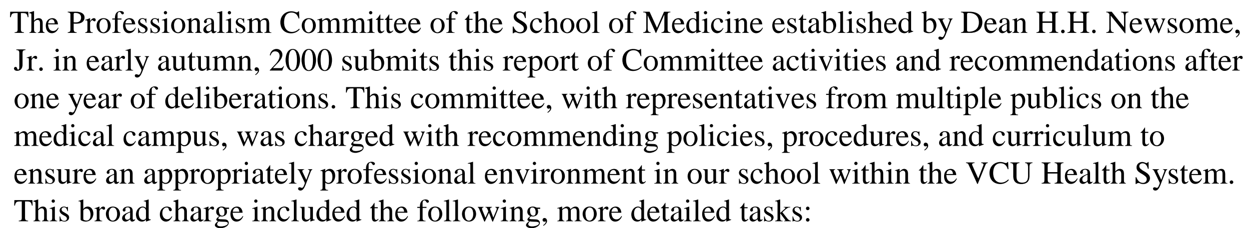
SCHOOL OF MEDICINE
PROFESSIONALISM COMMITTEE REPORT
September 2001



The Professionalism Committee of the School of Medicine established by Dean H.H. Newsome, Jr. in early autumn, 2000 submits this report of Committee activities and recommendations after one year of deliberations. This committee, with representatives from multiple publics on the medical campus, was charged with recommending policies, procedures, and curriculum to ensure an appropriately professional environment in our school within the VCU Health System. This broad charge included the following, more detailed tasks:

- Review definitions and standards regarding professionalism in medical school environments.
- Develop methods for data collection and analysis to determine the extent to which the academic, clinical, and research environments on the MCV campus either enhance or undermine commonly accepted standards of professionalism.
- Develop short and long-term goals for enhancing professionalism on the MCV campus.
- Assist and advise the Dean and his office regarding both individual and systemic problems in maintaining professionalism.

The parent committee (listed in Appendix) met October 13, 2000, November 30, 2000, February 8, 2001, April 5, 2001, May 31, 2001, June 26, 2001 and September 25, 2001. In addition, subcommittees of the parent committee met to provide recommendations for discussion by the parent committee. What follows is a summary of the deliberations and the resulting recommendations. This report was reviewed, edited and approved by the Committee.

I: The definition of "professionalism" in medical school environments.

After a review by the committee of several publications on professionalism, it was decided that we needed a definition of medical professionalism for this project and, also, to determine the individuals and behaviors with whom and with which we were concerned as we progressed to address our other tasks. Two subcommittees were formed for further review of these specific issues, and for the development of recommendations to the parent committee. The subcommittee on the definition, chaired by Dr. J. Dennis Hoban, included Dr. Karen Sanders, Dr. Anton Kuzel, and Mr. Joseph Contessa. The second subcommittee, chaired Ms. Carol Hampton and included Ms. Shirley McDaniel, Dr. Robert Clifton, and M-VI Gan Dunnington, reviewed issues of the

breadth and range of future activity of the professionalism committee. What follows is a summary of these topics and the consensus reached by our committee after subsequent discussions.

Professionalism, in general, implies commitment, training, and competence (as would apply to a professional athlete).Traditionally, there are three professions, law, religion, and medicine that are considered "learned professions". In each of these, the essence of professionalism begins with ethics. Thus, a definition of medical professionalism might well begin with the Hippocratic Oath as that document describes medical ethics and a number of behaviors that are both characteristic and expected of a physician.

Responding to a need for a strong statement on the principles and ethics of professionalism, the AMA Council on Ethical and Judicial Affairs listed the following seven principles of professionalism in 1980.

(1) A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.
(2) A physician shall be honest with patients and colleagues and strive to expose those physicians deficient in character or competence or who engage in fraud or deception.
(3) A physician shall respect the law and also recognize a responsibility to seek changes in those requirements, which are contrary to the best interests of the patient.
(4) A physician shall respect the rights of patients, or colleagues, and of other health professionals and shall safeguard patient confidences within the constraints of the law.
(5) A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation and use the talents of other health professionals when indicated.
(6) A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
(7) A physician shall recognize a responsibility to participate in activities contributing to an improved community.

Although it outlined important principles of medical professionalism, the AMA Council report was thought to be dealing with a broader list of principles than was appropriate for the more limited charge given this committee.

