MD: Professionalism

Preamble

Medicine is one of the oldest of the learned professions. A professional is one who is in command of a specialized body of knowledge and skills, and is given specific rights not typically allowed to the public. Along with those rights, the professional has specific responsibilities or duties not generally expected of the public.

The singularity of medicine is that it deals with human health. Patients are potentially at their most vulnerable when establishing a relationship with a physician. That the patient's relationship with their physician involves a dependency that encompasses life and death adds further to the uniqueness of this relationship.

The label of professional is not a right but must be earned. The special contract physicians have with society has professionalism as its foundation. Professionalism consists of fundamentally important qualities including altruism, compassion and empathy, respect for patients and health care workers, commitment to ongoing excellence, honesty, trustworthiness, integrity, accountability, recognition of limits, collaboration, and duty to society.

Professional development is an ongoing process at all levels of training and practice. The purpose of this document is to outline those elements of professionalism expected of our medical students. It is not meant to be all-encompassing, providing exact guidelines for all possible situations. While this document was developed with medical students in mind, it is generally applicable to all medical professionals.

The goal of the Washington University Medical Center is to provide patient care, medical education, and biomedical research of the highest quality. Accomplishing this goal depends in part, also, on an atmosphere of mutual respect and collegiality among all those who work and study here. This document focuses on the special issues presented by the teacher/learner relationship, as well, and applies to all years of the medical school curriculum.

Guiding Principles of Professionalism

Professional responsibility

1. Students have a responsibility to actively participate in their education and to work to improve the educational environment for future students.
2. Students should have a willingness to pursue lifelong, self-directed learning, which is an essential attribute of any professional.
3. Students should act responsibly in their personal and academic lives with regard to meeting deadlines, financial obligations and other comparable responsibilities.
4. Preparation for class and during clinical rotations sets a good example for peers, maximizes every student's learning opportunity, and demonstrates respect for the teachers and peers.
   a. Respecting one's peers in a classroom or in the hospital setting includes behaviors such as arriving on time, exhibiting respectful body language, listening attentively, turning off cell phones and allowing all present to engage in discussion.
5. Students should report to the appropriate supervisor potentially serious errors that others have committed.
6. Students should contribute to their community.
   a. Students are encouraged to participate in the first- and second-year teaching groups.
   b. These provide a service to the larger St. Louis community, while teaching students how to communicate with people of diverse backgrounds.
   c. Students are encouraged to serve at the Saturday Neighborhood Health Clinic and other community service and teaching activities.
7. Students should be aware of the larger social and economic context in which disease occurs, and take advantage of opportunities to deepen their knowledge about this topic.

Competence and self-improvement

1. In order to function at the expected level, students should attend to their own physical and emotional health.
   a. The experience of being a medical student can be physically and emotionally challenging. Students need to be able to identify when they are overwhelmed to the point where they may not be able to function appropriately. Students are encouraged to seek educational assistance and/or the emotional support of others in these instances.
2. Recognizing and admitting errors in patient care are key to being a good physician.
   a. Students should view mistakes as part of learning. Assuming responsibility for mistakes is critical for professional development.
   b. Developing productive strategies for dealing with mistakes and non-confrontational ways of correcting them is essential.
3. Feedback, advice and criticism from residents, fellows and faculty fosters personal and professional development, and should be taken in the context of mentoring.
   a. Students should assume that opinions of their faculty/residents/fellows that may seem unclear are usually solidly founded, and accept feedback regarding their performance openly and maturely from individuals more experienced than they.
b. Students should provide suggestions and examples for improving the mentoring environment by forthrightly evaluating their instructors.

4. Students should identify and correct errors in patient care as soon as possible or notify those who can correct it.

5. Students should balance personal and professional interests.
   a. Students should not over-commit.
   b. Students should communicate schedule conflicts to course directors, lecturers, and/or house staff.

