Professionalism Education at Drexel University College of Medicine
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http://webcampus.drexelmed.edu/professionalism/

Background. Drexel University College of Medicine (DUCoM) is one of the largest private medical school in the US, accounting for one in 72 of all US medical students. The institution has a rich history, drawing from our parent institutions, the Medical College of Pennsylvania (founded in 1850 as the first medical school for women) and Hahnemann University (founded as Hahnemann Medical College in 1869). Our current program in professionalism education, assessment and remediation developed in phases over the past decade, propelled forward by major initiatives taken over the past three years.

Content. Our professionalism curriculum has three major areas of focus:

(1) Social Contract. Medicine's contract with society defines it as a profession, and from this contract are derived our guiding principles, commitments and fiduciary responsibilities reflected in the Hippocratic tradition and articulated in the widely endorsed Physician Charter (Medical Professionalism in the New Millennium: A Physician Charter, Ann Int Med, 2002).

(2) Professional Formation and Professional Identity Formation. We bring attention to the personhood of the medical trainee and their cultivation of virtue. The concept of professional formation refers to the process by which an individual becomes the kind of person who can be a physician. Trainees must strengthen moral character in order to skillfully apply guiding principles and fulfill commitments, especially under challenging circumstances. Related to professional formation is the need to mature psychologically, socially and ethically, and to cultivate virtues of compassion, altruism, and social conscience.

(3) Culture of Integrity and Trustworthiness. We foster an intentional community in which all members actively contribute to an honor culture and recognize trustworthiness and integrity as a moral *sine qua non*. We make explicit (a) the transition from premedical academic environments to membership within a community of professionals; (b) the moral continuity across academic, clinical, research and social domains; and (c) the absolute requirement of trustworthiness for academic advancement and graduation.

Our Professionalism Curriculum includes special sessions in addition to core components of required courses. It addresses negative dimensions of the hidden curriculum in a manner that is explicit and developmentally appropriate to better prepare our students to be moral agents of change. This longitudinal curriculum employs didactics, active learning, and small group activities. Dovetailing with the curriculum is a multifaceted approach to assessment, and also a robust professionalism remediation process. In addition to our curricular requirements, DUCoM offers rich extracurricular opportunities for professional development. These include our Medical Humanities Program, our Women's Health Education Program, our student run free clinics and health advocacy projects, our chapter of the Gold Humanism Honor Society, and multiple student groups dedicated to service and professional growth.

Code of Ethics. The DUCoM Code of Ethics makes explicit the professionalism standards and obligations of all medical students. More than an academic honor code, these standards span academic, clinical, research, and social domains. Students review the Code at very start of their first year of school, and it is incorporated into a ceremony that precedes the White Coat Ceremony. An affirmation ceremony occurs during the week in which students transition into their third year.

Core Groups. Longitudinal peer learning groups of approximately 10 students are the core vehicle of professionalism education. These groups form within the first curricular week of medical school and meet longitudinally across courses and throughout the four years. These groups employ tools of reflective practice and group inquiry develop a socially safe and supportive learning community.

Appreciative Inquiry (AI) is a group process of intentional social growth achieved by building on what is already good and valuable: (1) Each member states one thing appreciated about the session: perhaps the contribution of another member, or perhaps the way the group functioned together; (2) Themes are identified by the group; (3) The group imagines what it would be like to build on one of more of the strengths identified; and (4) the group identifies 1-2 steps that can be taken to operationalize growth. Appreciate debriefing (AD) is an abbreviated variation. AI or AD is employed

at the conclusion of small group activities in most courses.

Narrative and representational reflection is used frequently as well. This is a process by which each member of a core group blogs by posting a narrative or work of expressive art (drawing/painting/poem/etc.). Peers respond to their reflective postings and process them further through conversation and inquiry.

Coursework. Professionalism is foundational to the content and learning goals of multiple courses and course threads:

Doctoring. Clinical communication and the biopsychosocial model are taught in Foundations of Patient Care (year 1 and 2) and in Intersession 2 as part of advanced communication skills workshops.

