CFMS guide to medical professionalism

Being a student professional

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VP Medical Education 2009-2010 - Canadian Federation of Medical Students
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INTRODUCTION

During the CFMS 2009 Annual General Meeting in Thunder Bay, Ontario, the CFMS VP Education was mandated to conduct some primary research, propose a framework and develop initial guidelines surrounding medical student professionalism. The goal of these guidelines were the following:

- To provide a universally accepted framework for medical student professionalism
- To provide Canadian medical student societies with professionalism frameworks that could be used to drive local grass roots policies
- To demonstrate the will of Canadian medical students to participate in the discussions surrounding professionalism
- To continue to maintain foresight regarding student professionalism issues in Canada
- To address emerging and perceived realms of personal identity through the lens of the medical student

Traditionally, Canada leads the international community in its ability to foresee and predict new trends in medical education. Our country continues to produce programs and models to international acclaim, programs such as the CanMEDS roles and the Royal College curriculum surrounding physician health. However, in the realm of professionalism, Canada is lagging behind when it comes to a nationally accepted professionalism framework, this at the physician level. Currently, the CMA Committee on Education and Professional Development (CEPD) as well as the Medical Council of Canada (MCC) are working to develop such models for the current physician workforce, following closely in the footsteps of the UK, the USA, Australia and New Zealand. Understandably, the forces that govern a future professionalism policy are hard at work.

Interestingly, the search for medical student specific professionalism guidelines in these same countries and organizations turns up little of substance, with one exception. The General Medical Council (GMC) of the UK developed a document entitled “Medical Students: professional values and fitness to practise”, a student specific guide on professionalism. The GMC is the licensing body for all medical practitioners in the UK. This document was drafted by the Medical
Schools Council (MSC), a subcommittee of the GMC which consists of representation from all 32 medical schools in the UK.

Perhaps due to this unique structure, or a myriad of other unknown reasons, the GMC has succeeded in producing a high quality document which clearly enumerates the boundaries of professionalism and provides students with an important guideline for their own scope of practice and responsibility to health care. But the GMC guide goes one step further in that it is also destined to be a disciplinary and regulatory document for all issues within the realm of student fitness to practice. This is easily permitted given the nature and structure of the MSC and GMC.

However, the CFMS does not endeavor to enter into disciplinary territory with this guide, nor do we pretend to have the expertise to intelligently address disciplinary issues. Instead, the power of this guide is that it will have been student written, student driven, student approved and student powered. In this, the “CFMS guide to student professionalism” will be internationally unique and draw for students the boundaries of professionalism as well as shed some light in its darker corners. Furthermore, we seek to provide some basic strategies to allow students to monitor their professionalism as well as help achieve consensus regarding “virtual identities” as real time users.

And as we have pushed forward with professionalism, we have chosen to look at the issue through a truly Canadian lens. Using the CanMEDS roles and describing student professionalism in each realm makes this report taste decidedly Canadian, allows us to clearly separate and delineate each of these roles in ourselves as medical students and will undeniably allow for easier consideration and implementation at faculty levels as individual curricula are moving themselves towards the CanMEDS model.

The production of this report is a source of pride for all that are involved, to all CFMS members and to the Canadian medical community. Through much iteration, this report has accumulated the perspective of students from across the country and the ratification of this document will be both an act of great astuteness on the part of our medical students as well as an act of professionalism in itself.

Our ability to flex and move rapidly, avoiding overly structured ratification mechanisms makes all student organizations unique and strong. This also makes this guide particularly relevant, as it is more apt to reflect the changing times. This guide is largely a plastic foundation, meant to be
built upon when future issues of professionalism arise, as they undoubtedly will. As long as this document remains student reviewed and driven, it will be pertinent to medical education in Canada.
THE MEDICAL EXPERT

Definition

“As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework.”

— CanMEDS 2005 Physician Competency Framework

Profesionalism principles

A. Students must be aware of the lifelong nature of the information that they are expected to study and solidify as learners. They must demonstrate a commitment over the course of their careers to assimilate and operate comfortably with concepts and procedures as outlined by their respective faculties.