In more recent years, the AMA Council on Medical Education has responded to concerns about evidence of student mistreatment revealed in the Medical School Graduation Questionnaires. The AMA Council on Medical Education developed policies and recommendations in this area that relate specifically to the teacher-learner relationship in medical education. Their general statement regarding a code of behavior is as follows: "the teacher-learner relationship should be

based on mutual trust, respect, and responsibility. This relationship should be carried out in a professional manner and in a learning environment that places strong focus on education, high quality patient care and ethical conduct."

Concerns about student mistreatment in the medical school environment have stimulated a number of thoughtful publications on medical professionalism. Those papers dealing with various definitions and the current challenges to professionalism were distributed to the professionalism committee and the subcommittee, chaired by Dr. Hoban, reviewed all of these publications prior to making their recommendations. Their recommendation, and one fully accepted by the entire committee, was that we adopt the definition of professionalism based on principles espoused by the American Board of Internal Medicine that appeared in a specific publication from the Kansas University Medical Center (KUMC). In this paper, the major components of professionalism described were: altruism, accountability, excellence, respect for others, a personal commitment to lifelong learning, duty, honor and integrity. Challenges to these principles of professionalism were: abuse of power, discrimination, bias, breach of confidentiality, arrogance, greed, misrepresentation, impairment, lack of conscientiousness, and conflict of interest. The descriptors of unprofessional behavior were: unmet professional responsibility, lack of effort toward self-improvement and adaptability, poor interaction with patients and families, and inappropriate relationships with health care professionals.

Another subcommittee chaired by Ms. Carol Hampton made recommendations regarding the breadth of future activities of the parent committee. To enhance professionalism in our school, it was evident that we needed to define the populations we would deal with, and the specific behaviors to be addressed. The committee concluded that in our initial recommendations we would deal with "teachers" in the teacher-learner relationship (faculty and house staff primarily) with the students and patients serving as the recipients of these various behaviors. Focus on professionalism of the student population should naturally flow.

The breadth of behaviors listed under the heading "Medical Professionalism" could be extremely broad. However, for the purpose of specific recommendations from this committee it concluded that gender discrimination or harassment, racial discrimination, academic cheating, and research integrity already were well covered by university policies. However, there are at present no clear standards of behavior for the broad concept of personal interactions and communications between teacher and learner, or doctor and patient, nor are there specific procedures to deal with the inappropriate behaviors in this area. From the standpoint of the definition of medical professionalism adopted by this committee, it was decided that the future focus of our recommendations would be in the area of standards of effective communication and personal interactions between teacher and learner, and doctor and patient. It was hoped that achievement of appropriate standards would occur for the learners, also, since everyone agreed it was important for students to adopt these same ideal behaviors that we expect from teachers.

II. Standards of Behavior (re Professionalism).

It was agreed that specific standards of behavior needed to be precisely defined. While it is

recognized that the majority of the faculty and house staff act in a professional manner most of the time, specific and measurable standards of behavior might serve as a reminder for all of what is expected of all health care professionals. Also, the simple fact that unprofessional behaviors exist indicates a need for the development and promulgation of such standards. A subcommittee under the chairmanship of the Dr. James Messmer (and including Drs. James Levenson and Mary Alice O'Donnell) studied this problem and made specific recommendations for discussion by the parent committee. They first drew the attention of the committee to the fact that the VCU Resource Guide contains a general statement from the rules and procedures document regarding guidelines that do pertain to professional behavior:

> "Virginia Commonwealth University is an academic community giving meaning to mutual respect and trust with the individuals who learn, teach, and work within it. Each member of this community is entitled to certain rights and privileges which must be protected through fair and orderly processes and which are best safeguarded when members act in an orderly and responsible manner. Each member of the university community is equally entitled to the protection of this document".

The Resource Guide goes on to specify university policies pertaining to some concepts of professionalism in specific areas such as academic freedom, the VCU Honor System, sexual harassment, affirmative action and equal opportunity. However, these specific policies do not address all behaviors expected between various individuals in the medical education environment. This leads to the need for the following standards of behavior that support the concept that medical education is a collaborative effort with mutual responsibilities between educator and learner and doctor and patient. These standard behaviors listed by the committee, after thorough discussions, were believed to be applicable to faculty, house staff and students. They were not intended to represent the final word regarding expected behaviors but, instead, the beginning of a process that will be refined as our university community develops increasing awareness of these issues.