Bioethics. A 25 hour ethics curriculum weaves through 4 years. Frames of principlism, social contract, care ethics, and virtue ethics carry through all sessions. Topics include: Overview of clinical ethics and medical student ethical dilemmas; Human subjects research; Implicit bias and structural discrimination in healthcare; Public health ethics and distributive justice; Informed decision making, consent and refusal; Medical mistakes; End-of-life decision-making; Confidentiality, disclosure and duty to warn; Physician aid in dying.

Health Advocacy. We view health advocacy as a core component of professional identity formation. Our 2-year health advocacy course teaches content related to: social justice, compassion, structural injury, destigmatized care, social responsibility, and forming therapeutic alliances across social distance. Specific sessions include: Intro to health advocacy and destigmatized care; trauma responsive care; Poverty; Structural competency; Macro-advocacy.

Clinical Clerkships and Rotations. All required clinical clerkships have objectives that map back to professionalism competencies. All clerkships and rotations address professionalism in terms of: honesty and integrity in all interactions with patients, families, colleagues, and other professional contacts; professional image in behavior and dress; and reliability and responsibility.

Year 3 Professional Formation Course. Core groups meet throughout the clerkship year. We have more than 250 students at more than 25 affiliated clinical sites across 5 states and utilize virtual classroom technology to provide this faculty facilitated small group experience. Each session has a content theme but allows for emergent topics and just-in-time learning. In preparation for each session, students post a reflection to their small group's bulletin board; these reflections are explored during the small group session. Addressing the hidden curriculum is an essential dimension of this course.

**Additional Curricular Components.**

YEAR 1

How to Put On a White Coat and Code of Ethics Signing Ceremony. During orientation week there is a presentation on the Honor System. Then, the day before the White Coat Ceremony, students participate in a session called, How to Put On a White Coat. The first portion of this session is an honor-code signing ceremony. Students affirm together aloud:
> ***As a member of the Drexel University College of Medicine community, I give my word that I will adhere to the Code of Ethics. I therefore promise that:*** *I will be trustworthy and act with integrity in all spheres of professional life: academics, patient care, clinical research and professional relationships; I will safeguard and nurture a culture of integrity and trustworthiness at DUCOM and in our profession by encouraging my peers to act ethically and by responding appropriately to violations of the Code of Ethics; I will not cheat, plagiarize, use unauthorized materials, misrepresent my work, falsify data or assist others in the commission of these acts.; I will always respect patients as persons and protect patient autonomy, elevate patient welfare above all other concerns and treat all persons with compassion and dignity.*

White Coat Ceremony. The first week of orientation concludes with a public ceremony in which the white coat is donned and students affirm the physicians oath (Revised Declaration of Geneva).

Session: Personal Growth and Professional Formation. In preparation for this session, students watch the documentary, The English Surgeon, a documentary that explores the professional, ethical, and personal challenges of two neurosurgeons. The session is set up in TBL style, with students in their professionalism Core Groups inquiring themes of personal growth and professional formation. In the second part of the activity, students inquire into stewardship of the culture of the Core Group as a process that supports professional formation and personal growth. In the final part of this session, groups are introduced to the process of Appreciate Inquiry (explained above).
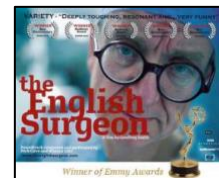
Workshop on how to give and receive quality peer feedback. This introduces the Peer Feedback activity that is discussed below. Students receive guidance for quality feedback within the context of peer support and stewardship of the professional community.

Orientation to the Donor Body. This is a 2-hour professionalism session to prepare students for their first experience in the gross anatomy lab. Goals are to create a supportive environment, validate concerns, normalize a range of responses, provide a framework for respecting the donor body as person or specimen, and honoring diverse cultural and religious values in relation to human remains. Following a classroom session, students assemble in their dissection groups in the lab, and are guided through inspecting and handling the donor body by a trained second year student.

TBL session on responding to bad patient outcomes. This follows the first paper case that involves the untimely death of a young patient.