B. Medical students will understand the limited scope in which they practice and will operate within these boundaries. If a medical student feels uncomfortable or unsure about their scope of practice, they will communicate their apprehension and clarify their scope with individuals who better understand their limitations of practice before moving forward.

C. Medical students will use their clinical years to adequately transition their theoretical knowledge to more applied, clinical health care practices. Focuses of clerkship years should be development of problem identification, diagnostic reasoning, clinical judgment, decision-making and understanding of applicable therapeutic modalities.

D. Medical student will commit to understanding and practicing basic medical procedure as well as honing skill proficiency during clerk training years.
THE SCHOLAR

Definition

“As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.”

— CanMEDS 2005 Physician Competency Framework

Professionalism Principles

A. Students must demonstrate a commitment to be aware, through clinical preceptors and self-directed research, of new and emerging guidelines and knowledge for clinical care. The proper application of current evidence-based clinical care will allow for higher standards of patient care, better long-term patient outcomes, and proper practice of medicine.

B. Student will endeavor to develop critical appraisal skills in order to accumulate their own evidence-based tools and information.

C. As learners, students should:

a. Attend all mandatory teaching sessions provided for students on campus or at hospital sites in accordance with local faculty policies. Any exceptions should be adequately communicated to and approved by faculty

b. Complete all course work, whether mandatory or optional, in a way which will allow them adequately integrate all relevant clinical information

c. Hold themselves responsible for their own learning as well as identify and remedy any knowledge gaps as identified in clinical and classroom settings.

d. Seek out and reflect on personal feedback as provided by classmates, preceptors and faculty and constructively use this information to better themselves as practicing clinicians

e. Respect all teachers and preceptors as clinicians and individuals
f. Respect personal and professional boundaries between faculty and teaching members and the student body and engage in only proper professional relationships with teaching and faculty members.

g. Ensure they can be contacted in order respond to queries regarding patient care or their own education.

D. Medical student must take an active role in engaging with patients, establishing the therapeutic relationship, and gaining all relevant experience in the clinical setting.

E. All learners and hospital staff should make themselves available for teaching and training of fellow medical learners and colleagues. Honesty and objectivity are of chief importance when assessing the performance of others.

F. Student will seek to develop proper research and scientific inquiry methods and ethics.

G. Medical student will be aware of industry influence and perceived influence in the medical profession and will not engage in any activity that could be perceived to affect patient care or student wellbeing. Students will explicitly direct all new industry communications to faculty and have all previously approved industry relations audited by faculty.

H. Student have a further responsibility to:

a. Demonstrate some teaching skills that are congruent with their level of training. A student should only teach topics with which they are comfortable and that have been reviewed by a senior learner or staff.

b. Be aware of professionalism guidelines.

c. Be aware of the process and principles of medical education locally.

d. Be willing to contribute to the education of others in the medical community.

e. Give constructive and respectful feedback on the quality of learning and teaching sessions, clinical placements and preceptor performance.
f. Report any breaches in professionalism, harassment, inappropriate or unprofessional behavior directed toward any student or patient by other members of the health care team.

THE COMMUNICATOR

Definition

“As Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.”

— CanMEDS 2005 Physician Competency Framework

Professionalism Principles

A. Medical students are often the most visible and accessible part of the health care team to patients and thus, will have extensive contact with patients as clerks. Student must realize that patients often feel as though students are in a position of responsibility when it comes to their care. The medical student’s personal opinion and all communications to the patient must be weighed in this light.

B. Medical students will seek to develop appropriate communication skills that are both accurate and respectful given the clinical situation. Delivery or solicitation of sensitive information (bad news, end-of-life issues, code status, medical error) must be acquired or delivered in an empathetic, respectful, accurate and compassionate fashion.

C. A student, like any other member of the health care team, should build relationships with patients based on honesty, trust and good communication skills. All individuals personally related to the patient should also be provided with support when needed and treated with the same care as the patient.

D. Professional boundaries should be kept between the student and patient or anyone close to the patient. Any relationship based on anything beyond treatment and management of the pa-
tient’s condition can be considered unprofessional. The professional position should never be used to cause added distress or for the exploitation of patients.

