feedback
- d. Adaptability to change
- e. Maintaining professional composure in stressful situations

3. Relationships with students, faculty, staff and patients

- a. Establishing rapport
- b. Being sensitive to the needs of patients
- c. Establishing and maintaining appropriate boundaries in work and learning situations
- d. Maintaining respectful and courteous manner with fellow students, faculty, staff and patients

4. Upholding the principles of the Professional Code of Conduct

- a. Showing respect for all people equally without regard to age, race, gender, religion, ethnicity, disability, social status, sexual orientation, or political ideology
- b. Maintaining professional manner in language, deportment and appearance
- c. Respecting patient confidentiality
- d. Maintaining honesty and integrity
- e. Contributing to an atmosphere conducive to learning
- f. Resolving conflicts in a manner that respect the dignity of every person involved

Comments and suggestions for change:

Faculty signature

Date

Phone number

This section to be completed by the student (optional). My comments are:

I have read this evaluation and discussed it with the faculty member. (Required)

Student signature

Date

We use a form that we developed to assess applicants when they interview - University of Virginia School of Medicine

Name of applicant: _____

Assessing Professionalism in Medical School Applicants

Please evaluate the applicant on the following criteria after interview.

Image (appropriate dress and grooming for a health care environment. Excessive jewelry, cologne/perfumes. Chewing gum, eating, drinking). ***Please circle one.***

Above average

Average

Below Average

Interpersonal and communication skills (speech, body language, eye contact, listening skills, ability to organize and articulate thoughts).

- Quiet but thoughtful
- Distant and withdrawn
- Engaged, comfortable, and articulate
- Inappropriately casual and overly familiar
- Nervous but appropriate

Leadership skills (evidence in application and in interview of ability and desire to take leadership roles when appropriate).

- Willing to take leadership role if encouraged
- No evidence of leadership activities, but shows potential
- May avoid taking leadership roles
- Prefers to lead, may have trouble being a member of the team when necessary
- Actively seeks leadership roles

Altruism (willingness to serve others in personal life and community settings)

- No signs of altruistic activities, but seems concerned for others
- Self-involved, interested mainly in personal gratification
- Always places others above self, regardless of personal needs
- Consistently and appropriately seeks out opportunities to serve his/her community
- Some evidence of altruistic activities in the past

Respect for others

- Seems judgmental when talking about others
- Demonstrates appropriate level of respect for interviewer and others
- Respect for others may be selective
- Obsequious
- Disrespectful, arrogant, or condescending

Tolerance and appreciation for cultural/gender differences

- Makes comments that reflect intolerance for different viewpoints
- Appears to have some experience in working with a wide range of people
- Little contact with different viewpoints, but seems open-minded
- Avoids expressing a personal opinion on any cultural/gender issue
- Able to comfortably discuss different cultural/gender viewpoints

Overall Professionalism Rating

Professional

1

2

3

4

Unprofessional

5

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Subject: Re: GSALIST: Evaluation of Professionalism in Medical students
From: Mai-Lan Rogoff <mai-lan.rogoff@umassmed.edu>
Date: Wed, 07 Jun 2006 17:03:51 -0400
To: Bernard Lopez <bernard.lopez@jefferson.edu>
CC: gsalist@aamcinfo.aamc.org

from UMass Worcester

We discuss the attached professionalism guidelines (and our Honor Code) during first year orientation, again during a session in our physician-patient-society course, and they are presented again during third year orientation, plus they are in the med student handbook. A first "concern" report results in discussions with the reporter, the student, the student's advisor, and me but doesn't go further than that (unless it's an unusually serious matter). A second report results in both reports going to our promotions board, which can apply a number of different sanctions.

The reality is that "praise" reports almost never come down on these forms - they come in as letters or emails, just as they always used to. "Concern" reports have been filed almost exclusively by clinicians - the basic science faculty have been extraordinarily reluctant to file them even when I know they HAVE concerns.

We were inspired to do this by the work of Maxine Papadakis in California. These are Adobe Acrobat (.pdf) files. If you can't open them by double clicking, try saving them to your desktop, open Acrobat or Acrobat Reader and then do file-open from within Acrobat.

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On Jun 7, 2006, at 3:02 PM, Bernard Lopez wrote:

Hi,

We would like to know whether your medical school uses a specific evaluation to assess student professionalism. If so, would you be willing to share it with us?

