



UT Health Science Center: COM121 Professionalism - COM Medical Education	
Version 2	Publication Date: 08/22/2024

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Related Policy: N/A	Program: Medicine (M.D.)	

POLICY

It is the policy of the University of Tennessee Health Science Center (UTHSC) College of Medicine (COM) to foster the development of professional behavior in students, and to have procedures in place to monitor and report progress in this regard.

RATIONALE AND PROCEDURE

1. As students in a healthcare professional school, medical students have the responsibility to behave in a manner consistent with this status, and are expected to adhere to the standards of personal diligence and integrity applicable to their future profession. These are embodied in the Hippocratic Oath, the Tennessee State Medical Board standards of professionalism, the Rules of Tennessee Board of Medical Examiners (Chapter 0880-02), the Principles of Medical Ethics, the AMA professionalism standards (JAMA, AMA Journal of Ethics, AMA Professionalism in the Use of Social Media – Ethics Opinion 2.3.2, etc.), the UTHSC Catalog topic “Professionalism” and guidelines for Professional Behavior and Conduct – Clerkships. Additional guidelines, both general and specific, are provided in Appendix 1, as well as in the materials on professionalism presented at orientation, in class, and conveyed while on clinical training.
2. Feedback regarding professionalism, both positive and negative, will be assessed by a Professionalism Committee (PC) consisting of a Chair and one faculty member representing each class. In addition, the PC will include one M3 and one M4 student selected by their peers to serve on the committee. However, if the student under investigation elects not to have student representatives present, they may request that students be excluded from the proceedings.
3. Information concerning professionalism is collected and reported to the PC using a designated form (example shown in Appendix 2). Faculty, residents, staff and students themselves can report professionalism concerns.
 - a) For professionalism issues identified during academic work, faculty and residents must identify themselves when submitting a Professionalism form. In addition, faculty and residents must document this behavior in the student’s clinical evaluation as well.
 - b) Staff and students may either submit a form or report anonymously via Maxient, which is the system used by the UTHSC Office of Student Conduct and Community Standards to manage student behavioral records.
 - c) Professionalism representatives from each class may also submit a form.
 - d) Forms may be submitted directly to a PC member or Chair, or to the Associate Dean of Student Affairs who will forward them to the PC. Anonymous submission via Maxient is

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- emailed to the Associate Dean.
- e) All reports, whether submitted by form or anonymously, will be housed in Maxient.
 - f) Documentation of exemplary positive behavior will be retained for evaluation by the Associate Dean of Student Affairs for inclusion in the Medical Student Performance Evaluation (MSPE) under the Professionalism section. The submitted forms will be stored in Maxient. Note that positive Professionalism forms cannot be submitted anonymously.
4. Upon receipt of a negative professionalism form the actions of the PC will proceed as follows:
- a) The PC Chair will review the complaint, after which the Chair or a member of the PC will interview the student and the complainant if identified. If the complaint occurs during a course or in a clerkship, the chair will contact the course or clerkship director to discuss the situation.
 - b) If no action is deemed necessary, the form will be stored in Maxient. It will not impact the student's MSPE unless a subsequent professionalism complaint were to be registered.
 - c) If the concern is determined to warrant action:
 - i. OME will be notified any time a student is brought before the PC, then notified of the proceedings, then of the recommendations.
 - ii. The chair will convene the PC to consider four recommendations: no action, warning, remediation, or referral to the appropriate Progress and Promotions (P&P) committee. Repeated complaints with no evidence of improvement, or even a single sufficiently serious complaint, could trigger referral to the COM P&P committee, which may result in further actions including course failure, academic warning, probation or dismissal.
 - d) The findings of the PC will be forwarded within 5 days of its meeting to the student and to the Associate Dean of Student Affairs.
 - e) In case of an adverse recommendation by the PC, excluding the recommendation of referral to the P&P committee, the student has a right to appeal the decision. If the recommendation is for transfer to the P&P, no appeal of the PC recommendation is possible. The student will have 5 business days to appeal the PC's recommendation. Appeals should be submitted in writing (via email) to the Associate Dean of Student Affairs. If the Assoc. Dean of Student Affairs concurs in the adverse recommendation, the student may appeal to the Executive Dean of the COM within 5 business days of notification from the Assoc. Dean of Student Affairs of concurrence with the PC recommendation.
 - f) If an appeal is not submitted within 5 business days the Associate Dean of Student Affairs will submit the recommendation to the Executive Dean and also to the Sr. Asst. Deans of the Basic Science and/or Clinical Curriculum who will forward the information to relevant course and/or clerkship directors.

APPROVAL HISTORY

Effective: 6/28/21

Revised: 08/19/24

Appendix 1

Guidelines for Professional Behavior

Medical students are expected to act in a professional manner at all times during their medical school training, both on and off campus. The following provides some guidelines for professional behavior, both general and specific.

Work ethic

Always put forth one's best effort, striving to learn from every class and rotation.

Be prepared and arrive on time for all training experiences (didactics, labs, conferences, virtual meetings, small group sessions).

Demonstrate reliability, dependability, and accountability to patients, society, and the profession that supersedes self-interest by:

- following up on tasks, labs, studies, outside records;
- taking ownership of your patients and their care by being their primary doctor;
- completing all notes/documentation thoroughly and in a timely manner;
- documenting findings, assessments, clinical reasoning, and plans accurately, clearly and concisely.

Fulfill all requirements in a timely manner:

- Personal health status: Immunizations, Tb skin test, Mask fit, drug test, COVID testing, etc.;
- Educational needs: registration, ERAS application, specialty advisor or Dean meeting, Step applications, graduation requirements, paying fees on time, honoring all deadlines, etc.;
- Clinical needs: EMR training, On-boarding duties, facility paperwork, etc.;
- Communication needs: keep your email and voice mail accounts cleared and active, answer emails and voicemails in a timely manner, etc.

