

## Commentary on the Professionalism Form

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Revised by Assessment Committee 2008

Color code: green – the item fully matches UCSF; gold – the item partially matches UCSF; red – the item was added by JMP. Each item is followed by a preliminary comment, and then examples of what a tutor might write regarding the level (1 thru 5) of behavior of five different students (Jim, Robin, Salim, Ramona and Charles...all imaginary of course) , where level 1 and 2 indicate major challenges, 3 is adequate, 4 and 5 superior.

### A. Reliability and responsibility

#### 1 Fulfills responsibilities

This would include the ILC, and any other agreements about how the student engages the curriculum.

1. Jim did not post his ILC, offered no real excuses, and did not post it after specific requests.
2. Robin's ILC was the exact copy of her last two ILCs, she also insisted on not doing an LO on two occasions in spite of the group requests.
3. Salim forgot snacks two times; his group complained that on two occasions his LOs were sub par.
4. Ramona was exemplary in all group roles but was inadequately prepared for her in class presentation, and asked for help to change, incorporating suggestions.
5. Charles was exemplary in all group roles. He was late to class once, but had a clear reason for this, and apologized for the inconvenience.

### A. Reliability and responsibility

#### 2 Completes agreed tasks on time

This addresses completing tasks on time, although there is some crossover with Item 1 above. For example, in CICBC a task might be one of the roles in group, or posting a Learning Object.

1. Jim was consistently late to class, he missed the agreed on posting times for his LO, and forgot snacks both times.
2. Robin sometimes missed the posting times; she was also late to class twice during the unit without offering any excuse.
3. Salim occasionally came late, but seemed to be making an effort. He also missed posting his LO twice.
4. Ramona was one day late to class, and missed posting her LO once or twice.
5. Charles came late once, offered a good excuse and apologized for it. His LOs were always posted on time.

B. Contribution towards self improvement and adaptability  
3 Recognizes limitations and seeks help.

It is important for all physicians to acknowledge their limitations. Seeking help is a critical skill to develop as a professional.

1. Jim was often wrong in the information he brought to the group, his LOs were poorly organized and did not have enough depth. The tutor offered to arrange a session to discuss this, and he didn't show up.
2. Robin spoke authoritatively, even when she had her facts wrong, and often led the group off in a tangent. This came up in feedback, but she doesn't seem to see it as a problem.
3. Salim began the unit making huge LO's, which were often filled with spelling errors and poorly referenced. This has improved, although he hasn't accepted the help the tutor offered.
4. Ramona is still 'forgetting' to reference well, and has difficulties with drawing on the board. However, she has scheduled a session to discuss these limitations, with her classmates.
5. Charles realized that his schedule would not give him enough time to prepare an LO, and proactively discussed this with the group. Charles wrote very concise and informative LO that was only a page long.

B. Contribution towards self improvement and adaptability  
4. Accepts constructive feedback

This item includes formal and informal feedback from students and tutors,. This item does not include changing behaviors.

1. Several students commented that Jim didn't seem to want their 1:1 feedback, and at mid unit when the tutor told Jim that he argued when other students tried to comment on his behaviors Jim argued with the tutor.
2. Robin sulked after the 1:1 feedback sessions and pointedly ignored another student's request he re-write an illegible sentence.
3. Salim appeared to ignore the feedback from classmates by staring out of the window during the feedback session.
4. Ramona was tearful and distressed after the group feedback, and checked in next session admitting the process was stressful but acknowledged she wanted to learn.
5. Charles listened carefully and thanked group members who offered critical constructive feedback.

B. Contribution towards self improvement and adaptability  
5. Gives constructive feedback

Giving constructive feedback is at the foundation of helping others to improve and grow as professionals. It is important that feedback be given in a respectful way that is

beneficial to the intended recipient.