A. Standards of Behavior Developed for School of Medicine.

Faculty, house staff and students will:

- Recognize their positions as role models for other members of the health care team.
- Carry out academic, clinical and research responsibilities in a conscientious manner, make every effort to exceed expectations, and make a commitment to life-long learning.
- Treat patients, faculty, house staff and students with humanism and sensitivity to the value of cultural, social, age, gender, disabilities and economic diversity and without discrimination, bias or harassment.
- Maintain patient confidentiality.
- Be respectful of the privacy of all members of the medical campus community and avoid promoting gossip and rumor.

- Interact with all other members of the health care team in a helpful and supportive fashion without arrogance and with respect for the roles played by each individual.
- Provide help or seek assistance for any member of the health care team who is recognized as impaired in his/her ability to perform his/her professional obligations.
- Be mindful of the limits of one's knowledge and abilities and seek help from others whenever appropriate.
- Abide by accepted ethical standards in scholarship and research, and standards of patient care
- Abide by the guidelines of the VCU Honor System.

III. Methods for data collection and analysis to determine the extent to which medical professionalism is maintained on our campus.

The formation of this Professionalism Committee in our School of Medicine was primarily a local response to concerns expressed nationally by the AMA, the AAMC, the LCME, and other national organizations that perceive deterioration in teacher-learner relationships in medical schools. This was evidenced primarily by the emerging data on "student abuse." Based on the data, the above named organizations had expressed the need for developing an awareness of these issues in medical schools, and they expressed the need for policies and procedures to correct any deficiencies that may exist. Before addressing the need or lack of need for additional data from VCU, the committee reviewed the available national data on this topic.

Since 1990, the AAMC Medical School Graduation Questionnaires have included questions about perceived student mistreatment. Data from student responses in 1996 and 1999 gave a disturbing, but relatively low frequency of positive responses (less than 10%), with the exception of "being belittled" (usually in the presence of others). Furthermore, between 1996 and 1999 there was an increase in all categories of "abuse" including gender discrimination and discrimination on the basis of race, ethnicity, and/or sexual orientation. Those students reporting "being belittled" actually increased from 38 to 49%! Data from our own students at VCU/MCV and national totals for the year 2000 Medical School Graduation Questionnaire were slightly higher than listed above and, as with earlier national data, students indicated that the clinical rotations in M3 and M4 years were the major settings in which mistreatment occurred. Clinical faculty (27.8%) house staff (31%) and nurses (21.5%) were identified as the main perpetrators of mistreatment of all types in the 1999 national data set.

Our committee initially addressed the question of the adequacy of these data on student mistreatment at VCU and whether or not additional data were needed. After a thorough report from Dr. J. Dennis Hoban, a report suggesting the possibility of more detailed data from focus groups, organized interviews, and from additional questionnaires, potential means for obtaining more data at VCU were considered in detail. However, the committee had reviewed the data listed above, reviewed a number of real-life scenarios on professional behavior at this school already collected by committee member, Dr. Cheryl Al-Mateen, obtained additional information

from the Risk Management/Human Resources Office, and the EEO office, as well as hearing individual testimonies on this topic from various participants on the committee. The consensus of the committee was that there is a disturbing, increasing culture of unprofessional conduct in our own clinical environment. The committee concluded that we should have a near “zero tolerance” of unprofessional behavior, and the occurrence of the behavioral problems listed above was sufficient to justify developing future recommendations for corrective measures. It was decided that no additional quantitative data were required to justify developing these policies and procedures for medical professionalism in our school.

IV. Teaching Professionalism within our curriculum.

Since education in medical professionalism would be important in later recommendations from this committee, the committee received information about the extent of inclusion of ethics and professionalism in our curriculum. A thorough review of curricular activities in this area was provided to the committee by Dr. James Messmer, Senior Associate Dean for the Curriculum and by Dr. Laurel Lyckholm, the Sidney Page Professor of Medical Ethics. These reports were supplemented by input from involved students and faculty participating on this committee.

The conclusions reached from this review and discussion were that most students enter medical school with high ideals regarding professional responsibility. However, although humanistic values and appropriate professional behaviors are encouraged by some curricular initiatives in years one and two, the clinical years (three and four) were not only lacking in this area, but in addition, unprofessional behavior by a few clinical teachers (both faculty and residents) had a negative effect on students’ development of professional attitudes. Thus the problem seemed linked to the student mistreatment data discussed earlier in the sense that a few clinical faculty and house staff are not optimal role models. This was evidenced, also, by reported abuses toward students by house staff and by some examples given of suboptimal behaviors in the patient-doctor relationship.

