UNDERGRADUATE MEDICAL EDUCATION

SCHULICH SCHOOL OF MEDICINE & DENTISTRY

STATEMENT ON PROFESSIONALISM

Reviewed: September 2022
Approved by: Curriculum Committee
Date of Next Scheduled Review: 2025

BACKGROUND:

In September 2021 the Association of Faculties of Medicine of Canada (AFMC) Undergraduate Dean Statement on Professionalism was approved to serve as a guide for documentation of professionalism lapses with the aim of increasing equity and standardization across Canadian medical schools. The Schulich Undergraduate Medical Education Statement on Professionalism is based on the [Professionalism Policy Undergraduate Final EN (afmc.ca)](#)

Although precise definitions vary, it is universally understood that professionalism requires both *cognitive* and *behavioural* components. Examples of varying degrees of lapses of professionalism can be found in Table 1 below. The Royal College of Physicians and Surgeons and the College of Family Physicians of Canada incorporate professionalism as a core competency within their respective frameworks. Professionalism lapses are associated with low morale and increased adverse events. Disciplinary actions by regulating bodies have been associated with prior professionalism lapses in medical school (Papadakis et al, NEJM 2005; 353:2673-82). This highlights the importance of addressing professionalism lapses in medical school in order to ensure that the learner has the opportunity to develop professionalism competence prior to progressing to post graduate training and independent practice.

Student behaviour is to be guided by Western Code of Student Conduct ([code.pdf (uwo.ca)](#)), the professional standards outlined by the Schulich School of Medicine and Dentistry [Charter on Medical/Dental Professionalism* - Learner Experience - Western University (uwo.ca)](#); the Policy and Guidelines for Interactions between Schulich School of Medicine & Dentistry and Industry, as well as policies issued by the College of Physicians and Surgeons of Ontario, and the Canadian Medical Association.

PROFESSIONAL CONDUCT:
PRINCIPLE

1. Professional behaviour is essential and an expectation in the learning and working environment.
2. Professional behaviour is essential to the provision of safe and effective patient and team-based care.

3. Medical students are actively involved in the delivery of patient care and in team-based processes, and so are required to maintain high standards of professional behaviour aligned with the profession.

4. Understanding of, and adherence to, the core principles of professionalism are expectations of undergraduate medical education and a mandatory graduation expectation.

5. Professionalism is a competency which develops longitudinally in the medical student. Learning can occur through a variety of mechanisms such as self-awareness, self-analysis, practicing a growth mindset, accepting feedback and an ability to learn from and correct mistakes.

6. A Student's professional conduct is assessed during all Educational Experiences and other program related activities and satisfactory achievement of the professionalism competency is a mandatory component of MD Program progression.

7. Students are expected to adhere to the standards of ethical behaviour for the medical profession, Schulich and Western University as outlined or referred to in the Code of Student Conduct, CMA Code of Ethics and Professionalism | CMA and any other applicable policies or statements (collectively, the "Policies").

8. Concerns about a Student's conduct within an Educational Experience should be reported to the VD UME and UME Office with notification to the Learner Experience Office for student support.

9. A Student may Fail for professionalism lapse(s), and this may appear on the Medical Student Performance Record (see Table 1 below).

10. A Student's unprofessional conduct during other program related activities shall be immediately reported to the Vice Dean UME, who shall review the Student's conduct.

11. Concerns about a Student's conduct outside of an educational experience or other program related activity may be reported in accordance with the Western Code of Student Conduct, the Gender-Based and Sexual Violence Policy or other applicable policies.

OPERATIONAL CONSIDERATIONS:

1. **Accepted Definitions.**
   An understanding regarding the categorization of professional concerns will be based on three key criteria: chronicity; potential harm and intent.

2. **Mechanisms by which professionalism concerns come to attention.**
   Professionalism concerns may be brought forward by faculty, students, residents, patients, simulated patients, administrative staff, other health professionals, members of the larger university community and by the general public. These concerns may be flagged on any student assessments. The School provides a variety of avenues to report professionalism concerns, including routes by which Students can bring forward issues without identifying themselves Learner Experience - Western University (uwo.ca) Unprofessional Behaviour Reporting Form) recognizing that there may be limitations on how such reports can be addressed. The form is available and can be accessed on the home page of the

Undergraduate Medical Education and Learner Experiences websites and is also accessible on the end of course feedback forms.