1. Several students commented that Jim's feedback tend to be personal and hurtful.
2. Robin said she didn't want to do 1:1 feedback, and objected to group feedback because she didn't want to hurt others' feelings.
3. Salim tends to be very general and a bit flattering in his feedback. Several students mentioned that they wish his feedback was more detailed and would include suggestions for improvement.
4. Ramona is always gentle yet constructive in her feedback.
5. Charles always gives excellent constructive feedback. He volunteered to work with Ramona outside of class to help her improving her concept maps.

B. Contribution towards self improvement and adaptability

6. Incorporates feedback in order to make changes in behavior

Once a student can 'hear' feedback, they need to use it for constructive change. It's appropriate to ask any individual to outline their plan, and even set goals and timelines for change, modeling a self reflective practice where such formal guidelines will be unnecessary, and where self initiated change can be part of a professional portfolio.

1. Jim finally acknowledged the tutor's feedback on his habit of violating autonomy (by interrupting or cutting off other students), but has gotten worse, now excusing it by saying something like 'oh boy, I guess you'll be reporting this too!' after his interruption.
2. Robin has improved a little regarding non verbal interruptions, but other students have complained she says it's all garbage.
3. Salim has actually posted his LOs more on time, but complains about it in most *check-ins*.
4. Ramona made her relationship to Beatrice a part of her ILC after learning from Beatrice that it was making her uncomfortable in group. She has not yet discussed it again with Beatrice.
5. Charles said he appreciated feedback the times he was late, and has not been late since.

B. Contribution towards self improvement and adaptability

7. Adapts to change by changing behavior

Similar to changing with feedback, but in this case students don't need to wait for feedback to initiate adaptive behavior.

1. Jim wanted to use routine every session, and verbally attacked the student who finally said he really wanted to try a different approach.
2. Robin held out against change and finally said OK. But she resented having to make the change and was visibly cool towards the other students for the entire session.
3. Salim argued forcefully against changing the feedback method, but eventually conceded, begrudgingly acknowledging that change might work well.

4. Ramona participated in the discussion of a change in meeting time.
5. Charles facilitated discussion of the change in meeting time, and made a joke to ease tension.

### C. Relationships with students, faculty, staff and patients

#### 8. Knows how to establish rapport with others.

This looks forward to the ‘joining’ that successful physicians do with the patients and families they care for. It is one of the main factors in ‘bedside manner’, which is itself a prominent part of the ‘hidden curriculum’. This item is also a place to comment of ‘safety’ in the group. Use this item to provide formative feedback on issues such as unwelcome gestures or tics, eye contact and other body language, etc, as well as issues of control.

1. Jim is generally quite loud and tried to overwhelm members of the group. He complains that he is singled out by the tutor for punishment. He says privately he hates the program.
2. Robin is painfully quiet, and seldom looks directly at other students when she is talking. She cried during checkout and declined to talk about what she was feeling.
3. Salim was withdrawn during the first days of the group, and when the tutor asked him about it Salim said that he wanted to be more involved but felt unsure and a little afraid. He seems more relaxed now.
4. Ramona tended to dominate verbal interactions and had a dramatic body language early in the unit, later recognized during feedback this is something she is working on.
5. Charles has consistently been pleasant and very present in his interactions with excellent eye contact and a polite curiosity about the other student’s previous experiences. He engages well with other members of the group.

### C. Relationships with students, faculty, staff and patients

#### 9. Is sensitive to the needs of others.

Part of ‘joining’ with any community is developing this kind of sensitivity. Physicians do not need to do everything that patients want, but they should at least try to know what they want. Small group situations provide a chance to model and encourage this behavior with fellow students and faculty. Being sensitive to the needs of others doesn’t necessarily overlap with establishing good relationships, as one can be sensitive even in the absence of a good relationship.

1. Jim asked ‘What is his problem?’ upon seeing that the patient was upset and added that the patient should just get on with it.
2. In spite of having a good relationship with her classmates, Robin tends to share her thought processes first without allowing other students the opportunity.
3. When Salim asks how classmates were doing, he does not offer empathy or encouragement.

