

University of Colorado School of Medicine

ENHANCING PROFESSIONALISM

**Findings and Recommendations of the
Committee on Professionalism**

July 30, 2004



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Cover Photograph

The University of Colorado School of Medicine was established in 1883, “since the Regents believed that the lives and health of the people of Colorado are not second in importance to any other interest that can be subserved by the State University.” In 1883 the School consisted of “two rooms, two professors, two instructors and two hastily recruited students.” In 1888 the School moved into its own building, Medical Hall, built at a cost of \$2,540.

Photograph and citations are from Claman HN, Shikes RH. The University of Colorado School of Medicine: A Millennial History. A.B. Hirschfeld Press, 2000.

ENHANCING PROFESSIONALISM

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EXECUTIVE SUMMARY

On September 30, 2003 Dean Krugman appointed an Ad Hoc Committee on Professionalism. The charge to the Committee was to define professionalism for the School of Medicine, outline standards and expectations and suggest new policies for institutional change. This report represents the findings and recommendations of the members of the Committee and should serve as a document for further discussion, planning and program development. Above all, it should serve as a catalyst for action. Committee members hope that the policies and recommendations outlined in this document will be used for: a) *Orientation* of students, house officers, faculty, administrators and staff; b) *Instruction* in classroom, laboratory, clinical and on-line settings; c) *Remediation*, mediation and other corrective actions to ensure accountability for high standards of professional behaviors; d) *Assessment* of the professionalism competencies of students, house officers, faculty and administrative staff; and e) *Identification and mitigation* of institution-wide conflicts and pressures that may contribute to unprofessional behaviors.

The Committee on Professionalism was formed in response to several trends. First, in recent years the University of Colorado School of Medicine (SOM) has developed several programs on professionalism. However, these have focused primarily on medical, physical therapy or child health associate students. But students in all three programs have observed that there is no parallel system for faculty or staff. Second, faculty in the School of Medicine have observed that episodes of incivility, poor communication, conflict and disrespect among faculty members, staff and administrators have increased in recent years. And third, the Committee was formed in response to a national focus on professionalism in medicine and science. Several published studies suggest that, over the past decade, there has been a marked erosion of professional behaviors and attitudes among medical school faculty and their trainees. The level of respect and trust that the public has for physicians has also undergone a sharp decline. While the decline in professionalism is surely not universal, it is probably widespread. This report suggests specific steps that can be taken to reverse this trend.

Committee Members

The 25-member Committee on Professionalism included School of Medicine faculty members from basic sciences and clinical departments, along with representatives from the Faculty Senate, affiliated hospitals, UCHSC Staff Council, House Officers' Association, Dean's Office and medical school student body. The Committee members are listed in Appendix A. The Committee was co-chaired by: Steven Lowenstein, MD, MPH, Associate Dean for Faculty Affairs; Brian Dwinnell, MD, Director, Foundations of Doctoring and Chair, Student Professionalism Committee; Maureen Garrity, PhD, Associate Dean for Student Affairs; and Lorraine Adams, MSW, Director, Office of Student Affairs, Department of Medicine.

General Findings

The Committee believes that the majority of students, house officers, fellows, faculty, administrators and staff are hardworking and committed; most people, on most

days, demonstrate high levels of professionalism, humanism, integrity and institutional citizenship. Sweeping changes in institutional culture are probably not needed. Rather, our biggest shortcomings may be: a) Our failure to recognize and reward examples of extraordinary professionalism and institutional service; and b) our lack of timely, appropriate responses when lapses in professionalism and civility occur.

After reviewing the existing literature, and after lengthy discussions, the Committee concluded that: a) Professionalism is an essential competency for students, residents, faculty, administrators and staff; b) lapses in professional behavior occur and must be acknowledged; c) there must be a response system that includes, when appropriate, mediation, remediation, discipline or other corrective actions; and d) what is needed most is development of policies and strategies to increase commitment to professionalism and civility at all levels throughout the School of Medicine. The overall goal is to encourage professionalism in a positive and constructive way, so that professional attitudes and behaviors are more manifest in our daily work.

Recommendations

The enclosed report makes recommendations in five principal target areas. The five general recommendations are accompanied by *Specific Implementation Tasks*. In selecting these recommendations for positively affecting the environment of our School, Committee members accept on faith the optimistic observations of Dr. Thomas Inui: “The good news is that everything need not change at once and that starting anywhere, within any niche of institutional activity, has the potential to lead to change elsewhere in the complex and highly interconnected organizational ecology of the academic health center, so long as the organizational leadership is attentive and facilitating this change ‘from the top.’” The first step, the Committee believes, is to put professionalism, and these recommendations, on the School’s organizational agenda.

A STATEMENT OF PRINCIPLES

Recommendation # 1:

A statement of professionalism principles should be added to the School of Medicine Rules. The statement should define specific professional and unprofessional behaviors.

FACULTY PROFESSIONALISM

Recommendation # 2:

The SOM Rules should state explicitly that professionalism is a core competency and that the School will include measures of professionalism, humanism, service and institutional citizenship during annual reviews and at the time that promotion and tenure decisions are being made. Further,

students, residents and other trainees should have appropriate opportunities to provide candid, confidential feedback regarding the professional or unprofessional behaviors of their teachers.

Implementation Tasks

1. Specific language addressing professionalism in the evaluation and promotion of faculty should be added to the SOM Rules.
2. Letters-of-offer for new faculty hires should include language reinforcing the School's commitment to professionalism.
3. Tools should be developed to enable students, house officers and other trainees to provide confidential and anonymous feedback and assessments of professionalism in ratings of faculty performance.
4. The SOM should develop comprehensive ("360 degree") evaluation tools, to ensure that evaluations of professionalism include input from supervisors, colleagues, coworkers, nurses, laboratory assistants, patients and trainees.
5. The School should develop tools to ensure that professionalism, interpersonal competencies and institutional citizenship are included in faculty annual reviews.
6. The SOM Rules for promotion, including the matrices, should be modified to give additional weight to professionalism, institutional citizenship and service.

INCREASING INSTITUTIONAL AWARENESS

Recommendation # 3:

A variety of school-wide education and training strategies should be implemented, in order to increase professionalism knowledge and awareness among faculty, administrators, house officers, students and staff.

Implementation Tasks:

1. The Dean should emphasize professionalism in a variety of ways, including speakers, sponsored events, public addresses, recruitment and orientation of department chairs and other administrators; the Dean should also support development of tools to monitor and measure professionalism.
2. The SOM should develop a system of recognition and awards for faculty, house officers, staff, administrators and students who exhibit exemplary professional behaviors.
3. The School should implement a web-based "Professionalism Training and Awareness" module. The module should emphasize: The range of professional competencies expected of health providers, scientists, teachers and other members of the SOM community; common breaches of professionalism and appropriate responses; and consequences of unprofessional behaviors to students, patients, colleagues, coworkers and the School.
4. There should be an increased emphasis on professionalism throughout the new medical student curriculum.

REPORTING AND ACCOUNTABILITY

Recommendation # 4:

All members of the SOM community, including students, house officers, faculty, patients, administrators and staff, should be able to report any episode that they consider to be unprofessional or disruptive conduct. A Critical Incident Reporting System should be created, with provisions for confidential reporting as well as tailored responses, such as feedback, reflection, remediation, mediation or discipline.

Implementation Tasks

1. The School of Medicine should create Professionalism Evaluation Committees.
2. The SOM should establish reporting hotlines.
3. Rules governing reporting mechanisms and committee deliberations should be developed, to ensure that corrective actions are taken in a manner that is fair, constructive and confidential.
4. The SOM should develop a system of tiered, coordinated responses (“efferent limbs”) to Critical Incident Reports; appropriate responses might include feedback, reflection, remediation, mediation, discipline or systems corrections.
5. The SOM should expand its mediation services; mediation can be an effective method to increase reflection and resolve interpersonal conflicts, while also serving as an effective instructional tool.
6. The Professionalism Evaluation Committees should also be charged with receiving and publicizing reports of exemplary professional behavior and institutional citizenship by students, houseofficers, faculty or staff.

