

## Appendix I

### Physicianship and Professionalism Advocacy Program (PPAP)

#### INTRODUCTION

Professionalism is an attribute and competency demanded of all physicians and an important component of the medical education programs at the University of Miami Miller School of Medicine (UMMSM).

Medical schools have a responsibility for the initial professional education of their students and for assisting in the development of professional attitudes and attributes among these students. The basic components of professional behavior can be clearly defined and monitored during the medical school experience. Forms and procedures initially developed at the University of California San Francisco (Academic Medicine 2004 79: 244-249) have been validated and adopted by an increasing number of medical schools, residency programs and professional organizations (AAMC, ACGME, ABIM, ABMS, AMA).

The Physicianship and Professionalism Advocacy Program (PPAP) establishes a process to monitor, evaluate and improve the professional behaviors of medical students at the UMMSM. It outlines the process for reporting concerns about medical student professionalism and sets forth the outcomes that may result from that process. It also outlines a process to report exceptional professional behavior or service of a student, house staff (resident), faculty or staff member. The forms used to document the assessment and communication of concerns to students about their professional behavior are included.

Recognizing the importance of establishing a professional environment to support the development of appropriate attitudes and behaviors, the PPAP also provides a mechanism for students to report concerns about the professional behaviors of the faculty, staff and administration.

The foundation underlying the prescription of student standards at the University of Miami is the conviction that the exercise of individual rights must be accompanied by related responsibilities. By accepting membership in the University community, a student acquires rights in, as well as responsibilities to, the whole University community. These rights and responsibilities are defined within the *Medical Student Rights and Responsibilities Handbook*. All students are subject to the policies and procedures as described in that handbook. Any act that constitutes a violation or an attempt to violate any of the policies or procedures contained therein may be cause for disciplinary and/or legal action by the University.

Students may be the subject of actions taken because of academic deficiencies or professional concerns. Recommendations for disciplinary actions against a medical student because of a violation of a rule of conduct or inappropriate behavior may be made by a class promotions committee, the Council for Honorable and Professional Conduct (CHPC), or the medical school administration. Actions taken because of academic deficiencies are initiated by one of the three promotions committees for each class (FPC, SPC or J-SPC). The class promotions committees, the CHPC, or the

medical education administration can initiate disciplinary actions resulting from deficiencies in professional behavior.

### **REPORTING PROCESS**

The PPAP establishes two processes to report and document unprofessional behaviors: the Physicianship Incident Report (PIR) and the Physicianship Evaluation Form (PEF).

In addition, the UMMSM also utilizes the Physicianship Commendation Reporting System (PCR) to report exceptional professional behavior or service of a student, house staff (resident), faculty or staff member.

#### ***Physicianship Incident Reports***

Physicianship Incident Reports can be generated by anyone, including course coordinators, promotions committees, the CHPC, the medical education administration, faculty, staff and medical students. Incident reports must be submitted via the Office of Student Affairs' secure web-based Physicianship Incident Reporting System (PIRS). Incident reports must include the name of the individual of concern, the name of the concerned observer, the date of the incident being reported, the location of the incident, and a narrative description of the student's behavior. Students have the option to submit a PIR anonymously, but are strongly encouraged to provide their name when they submit an incident report. The Associate Dean for Student Affairs (ADSA) monitors the system, and investigates reports.

When a PIR is submitted against a student, the ADSA will contact the subject of concern. Students who receive an incident report will be asked to respond via the PIRS, and this response will be appended to the incident report.

When a PIR is submitted against another member of the medical education community, the Senior Associate Dean for Undergraduate Medical Education (SADUME) will investigate the incident and report any findings to the appropriate authority. Incident reports against a resident will be brought to the attention of his/her residency program director. Incidents against a faculty member will be brought to the attention of the faculty member's departmental chair. Incidents against a member of the staff will be reported to the staff member's supervisor. Incidents against a member of the administration will be brought to the attention of the Executive Dean for Education and Policy.

All PIR's will be maintained in the PIR database. The PIR database will be used: 1) to generate quarterly reports, without student names, of the types of professionalism issues that have arisen that will be distributed to all students and faculty; 2) to generate a report, with student names, to be reviewed at each class promotions committee meeting; and 3) to keep the Deans in medical education fully informed about students who are experiencing difficulties.