4. Ramona is always the one who volunteers to let other students know what happened when they miss group.
5. Charles organized a system of taking notes when another student was ill for a week, and gave the tutor critical feedback when he felt the tutor had been too harsh to one student in class.

### C. Relationships with students, faculty, staff and patients

#### 10. Establishes and maintains appropriate boundaries in work & learning situations.

Boundary = something that indicates a border or limit. In human interactions, boundaries are related to perceived hierarchy of power, perceived race or gender or age, as well as the social context. Establishing boundaries and recognizing them in relation to others is an important part of practice.

1. Jim repeatedly touched another student even after she told him she would rather he did not.
2. Robin asked a patient who had come in to discuss their heart attack whether he smoked marijuana. Another time she asked the tutor “how long have you smoked weed?”
3. Salim frequently shared too much information in class about his sexual relationship with his girlfriend.
4. Ramona mentioned in group feedback that she felt that Robin’s question might make some people feel uncomfortable because her question made assumptions about their behaviors.
5. Charles asked for and helped recruit a speaker for an Experientia on boundaries.

### C. Relationships with students, faculty, staff and patients

#### 11. Relates well to staff in a learning environment

This item may be an NA, if the evaluator has not actually seen a student interact with staff. However, since MD relationship with allied professionals and staff are often skewed by power imbalances, the item can be important. This item includes aspects related to being mutually respectful.

1. Jim planned a presentation and verbally blamed the staff member who was trying to help him get the projector to work.
2. Robin said she would bring a handout in, and the tutor received a complaint from staff that she had come late and demanded they copy the document because she needed it.
3. Salim does not discuss staff in tutorial often, but when he does, it is done so with indifference to their needs.
4. Ramona makes a point of asking group members to clean up the room to help decrease work for the staff.
5. Charles volunteered to help staff with the annual orientation for the first-year students.

C. Relationships with students, faculty, staff and patients

12. Relates well to faculty in a learning environment.

Relationship: The separation of summative from formative assessment is intended to facilitate trust in the relationship between tutor and student. Yet there remains a power differential, and a student who treats the faculty inappropriately may later have issues with such power differentials. This item includes aspects related to being mutually respectful.

1. Jim cut off the tutor several times during tutorial, stating “This is OUR process, not YOURS.” After the tutor gave him some feedback, he was cold and distant towards him.
2. During experientia time, in the presence of others students, the steward, and the guest speaker, Robin said “You know my tutor is really inflexible.”
3. Salim missed his scheduled one-on-one mid-unit feedback meeting with his tutor. When asked about it, Salim offered neither explanation nor apology.
4. Ramona makes a point of asking the group if they have any feedback for the tutor.
5. Charles apologizes for Jim’s statement (above), explaining that the group’s previous tutors were much less involved in group discussions.

C. Relationships with students, faculty, staff and patients

13. Relates well to students in a learning environment

Behaviors in small group may foreshadow behaviors in later professional relationships. This item includes aspects related to being mutually respectful.

1. Jim seems withdrawn and distant from other students. He frequently says things like “Of course you may not have the same background some of us do” after making a protracted explanation. He often rolls his eyes or uses other non-verbal behaviors that seem to indicate annoyance or disbelief.
2. Robin used body language to express doubt during student explanations of their LOs. When the tutor gave her feedback about it, she said she will try to change, but also that “they” should be able to ‘take it’.
3. Salim is very cautious and careful in his forms of speech and his non-verbal behaviors (eye contact, posture, etc).
4. Ramona smiles a lot, makes good eye contact, and seems to be on an easy friendly basis with most other group members. She treats other classmates with the same respect she gives to the tutor.
5. Charles sits next to different people, expresses both positive and challenging feedback when asked, and seems to hold a position of respect in the group.

### C. Relationships with students, faculty, staff and patients

#### 14. Relates well to patients in a learning environment

#### INSERT STEM HERE

1. Jim: clinical skills faculty to anchor these items.
2. Robin: clinical skills faculty to anchor these items.
3. Salim: clinical skills faculty to anchor these items.
4. Ramona: clinical skills faculty to anchor these items.
5. Charles: clinical skills faculty to anchor these items.