INSTITUTIONAL FACTORS THAT CONTRIBUTE TO UNPROFESSIONAL BEHAVIOR

Recommendation # 5:

The School of Medicine should work to identify and mitigate institution-wide stresses, conflicts and pressures that contribute to unprofessional behaviors.

Implementation Tasks:

1. When episodes of unprofessional behavior are reported, Professionalism Evaluation Committees should consider whether “systems” corrections are needed.
2. A separate task force should be formed to study the systemic and institution-wide characteristics that contribute to unprofessional behaviors.

Concluding Recommendations

To increase professionalism across the School of Medicine, interest and participation by faculty, students, house officers, administrators and staff will be required. Indeed, we are all inter-dependent; each of us will be judged, at least in part, by the qualities of the organization in which we work. Dr. Inui observed that “faculty [and students] striving to exemplify altruism and trustworthiness will find it impossible to succeed in this endeavor unless the whole fabric of their institution has been woven around such designs.”

The report of the Committee on Professionalism concludes with the following final recommendations:

- This report should be distributed to the Dean and leadership of the SOM and to members of the Executive Committee, Faculty Senate, UCHSC Staff Council, faculty-at-large and house officer and student bodies. After discussion and revision, an Implementation Task Force should be convened to develop a plan and schedule to implement the recommendations in this report. The Committee recognizes that the recommendations contained in this report will be inconsequential if they are not implemented.
- The Committee on Professionalism urges the faculty and administration of the SOM to consider carefully how much can be accomplished without financial support. The Implementation Task Force should be charged with identifying promising sources of funding, such as grants and private donations, that may be needed to implement these recommendations.
- Several members of the Committee have observed that there is no policy that addresses the relationships between faculty members and industry. Although outside the charge to the Professionalism Committee, committee members believe that proper, defined relationships with biomedical companies are a key component of professionalism and recommend that a task force be convened to develop guidelines in this area.
- Finally, Committee members recognize that evaluation is a necessary component of program change. Institution-wide programs to increase professionalism have seldom been reported in the published literature, and evaluation is virtually non-existent. Committee members believe that “Encouraging Professionalism in Academic Medical Centers” is an area that is suitable for scholarly investigation.

Faculty [and students] striving to exemplify altruism and trustworthiness will find it impossible to succeed in this endeavor, unless the whole fabric of their institution has been woven around such designs” (1)

I. INTRODUCTION

On September 30, 2003 Dean Krugman appointed an Ad Hoc Committee on Professionalism. The charge to the Committee was to define professionalism for the School of Medicine, outline standards and expectations and suggest new policies for institutional change. This report represents the findings and recommendations of the members of the Committee and should serve as a document for further discussion, planning and program development. Above all, it should serve as a catalyst for action. Committee members hope that the policies and recommendations outlined in this document will be used for: a) *Orientation* of students, house officers, faculty, administrators and staff; b) *Instruction* in classroom, laboratory, clinical and on-line settings; c) *Remediation*, mediation and other corrective actions to ensure accountability for high standards of professional behaviors; d) *Assessment* of the professionalism competencies of students, house officers, faculty and administrative staff; and e) *Identification and mitigation* of institution-wide conflicts and pressures that may contribute to unprofessional behaviors.

Why the Committee on Professionalism Was Established

The Committee on Professionalism was formed in response to several trends. First, in recent years the University of Colorado School of Medicine (SOM) has developed several programs on professionalism. However, these have focused primarily on medical, physical therapy or child health associate students. For example, the SOM has instituted a Student Professionalism Committee for medical students. The committee reviews reports of unprofessional student behavior and recommends corrective actions. The physical therapy and child health associate programs also have implemented programs to teach and assess students with regard to professional development. But students in all three programs have observed that there is no parallel system for faculty or staff. Medical students have asked whether SOM faculty and house officers are evaluated for professionalism at any time during their careers or held accountable for unprofessional behaviors. While recent studies indicate that early identification of unprofessional attitudes and behaviors among medical students is feasible and important (2-5), five years of qualitative data, gathered from the SOM’s “Hidden Curriculum” course, indicates that medical students should not be our sole focus of concern.¹

¹ The “Hidden Curriculum” is a component of the “Foundations of Doctoring” and is a required core course for third-year medical students. It is a semi-structured seminar, facilitated by senior students and faculty. Students report what they see and feel as new clerks on the hospital wards. On occasion, the students tell of outstanding role models and examples of exemplary professional behavior by their supervising house officers and attending physicians. But there are also frequent reports of unprofessional speech and behavior, unprofessional conduct toward students, disregard for patient privacy or comfort, lack of empathy, laziness and, occasionally, episodes of devastating insensitivity to patient concerns.

Second, faculty in the School of Medicine have observed that episodes of incivility, poor communication and conflict among faculty members, staff and administrators have increased in recent years. Most faculty members agree that such episodes, even if isolated, reflect badly on the School of Medicine and threaten the School's research, teaching, clinical and service missions. Faculty members vigorously defend their right to engage in spirited debate and dissent, but they believe that such debate should be constructive, respectful, factual and open. And in their roles as teachers, faculty increasingly recognize the importance of modeling professional attitudes and behaviors within and outside of the classroom. Faculty recognize that the School of Medicine, like most medical colleges, does not routinely evaluate or reward faculty on the basis of professional behaviors. Thus, faculty members welcome the students' call --- namely, that faculty must also commit to professional behavior and growth and that the School should adopt a system of evaluation and accountability.

Finally, the Committee was formed in response to a national focus on professionalism in medicine and science. As outlined in Section II, the Association of American Medical Colleges, American Council on Graduate Medical Education, American College of Physicians, American Physical Therapy Association, National Academy of Science, National Academy of Engineering, Institute of Medicine and other organizations have issued calls for a renewed emphasis on professionalism in medical school, in graduate medical education and in scientific research and training (1, 6-16).

Members of the Committee

The 25-member Committee on Professionalism included School of Medicine faculty members from basic sciences and clinical departments, along with representatives from the Faculty Senate, Physical Therapy Program, affiliated hospitals, Dean's Office, House Officers Association, UCHSC Staff Council and medical school student body. The Committee members are listed in Appendix A. The Committee was co-chaired by: Steven Lowenstein, MD, MPH, Associate Dean for Faculty Affairs; Brian Dwinell, MD, Director, Foundations of Doctoring and Chair, Student Professionalism Committee; Maureen Garrity, PhD, Associate Dean for Student Affairs; and Lorraine Adams, MSW, Director, Office of Student Affairs, Department of Medicine.

The co-chairs held numerous planning meetings and conducted background research, including a review of published literature, an inventory of existing professionalism statements and documents at the other schools on the Health Sciences Center Campus and reviews of existing professionalism and disruptive behavior policies at the affiliated hospitals (Veterans Affairs Medical Center, University of Colorado Hospital, The Children's Hospital and Denver Health Medical Center). In conducting this background research, the co-chairs, on behalf of the Committee, sought to identify best or promising practices for effecting institutional change. The entire Committee met four times and conducted additional business by email.

In preparing its report, the Committee learned that there is no consensus on "best institutional practices." Promising strategies could be found at a number of hospitals,

schools and national organizations.² However, while these national organizations have insisted that individuals and institutions should increase accountability for professionalism and have issued calls for schools of medicine to transform the culture of their institutions to encourage professionalism, no one is sure how to do this well. Several large-scale collaborative projects have focused on definitions of medical professionalism and various means to assess professional behaviors among students and residents-in-training (1, 6-17). There is far less information available about professionalism in non-clinical settings or about policies and practices to effect system-wide organizational change.

