Dalhousie University
Faculty of Health Professions

Committee on Professionalism

Report

October 2004

Introduction

In spring 2004, the Faculty Council of Health Professions tasked a small group of staff and faculty from across the FHP to develop a plan to enhance professionalism among students, faculty and staff across all Schools. This pro-active exercise was meant to prepare students better for their future careers and to inform them of expectations regarding suitability for their professions. Participants included Jutta Dayle, John Hubert, Neil MacKinnon, Shannon Muir and Michael Ungar.

Professionalism is now a "hot topic" across the professions and the ad hoc working group has had various resources upon which to base its work; including some important work done by individual Schools/Colleges in the Faculty (please refer to the bibliography). Broadly speaking, professionalism is the demonstration of appropriate attitudes and behaviour associated with the performance of professional functions. Jutta Dayle, Executive Assistant to the Dean, was instrumental in providing the group with materials from library and web searches, as well as distributing those contributed by group members and Schools. There were many common themes noted in the primary sources examined and which have been reflected to various extents in secondary sources as well. It would therefore be presumptuous of the Committee to make a pretense of originality. Our objective rather, is to offer a useful summary document combining current thought on Professionalism in a way that is intended to be useful as a guide to future School/College and Faculty level initiatives.

The Challenge

The group started with discussions with Dean McIntyre, in which it was noted that present policies regarding professionalism are reactive rather than proactive and punitive rather than reinforcing of positive behaviour that demonstrate best practices in the performance of one's professional obligations. It was further noted that developing professionalism required an integrated approach involving students, as well as faculty and staff and the clinical supervisors with whom students train during practica. The following is a response to these challenges. It provides a brief proposal for how the FHP might address issues of professionalism across all its Schools.

A Possible Model: Overview

Over several months of meetings, the group developed an integrated strategy and suggests a conceptual framework (Appendix 1) that may be used to guide future discussions regarding how to promote professionalism in the FHP. Specifically, four broad topics that require attention have been identified. These include, first, the need to identify the **principles** upon which professionalism is based. Second, it was decided the group would specify the many and varied **strategies** that would develop awareness of these principles in students. Third, ways to **evaluate** professionalism were examined. Fourth, the group addressed the **disciplinary measures** to be taken when professionalism lapses or fails to develop in students during their studies and training, as well as how to recognize exemplary practice. One topic leads to the next, such that the group envisions that as a faculty, clear articulation of the principles underlying professionalism will form the basis for the strategies employed to develop professionalism and the subsequent evaluation of students' performance in regard to professionalism. Discipline and recognition would likewise be based on failure to demonstrate behaviour congruent with these principles, or exemplary efforts to practice in a professional manner.

The plan being put forth here seeks to build consensus across all Schools for a set of principles and adoption of a set of overall strategies, including an evaluation and disciplinary/recognition approach to professionalism. However, as a group, it was felt that each School in the FHP family would be best to implement the plan at the individual School level, with the possibility of sharing some activities (such as workshops or speakers, disciplinary procedures and broadly reaching consensus on the principles that guide professionalism (a tentative list of these is provided in this document). As expressions of professionalism are idiosyncratic to each context, efforts that are too broad in scope across all Schools may lose their relevance and not be supported by students, faculty and staff or clinical supervisors.

Principles and Values of Professionalism

The following is a list of principles and values that inform and guide the practice of health care professionals and which form the nucleus of professional attitudes and behaviour. It is expected that all Faculty of Health Professions, faculty, staff and students will conduct themselves according to the spirit of these precepts.

Each principle or value is defined and several positive and negative examples are given in order to help clarify expectations. The examples are categorized according to various stakeholders. Those exemplars that are included in the Faculty of Health Professions *Professionalism Evaluation Form for Students in Clinical Practice* (Appendix 2) are highlighted for ease of cross-reference.

Neither the list of principles and values nor the examples used are intended to be exhaustive, and several examples overlap among principles. Professionalism has many facets and subtleties. Included here are those principles and values surrounding which considerable consensus can be found in the relevant literature and which therefore ought to be considered core aspects of professional conduct.[1]

Altruism

Altruism is the essence of professionalism and requires that the interest of others, including patients/clients, colleagues, classmates, instructors, mentors and trainees be placed before self-interest.