Workshop on building resilience and work-life integration. This includes a primer of CBT, the cognitive triangle, and cognitive distortions; selective workshops (CBT/DBT/mindfulness/reflective writing/comics for self expression); and peer coaching to create wellness Brief Action Plans. These plans are revisited after 6 weeks in small groups.

YEAR 2

Session on building resilience and work-life integration. Reinforces material from previous year.

YEAR 3

Presentations on confidentiality, HIPAA certification, e-Professionalism, and personal-professional boundaries on social media.

Into the Woods: Harnessing Moral Courage in the Clinical Years. This 90-minute session is given during the week prior to beginning of year 3 clerkships and explicitly names and addresses the negative hidden curriculum. One case focuses on a student witnessing a resident fabricate data when presenting to her attending; a second case revolves around dishonesty and coercion of a patient who consents to a procedure done for teaching purposes only. The session raises awareness, and explores with students a repertoire of appropriate responses to unprofessional behaviors they may witness, how to manage moral distress, and how to reach out to trusted faculty or administrators in a way that feels safe.

Code of Ethics and Physician's Oath Reaffirmation Ceremonies. These are placed in the week prior to start of clerkships.

Ethics-Psychiatry OSCE. This is a 4-hour exercise in which third year students spend a morning in the clinical skills center moving through a series of 8 standardized patient encounters observed by faculty. Most cases have an explicit ethical theme and include: intimate partner violence, end-of-life decision making; futility; addiction; trainee moral distress. During the debriefing at the end of the morning, professional expectations, ethical dilemmas and communication strategies are explored.

Professionalism Assessment

DUCoM behavioral standards and professionalism graduation competencies are found at: http://webcampus.drexelmed.edu/professionalism/Objectives.asp.

Meaningful evaluation of professionalism as a competency is based on both formal and not-formal assessment. Assessments are continuously performed within the context of preclinical and clinical courses, and professional interactions within the academic, clinical, research and social domains addressed by the DUCoM Code of Ethics.

PHASE 1 CURRICULUM (PRE-CLINICAL)

Faculty evaluation of professionalism is a formal component of course grades.

Peer evaluations are performed three times in year 1 and once in year 2. Students are instructed as follows: During Case-based learning, Community Care Practicum, Foundations of Patient Care, TBL and Lab work, you are asked to reflect on how well the group performed relevant tasks for in-class session(s). You have received guidance in appreciative debriefing and good feedback. Written feedback of your peers is a necessary part of improving communication and team performance, not just in medical school but in the clinical workplace. INSTRUCTIONS: In providing feedback to your assigned peers, you should focus on: shared goals of improving the group, using non-judgmental comments, specific and observed actions or behaviors, and suggestions for improvement when appropriate. Written comments are required for any rating of "rarely" or "never", and encouraged for every peer. Providing quality feedback supports the academic and professional development of your peer. Students who provide excellent written feedback will be recognized with a Professionalism Commendation.
Items include:
- My peer met the group's expectation for attendance.
- My peer was prepared, engaged, and contributed their fair share.
- My peer shared information and resources to promote learning.
- My peer demonstrates honesty and integrity in interactions with others.
- My peer organizes and presents medical information effectively (e.g. assigned learning issues).
- My peer communicates constructively in difficult situations, for example, when differences of opinions between peers or faculty arise.
- My peer showed respect towards others.
- My peer supported others in expressing diverse views.
- My peer contributed through reflection and positive change.
- My peer demonstrated a commitment to professional values and ethics.
- Overall, my peer contributed value to the group's work.

A committee of faculty and administrators review all feedback. Professionalism commendations are awarded to students who: (i) are exemplary in providing high quality feedback to peers; or (ii) are assessed very highly by peers. Faculty meet with students who are identified as demonstrating deficiencies and in some cases a professionalism remediation plan is put into place.