### D. Upholding the Medical Student Statement of Principles

#### 15. Maintains honesty

Honesty with self is difficult to observe, but honesty regarding scholarship, commitments, and relationships is also included in this item. It's also an opportunity for tutors to model the kind of behavior they hope to observe.

1. Jim explained his poorly written LO as the result of studying for an exam. However, the tutor had seen Jim coming out of a bar the night before.
2. A content expert told the tutor that in reading Robin's LO he had found sections 'cut and pasted' from two sources that were not cited in her references. A previous tutor had mentioned something similar in an end of unit meeting.
3. Salim seems unable to admit to himself that he is not completing his work on the time schedule he proposed in his ILC.
4. Ramona initiated a discussion regarding honesty, and encouraged the group to make this a part of one-on-one feedback.
5. Charles says he feels honesty is one of the most important principles in medical practice, and has courageously brought up difficult issues in feedback.

### D. Upholding the Medical Student Statement of Principles

#### 16. Contributes to an atmosphere conducive to learning.

All items of professionalism can contribute to 'atmosphere'. Using this formatively gives the tutor an opportunity to try to analyze what is often a general feeling in terms of behaviors that contribute to the overall learning experience. As always, specifics are important, so comments on this item might overlap with other items.

1. Jim is still interrupting other students, and dominating the process. Jim also felt the whole small group process was 'a joke', and made 'ha ha' verbal and non verbal remarks even after receiving feedback. The tutor discussed this with him but hasn't changed any behaviors.
2. Despite feedback from her classmates and tutor, Robin continues to be extremely quiet during tutorial.
3. Salim continues to be late more often than not. Once he arrives, he is actively

engaged in the learning climate. He has apologized several times but his behavior has not changed.

4. Ramona is never late, and is attentive and engaged in class.
5. Charles is always on time, asks clear questions, gives constructive feedback, does chores like cleaning the boards, and offers to help other students when needed.

#### D. Upholding the Medical Student Statement of Principles

17. Respects the diversity of race, gender, religion, sexual orientation, age, disability or socio-economic status

This professionalism assessment item is intended to help students who either do not understand boundaries, or may be ignorant in their understanding of other people both as colleagues and as patients. Thus the assessment ranges from very low scores for overt “-ism’s” to high scores for behaviors that demonstrate cultural competence and cultural humility.

1. Jim’s discussions have a disturbing thread of blame for cases that portray a person of color. He often says things like “Another example of bad genes” when a social problem is explicated.
2. Robin brings every argument back to problems of her specific ethnic identification, and often says or implies that others “Can’t really understand our problems.”
3. Salim is inappropriately flirtatious with the women in the group.
4. Ramona often identifies LIs that include ‘cultural bound’ problems.
5. Charles shares with Jim that he has not worked with many people from Jim’s cultural background before. Later, as facilitator, Charles has stopped the process to ask Jim to clarify his thoughts. Charles has proposed a half-day workshop for the group to discuss cultural humility.

#### D. Upholding the Medical Student Statement of Principles

18. Deals with societal issues raised in the process.

This item was added to the JMP assessment to ensure that we had a way to comment on student’s willingness to pursue issues that are often left to the ‘hidden’ curriculum and are part of the contextual curriculum.

1. Jim does not participate in discussions about social issues, except with cryptic or negative comments about ‘not being important’ or ‘another waste of time’.
2. Robin reluctantly accepted an LI about social issues, but focused on the pharmacology. She said she did not find anything useful, and did not engage student questions in tutorial about her LO.
3. Salim expressed dissatisfaction with contextual learning issues, and tended to move away from discussion of anything other than ‘medical’ problems.
4. Ramona brings in clippings and blog notes that illustrate and expand on socially-related issues raised in class.
5. Charles has used feedback on several occasions to try to engage Jim regarding

his views on cultural competence. He contributes most of the contextual LI's and many of the LO's.