The Committee's Assumptions and Operating Principles

- The Committee did not seek to redefine the attitudes and characteristics that constitute “professional behavior” or “virtue.”³ Indeed, the core values of professionalism are easy to define, at least for patient encounters. According to Thomas Inui, “the major elements of what most of us in medicine mean by ‘professionalism’ have been described well, not once but many times” (1). A more important goal was to develop strategies that could be employed to increase awareness of, and accountability for, professional *behaviors* institution-wide (16,18,19). As Inui has observed, “What the literature and rhetoric of medicine lacks is a clear recognition of the *gap* between these widely recognized manifestations of virtue...and *what we actually do* in the circumstances in which we live our lives” (1).
- The Committee wishes to emphasize that it largely developed its own charge. The recommendations contained in this report originated with the faculty, resident and student Committee members and were not imposed by any member of the SOM administration.
- The Committee also wishes to stress a positive tone, and its recommendations include a greater emphasis on strategies to encourage and reward exemplary professionalism, with less emphasis on remedial or punitive interventions. The members of this Committee are convinced that the majority of students, faculty and staff of the School of Medicine are highly professional, while also agreeing that we should seize this opportunity to renew our shared commitment to high standards of professionalism.

² For example: The Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, Institute of Medicine, National Academy of Science, National Academy of Engineering, American Physical Therapy Association, American Board of Internal Medicine, American Medical Student Association, American Medical Association, American College of Physicians, American Academy of Pediatrics and others (1,6-16).

³ The Committee accepted the reports by the American Board of Internal Medicine and others that define the core elements of professionalism in clinical settings as: Empathy and caring; professional competence; honesty, respect and integrity in interactions with patients and colleagues; selflessness (patient-centered practice); patient confidentiality; improving the quality of care; improving public health and access to health care services; life-long learning; avoiding and managing conflicts of interest; and a commitment to professional responsibilities, such as self-regulation, self-improvement and disciplinary actions when one fails to meet professional standards (1,6,10,17).

- Finally, the Committee received suggestions to consider drafting specific guidelines in targeted areas, such as relationships with pharmaceutical representatives or research impropriety. The University has written policies in several areas, including sexual harassment, amorous relationships, hostile workplace environments, academic freedom and others. While there were some dissenting views, the majority felt that the Committee should not develop such narrowly-focused policies at the present time and that its principal goal should be to develop a statement of principles for the entire School, along with systems for education, monitoring and accountability in the broad arena of professionalism.

II. BACKGROUND AND RATIONALE

Erosion of Professionalism in Academic Medical Centers

Several research reports have demonstrated that medical students and house officers frequently witness or engage in a variety of unprofessional or unethical behaviors (20-23). Moreover, published studies suggest that, over the past decade, there has been a marked erosion of professional behaviors and attitudes among medical school faculty and students (1,12). The level of respect and trust that the public has for physicians has also undergone a sharp decline (1, 24, 25). According to some published studies, medical students demonstrate a decline in altruism, humanism and patient-centered values, and an increase in cynicism --- sometimes referred to as “traumatic de-idealization” --- over the course of their training. Ironically, this decline in altruism and humanistic attitudes occurs during the 4-year “maturation period” of a medical student, just as he or she is gaining more patient-care responsibilities. (1, 5, 22, 23, 26-30). Similar declines have not been documented among students in law, engineering or other professions.

If medical students, house officers and graduate students are affected, this may reflect, at least in part, our failure to model professional competencies and behaviors. It underscores the need to effect a positive change throughout the School of Medicine in the way in which we teach, model, reward and hold staff, students and faculty accountable for professionalism. In the clinical arena, it underscores the need to reaffirm the fundamental values of health care as a service-oriented profession.

The importance of identifying, monitoring and rewarding professional behaviors among trainees in our medical school, graduate school, residency programs and physical therapy and child health associate programs cannot be overestimated. Recent studies have demonstrated that problematic, unprofessional behavior in medical school is associated with subsequent disciplinary action by state medical boards. In fact, unprofessional behaviors may be a stronger predictor of later disciplinary action than test scores, medical school grades, gender, undergraduate grade point averages, Medical College Admission Test scores or other variables (2).

While the decline in professionalism is surely not universal, it is probably widespread. And it is likely to continue, given the following pressures and trends at

academic medical centers: a) A prevailing business environment, that is perceived as rewarding administrative efficiency and solid balance sheets above caring and service; b) an increasing emphasis on “systems of care” and “research enterprises,” rather than the traditional arts of healing, teaching and discovering; c) regulation, paperwork and bureaucratic burdens; d) stress, overwork and fatigue, due in part to under-funding of the institution and leading to a state where “survival is emphasized at the expense of professionalism” (31); e) an emphasis on technology in clinical settings; f) overload of information and facts; and g) academic promotions systems that typically do not reward exemplary professional behaviors, service or caring (1, 12, 31-37). Whatever the root causes, several careful studies have documented an increase in self-centeredness and cynicism and an erosion in humanism and have observed that both students and faculty are affected (1, 5, 12, 22-30).

III. GENERAL FINDINGS

Placing Professionalism on the School’s Organizational Agenda

The Committee believes that the majority of students, house officers, fellows, faculty, administrators and staff are hardworking and committed; most people, on most days, demonstrate high levels of professionalism, humanism, integrity and institutional citizenship. Sweeping changes in institutional culture are probably not needed. Rather, our biggest shortcomings may be: a) Our failure to recognize and reward examples of extraordinary professionalism and institutional service; and b) our lack of timely, appropriate responses when lapses in professionalism and civility occur.

After reviewing the existing literature, and after lengthy discussions, the Committee concluded that: a) Professionalism is an essential competency for students, house officers, faculty, administrators and staff; b) lapses in professional behavior occur and must be acknowledged; c) there must be a response system that includes, when appropriate, mediation, remediation, discipline or other corrective actions; and d) what is needed most is development of policies and strategies to increase commitment to professionalism and civility at all levels throughout the School of Medicine. The overall goal is to encourage professionalism in a positive and constructive way, so that professional attitudes and behaviors are more manifest in our daily work (1).

The Importance of Professionalism at the University of Colorado School of Medicine

The School of Medicine is a large, complex community of students, teachers, clinicians, scholars, administrators and staff. The members of the Committee on Professionalism believe that civility, trust, respect, open communication and professional attitudes *and behaviors* are critical to the success of our school.

The SOM faculty includes more than 3,700 full-time, part-time and volunteer faculty. The faculty includes experts in many areas of science and medicine, who have diverse strengths, talents and career aspirations. Faculty members are also members of scores of different departments, centers, divisions and programs and have many loyalties

and responsibilities. Medical schools, it has been observed, consist of loose aggregations of “autonomous professionals” and “decentralized federations” (38). But faculty members also share common values and missions, as teachers, scientists, health care providers and professionals. Faculty members are cognizant of the traditions and history of the School and their professions and recognize the importance of integrity, faith in colleagues, diversity, honest dialogue and respect for patients, students and coworkers.

School of Medicine faculty members also value their role as teachers and recognize that their value to students and house officers is not limited to didactic presentations. Rather, there is a “hidden” or “experiential” curriculum. Whether faculty are aware of it or not, students, house officers and fellows observe how faculty members act, what they say, and how they treat students, patients, patients’ families, supporting staff, research assistants and colleagues. Students and other trainees learn and model their professional attitudes and practices from observation. They are generally astute observers and often incorporate the behaviors of their role models (1, 12, 21, 39-42). Students and house officers should not be asked to be professional, nor can they be evaluated on the tenets of professionalism, if the faculty are not also subject to similar expectations and if the overall environment does not encourage and demand professionalism. Certainly, formal coursework on professionalism will be insufficient (1, 18, 20); faculty and institutional leaders must also expect, exhibit, honor and reward professionalism in visible ways.

Institutional leaders must also demonstrate professional attitudes and behaviors. Students, house officers and faculty expect that administrative leaders will address problems with openness, fairness, candor, objectivity and a reasonable amount of flexibility (38) --- and with respect for the principles of shared governance articulated in the Laws of the Regents and the Faculty Constitution.