Patients/Clients

- **Puts patients/clients needs ahead of own**
- **Goes beyond requirements of expected service**
- Cares for patients/clients even when their values may be inconsistent with own values
- Endures inconveniences to meet patient/client needs
- Advocates for individual patients to improve service provided
- Advocates for under served populations and those who can't advocate for themselves

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[1] Six of the seven professional values used here and the definitions that accompany them, have been adopted with only very minor revisions from the document "Fundamental Principles of Professionalism." prepared by the School of Human Communications Disorders, 2003. The list of related behaviour was adapted by the Committee for use here from an ongoing interactive project of the U.S. National Board of Medical Examiners Center for Innovation entitled "The Behaviors of Professionalism." A representative of the Committee is registered with NBME for permission to use this copyrighted material for this express purpose; other use of this list is prohibited.

- Does not seek profit from patients/clients
- Endures unavoidable personal risk in provision of health care

Colleagues and Coworkers

- Promotes the common good of teams and work groups
- Takes personal and professional risks on behalf of others
- Defends others when personal and professional inaccuracies are alleged
- Tutors and provides information readily to peers and others
- Seeks opportunities to share knowledge and stimulate professional growth and learning
- Demonstrates supportive behaviour, avoiding destructive competitiveness
- Adjusts to not being at the top of the heap
- Facilitates others receiving credit and praise
- Steps aside to share opportunities with others
- Willingly relinquishes held responsibilities requested by others when appropriate
- **Demonstrates awareness of and sensitivity to the needs of colleagues**
- Inquires about workload and work needs of others
- Makes significant effort to assist colleagues, co-workers and subordinates
- Tactfully offers assistance and support as appropriate for team members who are busy
- Contribute to team building, facilitation and education

Community and Profession

- **Promotes interests of community and profession**
- Volunteers for/performs community service
- Involved in societal/community health issues
- Contributes to the profession and is active in local and national organizations

<u>Negative Examples</u>

- Uses "altruism" as an excuse to misprioritize, accommodate or rationalize certain behaviour (e.g., "I can't be at the meeting, my patients need me").
- Lacks personal commitment to health care, i.e., places focus on extrinsic rewards; is motivated by family expectations, financial benefit, etc.
- Is more concerned with being well thought of rather than providing optimal care
- Exhibits greed, selfishness of self-aggrandizement

Accountability

Professionals are accountable to their patients/clients, colleagues, classmates, instructors, society as a whole and to their profession for adhering to ethical principles and professional standards.

Patients/Clients

- Exhibits judicious and fair allocation of resources independent of patient age, gender, belief system, socioeconomic status
- manages resources optimally
- Assures continuity of care
- Ensures provision of accurate information to transition team
- Balances expediency with what is right; does not yield to the demands or pressures of others (patient, colleagues) when the right solution may be more work or take more time
- Understands and demonstrates commitment to ethical principles
- Respectfully and tactfully questions unfair policies, procedures and practices
- Arrives on time
- Devotes adequate time to tasks and responsibilities
- Attends meetings, appointments, classes, etc.
- Accountable for administrative responsibilities
- Completes in a timely fashion forms, paperwork, charts, course evaluations
- Documents adequately (maintains records that are detailed, accurate, legible, comprehensible)
- **Accountable for deadlines; completes assignments and responsibilities on time**
- Follows up with tasks in area of responsibility
- follows through on promises
- Answer letters, pages, e-mail and phone calls in a timely manner
- Prioritizes when over-committed
- Complies with policies, rules, regulations and laws
- Seeks to repair damage caused by errors
- Arrives at emergency scenes with due haste
- Takes responsibility in urgent situations when no one with greater knowledge is present
- Intervenes on behalf of patients, colleagues, subordinates or co-workers when others are demonstrating behaviour counter to principles of professionalism; confronts unprofessional behaviour

Self

- Aware of own limitations, and needs and means for improvement
- Demonstrates insight into learning needs
- Initiates self improvement/educational activities
- Ask for help when needed
- **Presents self in a professional manner in regards to dress and deportment**
- Controls own emotions and channels them appropriately
- Cares for self appropriately and presents self in a professional manner (cf., demeanor, dress, hygiene)
- Conducts self appropriately amidst adverse and trying circumstances; maintains personal control; does not yell and scream; does not throw objects; does not show disrespect through body language (feet up on desk, rolling eyes) or other pass aggressive behaviour (reading newspaper in class)
- Adapts to changes and pressures caused by external circumstances (e.g. inability of a colleagues to perform responsibilities because of illness)
- **Takes responsibility for errors and shortcomings**

