

Professionalism Education at Drexel University College of Medicine

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<http://webcampus.drexelmed.edu/professionalism/>

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.

Our pedagogy 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 focus on the personhood of the medical trainee. 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 cultivate moral character in order to skillfully apply guiding principles and fulfill commitments, even 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* of physician behavior. 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 the hidden curriculum in a manner that is explicit and developmentally appropriate, with the intention of preparing our students to be moral agents of change. This longitudinal curriculum employs didactics, active learning, and small group activities.

A core vehicle of professionalism education is our use of peer learning groups of approximately nine students. These groups form within the first curricular week of medical school and meet longitudinally throughout the four years. Students meet within these groups for 1st and 2nd year advisory; year 1 doctoring course; year 1 community-service learning course; year 2 bioethics course; year 3 professional formation course; and year 4 advanced communication workshops. These groups employ tools of reflective practice, group inquiry, and appreciative debriefing to establish and deepen a socially safe and supportive learning community.

Dovetailing with the curriculum is a multifaceted approach to assessment, and also a robust professionalism remediation process that is detailed below.

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 projects](#), our chapter of the Gold Humanism Honor Society, and multiple [student groups](#) dedicated to service and professional growth.

Year 1 Curriculum

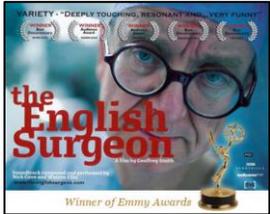
I. Code of Ethics Signing Ceremony and Honor System Team Based Learning (TBL) Activity. During orientation week there is a presentation on the Honor System. Then, the day before the White Coat Ceremony, students participate in a session called, How to Put On a White Coat. The first portion of this session is an honor-code signing ceremony. Each student is given a copy of our Code (found at: <http://webcampus.drexelmed.edu/professionalism/CodeOfEthics.asp>). Following opening comments, the student president of the Honor Court reads the Code aloud. Then, every student affirms the Code aloud with these words:

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.

At that point, all students sign their copy of the Code and two peers witness by adding their signatures. Immediately following the Code signing, students engage in a 75-minute team-based learning (TBL) activity on the Code of Ethics, with teams working through cases as time allows. These cases explore: trust, trustworthiness and fiduciary responsibility toward patients and society; and the continuity of ethical conduct among academic, clinical, and social domains of behavior. The process of Appreciate Debriefing and Appreciate Inquiry is introduced. Appreciative Inquiry is a process of intentional social growth achieved by building on what is already good and valuable.

II. Special Session on Personal Growth and Professional Formation. In preparation for this session, students watch the documentary, *The English Surgeon*. The session is set up in TBL style, with students in their professionalism groups.

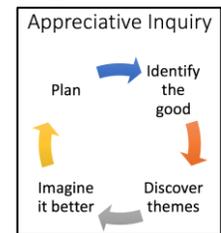


They move in and out of huddles to reflect and debrief on themes of personal growth and

professional formation as reflected in this powerful film. In the final part of this session, groups practice the process of Appreciate Inquiry:

(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.



III. Special Session on Building Robust Peer Relations and Psychological Health. This is a 90 minute presentation to students who sit at tables in their anatomy dissection groups (not their professionalism groups). Dr. Steve Treat is a marriage, family and systems therapist. He presents a conceptual framework for understanding personal reactivity, managing conflict and establishing more authentic relationships. Students engage in a small group exercise during the presentation.

IV. Reflective Practice Workshops

Background: Throughout the curriculum we use a particular format for reflective practice that includes: reflective writing; posting to the peer small group discussion board; review and conversation that builds on each individual's reflection; appreciation and recognition of value. We use this approach twice in the first year, and it is the foundation of our Year 3 Professional Formation course.

A. Community service-learning: end of course reflection. First year students participate in a required community service-learning course that provides didactics on social determinants of health and health disparities and service learning at one of dozens of community sites that serve youth, elderly, im/migrants, homeless, and other vulnerable populations. Leitmotifs of the course include the challenges of creating therapeutic relationships across lines of social difference, the nature of service, and Medicine's mission of social justice. At the end of the course, students write about a significant experience they had at their community site that was professionally challenging or affirming. These are explored in their professionalism peer groups, and nominated narratives are shared with the large group in which students also reflect on core professional attributes and values called forth in these experiences (e.g. altruism, compassion, non-judgmentalism and social justice).

B. Doctoring course: end of year reflection on core personal values and professional virtues. A task of professional formation is the integration of personal values with professional virtues. In this session, students are asked to reflect on a deeply held value that is significant to their medical training and future practice, and these are shared in professionalism peer groups prior to a larger group conversation. Trigger questions for small group discussion bring students to relate these values to medical training and practice.