IV. RECOMMENDATIONS

In selecting these recommendations for positively affecting the environment of our School, Committee members accept on faith the optimistic observations of Dr. Inui (1):

The good news is that everything need not change at once and that starting anywhere, within any niche of institutional activity, has the potential to lead to change elsewhere in the complex and highly interconnected organizational ecology of the academic health center, so long as the organizational leadership is attentive and facilitating this change “from the top.”

The first step, the Committee believes, is to put professionalism, and these recommendations, on the School’s organizational agenda. To guide its work, the Committee agreed to focus on five specific target areas:

- **A statement of principles;**
- **Standards for faculty accountability;**
- **Actions to increase awareness and commitment to professionalism throughout the School of Medicine;**
- **Systems for early detection of unprofessional behavior by students, house officers, faculty administrators or staff, followed by appropriate responses;**
- **Identification and mitigation of institutional stresses, conflicts and pressures that may contribute to episodes of unprofessional behavior.**

A STATEMENT OF PRINCIPLES

Recommendation # 1:

A statement of professionalism principles should be added to the School of Medicine Rules. The statement should define specific professional and unprofessional behaviors.

Findings of the Committee

The Committee agrees with the American Board of Internal Medicine and others (1, 10, 12) who have argued that listing the qualities and attributes of professionalism (virtues) is less useful than articulating specific observable behaviors that reflect professionalism (18). Several documents have been published outlining behaviors (in the clinical setting, primarily) that exemplify altruism, honesty, integrity, caring, compassion, respect, responsibility, accountability, excellence and scholarship --- behaviors that may be suitable for instructional assessment, monitoring, remediation or reward (10, 12).

The Committee also believes that professional behaviors are interconnected and equally important in clinical and non-clinical settings. For example, Inui has described a survey of faculty members at the University of Indiana School of Medicine, who were asked to outline their professionalism ideals. According to the survey, faculty members cherish: a) The “wonderment” of medicine and science --- the profound nature and deep meanings of scientific and clinical work; b) the capacity of every student, faculty member, resident and staff member to learn and grow, if given freedom and support; c) connectedness --- the way that students, teachers, clinicians, scientists and staff are interconnected and have greater capacity together than as individuals; and d) passion --- for learning, teaching, new knowledge and innovation. Wonderment, learning, growth, interconnectedness and passion “energize us and galvanize our spirit.”⁴

⁴ As summarized by Dr. Michael Handler in his 2004 AΩ A Address, “Some Reflections on Professionalism.” May 25, 2004.

Example of Statement for Inclusion in School of Medicine Rules

This statement of the principles of professionalism was developed after consultation with students, faculty, house officers, staff and administrators of the School of Medicine. A climate of respect, civility and cooperation among students, house officers, faculty, staff and administrators is essential to achieving excellence in research, teaching, clinical care and university and public service. Therefore, the School of Medicine adopts this Professionalism Charter, which emphasizes the importance of respect, open communication, good judgment and humanistic behaviors. These attributes and behaviors are as essential as medical and scientific knowledge to the success of the medical school. All members of the medical school community, regardless of their seniority or position in the School, are expected to read and uphold these principles.

- All members of our medical school community, including students, faculty, house officers, staff, administrators, patients and visitors, should be treated with dignity, respect and courtesy.
- In classrooms, laboratories and clinical settings, respect, humility and effective listening are necessary conditions for learning.
- Disruptive behaviors have no place in a professional environment. Disruptive behaviors include, but are not limited to, verbal attacks that are personal, rude, disrespectful, belittling or threatening.
- In all interactions with patients and their families, students, house officers, faculty and other health care professionals are expected to demonstrate the core attitudes and behaviors that reflect the traditions of the profession of medicine and society's trust. These include: Compassion; respect for patients' privacy and dignity; altruism in patient care and in the pursuit and application of knowledge; empathy; accountability; punctuality; commitment to competence, scholarship and life-long learning; sensitivity and responsiveness to patients' age, culture, gender, ethnicity and disabilities; and responsiveness to societal needs.
- In non-clinical settings, including laboratories, classrooms, meeting rooms, hallways and offices, students, house officers, faculty and staff are expected to demonstrate these same attitudes and behaviors. Under the umbrella of professionalism lies an extended set of responsibilities that includes civil and courteous behavior, respect for teachers, students and colleagues, open and honest communication, respectful dissent, support for the School's missions and active and timely participation in education and mentoring activities.
- Students, house officers, faculty and administrative staff members should adhere to the highest standards of academic honesty and integrity. Truthfulness, completeness and accuracy are essential elements in medical

and scientific writings and medical record documentation. Examples of behaviors that violate these standards include: Misrepresentation of effort, authorship, credentials or achievements; cheating; plagiarism; misuse of medical records; and falsification of records.

- Teaching and mentoring are special privileges and responsibilities of the faculty of the School of Medicine, and modeling professionalism is an essential component of being a good teacher. Teaching ability will be judged, in part, based on demonstration of professional and humanistic attitudes and behaviors.
- Throughout the entire medical school curriculum, there should be a strong emphasis placed on humanism, compassion, service to patients, service to society, academic honesty and other core attitudes and behaviors that are intrinsic and essential to medicine as a healing profession. Similarly, graduate scientific training should emphasize responsible and ethical conduct in the pursuit of knowledge.

FACULTY PROFESSIONALISM

Recommendation # 2:

The SOM Rules should state explicitly that professionalism is a core competency and that the School will include measures of professionalism, humanism, service and institutional citizenship during annual reviews and at the time that promotion and tenure decisions are being made. Further, students, house officers and other trainees should have appropriate opportunities to provide candid, confidential feedback regarding the professional or unprofessional behaviors of their teachers.

Findings of the Committee

In part, the committee's emphasis on faculty originated with the observations of the medical students. Colorado medical students are held accountable if they fail to meet expectations of professionalism. But students have observed that faculty are not sufficiently accountable for lapses in professionalism and are not evaluated systematically in this area.

The members of the Committee felt that professionalism should figure prominently in faculty recruitment, performance evaluation and decisions regarding reappointment, promotion and tenure. Therefore, in order to implement Recommendation # 2, the Committee suggests that the SOM take the following specific steps:

Implementation Tasks

1. Specific language addressing professionalism in the evaluation and promotion of faculty should be added to the SOM Rules.

The Committee suggests the following language, which is modified from the “Preamble to Promotion and Tenure Standards” recently drafted for the School of Pharmacy. The Committee acknowledges gratefully Dean Louis Diamond’s approval to include this modified draft in this report:

The academic performance of faculty members in the School is evaluated annually. It should be stressed that annual reviews, as well as the summary evaluations leading to promotion or tenure, may also take into consideration certain more subjective aspects of faculty performance. Faculty members are expected to demonstrate professionalism, which includes respect and consideration for one another as well as for students, house officers, patients and supporting staff. Faculty members are also expected to exhibit the characteristics of good academic and institutional citizenship by contributing to the teaching, service and administrative activities of their department and the School. Faculty are expected to maintain a high level of scientific or clinical competence, as judged by their peers, and to demonstrate a dedication to life-long learning. Faculty are expected to critically analyze and avoid activities that suggest a conflict of interest with their role as a clinician, scientist or educator.

Although these qualities and behaviors may be more difficult to evaluate than research productivity, teaching and other traditional measures of academic performance, they will be taken into account by department chairs and evaluation committees during performance reviews or at the time promotion or tenure decisions are being made.

2. Letters-of-offer for new faculty hires should include language reinforcing the School’s commitment to professionalism.

Again, borrowing in part from a draft prepared by the School of Pharmacy, we recommend that the following paragraph be included in each letter of offer:

The University of Colorado School of Medicine also places a high priority on professionalism, civility, respect, diversity and service to the institution and community. Faculty members are expected to understand the history, values and strategic missions of the School of Medicine and the University. Faculty members are also expected to demonstrate a sincere interest in the welfare of students, patients and colleagues and in the advancement of knowledge and to participate actively in departmental

meetings, conferences, teaching exercises and other programs. Finally, members of the faculty are expected to serve as models of professionalism, exhibiting a commitment to lifelong learning, service, honesty and open and respectful communication. If any of the matters discussed in this paragraph are inconsistent with your own priorities or personal or career goals, it would only be fair for you to decline this offer of employment at this time.