- **Requests and accepts constructive feedback and criticism, and makes changes accordingly**
- Manages time wisely to be efficient and effective
- Manages personal affairs in a way that does not interfere with professional activities

Colleagues and Coworkers

- Counters unprofessional practices and tenets (e.g., "You can call me, but remember it's a sign of weakness.")
- **Arrives appropriately prepared to do work assignment**
- Helps peers who are having trouble with performance
- Informs other when not available to fulfill responsibilities and secures replacement
- **Responsible to self and team for education**
- Seeks consultation for policy or other conflicts
- Takes responsibility for appropriate share of team work
- Willingly takes on responsibilities not assumed by others
- Is fair in making decisions affecting co-workers and subordinates
- Does not attribute blame

Negative Examples

- Readily blames others for won errors and shortcomings
- Is often tardy
- Is inefficient and wasteful
- Is not self-aware
- Quick with excuses

Excellence and Commitment to Life-Long Learning

Professionals make a conscientious effort to exceed expectations and a commitment to life-long learning. This commitment to excellence should begin on the first day of university and be maintained throughout one's professional life.

Conscientious Cognitive Excellence

- Is aware of own responsibilities and those of others, and ensures that "the job gets done" with excellence and in a highly professional manner
- Is well prepared for classes, rounds, etc.
- Attempts to be thorough
- **Takes responsibility for own learning**
- **Helps build and maintain a culture of professionalism**
- **Conscientious in professional activities**
- Does not miss details or discard inconsistent data
- Information gathering and synthesis
- Reads extensively
- Masters and integrates large amounts of data quickly
- Problem solving, decision making, judgment

- Solves problems quickly and efficiently
- Does not discard hypotheses when new data is presented
- Demonstrates creativity in solving problems
- Makes evidence based decisions when evidence is available
- Works well with uncertainty
- Makes presentations that are informative and engaging
- Tailors presentation to needs of audience
- Communicates clearly, effectively and appropriately through written media
- Writes legibly

Dedication to Improvement

- Learns from mistakes; provide feedback to self and system based on experience (engages in practice-based improvement)
- Provides feedback in learning setting to improve instruction
- Shares discoveries with others (clinical reports, letters to editor, publications, grand rounds)
- Takes initiative in organization and collaborating in peer study groups
- Recognizes value of self assessment and self reflection
- Participates in small group settings
- Facilitates learning in others
- Contributes time for research and to add to knowledge
- Values knowledge and learning; seeks learning, not just learning from experience
- Masters techniques and technologies of learning
- Receives and responds to feedback from disparate sources
- Is self critical and able to identify own areas for learning/practice improvement
- Has internal focus and direction, setting own goals

General Commitment

- Demonstrates commitment to excellence
- Demonstrates commitment to maintain knowledge and skills/lifelong learning
- Demonstrates commitment to spread knowledge
- Demonstrates commitment to advancing knowledge

Negative Examples

- Takes shortcuts (asks other for answers rather than taking responsibility for own learning)
- Follows formulaic approaches rather than practicing true scholarship/critical thinking
- Is satisfied with minimally acceptable performance

Duty and Responsibility

Duty involves the free acceptance of a commitment to service. It entails being available and responsive when needed for the betterment of clients/patients (both as individuals and collectively) and of the profession.

- Provides leadership and support
- Serves as a role model or mentor
- Teaches and learns
- Willingly accepts all reasonable work assignments and tasks
- Seeks constructive approaches to conflict resolution
- Participates in professional organizations, community programs and committees.
- **Practices within own level of competence, seeking guidance from others as required**
- **Completes work assignments in a timely manner**
- **Assures continuity of care when transferring responsibilities**
- **Takes responsibility for own well-being**
- **Is available and responsive to the needs of other team members**

Negative Examples

- Attempts to avoid work assignments
- Practices beyond scope of competence
- Unwilling to participate in organizational or professional activities beyond patient care

Honour and Integrity

Professionals maintain a consistent regard for the highest standards of behaviour. Such behaviour involves being fair and truthful, keeping one's work and meeting commitments. It also requires that we recognize possible conflicts of interest and avoid relationships that supersede the best interest of the profession.

