

**POSTGRADUATE MEDICAL EDUCATION: PROMOTING PROFESSIONALISM
POLICY AND PROCEDURES
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PROMOTING PROFESSIONALISM IN POSTGRADUATE MEDICAL EDUCATION

POLICY AND PROCEDURES

I Preamble

Professionalism is an essential set of attitudes and behaviours expected of physicians through all stages of their career. As members of a self-regulated profession, physicians are entrusted to maintain professional accountability to themselves, patients, families, colleagues and their profession. The required attitudes and behaviours of professionalism are derived from multiple CanMEDs competencies, as indicated in the Professionalism in Practice (PIP) document (*Appendix A*) illustrating the complex and multi-faceted nature of professionalism, which is reflected in this policy.

The importance of demonstrated proficiency in Professionalism among physicians is supported by both our provincial regulatory body, the College of Physicians and Surgeons of Ontario (CPSO); and the national accreditation authorities – the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). (See references.) All postgraduate learners are subject to the requirements of the aforementioned regulatory and accreditation bodies, in addition to those outlined in this policy. Should Learners engage in a behavior or set of behaviours that violate the policy and procedures outlined under this policy and / or any other Postgraduate Medical Education policy, and the Faculty of Health Sciences Professional Behaviour Code of Conduct for Learners simultaneously, the breach shall properly be addressed under this policy in the first instance. However, at the discretion of the Assistant Dean, Postgraduate Medical Education, the election may be made to proceed secondarily in also applying the procedures of the Faculty of Health Sciences Professional Behaviour Code of Conduct for Learners should s/he reasonably decide it appropriate to do so in the circumstances.

II Scope

This policy applies to all postgraduate learners registered with the Postgraduate Medical Education Office. Professional behavior is expected in all clinical and academic settings and roles, including, but not limited to: clinical, administrative, research, both in clinical / university sites and off-site, as well as real or on-line environments. (*Refer to Guidelines for appropriate use of the Internet, Electronic Networking and Other Media*) This policy shall be applicable to all contexts and circumstances in which postgraduate learners are, or could reasonably be considered to be, representing the profession, their educational program and / or McMaster University.

Each program will specify how this policy will be applied to its evaluation-related hierarchy, including in any Distributed Medical Education sites. For example, evaluation information that would normally go directly to the Program Director in Hamilton may instead go to a DME site lead. **However, the Program Director is ultimately responsible for ensuring that monitoring of a Learner's progress is being completed as per the program's organizational structure.**

It is recognized that the structure of training programs vary from program to program; the relevant committee, for the purposes of this document, may be the Residency Program Committee or a subcommittee of the RPC. It will vary for fellowship programs.

III **Definitions:**

Postgraduate Learner – Resident, Clinical Fellow, Research Fellow – referred to as the ‘Learner’.

Program Director – the individual who is the officer responsible for the overall conduct of the residency program, reporting to the Assistant Dean of Postgraduate Medical Education for the Faculty. If the incident is with a Clinical or Research Fellow the “Program Director” would be his / her Supervisor or Department Chair, or whoever is deemed most appropriate.

Lead Educator (LE) – the individual who is most directly responsible for the postgraduate learner’s performance in the educational component where the learning is taking place e.g.: clinical supervisor; seminar coordinator; speaker or organizer at academic half day; senior residents with program-defined educational supervisory responsibilities.

Residency Program Committee (RPC) – Residency Program Committee (RPC) that oversees postgraduate education for the specialty; may be a subcommittee of the RPC. It is recognized that the program structure may vary for fellowship training.

IV **Domains of Professional Behaviour**

An outline of the key subdomains, the CanMEDs roles they reflect, and a description of behaviours consistent with professional practice is documented in the *Undergraduate and Postgraduate Professionalism in Practice (PIP) Document* (See Appendix A).

All postgraduate medical learners at McMaster University are expected to conduct themselves in a manner consistent with Professionalism in Practice (PIP) and strive for exemplary behavior within the three domains of Professional Behaviour:

1. Professional Responsibility / Integrity
2. Pursuit of Excellence / Insight
3. Personal Interactions – Learning and Clinical Environments

V **Principles**

1. To promote and recognize exemplary behaviour in Professionalism for postgraduate learners.
2. To support the development of professional behavior in postgraduate learners.
3. To encourage respectful dialogue about Professionalism in all aspects of the learning environment, both clinical and academic.
4. To outline a process to be followed for behaviour(s) inconsistent with professional practice.

VI Guidelines for Assessing Professionalism in Practice

Below are broad definitions that may be used as a guideline in order to provide some standard of professionalism. .