3. Tools should be developed to enable students, house officers and other trainees to provide confidential and anonymous feedback and assessments of professionalism in ratings of faculty performance.

Students have expressed a willingness to identify faculty members, mentors and supervisors who are stellar performers; yet, few students are willing to identify those performing poorly. A sample reporting form is included as Appendix B.

4. The SOM should develop comprehensive (“360-degree”) evaluation tools, to ensure that evaluations of professionalism include input from supervisors, colleagues, coworkers, nurses, laboratory assistants, patients and trainees.

5. The School should develop tools to ensure that professionalism, interpersonal competencies and institutional citizenship are included in annual faculty reviews.

Annual review forms should include specific measures of interpersonal communication skills, professionalism, humanism, meaningful service to the institution and community and other professionalism competencies.

6. The SOM Rules for promotion, including the matrices, should be modified to give additional weight to professionalism and University and community service.

Committee members observed that the current SOM Rules includes only a single sentence about professionalism: *“It is implicit that excellence in teaching includes being a model of professional conduct for students, colleagues and patients.”* We also note that most definitions of professionalism in clinical medicine include not only a patient-centered emphasis but also a devotion to community service. The Committee recommends that professionalism, institutional citizenship and community service be added to the rules and metrics for promotion and tenure.

A Note of Caution

Committee members would like to add a note of caution. The School must recognize the subjective nature of many of the standards of professionalism. In developing specific standards, the emphasis should be placed on observable behaviors, rather than determinations of attitudes, values or inherent traits. In addition, committee members remain concerned about the sources of various data regarding professional behaviors. Is there evidence that a Chair or other supervisor is always the best person to render judgments about a faculty member’s professional behaviors? To the extent

possible, departments should rely on peer assessments or, preferably, 360-degree evaluations of professionalism, which can include input from supervisors, colleagues, coworkers, nurses, students, staff, laboratory assistants, patients and trainees (18).

INCREASING INSTITUTIONAL AWARENESS

Recommendation # 3:

A variety of school-wide education and training strategies should be implemented, in order to increase professionalism knowledge and awareness among faculty, administrators, house officers, students and staff.

Findings of the Committee

The committee recognizes that changing the institutional culture regarding professionalism will be challenging. Institutional change will require a variety of strategies, including focused attention by institutional leaders and educational interventions, in order to increase knowledge and awareness by faculty, house officers, students and staff. Professionalism, humanism and service are core values that should also be integral to curriculum reform at the student, house officer and continuing education levels.

Implementation Tasks:

- 1. The Dean should emphasize professionalism in a variety of ways:**
 - a. In searches for new department chairs and other administrative leaders and in their orientation programs;
 - b. In meetings with, and in formal addresses to, SOM faculty. Professionalism, along with diversity and service, should be included annually in the State of the School address;
 - c. By inviting speakers to discuss professionalism in medicine and science (for example in the Dean's Distinguished Seminar Series);
 - d. By supporting development of tools to monitor and measure professionalism among students, house officers, faculty and staff; and
 - e. By having an inaugural event to "kick off" the professionalism initiative, including a nationally prominent speaker.

- 2. The SOM should develop a system of recognition and awards for faculty, house officers, staff, administrators and students who exhibit exemplary professional behaviors.**

The School should recognize those individuals who demonstrate collaboration and broad institutional citizenship, and those who show devotion to patients, students or colleagues.

3. The School should implement a web-based “Professionalism Training and Awareness” module.

Completion of this case-based module should be mandatory for all faculty, house officers, staff and students. It should include a “test” to promote retention of key concepts. The objectives should include increasing participants’ knowledge of:

- a. The range of professional competencies expected of health care providers, teachers, scientists and other members of the University community;
- b. Common breaches in professionalism and appropriate responses; and
- c. Consequences of unprofessional behavior to students, patients, colleagues, coworkers and the School.

4. There should be an increased emphasis on professionalism throughout the new medical student curriculum.

- a. The new curriculum “threads” should include instruction, demonstrations and assessments of professionalism competencies and behaviors that are relevant in both the basic sciences (essential) and clinical cores.
- b. The Humanities, Ethics and Professionalism thread directors should assist in integrating professionalism instruction with the Foundations of Doctoring and “Hidden Curriculum” courses.
- c. The development of a Gold Foundation Professionalism Honor Society and a Student Clinician Ceremony (linking acknowledgement of professional role models in teaching awards for house officers) should build on the Honors Council, Student Professionalism Committee and Matriculation Ceremony.
- d. Reflective writing exercises, seminars, mentored discussions, professionalism portfolios, debriefings, case studies, standardized patients, and feedback from patients, nurses and others may all be applicable as teaching tools (18). The emphasis should be on opportunities throughout the four-year curriculum for dialogue, reflection and self-assessment.
- e. Educational initiatives in the realm of professionalism should be coordinated among various student bodies, including medical, physical therapy and child health associate students, house officers, graduate students and other trainees.

REPORTING AND ACCOUNTABILITY

Recommendation # 4:

All members of the SOM community, including students, house officers, faculty, patients, administrators and staff, should be able to report any episode that they consider to be unprofessional or disruptive conduct. A Critical Incident Reporting System should be created, with provisions for confidential reporting as well as tailored responses, such as feedback, reflection, remediation, mediation or discipline.

Findings of the Committee

Occasionally, faculty, staff, administrators, house officers, or students exhibit disruptive behaviors or other lapses in professionalism. All too often, the response is silence, even when such behaviors are witnessed by students or peers. The Committee accepts the premise of the Hidden Curriculum --- namely, that breaches in professional behavior are inevitable. As pointed out by Thomas Inui, the goal of eliminating unprofessional behaviors is not realistic; instead, the lesson for medical schools should be *Primum non tacere* ---Be not silent (1, 43, 44). Therefore, the SOM's reporting systems should include mechanisms for confidential reporting as well as tailored responses, such as feedback, reflection, remediation, mediation or discipline.

Evidence indicates that unprofessional behaviors tend to repeat; for example, as indicated earlier, medical students who are cited for unprofessional acts are more likely than their colleagues who are not cited to be disciplined later for unprofessional behaviors by a state board of medical examiners (2). The early recognition and reporting systems that are developed should be comparable to the systems that have been implemented for students; parallel systems will reinforce the message that professional behaviors are expected of all members of the medical school community.

The Committee emphasizes that any corrective actions should be taken in a manner that is fair, confidential and constructive. There should be adequate notice given to all concerned parties. Faculty should have the right to appeal any punitive actions taken.

Another Note of Caution

The Committee also recognizes the importance of context --- namely, that one documented breach of professional standards may not always be a cause for alarm; it may represent a personality conflict or simply one interpersonal contact or patient interaction out of thousands. The important point is that such an event should be followed by reflection and a renewed commitment to professionalism or civility.

Implementation Tasks

1. The School of Medicine should create Professionalism Evaluation Committees.

Committees comprised of representatives of diverse groups should be created in order to review complaints regarding unprofessional behavior and to develop remediation plans as indicated. There should be separate committees for each group (that is, faculty, house officers, students and staff). Members of each committee should be appointed by the appropriate Associate Dean (e.g., Associate Dean for Student Affairs for the student committee), subject to approval by the leadership groups of the various constituencies (e.g., Faculty Senate, House Officers Association, Medical Student Council, Staff Council).

2. The SOM should establish reporting hotlines.

Many experts in professionalism and in institutional culture recommend that organizations develop “early warning” or “critical incident” response systems. Hotlines, in particular, have been developed by scores of businesses, universities and nonprofit organizations. Hotlines provide a confidential and safe system that permits members of the organization to report concerns, conflicts, disruptive behaviors and other wrongdoings (45). Hotlines also help to improve compliance with agreed-to behavioral standards and rules.