Although the committee concluded that there was a need for expansion of formal material in the student curriculum relating to medical professionalism, this was not considered the first priority for our recommendations. It was concluded that initial recommendations by this committee should be a focus on the improvement of behaviors on the part of faculty and residents.

V. Evaluation of faculty from the standpoint of standards of professional behavior.

Since both short- and long-term recommendations for enhancing professionalism on the MCV Campus of VCU requires identification of both individual and systemic problems, an objective prospective process for evaluation of faculty seemed critical. A subcommittee including a large number of participants, and chaired by Ms. Anita Navarro, addressed this problem along with a consideration of the evaluation of medical students’ professional behavior. They did not consider evaluation of house staff professionalism as this is already in process in the Office of Graduate Medical Education.

At the present time, the students evaluate faculty in the M1 and M2 years in terms of the quality of the lectures and syllabus materials. However, there are no specific evaluations of faculty professionalism other than anecdotal comments on course evaluations and, occasionally, personal communications from students with Curriculum Office staff.

The evaluation of student behavior was then reviewed. It appears there is a limited evaluation of M1 and M2 student professionalism by the faculty during the Foundations of Clinical Medicine Course (FCM) where both preceptors and small group leaders assess the students. Some clerkship and elective grading evaluation forms for students in the M3 and M4 year consider concepts included in the area of professionalism. For example, one section on M3 clerkship evaluation forms is entitled "Attitude and Behavior - A. Professionalism and, B. Motivation and Enthusiasm". The professionalism section on these forms asks the evaluator to rate on a Likert scale the level of caring and compassion observed toward patients as well as the effectiveness of personal interactions with staff and peers. On the fourth year student evaluation form for electives, there is a request for evaluation of "Interpersonal Relationships with Patients and Families and Professional Relationships". Another section covers personal characteristics, which might be included in professionalism (i.e. reliability/integrity). The evaluation of professionalism in the student population does need attention, however, since the process is not uniform and not all students are being evaluated for all attributes.

As a background for making specific recommendations, it was reported that revision of the content and format of course evaluations would be underway this fall (2001). This reformatting would be an excellent opportunity to develop specific and uniform survey questions on professionalism that could be included in the evaluation of both students and faculty. It is hoped that collecting objective data on professional behavior will lead to increased accountability on the part of faculty members.

To develop a better database for faculty evaluation, the committee felt it was necessary to develop a professionalism rating for faculty by students in M1, M2, and M3/4 courses, that this professionalism rating system should be uniform between various portions of the curriculum, and there be a centralized collection and storage site for data in the Curriculum Office. It was felt that the specific wording of the professionalism items for students in this evaluation process should be developed with the involvement and cooperation of the course directors of M1, M2, M3 and M4 years, and the M3/M4 process should mirror that being developed for the postgraduate trainees (residents) in the evaluation of their ACGME competencies. (The evaluation of professionalism of house staff is being developed now in line with guidelines received from ACGME, and it utilizes questions similar to those listed above for evaluation of faculty. In the house staff evaluation plan the formal assessment will be by program directors twice yearly.) A suggested scale for evaluation of the individual attributes of professionalism was (a) exemplary, (b) adequate and (c) inadequate. Descriptive language would be required for these three levels. The ratings received need to be provided to the individual faculty members, course directors and faculty member’s chairperson by the Curriculum Office since this office would have responsibility of collecting and distributing these data.

The subcommittee recommended, also, that clerkship directors in M3/4 and course directors in M1 and M2 be asked to participate in revising the forms faculty now use to evaluate students, so as to include uniform ratings that address the standards of the School of Medicine for professionalism. It was felt necessary to involve these course leaders so that they would take some ownership of this process. It was proposed, also, that the same ACGME language described for house staff be utilized for all clinical clerkships and electives, and that clerkship directors should develop answers to questions similar to those raised for faculty and residents.

The subcommittee specifically recommended that periodic faculty evaluations by chairpersons include a formal evaluation of professionalism by responding to the following three questions:

1. Has the faculty member demonstrated exemplary standards of professionalism in terms of personal characteristics, ethics and sensitivity to differences in others?
2. Has this faculty member demonstrated expected professionalism in teaching and in carrying out the teaching, research, and clinical/service mission of the department, school, and university? (Explain)
3. List any recommendations regarding professionalism that have been or should be provided to the faculty member.