#### ***Physicianship Commendation Reports***

The Physicianship Commendation Reporting System is **NOT** used to highlight academic excellence. It is used to report exceptional professional behavior or service of a student, house staff (resident), faculty or staff member. The recipient of the commendation report will be notified and if the recipient is a student, it will be

recorded in the student's file and potentially in the student's Medical Student Performance Evaluation (MSPE or "Dean's letter.")

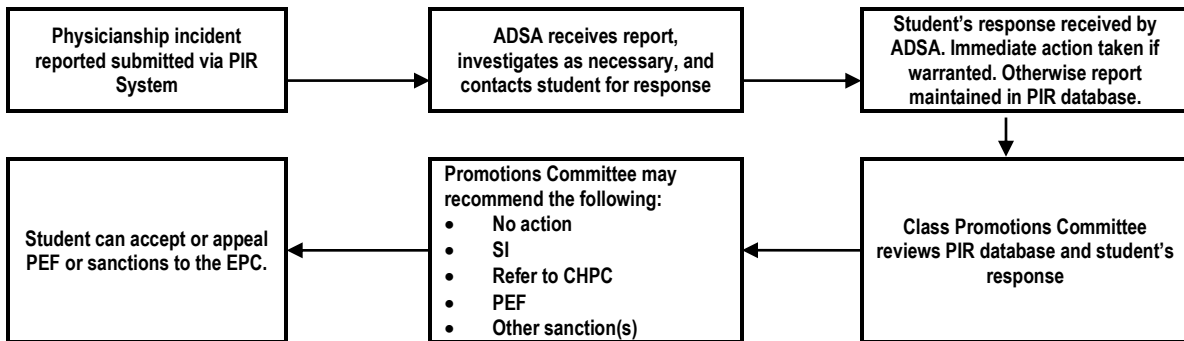
**Physicianship Evaluation Forms**

An incident that raises significant concerns about a medical student's character and professionalism can be documented using the Physicianship Evaluation Form (PEF). The decision to complete and submit a PEF is the responsibility of the promotions committees, the CHPC, or the medical education administration. When a PEF is generated, the submitting authority should also provide suggestions for corrective actions. PEF's are submitted to the Associate Dean for Student Affairs (ADSA) and/or the SADUME who will follow up as described below. A student may appeal a PEF to the Executive Promotions Committee (EPC), and ultimately to the Dean of the School of Medicine. PEF's are maintained in the student's education record. Receiving multiple PEF's can result in disciplinary action up to and including dismissal from the medical degree program. A student who receives multiple PEF's may have that fact reported in his/her Medical Student Performance Evaluation (MSPE).