There should exist several avenues for reporting episodes of unprofessional behavior. As noted above, an anonymous telephone line for reports of unprofessional behavior should be available to all faculty, staff, students, house officers and administrators. Written reports or calls to the chairs of the various committees should also be encouraged. The SOM should develop forms for reporting breaches of professional standards. There should also be forms for reporting examples of exemplary professionalism. All reports will be reviewed by the chair of the relevant committee; significant departures from professional standards and repeated offenses should be reviewed by the full Committee.

3. Rules governing reporting mechanisms and committee deliberations should be developed, to ensure that corrective actions are taken in a manner that is fair, constructive and confidential.

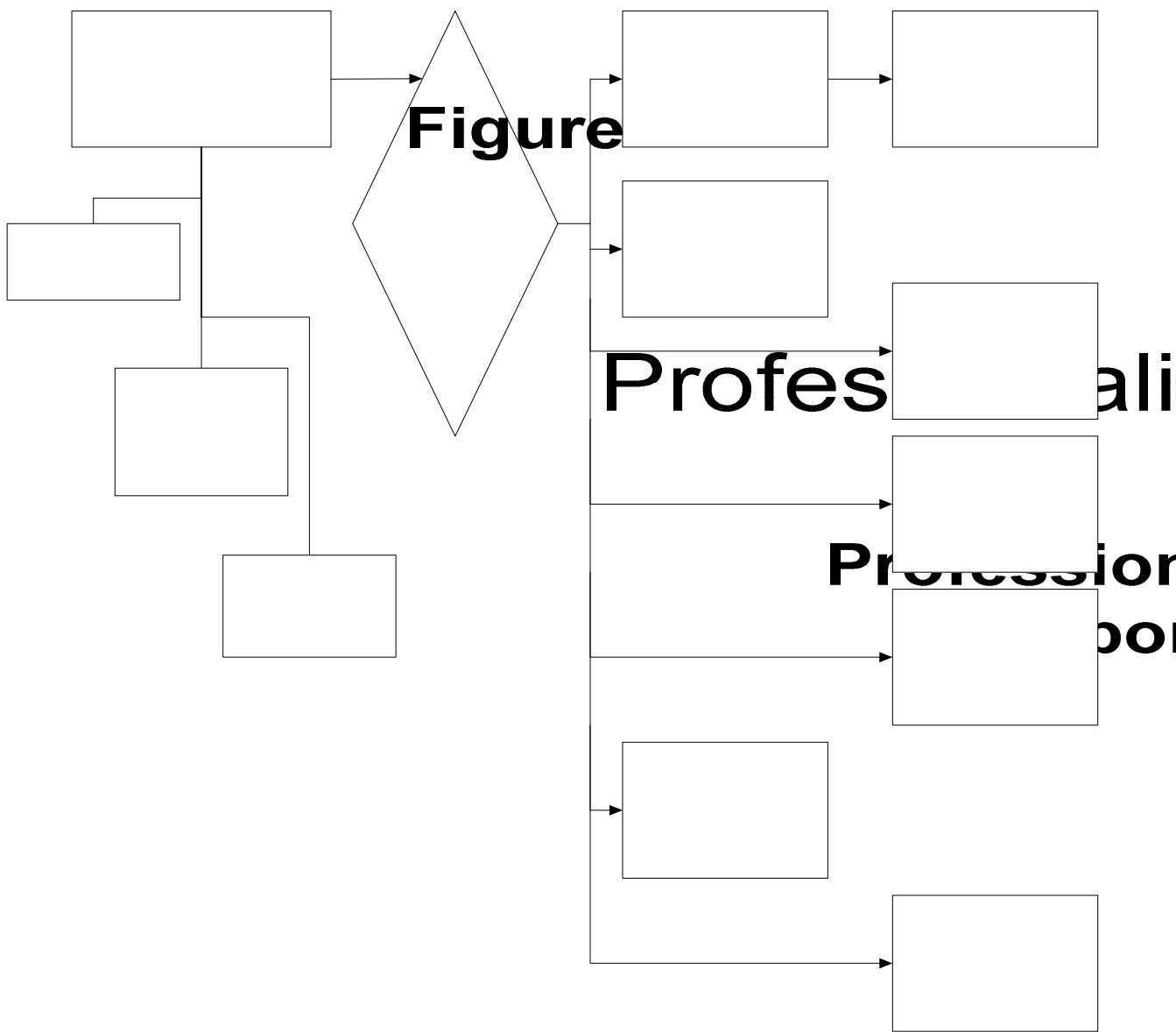
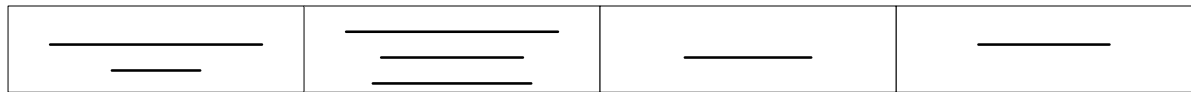
The Committee suggests that:

- If a matter is reviewed by the committee, the individual faculty member, staff member, house officer or student should be required to respond, in person or in writing, to the committee, with the goal of further investigation into the matter in question and creation of a remediation plan, if indicated.
- In the case of house officers, the appropriate residency program director must be involved in the process. Any subsequent actions involving house officers must follow the SOM Graduate Medical Education Committee policies on Evaluation and Due Process.
- All reports and proceedings of the committees, as well as any remediation plans that are developed, should remain confidential, unless the remediation plan fails. If there is evidence of recidivism, the matter should be referred to the appropriate Department Chair. If the departmental intervention is unsuccessful, or if the matter involves a department chair or administrator, the matter may be referred to the Dean. Ultimately, serious offenses or patterns of recidivism may serve as grounds for non-renewal, dismissal or other discipline, in accordance with SOM and University policies.

4. The SOM should develop a system of tiered, coordinated responses to Critical Incident Reports (“Efferent limbs”).

- When a Critical Incident Report (CIR) is filed with a Professionalism Evaluation Committee, and after verification, a number of responses are possible. These responses, which are not mutually exclusive, should be measured and titrated, depending on the context and seriousness of the offense and whether it reflects a pattern of repeated unprofessional behaviors, as determined by Committee members.
- The Figure (following page) outlines the various response options available to the Professionalism Evaluation Committees. These options include several coordinated “efferent limbs,” involving individuals (faculty, house officers, students or staff), ombudspersons, mediators, coaches, supervisors and, if indicated, administrative leaders.
- All Critical Incident Reports, even if minor, should include at least feedback to the faculty member, student, house officer or staff member involved, with appropriate opportunity for reflection.
- Committee members recognize that institutional stresses, including time pressures, economic constraints, regulatory burdens, ineffective channels of communication or conflicts in departmental or institutional governance, may contribute to unprofessional or disruptive behaviors. At other times, the root causes of unprofessional behavior may be found to be a lack of support for students, house officers, graduate students, faculty or staff. Therefore, when episodes of unprofessional behavior are reported, Professionalism Evaluation Committees should consider whether “systems” corrections are needed (See Recommendation #5).

—



Critical Incident
Filed by student
staff, administrat

5. The SOM should expand its mediation services.

Like confidential hotlines, ombuds programs and mediation offices are effective tools to encourage communication, reflection and resolution of interpersonal conflicts. Mediators positively influence an organization's ethical and professional working environment. Mediators in medical schools can serve as impartial fact finders and as "internal, informal, neutral resources for conflict resolution" (45).

The School of Medicine should increase its commitment to, and resources for, mediation. While the functions and the integrity of the existing campus ombuds office must be maintained, the SOM should also establish a new mediation office, staffed part-time by one or more scientists or physicians who are specifically trained and skilled at mediation. It is the Committee's view that enhanced resources for mediation can be an effective method to revolve interpersonal conflicts and lapses in professionalism while also serving as an effective instructional tool. A skilled and respected mediator can also serve as a consultant to the Professionalism Evaluation Committees, can assist in student, house officer, faculty or staff professionalism development plans, and can recommend new policies for the School. In a general sense, a stronger mediator program can enhance communication and promote a sense of fairness and professionalism in the medical school.