V. Physician and Patient—year 1 doctoring course. Personal awareness and professional formation are leitmotifs throughout this 26-session, year-long course. 11/26 sessions are devoted to group inquiry, self-reflection on personal knowledge, attitudes and behaviors, and exploration of professional standards and expectations. In addition, 13 clinical sessions also include professionalism components (e.g. empathy, demeanor, non-judgmental communication, etc.) Students not only learn to perform histories and physical exams, but also reflect on major themes of family, culture, identity, end-of-life, addiction and recovery, coping with chronic illness, aging. Students meet in their professionalism

small groups as part of this course, and completing reflective assignments. Appreciative debriefing is done in a formal way throughout the course.

VI. Other Year 1 Special Professionalism Sessions:

- Presentations on providing peer feedback. [Focus: Social Contract, Professional Formation, Culture of Integrity and Trustworthiness] As will be discussed below, a core component of professionalism assessment is our peer feedback system. Peer evaluations are a component of small groups in the following courses: Gross Anatomy, Microbiology, Physician and Patient, and three TBL activities as discussed further under the assessment section below.
- Presentations on confidentiality, HIPAA certification, and e-Professionalism. [Focus: Social Contract, Culture of Integrity and Trustworthiness]

Year 2 Curriculum

Bioethics. Bioethics is a 21-hour course in the second year. It is a combination of TBLs, independent learning, team presentations, standardized patient exercises (informed consent; error disclosure), lectures, and faculty-facilitated small group activities. Students meet in their professionalism peer small groups throughout the course. Leitmotifs of this course include trustworthiness; self-awareness and self-regulation of personal bias; challenges and obstacles to doing the right thing; moral distress and moral courage. We explore principles of moral psychology, limits of principlism, and the meaning of virtue for professional formation. For example, in large and small group sessions devoted to delivering care across lines of social difference, content includes: health disparities and the social mission of medicine; discussion of implicit bias after taking the Implicit Association Test; ethics of cultural accommodation and culture-based communication challenges. As another example, our large and small groups on medical error explore the psychological response to error and barriers to transparency; second victim syndrome; and communication strategies of disclosure and apology using a standardized patient scenario. Other session topics are: informed consent; confidentiality with a focus on HIV status; withdrawal of care; fertility and quality of life judgments; advance directives with students completing a living will (Five Wishes); physician assisted death; dilemmas in pediatrics and adolescent medicine; ethics in public health crises; research ethics; resource allocation, organ transplantation and social justice.

Year 2 students also participate in a series of hospital-based sessions to learn physical diagnosis. Professionalism is an explicit component of student assessment (professional deportment, attention to patient comfort, managing challenging social interactions).

Year 3 Curriculum

I. Year 3 Professional Formation Course. Pamela Duke, MD, Course Director. Implemented in AY 2012-2013, this course extends professionalism peer small-group learning into the clerkship year. We have more than 250 students at more than 25 affiliated clinical sites across five states, and utilize virtual classroom technology to provide this faculty facilitated small group experience. Students meet on campus at the beginning of year 3, have an additional 3-4 virtual sessions, then a final on-campus session in the spring. Each session has a content theme, but allows for emergent topics and just-in-time learning. Themes include: Stress and adaptation; Moral distress and the hidden curriculum; Resilience, meaning and compassion; Being with patients at the end of life. 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.

An essential dimension of this course is how we respond to student reports of the hidden curriculum. Beyond sharing and reflecting, we encourage students when appropriate to move from moral distress to moral action. Faculty are available off line to further process a student's experience. Recognizing a student's sense of risk in reporting behavior of an attending or resident who is an evaluator, we explore possible actions and the timing of those actions as part of the small group itself. Students are reminded of our web-based anonymous reporting portal, and of the supportive role of clerkship directors, site directors and the Dean of Students. The course website features a prominent section entitled:

"Should I do something about it? When a student reports an event that is concerning or may need follow-up..." This is a key part of our faculty development process. We developed a formal policy that covers requirements for mandated reporting, and explores the tension between keeping the small group "space" safe and confidential on the one hand, the



Google Hangout screen shot from Year 3 course (Pamela Duke, MD, Course Director)

role of faculty as mandated reporter of reports of discrimination or criminal activity. Our policy distinguishes among information that stays in the group (almost everything), from information that *ought to* be shared in some way outside the group (e.g. unprofessional behavior of a faculty member), from information that *must* be reported to administration (e.g. gender discrimination).

We reported on our implementation of the course in the article, *Preserving third year medical students' empathy and enhancing self-reflection using small group "virtual hangout" technology*. P Duke, S Grossman, D Novack, S Rosenzweig, Medical Teacher, 2014, in which we reported preservation of empathy and improved reflection skills in our third year students. (See excerpted table.)