**Respect for others and professional relationships**

1. Students should conduct themselves with manners and consideration of all others, and be respectful of others' time.

2. While individual effort is important in developing a medical knowledge base, much of what students learn in medical school will depend on a collaborative effort with their peers.
   a. From the first day of medical school, students should encourage each other and collaborate with their peers when appropriate in the learning environments of lectures, small group discussions, and lab sessions. In doing so, they are laying the foundation for the truly collaborative nature of medicine.
   b. During the clinical years, students should understand that their peers are a valuable resource. Likewise, a student should assist peers in patient care responsibilities.
   c. In all cases, students should respect the work and learning opportunities of their classmates and they should share educational opportunities with their peers. Professional behaviors include listening to other's presentations, and encouraging others' opportunities to present, ask/answer questions, admit patients, participate in surgical cases/procedures, or perform duties.

3. Respect for the ethnic and cultural diversity of classmates provides for a more nurturing environment for all.
   a. Students should be aware that their classmates come from a wide variety of religious and ethnic backgrounds and that they will have differing lifestyles and viewpoints. This diversity is an important resource in our community, contributing to the personal and professional growth of all.
   b. Students should be sensitive to the importance of these issues and should seek opportunities to enhance appreciation of multiple cultures through dialog, educational opportunities, etc.

4. Students should be supportive of peers during difficult times in their personal and professional lives.
   a. Students must appreciate that their peers may have issues in their personal or professional lives (e.g., family, medical, academic, or administrative problems) that may affect their interactions with others. In these circumstances, students should make every attempt to be sympathetic and to offer their support to those students.

5. Participation and teamwork enhances the educational experience.
   a. The learning process is a partnership between students and faculty. Students should actively participate in this partnership by providing feedback to professors by way of evaluations and surveys.
   b. Contributing to the overall functioning of the team maximizes both learning and patient care in the clinical setting.

6. Understanding the appropriate venues for feedback to house staff/fellows/faculty is critical to successfully resolving conflicts. Students should be aware of the hierarchy of the team, and appropriate mechanisms for handling disagreement with faculty/residents/fellows. Conflicts can be translated into productive outcomes if handled appropriately. For additional helpful information, reference the university Code of Conduct [here](https://universitycompliance.wustl.edu/code-of-conduct).

7. Maintaining a professional relationship with teachers (including faculty/residents/fellows and TAs) is important, especially during times when these teachers are in a position to grade or evaluate the student.
   a. Students should avoid behaviors that could potentially be construed as attempting to influence the faculty, for example running personal errands.
   b. The university has specific codes and regulations regarding romantic relationships between a student and a teacher, including faculty/resident/fellows outlined in the Consensual Relationships Policy [here](https://hr.wustl.edu/items/consensual-relationships). Students engaged in such relationships should review these codes and avoid any situation that can cause potential conflict of interest in the academic setting.

8. Patients should be treated as individuals in the context of their family, culture and community. Personal bias should be subordinated when possible to further the therapeutic relationship.
   a. Use of offensive language or gestures is unacceptable.
   b. At times, some religious beliefs will require the use of alternative care approaches.
   c. Students, like practicing physicians, should not refuse to participate in the care of a patient with a communicable disease unless this represents a meaningful threat to the student's own health. In contrast, a student who is verbally or physically threatened by a patient may ask to be excused from care of that patient.

9. Students should treat hospital staff with appreciation and respect as they are vital members of the health care team.
Honesty and integrity

1. Student work should be original.
   a. Only authorized resources should be used during examinations, quizzes or graded course work. WUSM has a zero tolerance policy for plagiarism (https://studentconduct.wustl.edu/academic-integrity).
   b. When students are aware that a classmate has submitted work that is not their own (cheated), they should discuss this situation with the course director and/or the associate dean for student affairs.

