Professionalism in the First Two Years
What do we agree on? / Proposal
Draft 3 to combined committee
(10/24/06)

Things we can agree on:

1. Professionalism is a core competency which must be taught as an integrated part of the medical school curriculum e.g. there needs to be a “Professionalism Curriculum” that begins in the first two years and continues throughout the 4 year curriculum.

2. An important part of the professionalism curriculum is peer evaluation. This is a learned skill which must be taught, practiced, and assessed in order to be effective and constructive.

3. The evaluation instrument that is proposed for years 3 and 4 is not appropriate for peer assessment in years 1 and 2.

4. There is no practical way for faculty in the Basic Science Block Courses in the first 2 years to evaluate each student in any detail for “Professionalism”

5. We need to identify an instrument that will be appropriate for peer evaluation in the first two years (see STE and/or Repro forms).

6. If students are going to be evaluated on their professionalism in the 3rd and 4th years, using a specific instrument, they need to be introduced to that instrument in the first two years, in a “low-stakes” environment.

Proposal:

1) The OED will develop and implement a longitudinal Professionalism Curriculum to start at the beginning of the first year of Medical School and continue through all 4 years.

2) After receiving (some) instruction about Professionalism and self and peer assessment, students will begin to participate in “low-stakes” exercises in which they engage in self assessment, peer assessment, and mentor/faculty assessment of their Professionalism during the first two years. These exercises will occur in appropriate venues and will involve the use of appropriate evaluation instruments.

3) The appropriate venues for self-assessment and for faculty assessment of Professionalism are ICM 1 and 2 and Medicine and Society. ICM tutors and Med Soc faculty will be trained to implement this piece of the Professionalism Curriculum.
4) The appropriate instrument for these self-assessment and faculty assessment exercises in ICM and Med Soc will be comparable to the instrument that will be used to evaluate the students during their Clinical Years (years 3 and 4).

5) Peer evaluation can be practiced in “Small Group” settings in any (but not necessarily all) of the first and second year courses. In the first semester of the first year, these evaluations will not be part of the course grade (although the Course Director can assign points for completing the exercise and/or grade penalties for failure to participate, regardless of the outcome of the actual evaluation). By the second semester of the first year, these evaluations can comprise part of the final course grade.

6) The evaluation instrument for these Basic Science Block Course peer assessments will be similar to the instruments developed for the STE’s or the Repro course and focus on the aspects of professionalism that are observable in small group settings. To insure accuracy of student feedback and provide a uniform message regarding the domains of professionalism, course directors will use forms that are consistent across all courses in the first two years. The instruments used in ICM and Med Soc can (will?) be more robust and will be (may be?) applied at the end of the semester.

7) Incident reports and Professionalism evaluations from across all 4 years (self, faculty and peer) become part of the student’s Professionalism Portfolio. This information can be used as part of the Dean’s Letter, AOA selection criteria and other awards determinations. The Office of Student Affairs will conduct at least an annual review of each student’s folder and episodic reviews as needed. Students who fail to meet expected standards of Professionalism will be counseled and/or referred to the Student Promotions Committee. (The Dean’s letter and AOA will be influenced by the aggregate of the student’s Professionalism behavior to date, based on the student’s Portfolio.)