#### D. Upholding the Medical Student Statement of Principles

19. Resolves conflicts in a manner that respects the dignity of every person involved.

Conflict is an expected outcome of any effective group process. If there is no conflict, it only means the group is spending energy averting it. Conflict can be over 'medical facts' or 'societal views'. This item gives the tutor an opportunity to give feedback on HOW students react to conflict, and whether they can first recognize, then work to resolve the conflict in a way that is respectful and yet efficient in terms of group time spent.

1. Jim creates interpersonal conflict by his non-verbal interjections (snorts, eye rolling) and his unsolicited comments ('nonsense', 'waste of time'). At the same time, he seems indifferent to disagreements between group members, and as facilitator has no skills to help resolve this ('can you guys just drop it?').
2. Robin tries to smooth over any sign of conflict by diverting attention to herself or explaining things away ('We really don't have the expertise to discuss XXXX in this way'). As facilitator, she acknowledges she has room to grow in her ability to handle conflicts.
3. Salim flared up at Robin when she made a critical remark about Charles' facilitation, saying 'you always have something bad to say'. The tutor asked him privately about this incident, and Salim says they worked it out.
4. Ramona uses phrases like 'Does the group want to discuss this?' and 'We agreed we wouldn't argue in class—do we want to change our agreement?'
5. Charles as facilitator reminds the group of agreements about process, and isn't afraid to intervene in 'private' exchanges to return people to a group focus. He successfully facilitates conflict resolution.

#### D. Upholding the Medical Student Statement of Principles

20. Uses professional language and is mindful of the learning environment

Professional language and behavior refers to assuring that one's behavior is appropriate to the particular aspects of learning environment. For example, scenarios involving patients, visiting guest lecturers, etc. require higher standards of behavior.

1. Jim referred to a patient/visitor as 'they', and addressed her with disclaimers such as 'you probably can't understand much of this'.
2. Robin uses four letter words often, even though several students have specifically commented that they feel uncomfortable.
3. Salim was checking email and surfing the web as a patient cried when discussing his recent heart attack.
4. Ramona made an effort to make the patient feel more at home, brought him a

- glass of water, and addressed him respectfully.
5. Charles as facilitator commented on the upcoming Experientia, and helped the group remind themselves that patients might have strong feelings talking about their condition in front of a group.

#### D. Upholding the Medical Student Statement of Principles

##### 21. Respects confidentiality

All parts of patient confidentiality need not only respect but also active work to protect it. The paper cases should not be discussed by name with students in other years, and this may be a chance to model confidentiality. So, too, are the agreements about confidentiality of check in and check out processes.

1. Jim's told members of his class that were not a part of his tutorial about Robin's crying during check out.
2. Robin discussed the case name and diagnosis with students in the year below.
3. Salim attended an Experientia given by a patient with HIV. When asked by a classmate in the fun room "What was experientia about?" Salim said "That speaker has HIV."
4. Ramona never discusses any of the check-in or check-out content with people outside of tutorial.
5. Charles reminds everyone about the confidentiality of check-in, check-out, and patient information.

#### D. Upholding the Medical Student Statement of Principles

##### 22. Dresses in a professional manner appropriate to setting.

Medical school is a professional school, and trainees are expected to dress appropriately. For example, experiences involving patients require higher standards of dress.

1. Jim dressed in a tank top and shorts for a session with his preceptor, and wore dark glasses during a small group discussion with a patient invited to the JMP.
2. Robin likes wearing revealing clothing in class. She says she realizes it may offend, but has no plans to change.
3. Salim has come to class straight from the gym several times, but acknowledged his sweating and gym clothes might make others uncomfortable.
4. Ramona usually dresses appropriately for class, as well as in Suitcase clinic and Clinical Skills activities.
5. Charles always dresses appropriately for class, and 'dresses up' a little for preceptorships and experientia involving patients. He brought up professional dress as part of his checkout, and this led to informal discussion that was helpful to the whole group.