6. The Professionalism Evaluation Committees should also be charged with receiving and publicizing reports of exemplary professional behavior and institutional citizenship by students, house officers, faculty or staff.

Forms for reporting examples of exemplary professional behavior, and appropriate responses (awards, announcements or other recognition) should be developed.

INSTITUTIONAL FACTORS THAT CONTRIBUTE TO UNPROFESSIONAL BEHAVIOR

Recommendation # 5:

The School of Medicine should work to identify and mitigate institution-wide stresses, conflicts and pressures that contribute to unprofessional behaviors.

Findings of the Committee

As outlined above (Section II), the apparent rise in unprofessional attitudes and behaviors in academic medical centers may be attributable, in part, to changes in the institutional environment that affect clinical, educational, service and research activities. Such environmental factors may include time pressures, economic constraints, regulatory burdens, lapses in communication and fractures in the institution's system of shared governance. At other times, the root causes of unprofessional behavior may be found to

be a lack of support for students, house officers, graduate students, faculty or staff. The Committee regards it as essential that such causes be studied and, where possible, alleviated.

Implementation Tasks

- 1. When episodes of unprofessional behavior are reported, Professionalism Evaluation Committees should consider whether “systems” corrections are needed (Also see Figure).**
- 2. A separate task force should be formed to study the systemic and institution-wide characteristics that contribute to unprofessional behaviors.**

This task force should be representative of faculty, staff and students within the School of Medicine. It should be charged with identification of specific sources of stress and pressure among students, house officers, staff and faculty and clarification of the mechanisms by which these stressors contribute to an environment that fosters or condones unprofessional behavior. The task force should also be charged with recommending remedial measures to alleviate these environmental causes of unprofessional behaviors in the School of Medicine.

V. CONCLUDING RECOMMENDATIONS

The members of the Professionalism Committee hope that the findings and recommendations in this report will serve as a blueprint for further discussion, planning and program development. They should also serve as a catalyst for action. The Committee recognizes that the recommendations contained in this report will be inconsequential if they are not implemented.

To increase professionalism across the School of Medicine, interest and participation by faculty, students, house officers, administrators and staff will be required. Indeed, we are all inter-dependent, and each of us will be judged, at least in part, by the qualities of the organization in which we work. Dr. Thomas Inui, writing for the Association of American Medical Colleges, observed that “faculty [and students] striving to exemplify altruism and trustworthiness will find it impossible to succeed in this endeavor unless the whole fabric of their institution has been woven around such designs” (1).

The Committee concludes with the following final recommendations:

- This report should be distributed to the Dean and Leadership of the SOM and to members of the Executive Committee, Faculty Senate, faculty-at-large and house officer and student bodies. After discussion and revision, an Implementation Task Force should be convened to develop a plan and schedule to implement the recommendations in this report.
- The Committee on Professionalism urges the faculty and administration of the SOM to consider carefully how much can be accomplished without financial support. The Implementation Task Force should be charged with identifying promising sources of funding, such as grants and private donations, that may be needed to implement these recommendations.
- Several members of the Committee have observed that there is no policy that addresses the relationships between faculty members and industry. Although outside the charge to the Professionalism Committee, committee members believe that proper, defined relationships with biomedical companies are a key component of professionalism and recommend that a task force be convened to develop guidelines in this area.
- Finally, Task Force members recognize that evaluation is a necessary component of program change. Institution-wide programs to increase professionalism have seldom been reported in the published literature, and evaluation is virtually non-existent. Task Force members believe that “Encouraging Professionalism in Academic Medical Centers” is an area that is suitable for scholarly investigation.

As a conclusion to this report, we refer once again to Dr. Thomas Inui's monograph, *A Flag in the Wind: Educating for Professionalism in Medicine* (1). The quotation below, slightly modified, serves to remind us that if what we seek is a shift in institutional culture, then no member of the School of Medicine community can be excused from this process.

All individuals have much to contribute and much to gain from this participation. Either we all work together in assuring high professional standards and the trustworthiness of institutions and ourselves --- or we will all fail.

Restoring trust and professionalism will require all of us --- clinicians who place the patient's welfare first, even in the face of regulatory or economic pressures to do otherwise; investigators who contemplate conflicts of interest and take actions to avoid them in spite of the potential loss of a grant; teachers who decide to provide needed critical feedback to a student even if it is uncomfortable to do so; mentors who open the opportunity to discuss a protégé's commitments to family as well as career; administrative managers who, when deciding what forms of productivity to reward, take into account the need for time and flexibility in clinical care of the frail, financial managers who decide how 'noncognitive' services can be supported; accreditors who widen the scope of institutional self-study to the aspects of academic community life that express professional values; examiners who decide that interpersonal competencies can be part of a measurement portfolio even if candidates' responses are used only for feedback instead of pass/fail decision; students who decide to share credit for work achieved; residents who find time on morning rounds to talk with dying patients in 'reverse isolation' and thereby model caring near the end of life; community practitioners who decide to volunteer time for teaching; professional organization members who advocate for the public's interest; health advocates who serve minority populations as well as advance the community service mission of the institution; and many, many others. All stakeholders can make a contribution to strengthening the expression of professionalism in the School of Medicine.

REFERENCES

1. Inui TS. A Flag in the wind: Educating for professionalism in medicine. Association of American Medical Colleges, 2003.
2. Papadakis MA, Hodgson CS, Teherani A, Kohatsu ND. Unprofessional behavior in medical school is associated with subsequent disciplinary action by a state medical board. *Acad Med.* 2004;79:244-9.
3. Papadakis MA, Loeser H, Healy, K. Early detection and evaluation of professionalism deficiencies in medical students: One school's approach. *Acad Med.* 2001;76:1100-6.
4. Swick HM, et al. Teaching professionalism in undergraduate medical education. *JAMA.* 1999;282:830-2.
5. Wear D. Professional development of medical students: Problems and promises. *Acad Med.* 1997;72:1056-62.
6. ABIM Foundation, ACP-ASIM Foundation and European Federation of Internal Medicine. Medical professionalism in the new millennium: A physician charter. *Ann Intern Med.* 2002;136:243-6.
7. ABIM Foundation, ACP-ASIM Foundation and European Federation of Internal Medicine. Medical professionalism project. (<http://www.professionalism.org>)
8. ACGME Outcome Project. Enhancing residency education through outcomes assessment. General competencies. Version 1.3. (<http://www.acgme.org/outcome/comp/compFull.asp>) Accessed 10/03/02.
9. ACGME Outcome Project. General competencies. Version 1.1. (<http://www.acgme.org/outcome/comp/compFull.asp>) Accessed 12/1/03.
10. American Board of Internal Medicine. Project professionalism. (<http://www.abim.org/publs/profess.pdf>) Philadelphia, PA, 1995.
11. American Physical Therapy Association. A normative model of physical therapist professionals education. Version 2004.
12. Association of American Medical Colleges and the National Board of Medical Examiners. Embedding professionalism in medical education: Assessment as a tool for implementation. 2003.
13. Association of American Medical Colleges Group on Educational Affairs. Assessment of professionalism project. AAMC. Washington, DC, 2002.