1. **Exemplary Behaviour** – defined in the “Exemplary Professional Practice” column of the PIP document.
2. **Minor Breach** – a one-time incident in any of the three domains in the PIP document, for which feedback / remediation can be almost immediately applied due to its low level of severity in that single incidence. The specific behavior descriptor is identified in the “Inconsistent with Professional Practice” column.
3. **Significant Breach** – A series of incidents of behavior Inconsistent with Professional Practice in one or more subdomains as defined in the PIP document, where feedback / remediation has been provided in regards to the earlier incidents or

A single event of behavior Inconsistent with Professional Practice, as defined in the PIP document, that is considered by the Lead Educator or Program Director as significant in severity.

4. **Egregious Breach** – any incident for which there is concern of significant risk to others or illegal activity.

VII Reporting of Professional Behaviour

Anyone who is associated with postgraduate learners is encouraged to provide **feedback**, both in instances of Exemplary Professionalism in Practice, as well as behaviours Inconsistent with Professionalism in Practice. This would include but not be limited to: teaching faculty, allied health professionals, peers, administrative personnel, junior learners, etc.

It is recognized that incidents may occur in clinical or non-clinical settings. Feedback should be given as close in time to the occurrence as the situation allows, following commonly accepted principles of giving feedback.

All occurrences of behaviour inconsistent with professional behaviour must be submitted to the Program Director in writing in order for the Program Director to formally address it.

Documentation may be in any form deemed acceptable by the program. This may include email, field note, progress note or any other program-specific form. The report will remain a part of the learner’s file.

➤ **Occurrences of Exemplary Professional Behaviour**

If the event occurred in the context of a rotation-specific activity, this positive report should be sent to the Program Director and be copied to the faculty member completing the Learner’s evaluation for the educational component in which the behaviour occurred.

➤ **Occurrences of Behaviour Inconsistent with Professionalism in Practice**

When there is an occurrence of possible unprofessional behaviour:

1. The individual who has observed or been part of this incident may choose to discuss the incident with the postgraduate learner.

If the observing individual does not feel comfortable with this discussion, they may report the incident to the Lead Educator. If it is unclear as to who is the LE applicable to the situation, the incident can be reported to the Program Director who may investigate the incident themselves, or if appropriate, may ask the LE to do so.

2. The purpose of the conversation should be as follows:

Clarify what happened:

- a. Describe what was observed;
 - b. Allow the learner to describe their interpretation of what happened;
 - c. Determine what motivations/intentions led to the behaviour including potential underlying personal circumstances.
 - d. Give feedback appropriate to the circumstances, including strategies for improvement and potential resources or supports appropriate to the situation
 - e. Describe what will be done next (e.g. report the occurrence further, monitor for improvement, acknowledge a misunderstanding, etc.)
3. The details of this discussion should be documented by the person having the discussion with the Learner.
 - a. The Learner must be provided with a copy of the documentation. The Learner may wish to submit a written response to the note.
 - b. Copies of the documentation should go to each of the:
 - Lead Educator
 - Program Director
 - Person Responsible for completing the evaluation for the educational component in which the incident occurred, where one exists

VIII Review / Monitoring by the Program

1. On receiving documentation of Behaviour Inconsistent with PIP, the Program Director will separately contact the individual(s) who have submitted the report as well as the Learner, to review the concerns. This should be done within 10 working days of learning of the incident. This discussion should include exploration with the Learner of their interpretation of what occurred as well as any underlying motivations, intentions or personal circumstances that may have contributed to the situation.

2. Based on their review, the Program Director will determine the severity of the breach (i.e. Minor, Significant or Egregious) based on the aforementioned definitions.
 - a. At the discretion of the Program Director, or at the request of the Learner, the Program Director may review the incident with the Residency Program Committee in order to determine the severity of the incident.
 - b. Previously documented incidents of Behaviour Inconsistent with PIP will be considered in determining the severity of the current breach, as per the definition of Significant Breach.
3. The Program Director will document his / her findings and the determination of the severity of the breach. (Refer to Appendix B for suggested elements of the documentation)
 - a. These findings will be shared with the Learner, LE and, if different, the person responsible for completing the applicable evaluation (if one exists for the situation in which the incident occurred), for the purpose of providing feedback and future direction.
 - b. The findings will become a part of the Learner's academic record.
4. The Learner may appeal the findings. *Refer to Postgraduate Policy and Procedures for the Evaluation of Postgraduate Students' Performance, Section V on Appeals.*

IX Categories of Behaviour Inconsistent with PIP

1. Minor Breach

The Program Director will ensure that monitoring of the Learner's professional behaviour is occurring,

- a. If the incident occurred in a setting for which there is an applicable evaluation, the person responsible for completing the evaluation will be expected to monitor for improvement in the behaviour. This person will be expected to gather feedback from other supervisors who have continuity in working with the Learner in that setting.
- b. Further incidents should be documented and reported as per the same process as described above.
- c. Progress in the Learner's development of professional behaviours should also be noted to the Learner and to the Program Director.