Patients, colleagues, co-workers

- **Is forthright and honest in dealing with others**
- Answering questions directly and tactfully
- Forthcoming with colleagues, co-workers and subordinates, does not withhold and does not use information for power
- Tells the truth
- Does not misrepresent data, circumstances, etc.
- Does not plagiarize, falsify documents (medical records, credentials), does not copy from others' patient notes without seeing patient
- **Recognizes and reports unsafe, incompetent or unethical care**
- Does not make inaccurate self representations
- of identity (in signature, phone calls)
- of position or status
- Admits errors
- Does not cover up errors of others (e.g. peers, superiors)
- Communicates directly to those involved concerning intentions to disclose error
- Conducts research activities with integrity
- Truthful about methods and data collection
- Follows the highest standards in teaching
- Follows the highest standards in administrative activities

- **Deals with confidential information appropriately**
- Does not talk in public places about patients or other professional issues (i.e. colleagues, preceptors of other health professionals)
- Makes appropriate attribution to source of ideas and accomplishments
- Investigates the lineage of ideas to ensure accurate attribution
- **Respects personal, emotional and physical boundaries with patients/clients and colleagues**
- Balances authority with humility in caring for patients
- Balances authority with humility in interacting with subordinates and members of the health care team
- Inspires trust in patients, colleagues, co-workers and subordinates
- Maintains professional autonomy to act in the best interest of patients
- Isn't inappropriately influenced by individuals or entitles (e.g., by pharmaceutical companies) where professional principles might be at risk, avoids conflicts of interest
- Informs appropriate audience when unavoidable or perceived conflict of interest exists
- Seeks input from appropriate source to address perceived or real conflict of interest
- Does not steal or cheat (e.g., on exams)
- Does not misuse power in relationships
- Does not misuse resources (using School computers for personal applications, eating patient's food etc.)
- Does not participate in activities that inappropriately subvert hierarchical or institutional authority
- Attempts to resolve problems directly with the people involved.

Negative Examples

- Competes destructively
- Self aggrandizes
- Is arrogant
- Evades the truth and breeds mistrust
- Misuses power, authority or leadership
- Uses position of authority/leadership to avoid patient/client care or learning activities

Respect

Professionals demonstrate respect for others including (but not limited to) patients/clients and their families, colleagues, classmates, instructors and other professionals. Adherence to this principle is the essence of humanism and is central to cooperation.

People

- **Respects the dignity and rights of patients/clients and colleagues**
- Knocks on door
- Does not depersonalize patients
- Attends to modesty and privacy needs
- Drapes patients appropriately
- Responds to patient discomfort

- **Uses respectful means of communication when challenging others**
- It not condescending, using rhetorical and mindless statements in personal interactions
- Requests permission when required or advisable
- Deals with confidential information discretely and appropriately
- **Addresses patients/clients and colleagues according to their preference**
- Accepts and promotes patient/client autonomy
- **Respects diversity in peoples' culture and beliefs**
- Demonstrates tolerance to a range of behaviour and belief
- Respects other professionals
- Refers to other disciplines and professions respectfully
- Treats other professionals with dignity
- Follows accepted etiquette
- Adjusts to other person's culture, background, socioeconomic status, etc.
- Shows balance treatment of people
- Maintains personal boundaries
- Withholds asserting blame in presence of patients

Institutions, Systems and Processes

- **Respects physical property and environment**
- Respects institutions staff and representatives
- Is respectful toward faculty during teaching sessions; does not disturb small group sessions
- Is respectful toward administrative staff in interactions
- Aware of and follows protocols (e.g., getting chart countersigned)

Negative Examples

- Shows preferential treatment
- Takes advantage of friendships or collegiality
- Is flippant or dismissive of others
- Evinces a demeaning attitude toward others

Compassion and Empathy

Compassion includes having the character trait of kindness or benevolence, together with the willingness to carry out your professional responsibilities in response to the needs of the patient/client. Compassionate care requires empathy, i.e., the ability to enter into and appreciate fully the feelings and motives of others.

Patient/Client

- Provides appropriate amount of communication; adjusts communication style (language, approach), content of communication and conduct to adapt to patient (age, gender, socioeconomic level) to optimize transmission of information)
- Offers patients management options equitably without imposing own biases