2. Students must respect patients' rights and maintain confidentiality, in accordance with HIPAA guidelines.
   a. Students should be ever aware that patients are ill and have the right to refuse care, particularly when poorly provided.
   b. Patient information should only be discussed with appropriate people at appropriate times.
   c. Patient records should not be photocopied carelessly or removed from appropriate areas.
   d. Patient information should be disposed of appropriately to prevent careless transmission of patient information.

3. Students should clearly communicate their abilities and level of training to patients.
   a. If a student does not know the answer to a patient's question, it is the student's responsibility to admit this lack of knowledge.
   b. Even if other members of the health care team introduce students to patients as "doctor," the student should never do so as it leads to a false perception of expertise on the patient's part.
   c. Students should always be truthful with the house staff and other medical staff in terms of patient care and never compromise patient care as a consequence of personal gain.

4. Students should not participate in any aspect of patient care if under the influence of a substance that may compromise the student's judgment or otherwise cause the patient harm. Likewise, students should report any member of the health care team who may be participating in patient care while under the influence of a judgment-impairing substance.

5. Any student who is impaired by physical or psychological illness should excuse themselves from patient care responsibilities, and should also respect recommendations to do so from colleagues or supervisors.

6. Although students are often tired or under stress, they should attempt to maintain an appropriate level of composure at all times.

7. Students should be appropriately attired for all patient care duties.

8. Students should carefully consider their participation in benefits provided by pharmaceutical companies or other medically-related businesses.

9. Students should respect the laws of federal, state and local governments in both professional and private life.

Guidelines for Professional Conduct in Teacher/Learner Relationships and Policy against Medical Student Mistreatment

The Teacher and Learner Relationship

Effective learning is possible only in an environment where students can trust their teachers to treat them fairly and with respect. For purposes of this policy, a teacher shall be defined as any person subject to School of Medicine policies, such as a member of the School of Medicine faculty to whom a student is assigned during a course or clinical rotation. A teacher may also be defined as an attending physician, fellow, resident, research mentor, student, nurse or other person charged with supervising the education of a student.

One manner in which the teacher/learner relationship is unique is that students may be vulnerable, depending on many of their teachers for evaluations and recommendations. In addition, medical education includes mastering not just pathophysiology but also the essentials of professional behavior, as set forth in our Guiding Principles of Professionalism (p. 1).

We also recognize that students learn professional behavior primarily by observing the actions of their teachers as role models. Unprofessional, offensive, disrespectful or abusive behavior by teachers is antithetical to standards of professional conduct that medical students are expected to master. These behaviors by teachers may also be self-perpetuating, as students come to believe that such behavior is appropriate when they assume the role of teacher. As we strive to create an environment of mutual respect, all faculty, staff and students are expected to abide by the Abusive Conduct Policy (http://hr.med.wustl.edu/Policies/Pages/AbusiveConduct.aspx).

Behaving in ways that embody the ideal student-teacher relationship fosters respectful behavior, minimizes the likelihood of student mistreatment, and optimizes the educational experience for students. The following practices are examples of ways in which teachers and learners can encourage a positive learning environment conducive to the exchange of ideas among all who participate in the learning process:

1. Teachers
   a. Be prepared and on time.
   b. Provide learners with the most current materials.
   c. Treat students fairly, respectfully, and without bias related to their race, color, age, religion, sex, sexual
Washington University in St. Louis

Student Mistreatment

The School of Medicine prohibits behavior that is abusive or which mistreats students or others in the learning environment. We take issues of mistreatment seriously and aspire to a culture of zero tolerance for instances of abuse, mistreatment and disrespect. Washington University School of Medicine (WUSM) is committed to maintaining an environment free from discrimination, harassment of any type, and abuses of authority. The Association of American Medical Colleges (AAMC) has defined Mistreatment in previous Graduation Questionnaires as follows: Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation. The behaviors listed below are provided as examples of mistreatment and offensive behavior by the AAMC. However, we recognize that there are nuances to interpersonal interactions. Students who feel they may have been subjected to mistreatment are encouraged to follow the procedures outlined in the Steps for Reporting Student Mistreatment section of this policy. The goal of this process is to provide the best learning environment possible.