E. Clear and informed consent must be provided for every clinical encounter, procedure or discussion that is performed or observed by a medical student. This includes clear identification of oneself as a medical student and clear consent of student participation in their care.

F. The Medical Student will operate under the premise of full disclosure with the patient at all times. This includes disclosure of medical error or adverse event. The student will offer only information that is congruent with their level of training.

G. Medical students are expected to uphold the highest standards of medical confidentiality regarding patient care. A patient’s case cannot be discussed in any way in which they may be identified.

H. Medical students will respect patient diversity in all its aspects at all times. If the student is unable to look beyond the cultural or personal qualities of the patient, they will confer the care of the patient to an individual able to deliver the highest possible quality of care.

I. Medical students will use appropriate verbal and non-verbal communication techniques with all members of the health care team and patient populous.

J. Medical students will commit to the concept of shared decision making with all members of the health care team as well as the patient and their family.

K. The Medical student will not conduct independent decision-making in the treatment course of a patient without senior qualified clinical approval.

L. The medical student will commit to learning proper medical documentation for all patients in order to assure the highest quality of care.

M. Medical students will understand that all communications they issue, in the professional or personal setting including the internet or social media, reflect directly on their medical and personal professionalism. Student will avoid all disrespectful and unprofessional communications in public or internet-based settings.

N. Medical students should dress appropriately and professionally and accept that patients will respond to their appearance, presentation and hygiene.
THE COLLABORATOR

Definition

“As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.”

— CanMEDS 2005 Physician Competency Framework

Professionalism Principles

A. Medical student will commit to working effectively and respectfully with other members of the health care team in order to deliver the highest quality standard of care.

B. Student will commit to developing skills to work in interdisciplinary teams. These involve respect of skill and contribution of others, and developing effective communication strategies and skills.

C. Students will protect patients from harm posed by another colleague’s behavior, performance or health. They should take steps to raise concerns to the correct individuals. The local institution or faculty should provide these processes. This should be done in a timely manner to mitigate any undue harm that could be caused to the patient.

D. Medical students should understand the physician’s and medical learner’s role in the inter and multidisciplinary team. Furthermore, they should be able to recognize their role and their own limitations within these teams.

E. Medical student will commit to a culture of conflict resolution and prevention in the workplace.

F. Medical students will not engage in any gender, sexual or cultural biases and endeavour to create a positive space in the workplace at all times.

G. Medical students should:

   a. Develop skills that allow them to thrive in an ever-changing workplace
b. Be able to competently work in a team environment and take on different roles when appropriate

c. Develop and demonstrate teamwork and leadership skills

d. Be aware of the responsibilities of other members of the health care team

e. Respect the skills and contributions as well as the diversity of other members of the health care team

f. Raise concerns about other health care practitioners if a patient is at risk of harm.

THE PROFESSIONAL

Definition

“As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.”

– CanMEDS 2005 Physician Competency Framework

Professionalism principles

A. Medical students will ensure that their behavior, at all times, justifies the trust that the patient and the public place in medical practitioners and the profession. Medical students will not only reflect on their behavior but will also reflect on the perception that any individual can draw from this behavior and act within the boundaries of public trust.

B. Medical students should:

a. Readily call attention to errors or concerns about their own clinical work

b. Produce academic works that are, in all aspects, their own and will raise issue when there are concerns regarding the honesty of others
c. Be honest and trustworthy when recording clinical activities and procedures

d. Be honest, respectful and punctual in the completion of teacher, preceptor and class evaluation forms

e. Be truthful in their CVs and application, which include residency applications, and not misrepresent their qualification, responsibilities, abilities or publications

f. Cooperate in the investigation of any medical, performance, behavioral or health related incidents, whether concerning themselves or any other members of the health care team

g. Comply with any federal, provincial, municipal or regional laws, no matter the location of medical practice

h. Comply with the bylaws and regulations of their medical school, institution or organization

C. Medical students will ensure that they are aware of their own personal health requirements and concerns as well as understand the effect of their own poor health on their ability to provide quality medical care to their patients.

D. Medical students will take all possible steps to be followed by a GP for regular health care appointments and any continued care.