- Is sensitive to others (patients, peers, etc.) based on differences (age, gender, race, culture, socioeconomic level, religious beliefs, sexual orientation, etc)
- Implements medical care by viewing the patient as an individual, taking into account lifestyles, beliefs, personal idiosyncrasies, support system
- **Provides care and service to an individual as a whole person**
- **Provides care and service to individuals in the context of their families and communities**
- Ensures that patients understand information communicated (e.g., diagnosis, prognosis, treatment options, etc.)
- **Deals with patient/client distress appropriately**
- Takes seriously those with cognitive deficits, and acts respectfully and caringly
- Develops appropriate relationships with and level of caring for patients, maintaining professional boundaries while nurturing a degree of relationship required for optimal care
- Breaks bad news with sincerity, caring and honesty
- Deals with sickness, death and dying in a professional manner with patient and family members; provides a model in balancing compassion with appropriate personal distance
- Knows when to listen, when to talk, when to be silently present
- Maintains composure with "difficult" patients (e.g. combative, incommunicative, etc.)
- **Communicates in ways appropriate to the patient/client**
- Is not demeaning or condescending

Self, Colleagues and Coworkers

- **Is attuned to the perspective and feelings of others**
- Provides colleagues, co-worker and team members with information that is accurate, timely and organized
- Communicates orally and in written form clearly, effectively and appropriately with peers, co-workers and subordinates
- Demonstrates compassion for colleagues, co-workers and subordinates, deals with other health professionals stress
- **Demonstrates effective listening**
- Uses rhetorical and other devices and methods (e.g. humor) appropriately to communicate a message and facilitate team and leadership processes
- Develops appropriate relationships with peers, co-workers, and subordinates, demonstrates appropriate boundaries for professional relationships
- Provides support and assistance to colleagues, co-workers and subordinates with impairments
- Attends to balance in personal and professional activities for self, peers and subordinates

Negative Examples

- Pays little attention to the needs/concerns of others
- Inflexibility in the application of rules and policy
- Avoids situations that are emotionally distressing or difficult

Training

Why Training is Critical

In order to ensure that the previously discussed principles of professionalism are fully integrated into the Faculty of Health Professions, a three-pronged approach to teaching has been proposed that targets: (1) faculty/staff, (2) students, and (3) clinical preceptors. Faculty need to be trained as they serve as examples by which students model behaviour associated with professionalism both in and out of the classroom setting and are responsible for incorporating professionalism in the curriculum. They are also involved in the evaluation of professionalism as will be discussed in the following section. Staff also need to be trained in professionalism as they also serve to "represent" Dalhousie University to the students throughout the students' journey from admissions to convocation and even contacts to alumni. Students need to be the focus of professionalism training efforts as this working group felt strongly that professionalism needs to be a theme throughout the curriculum and that the students are explicitly provided with expectations in this area from their first day of class. Finally, clinical preceptors serve as models for students and help to mold the students' perceptions of the practice of their profession. The specific strategies for training are described below.

Strategies for Training

Our working group realizes that each unit needs flexibility to develop and implement strategies for training that best fit each specific profession. A majority of the training related to professionalism will likely occur at the unit level. Still, there is a role for Faculty-wide training to ensure that the general principles of professionalism are being taught in a consistent manner across all units and to provide an opportunity for faculty to share ideas and to learn from each other. What is presented below is not meant to be a comprehensive list but rather a sampling of strategies that have been used successfully by other universities. From the literature, it appears that an approach to teaching professionalism that incorporates multiple strategies is the most effective.

1. *Workshops.* Currently, there is an Interprofessional Module on Professionalism, which is an excellent start. Each unit should also consider developing complementary modules that allow students to interact and role-play through different scenarios involving professionalism issues. Professionalism is certainly a topic that lends itself well to this sort of interaction. Another idea is for the FHP to have at least one workshop on professionalism for faculty, where the principles of professionalism can be reviewed and ideas shared among faculty. This would also serve to further increase awareness of this issue and even this present document.

2. *Curriculum.* We recommend that each unit take this present document to their respective Curriculum Committees to consider how to further proactively and explicitly integrate the concept of professionalism into the curriculum. We realize that some units have already done this successfully and should be commended for their work. One approach to ensure that professionalism is covered throughout the curriculum is for each unit to create a professionalism curriculum matrix, whereby for each year in the health professional degree program, a detailed note is made of where professionalism is taught in the various teaching methods such as didactic, case-based, problem-based, skills lab and practice experience.

3. *Featured seminars.* We encourage each unit to include at least one guest speaker each academic year on the topic of professionalism. Physiotherapy is an example of where they did this in the fall of 2003 as part of their Physiotherapy Matters series. This way, both students and faculty hear from an external expert on this subject who may be able to bring new ideas and approaches. The faculty may work with the unit's Student Council in choosing an appropriate speaker and in promoting it to the students.