II. Into the Woods—Case-Based Learning Session. 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.

Table 2. Mean scores on the Groningen Reflection Ability Scale and the Jefferson Scale of Empathy among participants who completed the scales in Time 1 and Time 2 (third year medical students, Drexel University College of Medicine 2012).

	Groningen Reflection Ability Scale		Jefferson Scale of Empathy	
	Time 1	Time 2	Time 1	Time 2
Men, n	67		65	
Mean score (SD)	90.0 (8.0)	94.1 (8.7)	113.7 (11.9)	115.3 (13.3)
Paired t test, t	4.3		1.8	
p value	<0.001		>0.05	
r ²	0.2			
Women, n	62		60	
Mean score (SD)	91.2 (8.7)	94.2 (8.3)	115.7 (11.0)	117.3 (12.3)
Paired t test, t	3.5		1.28	
p value	<0.001		>0.05	
r ²	0.16			
Total, n	129		125	
Mean (SD)	90.5 (8.3)	94.2 (8.5)	113.7 (12.0)	115.2 (13.3)
Paired t test, t	5.6		1.8	
p value	<0.0001		0.07	
r ²	0.2		–	

SD, standard deviation.

III. Other Curricular Components in Year 3.

- **Ethics-Psychiatry OSCE.** [Focus: Social Contract, Professional Formation, Culture of Integrity and Trustworthiness] At the beginning of the psychiatry clerkship, students spend the morning in our clinical skills center. They move through a series of eight standardized patient cases, observed by faculty through one-way glass. Most cases have an explicit ethical theme and include: a woman presenting with headache whose real issue is domestic violence; a wife with newly diagnosed HIV positive status, presumably as a result of an extramarital affair, who refuses to disclose to her husband; a daughter who refuses to honor her mother's living will and have a ventilator withdrawn; a mother of neonate with multiple organ failure who is told by the nephrologist that initiating dialysis is "futile"; a police officer who had an alcohol withdrawal seizure wants to return to work; a woman with heart failure needs an advance directive; an attending physician insists that the student perform an intubation even though the patient was overheard stating that no students were to be involved in her care; a patient with chest pain is clinically depressed; a woman presents with signs of dementia. During the debriefing at the end of the morning, professional expectations, ethical dilemmas and communication strategies are explored.
- **Clerkship professionalism competencies.** Each clerkship approaches professionalism content as appropriate. Professionalism is a competency that must be met in every clinical course. See section on assessment, below.
- **Awards ceremony,** honoring students who demonstrated exemplary professionalism in years 1 and 2.
- **Presentation on confidentiality and e-Professionalism** at beginning of Year 3.

Year 4 Curriculum

Professionalism competencies are essential to all clinical courses. Also, in the spring of 4th year, students participate in an intersession devoted to transitioning to internship. Each year, students assemble in their professionalism small groups for a 90 minute advanced communication skills workshop that is faculty facilitated and utilizes standardized patients. [Focus: Professional Formation] A major theme is the professional management of difficult conversations. Cases rotate among: breaking bad news, discussing DNR, managing conflict, refusing patient demand for low value test or treatment. Students prepare with on-line content. Other presentations include: e-Professionalism; managing physician grief; self-care / working with sleep deprivation; care for vulnerable populations. Students receive a 90-minute presentation on maintaining healthy personal and professional relationships during training.

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.

Preclinical years: *Faculty evaluation* of professionalism is a formal component of four course grades: Physician and Patient, Community Service-Learning, Introduction to Clinical Medicine, and Bioethics. It is also a formal component of five, faculty facilitated case-based learning activities.

Peer evaluations are performed at 10 time points in year 1 and year 2 (gross anatomy, microbiology; doctoring course, and five team-based learning activities). *See Figure*. These are reviewed by course directors: Students who receive concerning feedback from multiple peers across courses receive a professionalism report of concern and are reviewed by the Professionalism Advisory Board and the Dean of Students. Students who fail to complete peer evaluations also receive a professionalism report of concern. Students who provide detailed and thoughtful feedback to peers; or students who are acknowledged for exemplary behavior, receive a letter of professionalism commendation. Historically, between 5-10% of students receive professionalism commendations for peer-acknowledged exemplary behavior; about 10% of students receive professionalism commendations for contributing to peer development with thoughtful and constructive comments; less than 5% students are cited by faculty for failure to complete multiple peer evaluations; about 2% are cited by peers by for unprofessional behavior based on peer comments. All students who are cited are reviewed by our Professionalism Advisory Board (discussed below) and generally undergo review, monitoring and remediation as is appropriate.