E. Medical students with particular health concerns and conditions (including psychiatric illness, addiction and substance abuse) will, through the help of anonymous faculty services, seek out specialized care by the most suitably qualified professional. They will also understand that proper management of their condition is essential for adequate patient care.

F. Medical students who are beginning training rotations in culturally unique or foreign locations will attend cultural information and training sessions as they are provided by their faculty.

G. Medical students will commit to understanding the following principles of legal and bioethical practice in Canada as a medical doctor and develop proper practical tools which will en-
sure that they operate within these guidelines
(resource http://www.cmaj.ca/cgi/collection/bioethics_for_clinicians_series)

a. Consent
b. Disclosure
c. Capacity
d. Voluntariness
e. Substitute decision making
f. Advance care planning
g. Truth telling
h. Confidentiality
i. Research ethics
j. Euthanasia
k. End-of-life care
l. Cultural medicine
m. Religious interface with medicine
n. Organ donation

H. Medical student should:

a. Be aware of their own medical health concerns that may put colleagues or patients at risk

b. Seek medical or occupational health advice if there is a concern about their own health, including psychiatric illness, addiction and substance abuse

c. Accept that they may not be able to accurately assess their own health and be willing to be referred for treatment and adhere to any treatment protocols

d. Protect their colleagues and patients by being immunized against common communicable diseases as judged appropriated by the faculty of medicine or practicing institution
e. Be aware of any communicable infections that they may have and consider the implications of any exposure prone procedures on the patient. In many cases, the student is encouraged to not perform these procedures and will understand that some limitations can be placed on the scope of practice depending on the medical institution and faculty.

f. Will seek advice from a qualified clinician regarding the assessment of risk posed to the patient by their own health

h. Be aware of their responsibility to disclose risk to the patient as a result of their health to their faculty and, in further years, their employer.

g. Medical students will uphold the highest values of integrity and honesty in their financial dealings. This includes financial obligations which are a requirement of medical education, local society dues, professional society dues, elective and application costs as well as any other personal or professional financial engagement.
THE ADVOCATE

Definition

“As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.”

— CanMEDS 2005 Physician Competency Framework

Professionalism Principles

A. Medical students will remain, before any other role, advocates for appropriate high-quality patient care and the highest standards of patient safety. They will understand their fiduciary duty as medical trainees to this principle.

B. The Medical student will develop skills and modalities that will help the learner in future advocacy and initiatives of population and community health.

C. Medical students will understand the influence and authority of their role in the patient’s eyes. The medical student will make responsible use of this real or perceived influence or authority in the student-patient relationship.
THE MANAGER

Definition

“As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.”

– CanMEDS 2005 Physician Competency Framework

Professionalism Principles

A. Medical student will take an active role in the clinical setting.
APPENDIX A: DIGITAL MEDIA AND MEDICAL PROFESSIONALISM

In discussing with members of the CFMS executive, members of the membership and through literature review in the field of digital media and professionalism, it has become abundantly clear that the Canadian medical community has little infrastructure and policy surrounding this issue. This is by no means a fate strictly Canadian. It is easy to find a steady stream of literature reporting parallel issues in the international community. Policy is not the only barrier to digital professionalism.

Literature and experience also demonstrate that the understanding of digital media systems by faculty administration is limited at best. There is little understanding of the possibilities, scope, reach and utility of digital media systems nor is there the ability to distinguish between different vectors of social and digital media. This is particularly concerning since these are the administrative structures that manage breaches, real or perceived, of professionalism by students.

Thirdly, and maybe more importantly, those using digital media often experience an important blurring of personal and professional lives, believing that their online presence has little to no link to their professional life. Furthermore, there is little understanding of the reach of these digital media modalities and their truly public nature. In a world where most individuals communicate with audiences of 100 or more acquaintances, there is little argument against the public nature of these media. Opinions, comments, photos and activities while on social media contribute to the public image of both yourself as an upcoming physician, your faculty as the training institution and the profession of medicine. The definition of public must therefore change in a way that would include the public nature of online media.