Examples of Potential Mistreatment

- Public humiliation
- Threats of physical harm
- Physical harm (e.g., being hit, slapped, kicked)
- Requirements to perform personal services (e.g., shopping, babysitting)
- Offensive sexist remarks/names
- Denial of opportunities for training or rewards based solely on gender, race, sexual orientation or ethnicity
- Lower evaluations or grades because of gender, race, sexual orientation or ethnicity rather than performance
- Unwanted sexual advances
- Being asked to exchange sexual favors for grades or other rewards
- Racially or ethnically offensive remarks/names
- Offensive remarks/names related to sexual orientation

Steps for Reporting Student Mistreatment

The university takes allegations of student mistreatment by faculty, residents, staff or other students very seriously and strongly encourages its faculty, staff and students who are witness to such conduct to report it immediately, without fear of retaliation, to any of the following three deans: the senior associate dean for education, the associate dean for student affairs, or the associate dean for medical student education. These individuals will offer guidance and support — described below — to the student and discuss informal and formal options to resolve the matter. For more information, please visit the Office of Medical Student Affairs (http://bulletin.wustl.edu/medicine/resources/medical-student-affairs) page in this Bulletin.

Students may also consult with the medical student ombudsperson as a confidential resource. The medical student
ome individual can provide guidance as well as mediation, directly or indirectly, between the student and the offender.

Students may also choose to report student mistreatment via a link on the Canvas learning management system student commons homepage or via the Oasis curriculum management system. The end-of-clerkship and elective surveys have questions regarding mistreatment where incidents can be reported in real time. These reports are confidential. The Office of Medical Student Affairs will receive all reports and will follow up with the reporting individual, if identified, to offer guidance, support and options for resolution to the student. If sufficient information is provided, the report will be passed on to the clerkship director and department chair after student evaluations are finalized for the course or clerkship in which the event occurred. Reports will be reviewed quarterly by a Learning Climate Committee. This committee will be chaired by the associate dean of student affairs and will consist of a medical student, advisory dean or deans, the director of GME (or designee), a hospital staff member, and the medical student ombudsperson. Aggregate reports will generally be forwarded to department chairs quarterly for monitoring purposes.

Confidentiality and Anonymous Reporting

The university will strive to protect, to the greatest extent possible, the confidentiality of persons reporting mistreatment and of those accused of mistreatment. Because the university may have certain legal obligations (e.g., in response to allegations of sexual harassment), the university cannot guarantee complete confidentiality where it would conflict with the university's obligation to investigate meaningfully or, where warranted, take corrective action. Even when some disclosure of the university's information or sources is necessary, it will be limited to the extent possible. The university will keep confidential all records of complaints, responses and investigations, to the extent permitted by law.

If the student is not comfortable reporting to one of the individuals identified above, the student may choose an intermediary who can then directly communicate the incident with these individuals while maintaining anonymity. Students may also submit anonymous reports via the Oasis curriculum management system in real time or when filling out course evaluations. Anonymous reports will be shared with the clerkship director and department chair.

If a student insists on confidentiality or anonymity, the university may be limited in its ability to respond and take action with respect to the report.

Bias Report and Support System (BRSS)

In addition, Washington University developed a system through which students, faculty, staff and community members who have experienced or witnessed what they perceive as incidents of bias, prejudice or discrimination involving a student can report their experiences to the university’s Bias Report and Support System (BRSS) (https://diversityinclusion.wustl.edu/brss) team. If, for any reason, students want to provide identifying information when filing a report, they have the option to fill out the BRSS form (http://diversity.wustl.edu/students/mosaic/bias-report-support-system/bias-report-form) anonymously online by selecting the "For Information Only" option. Please note that a brief description of the incident will be included in the quarterly summary report. If an individual submitting a report selects the "For Support and Referral" option, a member of the BRSS team will meet with the individual and refer that person to the appropriate university policy and administrator. Note that these non-anonymous BRSS reports on the WUSM campus are sent to the assistant provost, who assists WUSM students in navigating their programs and connects them with the relevant policies and contacts within those programs.

