Professionalism Guidelines FAQ

Q: "I received a 2 in Professionalism during 1st year Clinical Skills, how do I know which pathway applies to me?"

A:

Assessment Data type	Process
First or second score of 1 or 2 on Competency-Based Professionalism Assessment	Check-In Process (initiated by course or component director)
Third or more score of 1 or 2 on Competency-Based Professionalism Assessment	Student in Professionalism Difficulty Review Process
DNM Attendance Requirement	Student in Professionalism Difficulty Review Process
Critical Incident Report	Student in Professionalism Difficulty Review Process

The assessment strategy for professional standards in the MD Program is **longitudinal** (occurs over the four years of undergraduate medical training), and **developmental** (aims to support developmentally appropriate learning about professional standards, recognizing that these are learned and require formative feedback opportunities). It is not uncommon to receive a low score on a professionalism assessment, especially early in training, and the check-in process exists to provide an opportunity for explicit feedback, identify learning goals and support acquisition of professional competence. Lifelong learning as a physician demands a growth mindset – which means seeking and integrating feedback throughout training and beyond. Professional competence is learned, and unaddressed professionalism concerns in training can lead to future challenges in practice, compromise patient care, and risk loss of trust in the profession. Medical training is an opportunity to learn from mistakes, and to cultivate your professional identity as a physician. Oftentimes the most influential experiences in training are those learned through productive struggle.

The tally of low scores is cumulative through the four years of medical school to ensure that students with a trend of professionalism concerns receive adequate support. The guideline for Assessment of Student Professional Standards provides guidance for educators, teachers and students, and it also necessitates holistic decision making by the Student Progress Committee. For example, if a student receives two separate low scores on the competency-based professionalism assessment related to 'reliability and

responsibility' due to poor engagement in 2 different course components related to poor attendance, and they also 'do not meet' (DNM) the attendance requirement, these data points will be integrated together to develop an appropriate Focused Professionalism Learning Plan. In this example, it will be important to support the student regarding any possible wellness concerns contributing to poor attendance (via the Office of Learner Affairs), while also providing education and coaching regarding appropriately taking responsibility for absences (completing appropriate form, make-up work or in some cases repetition of a course).

Q: What is the "check in" process?

A:

After the first and second instance of a low score on the professionalism assessment tool, the course or component director will reach out to the student to schedule a "check in" meeting. The purpose of the check in meeting is to support students to identify learning opportunities from the professionalism feedback they received, and to identify any challenges early on to ensure adequate supports are put in place. If needed, the course or Component director will connect with the primary teacher to understand the feedback, as well as other faculty (on a need-to-know basis).

As professional competence is developed longitudinally, check in meetings ensure that students are attending to professional standards throughout training, with the appropriate scaffolding and support. Wellness concerns can present as professionalism concerns, and so these meetings also ensure that students are aware of the appropriate resources available to them through the Office of Learner Affairs. Students can reach out to the Office of Learner Affairs at any time to discuss wellness concerns and to explore resources (accommodations, leaves of absence, counseling). This is a confidential resource, and at arm's length from the MD Program.

Q: "What if I disagree with the score I received on a professionalism assessment?"

If a student disagrees with the assessment score they received, the first step should be to seek further understanding and feedback from the primary teacher involved. As described above, the professionalism assessment strategy is developmental, and it is not uncommon for students to receive a low score. Though it can be uncomfortable for high-performing students to receive a low assessment score, learning how to grapple with feedback is an essential ability of physicians practicing in often imperfect conditions in the healthcare system.

Through the 'check-in process', the student also has opportunity to speak to the Course or Component Director, and through the Student in Professionalism Difficulty Review Process, with the Foundations or Clerkship Directors. This is another opportunity to discuss the feedback received, and to explore your concerns. As described above, the assessment pathways for professional standards integrate holistic decision making at each step, and formative feedback and discussion with teachers and educators are an important part of medical education and preparation for physicianhood.

Any one specific assessment for professionalism is low stakes – meaning decisions around progression are not made because of one low assessment score, rather holistic review of a student's assessment portfolio.

Students can review the university guidelines regarding appeals. Currently there is no appeals process for individual assessments in the MD program.

Q: "What if I receive 3 or more low scores (1 or 2), how does that impact my progression in the MD Program?

A: If a trend of challenges in professionalism are noticed (3 or more low scores), the 'Student in Professionalism Difficulty Review Process' allows for more focused support through a Focused Professionalism Learning Plan. The Student in Professionalism Difficulty Review Process can also be initiated after first or second low score, for concerns deemed more serious and requiring additional support by Foundations/Clerkship directors. Similarly, the Foundations/Clerkship directors can recommend remediation for serious concerns or those that demand additional support at any stage of the Student in Professionalism Difficulty Review Process.