As identified in Commentary:: The Relationship Status of Digital Media and Professionalism: It’s Complicated:

“Professionalism, appropriateness for public consumption, and individual or institutional representation in digital media content are just some of the salient issues that arise when considering the ramifications of trainees’ digital behavior in the absence of established policies or education on risk.[...] The positive implications that Web-based applications share (e.g., flexibility, collaboration, and interactivity) must be weighed against the negative implications, including potential misuse, violations of confidentiality, and threats to professionalism”*
Furthermore, there are important questions surrounding patient-student relationships online. “As patients become increasingly web savvy, they are experiencing an entirely new accessibility to their physicians. There have been reports of patients attempting to “friend” their physicians on social networking sites, such as Facebook and MySpace, and also posting public messages regarding their satisfaction, or dissatisfaction, with their physician performance. Questionable “friendings” between patients and physicians, or even physicians at varying levels of training (e.g., residents and attendings), are occurring with alarming frequency.” 2

The interest lies in the right of the profession and its institutions to step into the medical student’s and practitioners personal life. It is each Canadian’s constitutional right to freely express their views. But where to draw the line between over-infringement and proper management of medical professionalism? The reality is that there is no real answer to this question. It could be argued, quite convincingly, that citing a medical student or practitioner for unprofessional conduct does little in the way of impeding the individuals rights, though it can sharply affect the medical students career. For this reason, clear and understood policies surrounding medical professionalism in digital media must exist and must be agreed upon by all students when beginning their medical education.

But more importantly, online professionalism needs to be taught and conformed with a written transparent document provided by the training faculty. With case scenarios, infractions to professionalism can be weighed by the students and a proper mechanism for objection to items in the local professionalism charter should be in place. The faculty should be in a place to defend each professionalism principle with lessons-learned or evidence-based approach. Alternatively, the faculty is encouraged to appoint a student committee to be part of the professionalism charter drafting, whereby policies are drafted and accepted by students.

Institutions have further incentive for establishing clear guidelines for professionalism and policies on campus. Through the use of online digital video media, medical students continue to have an increased presence online.

“In addition to representing an individual’s viewpoint, digital media postings may contain subliminal content, such as the use of a school name, property, or logos, which may be misconstrued as implicit institutional endorsement of the content of the information.” 3
Students must be aware that this is a realistic probability, especially when considering the audience to which these productions are intended. Not all members of the public understand the intricacies and nuances in the relationship between faculty and students, therefore misconstruing the student’s view for those of the mother institution.

And lastly, the effect of such digital material and its lasting nature online leaves a behavioral and professional snapshot of the student on the web for years to come. Students must understand the impression they leave on the web and on prospective residency directors, attending staff, health care coworkers and patients in the future and become familiar with the repercussions this may have.

The CFMS recommends the following as appropriate steps in addressing professionalism in digital media:

1) Training institutions with commit to establishing familiarity amongst faculty of digital media. They will provide exposure and training, which could be led or demonstrated in part by the student body, to all faculty members that are in a position to rule on the professionalism of students, to those who are interested and to the senior leadership of the faculty. This will allow for a more positive space and discussion surrounding digital media, will allow the faculty to develop socially appropriate policies of professionalism and will allow a stronger monitoring of online professionalism.

2) Students and faculty should come together to jointly draft online professionalism policies to be followed at their local campus. Through these sessions, both partners will work together and draft case scenarios which will later help to train the larger student body on medical professionalism. This will help students understand the potential risk of their behavior and education is likely the best approach to solving and preventing breaches of professionalism online. This should also include policy to help institutions protect their own identity as well as protect the identity and public perception of the profession. It is best stated in saying:
“Trainees must realize and acknowledge that the digital intersection of their personal and professional lives can be blurred in light of the medical profession’s accountability to society.”

3) These parties should also develop digital media professionalism curricula which should be made mandatory for all students through whichever education vector deemed appropriate, digital or otherwise.

4) The CFMS recommends that all medical students subscribe to online services which will provide notices any time their name is published online. Continuous monitoring of material posted without ones consent and of ones online identity is essential to preserving ones professionalism. This is easily done through Google Alerts online service.

5) Faculties need to particularly address policy surrounding material that directly relates to the trainee’s role as a medical professional and/or containing any institutional-identifying content.