Teamwork

Be a team player and find ways to contribute meaningfully to the team.

Ask questions in a polite and respectful manner.

Be honest and forthcoming in presenting work done, and in interactions with patients, faculty, and staff.

Communicate any new information or concerns about a patient to the team (e.g., information disclosed to only you by a patient).

Let the team know immediately if you will be late or absent from your duties.

Treat others with dignity and respect. Avoid discriminatory, judgmental, or hurtful conduct in communicating with all on the education or health care team. This includes:

- team members - professors, attendings, fellows, residents, interns, JIs, fellow medical students;
- ancillary staff - administrative staff, nurses, therapists, social workers, case managers, dieticians, pharmacists, maintenance/EVS staff, nutrition management staff, techs;
- course/clerkship administrators and coordinators;
- diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;
- patients and families.

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Commitment to excellence and lifelong learning

Continually appraise scientific evidence from multiple sources. Appropriately implement new knowledge, standards, technologies, and services to manage the health problems of patients, populations, and communities and to improve outcomes.

Systematically assess quality improvement needs and potential corrective actions with a goal of implementing change to improve practice.

Participate in the education of patients, families, students, trainees, peers, and other health professionals.

Model behavior that upholds professional standards and prioritizes optimal patient care.

Understand the importance of a commitment to excellence through the continuation of one's own professional education and growth, acceptance of scrutiny by peers and others, and dealing openly and honestly with professional mistakes.

Recognize ethical issues relating to a physician's responsibilities and obligations to patients, colleagues, and society (e.g., end-of-life issues).

Recognize the changing nature of health care and its inherent ambiguities and utilize appropriate strategies to manage uncertainty and adapt to change.

Employ self-awareness, self-care mechanisms, and appropriate help-seeking behaviors to manage stress and to balance personal and professional responsibilities.

Understand the potential for personal impairment resulting from the high-stress environment of the practice of medicine and recognize the availability of support resources. Seek out help when needed, and do not continue to practice in an impaired state.

Standards for informed consent

Medical students should not be obtaining informed consent on their own.

They may pre-review the salient features of the consent with a supervising resident or attending, and may then obtain the informed consent with the supervising resident or attending present for the discussion.

The consent may only be signed by a physician at the time it was obtained.

Confidentiality

Do not violate confidentiality guidelines by accessing or sharing patient information in a manner that is not necessary for patient care or learning within a course or clerkship.

Students should not post any UTHSC patient information (including but not limited to PHI, pictures, or images) to social media sites or personal sites. This is prohibited even if the patient has provided authorization. Social media creates a potential risk of disclosing (inadvertently or otherwise) privileged or confidential information, including the identities of current or former patients. Alert

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your supervisor and/or contact the UTHSC HIPAA Privacy Officer if you see information posted by others that is confidential.

Social media and institutional representation

Avoid behavior that could be harmful to UTHSC and its relationship to patients and the community, or could harm patients. If you witness such behavior, report it.

UTHSC students shall not sign up for personal accounts on social media (Facebook, Snapchat, X, TikTok, Instagram, blogs, or other types of social media sites) using their UTHSC email address. For personal accounts, use a personal email address as your primary means of identification.

Students are personally responsible for their social media posts. These do not express the opinion or position of the University. UTHSC workforce members engaged in personal and professional social media communications that reference UTHSC-related content should do so in a manner consistent with the University's mission and values, administrative policies and procedures, and safeguards to ensure the privacy and security of patient health information.

Personal integrity

Do not engage or attempt to engage in inappropriate relationships with patients, patients' families, or their supervising or supervised team members. Inappropriate relationships include romantic or sexual relationships, exploitative financial relationships, or relationships that take advantage of real or perceived authority in any other way.

Appendix 2

UT Health Science Center College of Medicine Professionalism Form

Student Name _____ **Date of Report** _____

Completed by _____ (Circle one): Clerkship Director Course Director Dean Staff
Resident Faculty Peer Date received: _____

Information provided by: _____

____ **The student has demonstrated exemplary professional behavior in the domains indicated below.**

____ **The student has demonstrated a lapse in professional behavior, as evidenced by an evaluation of “Does Not Meet Expectations” in a clinical rotation or other observations in the domains indicated below.**

- Honesty and integrity
- Representation of clinical information, activities, and attendance
- Adherence to honor codes or codes of conduct set forth in individual courses or clerkships
- Professional relationships with patients and families
 - Demonstration of empathy and respect
 - Acting in patient’s best interest
 - Maintaining appropriate boundaries in patient relationships
- Fulfillment of responsibilities
 - Completing required paperwork and assignments
 - Performing patient-related tasks in daily activities
- Professional relationships with team members and colleagues
 - Demonstration of respect for and willingness to help others in daily activities
 - Reliability in responsibilities to colleagues
- Timeliness and attendance
 - Promptness for and engagement in clinical and didactic activities
- Self-improvement
 - Acceptance of and response to constructive criticism
 - Evidence of self-education outside of required activities

Other (please specify) _____

Comments, which may be derived from formal evaluation forms or from personal observations or conversations with peers or supervisors, are required and should be written in the space provided here. Please specify the context (e.g., preclinical, clinical, or other type of setting) and date(s) when behavior occurred.

Date discussed with individual: _____ **Describe plan for remediation (if required):**

Student comments (optional):

Student Signature _____ **Faculty Signature** _____

*** Signatures on this document are not an admission of guilt.**