The answers to these three questions would be based on what the chairperson had observed as well as student evaluations received.

After discussion, it was proposed that the response to the above three queries in the chairperson's evaluations of clinical faculty conform with the content and the language utilized in the longer list of suggested objectives for the evaluation of house staff that were published in the Core Curriculum for Medical Professionalism by the AAMC. This is the revised list of these objectives that would serve as a basis for the answers to the three questions listed above:

1. Faculty members and residents should demonstrate the ability to serve as the patient's advocate.
2. Faculty members and residents should demonstrate willingness to provide needed care, with the same standards of quality for all patients, regardless of type of reimbursement or ability to pay.
3. Faculty members and residents should demonstrate knowledge of the health care needs of the community.
4. Faculty members and residents should demonstrate knowledge of the health care resources available in the community.
5. Faculty members and residents should demonstrate knowledge of the difference between appropriate and inappropriate touching.
6. Faculty members and residents should know the proscription against sexual relationships with patients and the potential legal consequences of such relationships.
7. Faculty members and residents should demonstrate understanding of the differences between appropriate and inappropriate gifts to and from patients.
8. Faculty members and residents should demonstrate knowledge of issues of

impairment, including alcohol and substance abuse, and obligations for impaired physician reporting.

9. Faculty members and residents should demonstrate knowledge of resources and options for care in the event that they identify impairment in themselves or colleagues.
10. Faculty members and residents should maintain a healthy lifestyle, including a nutritious diet, regular exercise, and time with their families and/or social groups.
11. Faculty members and residents engage in financial planning, time management and in spiritual and creative outlets.

After considerable discussion, all of the above recommendations were agreed upon by the parent committee. An additional recommendation was made by the subcommittee to institute an award for professionalism as part of the teaching awards of the School of Medicine. Since professionalism cannot be separated from good teaching, the majority of the Committee felt that it would be preferable to include issues of professionalism as criteria for the existing teaching awards.

VI. Procedures and policies for individual problems that relate to the professional conduct of faculty and house staff.

Having identified the procedures to be recommended for prospective evaluation of faculty regarding their professional behaviors, it remained for the committee to develop and recommend a procedure or procedures for dealing with problems that arise. The procedures developed for this purpose might be utilized in the future for house staff as well as faculty. A subcommittee including Dr. Wendy Klein, Dr. Tony Kuzel, Ms. Carol Hampton and Dr. Karen Sanders (Chair) reviewed this problem in detail and offered various options to the committee. It was clear that concerns regarding unprofessional faculty behavior noted by others, and particularly by students, might be resolved by one of several methods. The choice would depend on the relative severity of the problem and the comfort of the complainant with the possible routes.

A direct report on a perceived transgression to the course director or to the faculty member's chairperson might be suitable and appropriate in many instances. An alternative, possibly more "comfortable" approach recommended by the subcommittee was that of employing a "neutral party" ombudsman working out of the Dean's Office of the School of Medicine who would be available to receive reports of any concerns. This person could serve as an advisor and help in the decision as to advisability or not of proceeding further. Subsequent procedures for the resolution of the complaint might then proceed using a modification of the Informal Complaint Option (Page 49 of the VCU Resource Guide) described there for resolution of other types of grievances. The ombudsman would initiate a review of the behavioral concern with a subcommittee chosen from a larger steering committee chosen for this specific purpose. The steering committee would include well-selected senior faculty, senior house staff, and student leaders and representatives from other applicable units appointed by the Dean as a "pool" from which a custom-made subcommittee could be selected for each complaint. These committee members should receive some training before assuming this role.

The small subcommittee would review the findings of any investigations of the complaint regarding professional conduct and, if thought indicated, initiate a mediation conference similar to that outlined in Section V-A #4 of the Resource Guide. The chairperson of the faculty member concerned would be available for providing information for the review process, but it would not be mandatory for him/her to serve on the review committee. The report of the review committee would be provided to the faculty person's Chair with a required response to this report.