4. *Professionalism in strategic plans.* Ideally, the concept of professionalism should be highlighted in each unit's strategic plans such that professionalism is part of the core initiatives of the unit. Indicators of success should be developed in concert with this (i.e., number of seminars on professionalism, development of a professionalism ceremony, etc.) and individuals assigned to the completion of these initiatives so that progress towards goals can be tracked and that a continuous quality improvement mindset towards professionalism can be implemented. Where professionalism is not explicitly mentioned in the strategic plan of a unit, it is likely to become either forgotten, not emphasized, or responsibility for professionalism initiatives may be unclear.

5. *Research on professionalism.* Research in the area of professionalism should be promoted to the faculty as a viable research program. Examples include measuring the changes in student attitudes towards professionalism as they move through their degree program, and measuring clinical preceptor and/or recent graduate perceptions of professionalism. Research efforts in this area would also likely further serve to strengthen the unit's teaching of professionalism. Faculty doing research in this area should be encouraged to share their findings with the FHP, perhaps through additional workshops in the future.

6. *Student portfolios & assignments.* Students should be provided with the opportunity to explicitly consider the concept of professionalism and what it means for them personally. There are several different methods of doing this but one option used by many universities is to construct assignments whereby the students apply the principles of professionalism and create their own personal professionalism portfolio or plan.

   One example of this currently exists in the College of Pharmacy. In this assignment[2], the students are asked to do the following:

   "List what you believe to be the five (5) most important traits of a professional, in your perceived order of importance (note: clearly label your top choice, second choice, etc). You may choose to use some of the ten traits of a professional listed in this article but listing other traits would show innovative thinking.

   Next, for each trait, you should discuss why you believe that trait to be important as a professional.

   Finally, you should develop your own personal professionalism plan, describing how you will strive to incorporate these traits in your professional life as a pharmacy student and as a pharmacist. For each trait listed, you should list tangible, measurable tasks that you will perform until May 2008 that will help you to incorporate this trait into your life. Additionally, you may choose to discuss your own personal strengths and weaknesses pertaining to these traits, role models and mentors that can help you in your goal to incorporating professionalism in your life, and why you think these traits will help you to personally provide pharmaceutical care."

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[2] MacKinnon NJ, Developing a personal professionalism plan. Mandatory Assignment for Pharmacy 1060 (Pharmacy Law & Ethics)

7. *Professionalism ceremony.* One method that has been very successful in raising the consciousness of professionalism among both students and faculty is the implementation of professionalism ceremonies. In these types of ceremonies, often a guest speaker talks about professionalism and a history of the specific profession, the students read an oath of their profession and they are presented with something, such as a white coat or ring. Many nursing schools currently have a Nightingale Ceremony that contains these elements. We realize this ceremony may look quite different for each of the units of the FHP, but we encourage each unit to create their own ceremony that can become an annual event.

8. *Peer mentoring/buddy system.* Finally, one additional strategy that has been successful for many in training students in the area of professionalism is a peer mentoring/buddy system, where senior members of the student body are matched or paired with junior members. This should be more than simply a forum for students to discuss their faculty, courses, textbooks, etc. When structured well, this can become an excellent way through which the junior students learn about professionalism from the senior students.

Evaluation

In order to ensure that students are exemplifying the professional attitudes and behaviour promoted by the FHPs, ongoing evaluation of these attitudes and behaviour is essential. Such monitoring allows the individual Schools to identify students who are practising according to the identified principles, as well as identifying students who may require further development of their professional attitudes and behaviour.

To assist in this ongoing monitoring, it is proposed that a component of every students' clinical evaluation include evaluation of their professional conduct. A tool, entitled "Professionalism Evaluation Form for Students in Clinical Practice" (see Appendix 2), has been developed for this purpose. This tool is to be completed by each students' clinical instructor/preceptor at the completion of every clinical placement. Students who have been identified by their clinical instructor/preceptor as needing improvement in any component of professionalism would require some form of follow-up to further explore the areas of growth and plan for remedial action as needed. It is crucial to note that identification of an area "needing improvement" does not indicate failure in the course, as the purpose of this evaluation tool is to identify behaviour for further development. This differs from the process of identifying students who have been identified as being "unsuitable for professional practice," in which more punitive action is mandated.

As with all other clinical evaluation forms, students' "Professionalism Evaluation" forms will become a part of their permanent academic record, and may be used for the purposes of identifying students to recommend or not recommend for employment, student awards, etc (as described in Discipline and Rewards).