PHASE 2 AND 3 CURRICULUM (CLINICAL)

All required clinical clerkships have objectives that map back to professionalism competencies. Professionalism is explicitly evaluated in every clinical clerkship/rotation. A student may fail a course on the basis of failure to meet the professionalism competency. Specific items on every evaluation include: demonstrates honesty and integrity in all interactions with patients, families, colleagues and other professional contacts; maintains patient confidentiality; demonstrates professional image in behavior and dress; and demonstrates reliability and responsibility in all interactions with patients, families, colleagues and other professional contacts. Also, any faculty member at any time can submit a Report of Concern about a student independent of the final course evaluation. The figure to the left is an example of one student's professionalism assessment within the final clerkship evaluation

Professionalism Monitoring and Remediation. We have developed a robust formalized professionalism remediation, monitoring and reporting process. Concern about a student's performance may be based on any of the following: Formal reports of concern (forms posted on the intranet); verbal reports of concern; web-based reporting portal; course evaluation comments; a failing professionalism component of course grade; formal peer feedback. When a threshold of concern is reached, as determined by the Dean of Students, a report of the student's behavior is brought to the Promotions Committee. In all significant cases not resulting in dismissal, the student is mandated to undergo professionalism monitoring as a condition of continued enrollment.

Monitoring is performed by Professionalism Advisory Board (PAB), a group of senior faculty members. This means: (i) Initial presentation and discussion at a monthly PAB meeting; (ii) Assignment of the student to a member of the PAB who serves as faculty advisor; (iii) Periodic meetings with the faculty monitor guided by a signed "contract"; (iv) Periodic student review at PAB meetings of student progress and adherence to the monitoring process and DUCoM Behavioral and Professional Standards; (v) Periodic reporting to the year appropriate Promotions Committee. As deemed appropriate by PAB, information is fed forward to course directors and/or to residency programs.

Our formal process was initiated in AY 2013-2014 and has been in continual evolution. Some observations we have made: (i) Most students are referred for lapses in reliability and responsibility; (ii) Lack of self-awareness and immaturity

are common factors; (iii) Lapses are often a sign of psychological distress (related to academic or personal life), chronic medical issues, or undiagnosed anxiety or mood disorder; (iv) Less often, but most worrisome, lapses relate to characterologically based behavioral patterns; (v) Once entering monitoring, there is value of maintaining the relationship with the professionalism faculty advisor, even when the student appears to be doing well.

Campus Culture and Additional Projects and Activities

Professionalism education has become widely recognized as a central mission at DUCoM by course directors, basic science and clinical faculty, who increasingly take initiative in identifying and communicating professionalism concerns about a student. Faculty who may have been reticent in the past to "create trouble" for a student now appreciate the value of identifying issues early, establishing patterns, and seeing an issue as a potential tip of the iceberg. This is the result of frequent conversations and presentations within curriculum committee and promotions committee meetings, presentation at faculty development events, development of more robust policies, and a more visible, online presence with links and dedicated pages. Our Professionalism Education Working Group of a dozen faculty and administrators met over a period of years to develop policies and standards. Professionalism issues feature prominently in holistic reviews by our Promotion Committees.

One core project is ProfessionalFormation.org (PFO) funded by Arthur Vining Davis Foundations, which involves the creation of an online multimedia learning management system with 13 modules devoted to professionalism education, assessment, remediation and research, with an emphasis on professional formation. The modules, authored by recognized educational experts, are scheduled for completion during 2017 and will cover core topics relevant to UME and GME, as well as nursing and PA education. PFO is based on our success with DocCom (http://webcampus.drexelmed.edu/doccom), which itself contains a number of modules that relate to professionalism education, such as managing relationship boundaries and managing challenging communication issues. In addition to DocCom, PFO builds on our experience in writing and producing professional education modules on high value care for the Choosing Wisely Campaign (http://www.choosingwisely.org/resources/modules/). There is a close relationship between the PFO project and the Academy for Professionalism in Healthcare (APHC) in which our program leaders have been active. Opportunities created by PFO and APHC for rich interactions with experts in the field have enhanced our pedagogy tremendously.

Another related project was lead by Deborah Ziring, M.D., lead author on the recent, *How Do Medical Schools Identify and Remediate Professionalism Lapses in Medical Students? A Study of U.S. and Canadian Medical Schools*. Academic Medicine, 2015. This work involved a number of members of the faculty and gave rise to important wider conversation.

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