Informal and Formal Options for Possible Resolution

Informal Options

If you feel comfortable dealing with the situation without assistance, you can communicate either orally or in writing with the person whose behavior is offensive. The most useful communication will have three parts:

1. A factual description of the incident(s) including date, time, place and specific action.
2. A description of the writer's feelings, including any consequences of the incident.
3. A request that the conduct cease.

Frequently, such a communication will cause the offensive behavior to stop, particularly when the person may not be aware that the conduct is offensive.

If you would like to proceed informally, but with the assistance of someone else, you may:

1. Ask the person's supervisor (e.g., department chair, dean, director, housing office representative, academic adviser, or a trained WUSM faculty member) to speak to the person whose behavior was offensive. The purpose of such conversations is the cessation of offensive behavior. You should note that these individuals may be obligated to report the incident or conduct you disclose to the university for further investigation and action.

2. Consult with one of the advisers listed in Additional Resources who are specifically charged with responding to mistreatment inquiries and complaints. These individuals are thoroughly familiar with WUSM's mistreatment policy and are available to consult with victims, those accused of engaging in mistreatment, witnesses and supervisors of parties to a complaint. They can provide information about informal actions that might remedy the situation and discuss university policies and procedures for resolving complaints.
3. Ask the adviser to mediate or arrange for mediation. Mediation is discussion and negotiation, with the help of a third party, and is designed to permit the parties to reach a mutually agreeable resolution of a dispute. If a person complaining of mistreatment seeks mediation, the person accused of mistreatment agrees, and the adviser concludes that the mediation would be consistent with the university's legal obligations in responding to and preventing discrimination or discriminatory harassment, then the adviser may mediate or arrange for mediation.

**Formal Options**

Should informal resolution be unsuccessful or inappropriate under the particular circumstances alleged, the student will be referred to the applicable university policies and procedures for filing a formal complaint. The university will initiate an investigation into the allegations under the appropriate policy and take disciplinary action as contemplated by the applicable procedures. For example, if a student asserts that a faculty member has engaged in mistreatment in the form of sexual harassment, the university's Sexual Harassment Policy would be followed.

**Education**

The School of Medicine will provide ongoing education to promote a respectful and positive learning environment. The purpose of this education will be to provide definitions and standards for an optimal learning environment, to inform students and educators of policies and processes for reporting offensive behavior and learner mistreatment. This educational information will be provided by the Learning Climate Committee. The policy will be posted in the Bulletin, clerkship and course director handbooks and will be reviewed with students at orientations. In addition, educational sessions may be provided at departmental and division meetings, resident sessions, staff meetings and curriculum committee meetings.

**Additional Resources**

For a list of Medical Student Advisers, please visit the Office of Medical Student Affairs (http://bulletin.wustl.edu/medicine/resources/medical-student-affairs) page in this Bulletin.

**Related Policies**

- Washington University Discrimination and Harassment Policy (http://hr.wustl.edu/policies/Pages/DiscriminationAndHarassment.aspx)
- Washington University Sexual Assault Policy (https://wustl.edu/about/compliance-policies/governance/usab-procedures-complaints-sexual-assault-filed-students)
- Washington University Abusive Conduct Policy (https://hr.wustl.edu/items/abusive-conduct-policy)

Washington University Diversity Bias Report Form (http://diversity.wustl.edu/students/mosaic/bias-report-support-system/bias-report-form)

Assessing Academic Achievement & Professionalism (MD Program) (http://bulletin.wustl.edu/medicine/policies/md-assessment)