There may be the need to explore other methods of evaluation of professional conduct in order to provide mechanisms to promote and evaluate professional conduct in settings other than clinical placements, such as classrooms, addressing both professor-student and student-student interactions.

Discipline and Rewards

In order to promote the professional attitudes and behaviour of students in the FHPs, it is important to not only provide support for students who exhibit deficient professional conduct, but to recognize students, faculty, and clinical preceptors who exhibit exemplary professional behaviour. Identifying such individuals provides role models of professional conduct and potential mentors to students needing additional direction and support (as described in the discussion of "Training"). The exact mechanism by which students/faculty/preceptors would be recognized for exemplary professional behaviour is yet to be determined, but might include such practices as presentation of a "Professionalism Award" in each of the individual Schools, or recommendation of individuals as "peer mentors".

Although it is hoped that remedial action for students with identified deficiencies in professional behaviour would remedy the situation, it is conceivable that punitive action may be required, if the individual student should refuse remedial action, or continue to exhibit the identified behaviour despite remediation. The FHP policy regarding "Professional Unsuitability" (refer to http://www.dal.ca/~fhp/policy/unsuit.pdf) may be enlisted if such a situation should arise.

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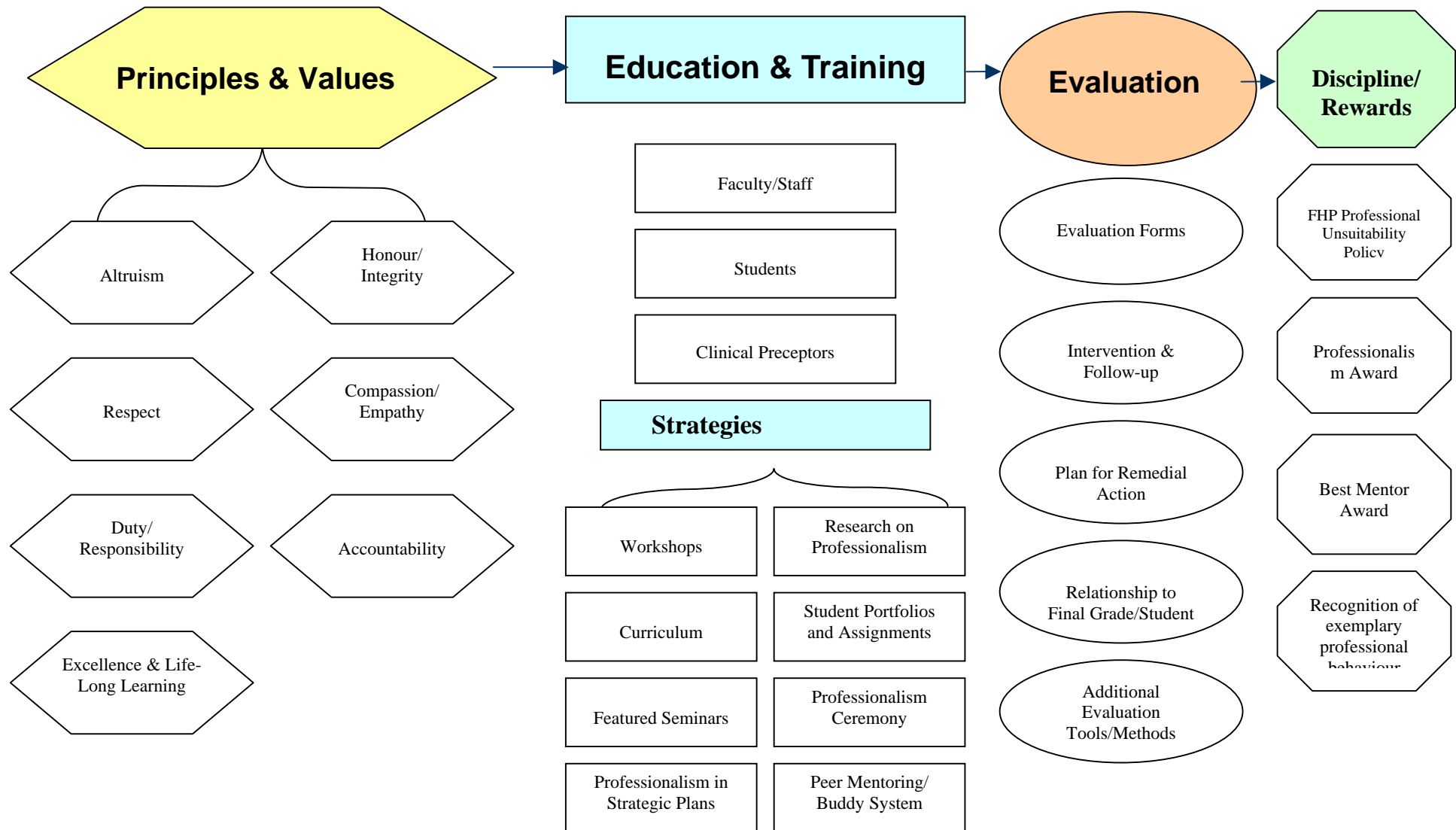Wear D, Castellani B. The development of professionalism: curriculum matters *Acad Med.* 75:602-11, 2000