Student #1								
Area	Q	Low	Scale					High
			1	2	3	4	5	
Participation, accountability and responsibility	1	Attends sporadically, often late, fails to meet group's expectation of attendance						Attends regularly, punctual, meets group's expectation of attendance
	2	Consistently unprepared, fails to do his/her fair share (too much or too little)						Consistently well prepared, does his/her fair share
Respect for others (i.e., group, peers, faculty)	3	Lacks respect of others, displays insensitivity to other views, impatient with others						Consistently respects others, tries to understand other views, patient
	4	Unable to give appropriate feedback, reacts to feedback defensively						Able to give feedback, accepts and utilizes feedback
	5	Seeks faculty attention while undermining peers						Presents himself/herself consistently to both faculty and peers
Leadership and excellence	6	Often displays difficulty in explaining his or her thought process						Consistently is able to explain his or her thought process
	7	Doesn't share information or resources, doesn't support learning						Teaches, shares information or resources, promotes learning
Overall behavior	8	Behavior is frequently inappropriate						Behavior is always appropriate
Comments:								

Figure: Peer Evaluation Form

Clinical years. 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.

V. PROFESSIONALISM
(Any answer of NO in this section requires comments)
(Professional forms can be found [here](#).)

15.* V-A. DEMONSTRATES HONESTY AND INTEGRITY IN ALL INTERACTIONS WITH PATIENTS, FAMILIES, COLLEAGUES, AND OTHER PROFESSIONAL CONTACTS

Yes
 No (if no, must explain)
 Not Applicable

16.* V-B. MAINTAINS PATIENT CONFIDENTIALITY

Yes
 No (if no, must explain)
 Not Applicable

17.* V-C. DEMONSTRATES PROFESSIONAL IMAGE IN BEHAVIOR AND DRESS

Yes
 No (if no, must explain)
 Not Applicable

18.* V-D. DEMONSTRATES RELIABILITY AND RESPONSIBILITY IN ALL INTERACTIONS WITH PATIENTS, FAMILIES, COLLEAGUES, AND OTHER PROFESSIONAL CONTACTS

Unacceptable: Cannot be relied on
 Below Expectations: Needs reminders in fulfillment of responsibilities. Appears to be too peripheral to engage in team activities and patient care. *Late or absent* for required activities
 Meets Expectations: Can regularly be relied on to fulfill responsibilities as member of team. *Functions well* within team structure. *Punctual and present* for all required activities, completes assignments in timely fashion
 Exceeds Expectations: *Actively involved in patient care and team activities and completes all assigned tasks in dependable fashion. Makes meaningful contributions to health care delivery as an integral member of the team*
 Far Exceeds Expectations: *Exceptionally conscientious and dependable in team activities and pt care responsibilities. Makes extra efforts to be integral team member; assumes high level of pt care resp. Highly valued as team member*
 Not Applicable

Remediation

We have developed a formalized professionalism remediation, monitoring and reporting process that grows increasingly robust each year.

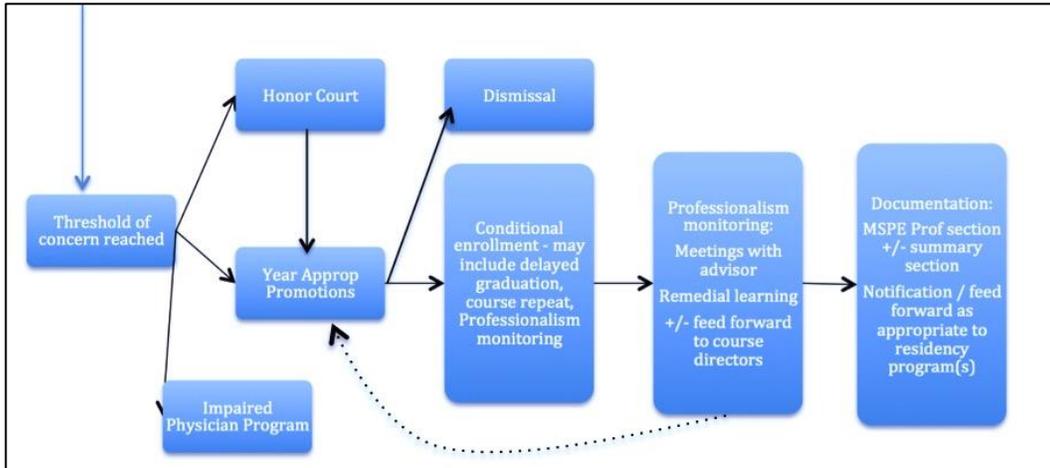


Figure: Remediation flow diagram

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 meets monthly and reports to our curriculum committee. Professionalism issues feature prominently in holistic reviews by our promotions committees.

One 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 conversations.

A current, central 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.

**Faculty leaders:**

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