2. Significant Breach

The Program Director, together with the Learner, will develop an *Remediation Plan* (see below) for the Learner. The Program Director may also wish to consult with the Advisor, Professionalism in Clinically Based Education at any time in the process, and / or the Educational Advisory Board (EAB). If they have been consulted, the EAB should receive a copy of the remediation plan for review.

- a. At the Program Director's discretion or at the request of the Learner, the Program Director may arrange for a meeting of the Residency Program Committee to advise them around the development of the *Remediation Plan*.
- b. The LE and person responsible for completing the evaluation may be invited to participate in the development of the Remediation Plan.
- c. Monitoring of the Learner's progress within the Remediation Plan is the responsibility of the Program Director and the RPC Residency Program Committee
 - Monitoring of incorporation of recommendations will occur within the evaluation hierarchy of the program.
 - If the behaviour inconsistent with PIP occurred in a setting for which there is an applicable evaluation, the person responsible for completing the evaluation will be expected to monitor for incorporation of recommendations and improvement in the behaviour. This person will be expected to gather feedback from other supervisors who have continuity in working with the Learner in that setting.
 - It is also expected that the Program Director will need to gather feedback from LEs in future settings in order to monitor progress.
 - Further incidents of behaviour inconsistent with PIP should be documented and reported as per the same process as described above.
 - Progress in the Learner's development of professional behaviours should also be noted to the Learner and to the Program Director.

3. **Egregious Behaviour**

Refer to the process outlined in the *Policy and Procedures for the Evaluation of Postgraduate Students' Performance, Appendix A: Suspension for Emergency Situations*, should be followed. (see *medportal* under Policies), Program Directors are advised to also consult with the Assistant Dean of Postgraduate Medical Education.

X **Remediation Plan**

1. The learner must be seen as integral to the development of a plan for working towards improvement and thus should be encouraged to be involved in the process. The learner's level of engagement in this process may reflect their insight into the issues identified and should be considered in the development of the Remediation Plan, discipline, and/or sanctions. This process should follow that outlined by the Postgraduate Medical Education Evaluation Policy. (*See medportal, under Policies*). The Residency Program may wish to consult the Educational Advisory Board (EAB).
2. Remediation plans should include potential resources and/or supports appropriate to the situation.

3. The Program Director and when requested, Residency Program Committee will develop and oversee the implementation of the *Remediation Plan*.
4. Appropriate documentation regarding the Remediation Plan (e.g., plan outline, meeting minutes, etc.) will be provided to all relevant parties. A copy of the report will be maintained in the Learner's file, as should follow-up reports *documenting* outcome of recommendations. All parties involved in the implementation of recommendations and monitoring of the learner's progress should also receive a copy of any relevant documentation including the Remediation Plan. In some circumstances this may necessitate the sharing of some aspects of the remediation plan with subsequent supervisors with whom the resident works while monitoring is required.
5. Where applicable, the incident(s) and learner's progress should also be incorporated into the appropriate evaluation tool used for that educational component in which the behaviour was occurring. (e.g. ITER for a clinical rotation if behaviour occurred in this context)
6. Consideration should be given to advising the individuals who reported the incident of the outcome in general terms.

XI Appeal

1. Appeals will be conducted in accordance with the *Policy and Procedures for the Evaluation of Postgraduate Student Performance*.

XII References

1. McMaster University, Faculty of Health Sciences Professional Code of conduct for Learners
<http://www.fhs.mcmaster.ca/postgrad/>
2. College of Physicians and Surgeons of Ontario (CPSO) - Disruptive Physician Behaviour Initiative
<http://www.cpso.on.ca/policies/positions/default.aspx?id=1730>
3. College of Physicians and Surgeons of Ontario (CPSO) – Professional Responsibilities in Postgraduate Education
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1846>
4. College of Physicians and Surgeons of Ontario (CPSO) – Physician Behaviour in the Professional Environment
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1602>
5. Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada – Intraprofessionalism - <http://www.royalcollege.ca/public/advocacy/policy/intraprofessionalism>
6. Postgraduate Medical Education Policy and Procedures for the Evaluation of Postgraduate Student Performance
<http://www.fhs.mcmaster.ca/postgrad/policies.html>
7. Guidelines for appropriate use of the Internet, Electronic Networking and Other Media
<http://www.fhs.mcmaster.ca/postgrad/policies.html>

To be reviewed annually

Appendix A

Documentation by Program Director

The following elements are suggested for inclusion in the documentation completed by Program Directors when reviewing possible incidents of behavior inconsistent with Professional Practice and when monitoring progress and development of progress of professional development.

- ii. Resident Information (name, year, rotation, dates, etc)
 - iii. Details of Incident
 - iv. Details of Discussion/Review of Incident
 - v. Responses to the Review
1. By resident
 2. By Residency Program Committee
 - vi. Plan
 - vii. Progress over time

APPENDIX B: MANAGING INCIDENTS OF INCONSISTENT WITH PROFESSIONAL BEHAVIOR