3. **Processes by which professionalism concerns are assessed.**
Professionalism is assessed throughout all Educational Experiences. Professionalism concerns are reviewed by the VD UME or delegate and/or the Competence Committee. The Student will be advised of the support and resources available through the Learner Experience Office. Remediation of professionalism lapses may be addressed as outlined in the Academic Success in the MD Program Statement. Serious allegations of unprofessional conduct and/or concerns relating to patient care or safety involving the Student must be brought to the attention of the VD UME. The VD UME will ensure that the Student is informed of the allegations and is given an opportunity to meet with the VD UME and file written submissions. The Student may be accompanied by a colleague or other support person, however ordinarily any oral submissions or presentations must be made by the Student. The VD UME shall review the relevant documentation relating to the allegations and shall meet with such other individuals as deemed necessary before making a decision. The VD UME shall issue a written decision with reasons.

4. **The expected response to each level of concern of increasingly severe professionalism concerns is outlined in the table below.**

Professionalism Concern	Examples include but are not limited to:	Potential Interventions include but are not limited to:	Documentation Principles:	
Level 1 *Concerning Behaviour Requiring Intervention*	A first-time concern and No or very minor harm to others (patients, other students, faculty, the public or institutions), and Acknowledgement and acceptance of responsibility.	**Examples below maybe level one or level two depending on if a recurrent professional lapse:** Submitting an assignment late. Arriving late for a mandatory lecture or clinical learning experience without valid reason. Missing a mandatory session without a valid reason. Communication	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance	No further review or permanent documentation in the academic file is required although record of the encounter should be retained by the reviewing party in the event of future issues
Level 2 *Concerning Behaviour Requiring Intervention*	Previous Level 1 concerns or Minor direct or indirect harm to others (as above) or Lack of insight into the concerns raised by		Conversation to review the incident and identify underlying causes, opportunity for written reflection, provide support	Documentation in UGME Office academic file but no record on transcript and/or MSPR if remediation

	the incident, and potential for remediation through, but not limited to, education, apology, written reflection, and/or formal course of study	that may be perceived as Inappropriate or disrespectful (verbal or written, including social media, etc.) . Receiving or responding to feedback inappropriately. Repeated failure to meet deadlines or respond promptly to calls, particularly when patient care may be impacted . Minor, unintentional incidents of academic misconduct.	and resources to improve future performance A program of remediation to include elements such as: · completion of assigned learning tasks · mentorship · sufficient time to demonstrate improvement · monitoring	successfully completed and no further transgressions.
Level 3 *Concerning Pattern of Behaviour Persisting Following Remediation* *OR* *Threatening or dangerous behaviour requiring major intervention*	Previous Level 1 or 2 concerns that persist despite remediation, or significant, or potential for significant harm to others (as above), and Student shows limited insight into the concerns raised by the incident, and Potential for remediation through formal program(s) and reassessment.	Demonstrating a pattern of not responding to call for assistance. Failing to communicate absences in a timely fashion. Incidents of academic misconduct as defined by the university's policy on academic misconduct. Breaching of patient confidentiality. Inappropriate or offensive communication	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance A program of remediation to include elements such as: · Completion of assigned learning tasks · Mentorship	Documentation in UGME academic file and Inclusion in the MSPR recommended

		(verbal or written, including social media, etc.). Engaging in discriminatory communication or behaviour (depending on context / egregiousness)	· Sufficient time to demonstrate improvement · Monitoring	
Level 4 Behaviour Potentially Incompatible with Practice of Medicine Egregious harm to others (as above), or Behaviour inconsistent with a future career in medicine	Multiple previous professionalism concerns documented, or Failure to remediate previous concerns, or Egregious or communication or contact, where the behavior is known or reasonably ought to be known to be unwelcomed, unauthorized and intentional release of or accessing confidential information Engaging in discriminatory communication or behavior (depending on context / egregiousness)	Physically or sexually assaulting a patient, peer, colleague, faculty, or staff. Breaching the Criminal Code of Canada with a conviction relevant to the practice of medicine and/or the learner's role as a university student. Unwelcomed and inappropriate communication or contact, where the behavior is known or reasonably ought to be known to be unwelcomed. Unauthorized and intentional release of or accessing confidential information. Engaging in discriminatory communication or behavior (depending on context / egregiousness).	Conversation to review the incident and identify underlying causes, opportunity for written reflection, provide support and resources to improve future performance if appropriate in the context of the behavior A program of remediation to include elements such as: completion of assigned learning tasks mentorship sufficient time to demonstrate improvement monitoring Dismissal from medical school	Documentation in UGME academic file and Inclusion in MSPR