Bernie Lopez

Bernard L. Lopez, MD, MS
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The Group on Student Affairs (GSA) is a professional development group sponsored by the Association of American Medical Colleges.

To help prevent mail loops the 'reply' address to messages from this list will default to the sender's address. You may reply to the entire list by posting to gsalist@aamcinfo.aamc.org. To unsubscribe from this list please send an email to majordomo@aamcinfo.aamc.org with the message "unsubscribe gsalist" (without the quotes).

Professionalism guidelines.pdf

prof incident report.pdf

Part 1.2.1.4

GUIDELINES FOR PROFESSIONAL BEHAVIOR

The Faculty and Student Body of the University of Massachusetts Medical School regard the following as guidelines for professional behavior. These areas are derived from the school's Technical Standards (see Student Handbook). Students are expected to show professional behavior with or in front of patients, members of the health care team, and others in the professional environment (school, hospital, clinic, office) including members of the faculty and administration, other students, standardized patients, and staff. Faculty members and administrators are expected to abide by similar standards.

PROFESSIONAL ATTRIBUTES

Displaying honesty and integrity

- Never misrepresents or falsifies information and/or actions (ie cheating)
- Does not engage in other unethical behavior

Showing respect for patient's dignity and rights

- Makes appropriate attempts to establish rapport with patients or families.
- Shows sensitivity to the patients' or families' feelings, needs, or wishes.
- Demonstrates appropriate empathy.
- Shows respect for patient autonomy.
- Maintains confidentiality of patient information

Maintaining a professional demeanor

- Maintains professional demeanor even when stressed; not verbally hostile, abusive, dismissive or inappropriately angry.
- Never expresses anger physically.
- Accepts professionally accepted boundaries for patient relationships
- Never uses his or her professional position to engage in romantic or sexual relationships with patients or members of their families; never misuses professional position for personal gain.
- Conforms to policies governing behavior such as sexual harassment, consensual amorous relationships, hazing, use of alcohol, and any other existing policy of the medical school.
- Is not arrogant or insolent.
- Appearance, dress, professional behavior follow generally accepted professional norms

Recognizing limits & when to seek help

- Appears aware of own inadequacies; correctly estimates own abilities or knowledge with supervision
- Recognizes own limits, and when to seek help

RELATIONSHIP TO OTHERS

Responding to supervision

- Accepts and incorporates feedback in a non-resistant and non-defensive manner
- Accepts responsibility for failure or errors.

Demonstrating dependability and appropriate initiative

- Completes tasks in a timely fashion (papers, reports, examinations, appointments, patient notes, patient care tasks)
- Does not need reminders about academic responsibilities, responsibilities to patients or to other health care professionals in order to complete them.
- Appropriately available for professional responsibilities (ie required activities, available on clinical service, responds to pager)
- Takes on appropriate responsibilities willingly (not resistant or defensive)
- Takes on appropriate patient care activities (does not "turf" patients or responsibilities)

Interacting with other members of the team

- Communicates with other members of the health care team in a timely manner
- Shows sensitivity to the needs, feelings, wishes of health care team members
- Relates and cooperates well with members of the health care team

GSALIST: Evaluation of Professionalism in Medical students

Subject: GSALIST: Evaluation of Professionalism in Medical students

From: Leslia Gaines <lgaines@aamc.org>

Date: Mon, 12 Jun 2006 15:18:44 -0400

To: gsalist@aamcinfo.aamc.org

Approved: AUTO1

subject: GSALIST: Evaluation of Professionalism in Medical students

from: tshankel@llu.edu

At Loma Linda University we also use "non-cognitive assessment" forms that may be turned in for either positive or negative interactions with faculty. Our experience had been that we receive close to equal numbers of positive with negative comments, and that has helped the students to appreciate their value.

Our freshmen medical students are rotating on the ward at the end of their first year of medical school. The assessment for this time is entirely focused on professionalism, and we have a non-cog professionalism form that is filled out by the faculty working with them on the wards. Next year, we plan to expand this to more of a 360 degree evaluation, where junior students, residents and faculty submit professionalism evaluations for each freshman. In addition, the freshmen complete a reflective questionnaire on their experience during this time relating to professionalism.

Tamara Shankel, MD
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