

Professionalism Policy

Date Established: June 18th, 2023

Revision Dates: June 18th, 2023

Type of Document: Policy

Category: Montana Campus Specific

Responsible Office/Dept.: 9.0 – Montana Campus Specific

Categories: 1.0 – Academic Programs; 2.0 – Operations; 3.0 – Administration and Governance; 4.0 Students and Student Affairs; 5.0 – Utah Campus Specific; 6.0 – Committees and Councils; 7.0 – Archived Policies; 8.0 – Forms; 9.0 – Montana Campus Specific; 010.0 - DEI

I. Purpose and Scope:

Professionalism is a core competency for students at Rocky Vista University-Montana (RVU-MT) and is fundamental to future healthcare practice. Students are expected to act in a manner that demonstrates professional behavior in accordance with our core values both within and outside the boundaries of the campus.

II. Policy Statement:

RVU-MT students are expected to demonstrate professional behavior in all aspects both within and outside the boundaries of the campus. Lapses of professionalism may be subject to investigation and disciplinary actions as necessary.

III. Additional Information:

Elements of professionalism include integrity, honesty, communication, responsibility, duty, accountability, and respect for all human beings. Physicians, faculty, students, and staff participating in student education and patient care on the RVU campuses and affiliated sites are expected to aspire to these ideals. Professionalism lapses are managed via the Professionalism Committee. Remediation or referral will be determined by the Professionalism Committee. Repeated or serious professionalism lapses, or failure of the student to engage in remediation, may lead to adverse academic actions, up to and including dismissal. A serious lapse of professionalism is defined as abdication of responsibility for patients, cheating, harassment, violence, or failure to remediate previously cited professionalism issue. Examples of unprofessional behaviors that would warrant further action include repeated tardiness; non-inclusive or discriminatory behavior, offensive or inappropriate use of language, unexcused absence from a required activity; disruptive behavior in the classroom, clinical setting, or administrative setting; academic dishonesty; abdication of responsibility for patients, harassment, or violence.

IV. Procedures or Processes: See Appendix 1

Additional resources can be found in the University Policy Repository, currently entitled “DynamicPolicy” at: <http://policies.rvu.edu>.

**Nothing in this Policy limits the authority of the university to issue, amend, or withdraw a policy.*

When Approved, Send To: Compliance Department, (720) 874-2481; ldement@rvu.edu

(Below for Compliance Office Use Only)

Legal Review Required? Yes No

Date Reviewed: June 18th, 2023

Name of Reviewer: Ed Bilsky, Ph.D., Provost

Appendix 1: Professionalism Policy

Professionalism Committee

The Professionalism Committee is a standing committee of the Student Performance Committee (SPC) that promotes professional behavior in students. The committee confidentially reviews and considers unprofessional allegations submitted on Professionalism Improvement Forms and offers remediation for the unprofessional behavior or violation of the honor code. The Chair of the Professionalism Committee will be a voting member of the SPC appointed by the Dean. The Associate Dean of Student Affairs will take lead in supporting to the student in meeting competency expectations for professionalism.

A Lapse of Professionalism allegation will be documented through the Professionalism Improvement Form (PIF), indicating that a student may need additional help developing or demonstrating professionalism skills. The cited student will be notified by the Office of Student Affairs.

A serious professionalism lapse or repeated lapses may lead to adverse academic actions, including failure of the relevant course/clerkship and may become part of the permanent record of the student as reported on the Medical Student Performance Evaluation (MSPE) or Program Director's Letter.

Procedure

Any employee or student who is concerned about a student's professional behavior should give informal feedback to the student and make suggestions for improvement. However, if this is unsuccessful or inadequate improvement is seen, then the employee or student should submit a Professionalism Improvement Form (PIF), which will be forwarded to the Chair of the Professionalism Committee. The PIF should be submitted as close to the incident of concern as is practical. The identity of the employee or student submitting a PIF will remain confidential unless it is later required as part of a formal investigation.

If a student is uncomfortable submitting a PIF regarding another student, they should report this issue to the Assistant/Associate Dean of Preclinical Education, Assistant/Associate Dean of Clinical Education, or the Assistant/Associate Dean of Student Affairs, who may submit a PIF for the reporting student.

Initial minor lapses of professionalism can be handled by the Chair of the Professionalism Committee. However, repeated occurrences and/or failure to improve will necessitate discussion by the entire committee. Serious allegations may be referred to the SPC. The SPC may conduct further investigation and will make a recommendation to the Dean for final action.

Appendix 2: Teacher – Learner Agreement

RVU holds the highest regards for professional behaviors and attitudes, including integrity, collegiality, compassion, diversity, equity, inclusivity, service, and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education, the term “teacher” is used broadly to include upper-class peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn.