14. National Academy of Science, National Academy of Engineering and the Institute of Medicine. Advisor, teacher, role model, friend: On being a mentor to students in science and engineering. National Academy Press: Washington, DC, 1997.
15. National Academy of Science, National Academy of Engineering, and the Institute of Medicine. On being a scientist: Responsible conduct in research. National Academy Press: Washington, DC, 1995.
16. National Board of Medical Examiners. The behaviors of professionalism. (<http://www.ci.nbme.org/professionalism/behaviors.asp>). Accessed 7/29/2003.
17. Anderson MB, Cohen JJ, Hallock JE et al. Learning objectives for medical student education-guidelines for medical schools. Report I of the Medical School Objectives Project. Acad Med. 1999;71:13-18.
18. Ginsburg S, Regehr G, Hatala R et al. Context, conflict, and resolution: A new conceptual framework for evaluating professionalism (Moderator: Wagoner N.). Acad Med. 2000;75:S6-11.
19. Glover JJ, PhD. Professionalism: Can we define and measure it? Center for Health Ethics and Law. West Virginia University, 2002.
20. Ginsburg S, Regehr G, Stern D, Lingard L. The anatomy of the professional lapse: Bridging the gap between traditional frameworks and students' perceptions. Acad Med. 2002;77:516-522.
21. Baldwin DC Jr, Daugherty SR, Rowley BD. Unethical and unprofessional conduct observed by residents during their first year of training. Acad Med. 1998;73:1195-1200.
22. Feudtner C, Christakis DA, Christakis NA. Do clinical clerks suffer ethical erosion? Students' perceptions of their ethical environment and personal development. Acad Med. 1994;69(8):670-679.
23. Szauter K et al. Student perceptions of faulty behaviors. (med-ed-online.org) Accessed 2003.
24. Schlesinger M. A loss of faith: The sources of reduced political legitimacy for the American medical profession. The Milbank Quart. 2002;80:185-236.
25. Gawande A. When good doctors go bad. The New Yorker, August 7, 2000.
26. Kay J. Traumatic de-idealization and the future of medicine. JAMA. 1990;263:572-3.
27. Satterwhite RC et al. Changing attitudes during medical school training. J Med Ethics. 2000;26:462-5.

28. Crandall SJS, Volk RJ, Loemker V. Medical students' attitudes toward providing care for the underserved. *JAMA*. 1993;269:2519-23.
29. Marcus ER, Empathy, humanism, and the professionalization process of medical education. *Acad Med*. 1999;74:1211-15.
30. Coulehan J, Williams P. Vanquishing virtue: The impact of medical education. *Acad Med*. 2001;76:598-605.
31. Chervenak FA, McCullough LB. Professionalism and justice: Ethical management guidelines for leaders of academic medical centers. *Acad Med*. 2002;77:45-7.
32. Ludmerer KM. Instilling professionalism in medical education. *JAMA*. 1999; 282:881-2.
33. Relman AS. Education to defend professional values in the new corporate age. *Acad Med*. 1998; 73:1229-33.
34. Swick HM. Academic medicine must deal with the clash of business and professional values. *Acad Med*. 1998;73:751-5.
35. Frankford JM, Konrad TR. Responsive medical professionalism: Integrating education, practice and community in a market driven era. *Acad Med*. 1998;73:138-145.
36. Jennings B, Hanson MJ. Commodity or public work? Two perspectives on health care. *Bioethics Forum*. Fall, 1995:3-11.
37. Sullivan WM. What is left of professionalism after managed care? *Hastings Center Report*. 1999.29(2):7-13.
38. Association of American Medical Colleges. The successful medical school department chair. A guide to good institutional practice. Washington, DC:2003.
39. Hafferty FW, Franks R. The hidden curriculum, ethics teaching, and the structure of medical education. *Acad Med*. 1994;69:861-710.
40. Hafferty FW. Beyond curriculum reform: Confronting medicine's hidden curriculum. *Acad Med*. 1998;73:403-7.
41. Hundert EM, Hafferty FW, Christakis D. Characteristics of the informal curriculum and trainees' ethical choices. *Acad Med*. 1996;71:624-42.
42. Stern DT. Practicing what we preach? An analysis of the curriculum of values in medical education. *Am J Med*. 1998;104:569-575.

43. Dwyer J. Primum non tacere: An ethics of speaking up. *Hastings Center Report*. 1994;24:13-18.
44. Baernstein A, Fryer-Edwards K. Promoting reflection on professionalism: A comparison trial of educational interventions for medical students. *Acad Med*. 2003;78:742-7.
45. Steinhardt RJ, Connell M. Reporting of wrongdoing and resolving disputes: The value of ombudsmen and hotlines in the corporation. In: Banks TL, Banks, FZ, eds. *Corporate legal compliance handbook*. First edition. Aspen Law and Business Publishers, 2002.

APPENDIX A

PROFESSIONALISM COMMITTEE: 2003-2004

Members

Co-Chairs

Lorraine Adams, M.S.W.	Associate Professor of Medicine
Brian Dwinell, M.D.	Associate Professor of Medicine; Director, Foundations of Doctoring
Maureen Garrity, Ph.D.	Associate Professor of Medicine; Associate Dean for Student Affairs
Steven Lowenstein, MD, MPH	Professor of Surgery and Medicine; Associate Dean for Faculty Affairs

Task Force Members

Jason Bauer, M.D.	Representative of House Officers Association
Reeves Bower, MS-4	Chair, Student Honor Council
John Cambier, Ph.D.	Professor & Chair, Integrated Department of Immunology
Michael Earnest, M.D.	Professor of Neurology; Head of Clinical Performance & Safety, DHHA
Ronald Gibbs, M.D.	Professor & Chair, Department of Obstetrics-Gynecology
Jackie Glover, Ph.D.	Associate Professor of Bioethics & Humanities
Michael Handler, M.D.	Associate Professor of Neurosurgery
Katie Marie Hester	Staff to Committee; also Vice President, UCHSC Staff Council
Carolyn B. Heriza, P.T., Ed.D.	Associate Professor & Program Director, Physical Therapy Program
Leslie Jameson, M.D.	Associate Professor, Department of Anesthesiology
Barry Kamin, MS	Director, Education & Accreditation, Graduate Medical Education
Jean Kutner, M.D., M.S.P.H.	Professor of Medicine and Head, Division of Internal Medicine
Joel Levine, M.D.	Professor of Medicine and Senior Associate Dean for Clinical Affairs
Simon Rock Levinson, Ph.D.	Professor of Physiology & Biophysics and Faculty Senate Past-President
Dayna Matthew, J.D.	Associate Professor, University of Colorado School of Law
Mark Nehler, M.D.	Associate Professor of Surgery & Residency Program Director
Steven P. Ringel, M.D.	Professor of Neurology and President of UCH Medical Staff
Carol Rumack, M.D.	Professor of Radiology & Associate Dean, Graduate Medical Education
Virginia Sarapura, M.D.	Associate Professor of Medicine; Chair, CU Ethnic Minority Affairs
Denise Stelzner, MBA, PT	Assistant Professor, Department of Rehabilitation Medicine
Shale Wong, M.D.	Assistant Professor of Pediatrics and Student Clerkship Director

APPENDIX B

**University of Colorado School of Medicine
Faculty/House Officer/Staff Professionalism Feedback Form**

Faculty or House Officer Name _____

Department _____

Context of incident (e.g., course, setting) _____

Date _____

An individual with any of the following patterns of behavior is not meeting the professionalism standards of the School of Medicine. Please mark the area(s) which best describe your concerns about this house officer or faculty member. Provide comments in the space provided.

Unmet professional responsibility:

- Misrepresents or falsifies actions and / or information
- Fails to maintain a professional appearance / attire
- Cannot be relied upon to complete tasks
- Does not maintain a satisfactory level of competence
- Other _____

Lack of effort toward self improvement

- Resistant or defensive in accepting criticism
- Unaware of his/her inadequacies
- Resists considering or making changes
- Does not accept blame for failure, or responsibility for errors
- Abusive or critical during times of stress
- Demonstrates arrogance
- Other _____

Inadequate rapport with patients or families

- Inadequately establishes rapport with patients or families
- Insensitive to the patients' or families' feelings, needs or wishes
- Uses his/her professional position to engage in romantic or sexual relationships with patients or families
- Lacks empathy
- Inadequate personal commitment to honoring the wishes of the patients.
- Other _____

[Continues]

