

Engaging Medical Students in Peer Professional Development: Establishing Protocol and Procedures for Professionalism Lapses

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Introduction

Professionalism is a [core competency](#) for medical trainees across the spectrum of undergraduate and postgraduate medical education. Professionalism is defined variably by many different sources, but in general are behaviors that define a profession. A survey of medical professional organizations demonstrates that definitions are extensive and varied. Most agree there are aspects which are immutable over time (empathy, honesty, confidentiality) and others which are evolving (appropriate dress, appropriate communication). Professionalism encompasses both behaviors and attitudes though behaviors are the only observable manifestations. Attitudes obviously inform behaviors; behaviors can conversely inform attitudes.

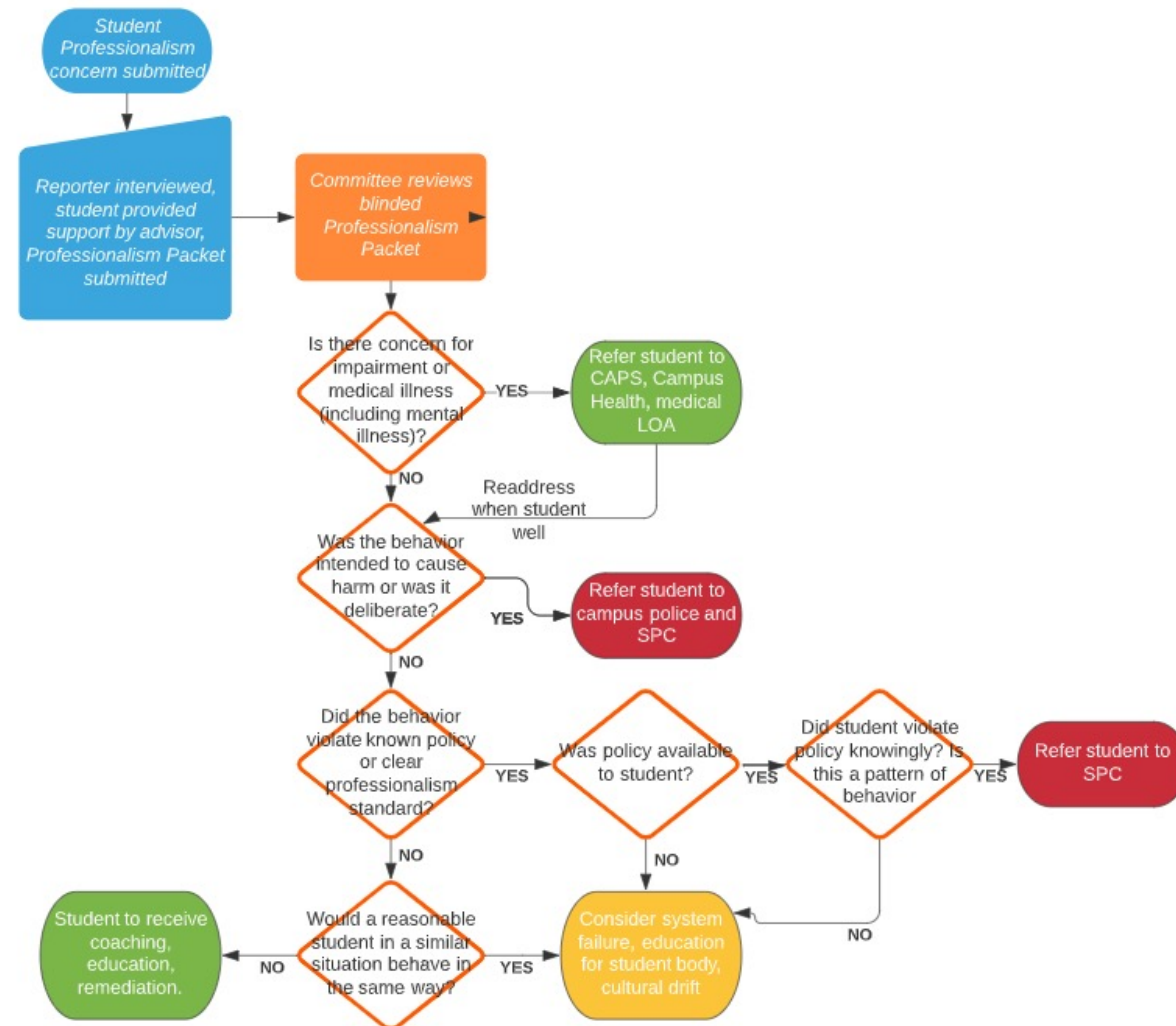
Guiding Principles

Wasserman et al divide professionalism lapses in trainees into 3 categories:

- No-fault suboptimality: a lapse typically brought on by systemic factors but which could have been avoided if the individual had been more proactive or more aware
- Nonegregious unprofessionalism: unprofessionalism behavior that was engaged in knowingly but with a reasonable assumption that the harm would be minor and insignificant
- Egregious professionalism: unprofessionalism behavior that was engaged in knowingly with no reasonable assumption that the harm would be minor or insignificant

Wasserman goes on to say that if one can categorize the lapse into one of these three categories, then the appropriate response can be designed. No fault suboptimality should be met with support, advising and coaching. Nonegregious unprofessionalism should be remediated, and egregious unprofessionalism should be disciplined. Jha et al proposed a framework for evaluating professionalism lapses using the Theory of Planned Behavior (TPB) which demonstrates the relationship between Attitude (beliefs), Subjective Norm (normative beliefs and motivation to comply) and Perceived behavior control (perceived power and control beliefs) along with Behavior Intention and how they produce a specific behavior. Decisions about remediation, consequences, etc should be made taking these into consideration.

Student Professionalism Committee Workflow



Timeline 2020-2021

- Jul-Dec:** Literature review, network with other Student Affairs Deans at UNC and outside of UNC, brainstorm ideas with stakeholders
- Jan-Feb:** Obtain approval at Education Committee, **Feb:** Obtain feedback from legal department
- Mar-Apr:** out RFA for committee Chair, interview and select Chair
- Apr-May:** Send out RFA for student/faculty committee members, interview and select committee members
- Jun-Jul:** Convene committee to train on workflow and iron out details of reporting structure, incident management, remediation options
- Jul-Aug:** Announce to students at first class meetings of the year and orientation
- Aug 15:** LAUNCH!

References

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Cristy Page, Executive Dean, UNC School of Medicine
Elizabeth Lamos, Assistant Dean of Student Affairs, University of Maryland School of Medicine

Workflow

Each incident of student unprofessionalism should be evaluated to decide appropriate next steps to promote the individual's professionalism education and to promote professional culture in the community. A committee of 5 members will meet to assess the situation. This committee should be composed of student and faculty members to ensure experienced and fresh perspectives are represented. Student names should NOT be shared for a fair and unbiased review.

EVERYONE:
Promoting a professional culture
Clear communication around professionalism

CURRICULUM:
Structured co-curriculum with opportunity for small group discussion

STUDENT AFFAIRS:
Student support and coaching when needed

PROFESSIONALISM COMMITTEE:
Incident management
Consistently applied remediation pathway
Appropriate consequences