Guiding Principles

- **Excellence:** Medical educators are committed to exceeding basic or average expectations. Educators have a duty not only to convey the knowledge and skills required for delivering the profession’s standard of care but also to model the values and attitudes required for preserving the medical profession’s social contract with its patients.
- **Integrity:** Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values, attitudes and, especially, behaviors.
- **Compassion:** The willingness to be mindful and engaged with the needs of others is fundamental to humanism. Mutual respect between learners and teachers is essential and always expected. Given the inherently hierarchical nature of the teacher-learner relationship, teachers have a special obligation to ensure that all learners are always treated respectfully.

Responsibilities of Teachers and Learners

TEACHERS SHOULD:	LEARNERS SHOULD:
<p><u>Excellence</u></p> <ul style="list-style-type: none"> • Role model professional behavior at all times; • Maintain high professional standards in all interactions with patients, students, colleagues and staff; • Provide relevant, accurate and timely information; • Provide learning and behavioral expectations early in a course; • Provide timely, focused, accurate and constructive feedback on a regular basis; • Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoids overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive; • Provide thoughtful and timely evaluations at the end of a course; • Disclose any and all financial ties or conflicts-of-interest that are related to the material being taught; • Be familiar with the responsibilities of the Teacher-Learner Agreement and policies and procedures on mistreatment; • Utilize appropriate mechanisms to encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately. 	<p><u>Excellence</u></p> <ul style="list-style-type: none"> • Be engaged, enthusiastic, curious learners who contribute to a positive learning environment; • Demonstrate professional behavior at all times and in all settings; • Recognize that not all learning stems from formal and structured activities; • Recognize their responsibility to develop personal learning goals and to participate as active learners; • Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine; • Recognize the privileges and responsibilities that derive from the opportunity to work with patients in clinical settings; • Recognize the duty to place patient welfare above their own; • Recognize and respect patients’ rights to privacy; • Provide teachers and/or administrators with constructive feedback that can be used to improve the educational experience; • Be familiar with the responsibilities of the Teacher-Learner Agreement and policies and procedures on mistreatment; • Anyone who experiences mistreatment or who witnesses unprofessional behavior should report the facts immediately and to treat all such reports as confidential.

<p><u>Integrity</u></p> <ul style="list-style-type: none"> • Display honesty, integrity and compassion; • Solicit feedback from students regarding their perception of their educational experiences and personal interactions; <p><u>Compassion</u></p> <ul style="list-style-type: none"> • Treat everyone fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin; • Be prepared and on time; • In all educational, research and clinical care settings, welcome and respect patients and others who are poor, disadvantaged, uninsured or non-English speaking; • Recognize and respect patients’ rights to privacy. 	<p><u>Integrity</u></p> <ul style="list-style-type: none"> • Recognize personal limitations and seek help whenever it is needed; • Display honesty, integrity and compassion; • Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”. <p><u>Compassion</u></p> <ul style="list-style-type: none"> • Treat everyone fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country or origin; • Be prepared and on time; • In all educational, research and clinical care settings, welcome and respect patients and others who are poor, disadvantaged, uninsured or non-English speaking; • Recognize and respect patients’ rights to privacy.
---	---

Relationships between Teachers and Learners

Teachers and learners should recognize the special nature of the teacher-learner relationship, which is, in part, defined by professional role modeling, mentorship and supervision. There is a power differential, as expressed by the fact that teachers often evaluate student performance, and the results of their evaluations may affect the student’s future. Conversely, students evaluate the quality of their teachers, and this can affect the teacher’s career.

Because of the special nature of this relationship, teachers and learners should strive to develop a relationship that is characterized by mutual trust, acceptance, and confidence. They both have an obligation to respect and maintain appropriate boundaries. Teachers and learners must avoid all behaviors that conceivably could lead to the perception of a boundary violation; avoiding boundary violations is crucial to a proper teacher-learner relationship. There are similar boundaries between doctors (including student doctors) and patients that exist because of the nature of this special and trusting relationship. Romantic relationships between teachers and learners violate this boundary.

When students choose their healthcare providers from physicians who are on the faculty, they have the potential to be in a conflict-of-interest situation, where their provider is also evaluating their academic or clinical performance. Faculty members should understand that conflicts may arise between their role as the student’s physician and their role as a faculty member who will evaluate the student’s performance and should notify students as soon as they recognize the potential conflict. Students should also reciprocate in notifying a faculty member if they are assigned to a physician for evaluation who is providing or has provided medical care for them in the past. The teacher must recuse themselves from being in a position of evaluating a student if healthcare was provided to that student. If this conflict is identified, the student should notify the course director immediately to find a teacher (e.g. clinical preceptor) or seek an alternative faculty member for evaluation. Students may consult the Office of Student Affairs for a list of physicians who do not teach students.

This Agreement serves both as a pledge and a reminder to teachers and students that their conduct in fulfilling their mutual obligations is the medium through which the profession perpetuates its ethical values.

Signature: _____

Date: _____

Printed Name: _____