The Focused Professionalism Learning Plan identifies specific performance criteria to meet, and a plan to help the student meet them, based on the specific professionalism concern identified. Focused Professionalism Learning Plans are a requirement for students in the Student in Professionalism Difficulty pathway. They occur over a set time period, with a final report back to the Foundations/Curriculum Directors. Most students who engage in a Focused Professionalism Learning Plan complete this satisfactorily, and do not require further intervention.

A Focused Professionalism Learning Plan does not qualify as 'formal remediation', nor does it mean Board of Examiners (BOE) involvement. However, it is important that students take seriously the feedback identified and attend to the requirements of the Focused Professionalism Learning Plan. Students with an active Focused Professionalism

Learning Plan are normally able to progress to the next course; however, successful completion of the Focused Professionalism Learning Plan is required for graduation from the MD Program.

If the student is unable to satisfactorily progress and complete the Focused Professionalism Learning Plan, formal remediation and referral to the Board of Examiners will be recommended.

Q: What is a Focused Professionalism Learning Plan?

A: A Focused Professionalism Learning Plan is commonly recommended as part of the Student in Professionalism Difficulty pathway. If the Foundations/Clerkship directors recommend a Focused Professionalism Learning Plan, the student will meet with the Professionalism Remediation Lead to discuss and develop a plan to respond to the specific performance criteria identified, based on the specific professionalism concern. This will occur over a defined time period, with reporting back to the Foundations/Clerkship Directors. A summary of the Professionalism FLP will be provided by the Remediation Lead to the Foundations/Clerkship Directors, who will confirm successful completion. If a student is not able to successfully complete the Professionalism FLP, they are likely to be recommended for remediation via the BOE (see below).

Q: What is a critical incident?

A: Critical incident reports are intended to address situations where a student has put a patient or someone else at significant risk and/or caused harm (physical, psychological, emotional) because of their behaviour. Critical incidents of unprofessional behaviour include, but are not limited to, the following:

- Failure to keep proper medical records
- Falsification of medical records
- Breach of confidentiality
- Failure to acknowledge and manage appropriately a conflict of interest
- Being disrespectful to patients and others
- Failure to be available while responsible for contributing to patient care
- Failure to provide transfer of responsibility for patient care
- Providing treatment without appropriate supervision or authorization
- Referring to oneself as, or holding oneself to be, more professionally qualified than one is

- Being under the influence of alcohol or recreational drugs while participating in patient care
- Failure to respect the rights of patients and others, including contravention of the Ontario *Human Rights Code*
- Assaulting a patient or others, including any act that could be construed as mental or physical abuse
- Sexual abuse of a patient, as defined by the Province of Ontario *Regulated Health Professions Act*
- Stealing or misappropriating or misusing drugs, equipment, or other property
- Violation of the Criminal Code
- Any other conduct unbecoming of a physician in training that puts a patient or someone else at significant risk and/or causes harm (physical, psychological, emotional)

Critical incidents can be reported as part of a competency-based assessment, or by any teacher, medical student or other learner, University staff member, or hospital staff member using the MD Program's Critical Incident Report Form or MD Program Event Disclosure Form. Completed critical incident report forms should be forwarded to the appropriate Year Director.

Critical incidents can be reported by members of the public. As a self-regulated profession, physicians have an accountability to maintain public trust. Medical students must be aware that they have a similar accountability to maintain public trust.

Report of a critical incident will initiate the Student in Professionalism Difficulty review process, as described above. A substantiated critical incident report of serious concern may lead directly to remediation via the Board of Examiners, which the student would be required to report to the College of Physicians and Surgeons of Ontario (CPSO) and/or other provincial/territorial physician regulating bodies, as appropriate. A substantiated critical incident can also lead to failure to achieve credit in one or more courses, failure of a year, suspension, or dismissal from the program.

Q: "What does it mean to be in "Professionalism Remediation"?

A: Professionalism remediation is mandated by the Board of Examiners (BOE) via a recommendation by the Foundations or Clerkship Directors when a Focused Professionalism Learning Plan has not sufficiently addressed the Professionalism concerns.

All BOE remediations must be reported to the CPSO. They do not appear on the Medical Student Performance Record (MSPR).

Q: “What is included on the Medical Student Performance Record?”

A: The MSPR does not include the competency-based professionalism assessment (scores or qualitative comments). Nor does it include successful remediations. It only includes credit for courses and clinical assessment form narrative comments for strengths.