The parent committee discussed the various options and felt the one described above would be a most suitable procedure for dealing with such individual problems, particularly if a student who lodged the complaint was not particularly comfortable with a direct approach to the course director or the chairperson involved. An additional thought expressed by the committee was the need for some degree of confidentiality to be associated with the investigation of an allegation. Another thought expressed was that the outcome of the proceedings would not need to be transmitted further than the chairperson (and not be transmitted to the Dean) for minor breaches since the annual evaluations of the individual faculty members by the chairpersons would include an assessment of professionalism. If this policy were pursued, the committee felt it was important for the Dean of the School of Medicine to receive quarterly reports from the ombudsperson summarizing, in general, problems relating to professionalism that were uncovered by this process.

VI. **Enhancing Professionalism on the MCV Campus of Virginia Commonwealth University**.

The Professionalism Committee felt that one of the most important products of their deliberations might be the development of ideas for long-term enhancement of professionalism on this campus. With the help of a subcommittee, a number of ideas were developed for the achievement of goals in this area. The subcommittee, chaired by Ms. Carol Hampton, and including Dr. Cheryl Al-Mateen, Ms. Shirley McDaniel and Ms. Brenda Nichols, presented a wide range of recommendations for a program intended to create a greater awareness of professionalism among faculty, house staff and students. In essence, most of the suggestions made related to "training" in this vital and important area. After extensive discussion of this aspect of the program, the committee selected the following ideas for future interventions:

a) Develop a document outlining the Standards of Behavior that would be distributed to all persons in the School of Medicine. It was felt necessary that we have clear-cut expectations regarding the professionalism of faculty, house staff and students. It was considered important to have such a printed document signed (in print or e-mail) to ensure the awareness and acceptance of everyone in the School of the critical importance of this topic;

b) Develop a program of addressing a single "standard" a month, each month of the year, by various measures including e-mail or print attention, separate posters each month,

etc. (more “awareness”);

c) Produce instructional resources or use existing instructional materials (including video scenarios, AAMC cases with questions for discussion, etc.), for presentations to faculty and student groups on a regular basis, probably at the division and departmental level;

d) Maintain a library of these audiovisual and video presentations in CBIL for distribution to interested School of Medicine faculty;

e) Include presentations on professionalism in various forms such as a new faculty orientation in the School of Medicine, new student orientation, new house staff orientation, etc.;

f) Continue white coat ceremony, which focuses on principles of professionalism, for entering students, and

g) Consider working with the VCU Ad Center on the development of a marketing campaign.

There was considerable interest in this awareness education approach to stimulating professionalism on our campus. It was agreed that a new work group, chaired by Ms. Carol Hampton, would be required to develop such a program in detail. An evaluation program to assess the effectiveness of the awareness program needs to be organized, also. Dr. Dennis Hoban would be well qualified to develop this.

Summary

A thorough review and discussion of the concept of medical professionalism by this Committee yielded the following observations:

1. There are numerous definitions of medical professionalism, but the Committee favored the one developed and reported by the Kansas University Medical Center that lists the components of professionalism. These are altruism, accountability, excellence, respect for others, a personal commitment to lifelong learning, duty, honor, and integrity.

2. This definition was translated into a list of Standards of Behavior for the School of Medicine of VCU developed by this Committee. The following standards apply to faculty, postgraduate trainees (house staff), and to medical students. Each will:

    - Recognize their positions as role models for other members of the health care team.
    - Carry out academic, clinical and research responsibilities in a conscientious manner, make every effort to exceed expectations and make a commitment to life-long learning.
    - Treat patients, faculty, house staff and students with humanism and sensitivity to the value of cultural, social, age, gender, disability and economic diversity without discrimination, bias or harassment.

- Maintain patient confidentiality.
- Be respectful of the privacy of all members of the medical campus community and avoid promoting gossip and rumor.
- Interact with all other members of the health care team in a helpful and supportive fashion without arrogance and with respect and recognition of the roles played by each individual.
- Provide help or seek assistance for any member of the health care team who is recognized as impaired in his/her ability to perform his/her professional obligations.
- Be mindful of the limits of one's knowledge and abilities and seek help from others whenever appropriate.
- Abide by accepted ethical standards in scholarship, research and standards of patient care.
- Abide by the guidelines of the VCU Honor System.

3. Taking the view that all unprofessional behavior is unacceptable in this community, we concluded that unprofessional behavior occurs on our campus and corrective actions will be necessary.

4. Although medical professionalism should be enhanced at all levels of the medical community, the first priority is at the faculty level. Enhancing professionalism among the faculty, who serve as role models for all others, will have a beneficial effect on these other groups.