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Appendix 1

Professionalism Conceptual Framework

Principles & Values → **Education & Training** → **Evaluation** → **Discipline/ Rewards**

Principles & Values:

- Altruism
- Honour/ Integrity
- Respect
- Compassion/ Empathy
- Duty/ Responsibility
- Accountability
- Excellence & Life-Long Learning

Education & Training:

- Faculty/Staff
- Students
- Clinical Preceptors

Strategies:

- Workshops
- Research on Professionalism
- Curriculum
- Student Portfolios and Assignments
- Featured Seminars
- Professionalism Ceremony
- Professionalism in Strategic Plans
- Peer Mentoring/ Buddy System

Evaluation:

- Evaluation Forms
- Intervention & Follow-up
- Plan for Remedial Action
- Relationship to Final Grade/Student
- Additional Evaluation Tools/Methods

Discipline/ Rewards:

- FHP Professional Unsuitability Policy
- Professionalism Award
- Best Mentor Award
- Recognition of exemplary professional behaviour

Appendix 2

Dalhousie University Faculty of Health Professions (FHP)
Professionalism Evaluation Form for Students in Clinical Practice

Student: _____ **Evaluator:** _____**Date:** _____

The following criteria are based on the principles of professionalism which every student in the FHP is expected to exemplify in their clinical practice and interactions with colleagues, clients, and fellow health professionals. Please indicate whether you observed the student to be satisfactory in meeting the criteria, exemplary in meeting the criteria, or needing improvement in order to meet the criteria. Students needing improvement will meet with a faculty advisor in order to determine the appropriate intervention to further develop the student's attitude or behaviour in the deficient area. Please provide examples or expand on any criteria in which you felt the student needed improvement or displayed exemplary performance.

Professional Attitude/Behaviour to be Exemplified by Student	Needs Improve-ment	Satisfac-tory	Exemp-lary	Unable to Evaluate
Altruism				
Puts patients/clients needs ahead of own				
Goes beyond requirements of expected service				
Demonstrates awareness of and sensitivity to needs of colleagues				
Promotes interests of community and profession				
Comments/Examples:				
Accountability				
Requests and accepts constructive feedback and criticism, and makes changes accordingly				
Takes responsibility for errors and shortcomings				
Presents self in a professional manner in regards to dress and deportment				
Arrives appropriately prepared to do the work assigned				
Comments/Examples:				
Excellence & Commitment to Lifelong Learning				
Takes responsibility for own learning				
Helps build and maintain a culture of professionalism				
Conscientious in professional activities				
Comments/Examples:				

Duty & Responsibility				
Practices within own level of competence, seeking guidance from others as required				
Completes work assignments in a timely manner				
Assures continuity of care when transferring responsibilities				
Takes responsibility for own well-being				
Is available and responsive to the needs of other team members				
Comments/Examples:				

Honour & Integrity				
Is forthright and honest in dealings with others				
Recognizes and reports unsafe, incompetent and unethical care				
Deals with confidential information appropriately				
Respects personal, emotional and physical boundaries with patients/clients and colleagues				
Comments/Examples:				

Respect				
Respects the dignity and rights of patients/clients and colleagues				
Respects diversity in people's culture and beliefs				
Respects physical property and environment				
Uses respectful means of communication when challenging others				
Addresses patients/clients and colleagues according to their preference				
Comments/Examples:				

Compassion & Empathy				
Is attuned to the perspective and feelings of others				
Demonstrates effective listening				
Deals with patients/clients distress appropriately				
Provides care and service to an individual as a whole person				
Provides care and service to individuals in the context of their families and communities				
Communicates in ways appropriate to the patient/client				
Comments/Examples:				

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