5. There is limited evaluation of individual faculty members and individual students in terms of professionalism in our school. It was deemed necessary to develop a new series of evaluation processes to allow prospective quantification of these behaviors by these groups. These processes will assist in the development of activities that will enhance professionalism generally as well as allowing corrective action for specific problems when they arise. (Evaluation processes for professionalism of house staff are currently being developed by the GME Office in response to directives from the ACGME.).

6. Although specific policies do exist at VCU for sexual misconduct and harassment, racial discrimination, equal opportunity, and violations of the honor code, there are no policies at present for effectively dealing with specific transgressions in the area of professionalism. Specific procedures are needed to deal with any perceived instances of unprofessional behavior on our campus.

7. The course offerings related to development of professionalism in the medical school curriculum are limited in the M1 and M2 years and virtually nonexistent in the M3 and M4 years. The M3 and M4 years are a key time in professional development, and curricular attention to this topic is sorely needed. Clearly, having ideal role models is an essential first step with expansion of the formal educational program.

8. A pressing need, in terms of professionalism on this campus, is development of a program to increase the awareness of medical professionalism in our entire community of faculty, postgraduate trainees and students.

Recommendations

Based on the above observations and conclusions, the Professionalism Committee makes the specific recommendations to the Dean of the School of Medicine that:

1. **The standards of behavior listed above be disseminated and accepted, and that medical professionalism be made a key concern for everyone participating in our School of Medicine.**

2. **A specific and uniform process for the objective evaluation of professionalism in individual faculty, students, and postgraduate trainees be established. This process should be in consistent with the specific evaluation process already initiated for trainees in postgraduate education.**
   Course leaders should be involved in developing the specific wording and measurement scales to assure some degree of uniformity of measurement and to encourage their later active participation in the process. The Curriculum Office should be charged with the record keeping for this process and with the appropriate reporting of data back to the individual faculty, to course leaders, and to departmental chairpersons.
   Evaluation of professionalism in residents should remain the responsibility of the GME Office and the evaluation system with the evaluation of M3 and M4 students should be similar to that employed for the resident group.

3. **An action process be established for dealing with any perceived transgressions in the area of professionalism by faculty members in terms of the Standards of Behaviors listed above.**
   Although clear-cut sexual harassment or discrimination cases will be referred through other channels, it is recommended that a modification of the already existing Informal Complaint Option used in other VCU grievance procedures (in Resource Guide) be available for professionalism concerns in addition to the existing standard reporting process.

   It is suggested that any student or resident with a concern regarding the professional behavior or communication of a faculty member may file a complaint for review and resolution through any one of several options. In addition to the usual option for the student of reporting the problem to a course director or departmental chairperson, it is recommended there be appointed a neutral person or "ombudsman" in the Office of the Dean to hear the complaint. If indicated, this person will initiate review of the problem by a small, custom made subcommittee from groups of carefully chosen senior faculty, senior house staff students and representatives from other appropriate units. These

individuals would be selected from a larger standing committee pool appointed by the Dean and trained for this specific purpose. Report of this custom made review group chaired by the Dean's representative would be provided to the faculty member's chairman for appropriate action and, when appropriate, to the Dean of the School of Medicine. (For resident staff wishing to report concerns regarding a faculty member's unprofessionalism, the Director of Graduate Medicine Education now serves in the ombudsman role)

The Committee believes the individual chairs of departments in the School of Medicine bear responsibility for overseeing professionalism and dealing with instances of unprofessionalism on the part of both their faculty and house staff. In addition, we believe the Dean shares this responsibility with departmental chairs and does need to report any grossly unprofessional conduct to the Virginia State Board of Medicine.

4. **Plan and implement an educational awareness campaign through the Office of Faculty and Instructional Development, assisted by a standing committee (to be appointed).**
   The awareness campaign can include, but not be limited to: distribution of laminated cards containing the Standards of Behavior; inclusion of the topic of professionalism in the orientation for medical students, housestaff, and new faculty, and in divisional and departmental meetings. The format of presentations may include posters, e-mail, and video vignettes. The VCU Ad Center may be of assistance in marketing this program.

5. As a later step, the medical school curriculum is expanded to include knowledge, skills and attitudes relating to professional qualities.

September 25, 2001

SCHOOL OF MEDICINE

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