**DISCIPLINARY ACTIONS DUE TO PROFESSIONALISM ISSUES**

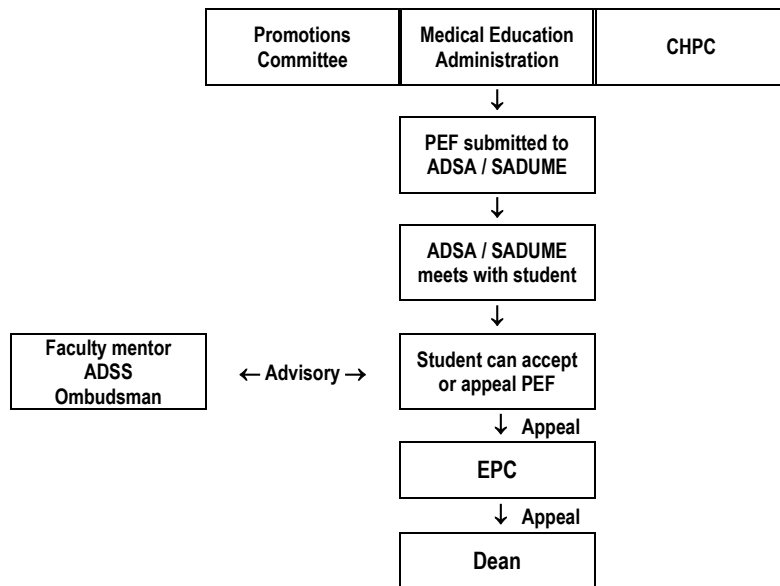
**Physicianship Incident Reports**

If a PIR raises concerns about an individual student, that student will be notified in writing according to school policies and offered the opportunity to write a statement before being formally discussed at a future promotions committee meeting. Upon review of the information contained in the PIR and the student's response, a promotions committee may take the following actions: no action, supportive intervention (SI), referral of the case to the CHPC, generation of a PEF, or other disciplinary sanctions as deemed appropriate. The medical education administration reserves the right to take prompt action if a PIR raises serious concerns about a student's behavior.



**Physicianship Evaluation Forms**

PEF's are presented to the student by the ADSA and/or the SADUME and the student's response, including a corrective plan, is recorded. Students are encouraged to contact a faculty member of their choice to discuss the PEF and suggested corrective actions. In some cases the student may be referred to an advisor or other support service. Students may also consult with the Associate Dean for Student Services (ADSS) or the school ombudsperson. As noted above, students can accept the PEF or appeal it to the EPC and ultimately the Dean.



As shown in the table below, based on the nature of the concerns or the number of PEF's that have been submitted for a student, disciplinary sanctions, up to and including dismissal, can be prescribed by the medical education administration. Any student who receives a PEF may be referred to professional development and support programs such as the Physician Development Program.

		Years 3 and 4				
		Number of PEF's	0	1	2	≥ 3
Year 1 and 2	0	/		SI	MSPE +/- Discipline	MSPE +/- Discipline
	1	SI	SI	MSPE +/- Discipline	MSPE +/- Discipline	
	2	SI	MSPE +/- Discipline	MSPE +/- Discipline	Dismissal	
	≥ 3	MSPE +/- Discipline	MSPE +/- Discipline	MSPE +/- Discipline	Dismissal	

X = no action; SI = supportive intervention; MSPE = Medical Student Performance Evaluation, report of professionalism concerns mentioned in dean's letter and entered in permanent record; Discipline = disciplinary actions up to and including dismissal

**Appeals Process**

Students may appeal any individual PEF or any resulting sanctions to the Executive Promotions Committee (EPC) and ultimately to the Dean of the School of Medicine, who has ultimate decision-making authority in all disciplinary matters.

**UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE  
PHYSICIANSHIP EVALUATION FORM**

**Student name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complainant name:** \_\_\_\_\_

**Narrative of Incident:**

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**This student has exhibited one or more of the following behaviors that need improvement to meet expected standards of physicianship as described below: (circle all that apply to this student's behavior)**

1. Honesty and Integrity
  - a. Truthfulness
    - i. Untruthful; misrepresents position/status; misuses resources; falsifies data, plagiarizes, cheats
    - ii. Truthful to the point of blatant insensitivity; tactless
  - b. Adherence to ethical principles
    - i. Engages in unethical behavior
    - ii. Sanctimonious, intolerant
2. Responsibility, Reliability, and Dependability
  - a. Punctuality
    - i. Exhibits a consistent lack of punctuality; does not adhere to deadlines
    - ii. Values timeliness over quality
  - b. Compliance
    - i. Does not comply with policies, rules, regulations, and/or laws; does not attend required sessions
    - ii. Inflexible; overly reliant on rules; rule-bound to the point of obstructionism
  - c. Prioritization
    - i. Personal affairs take priority over professional activities
    - ii. Professional activities compromise personal and/or family life
  - d. Accountability
    - i. Overlooks inappropriate behaviors; avoids responsibility and work

- ii. “Above the law;” not accountable to anyone; controlling; excessive fault-finding; self-righteous; self-aggrandizing
- 3. Respect for Others (colleagues, faculty, hospital and administrative staff)
  - a. Appearance
    - i. Poor hygiene; sloppy/dirty dress
    - ii. Extremes of dress; provocative
  - b. Interactions
    - i. Arrogant, overcritical of others; demeans those in subordinate roles
    - ii. Obsequious; goes overboard to please
  - c. Teamwork
    - i. Non-participatory
    - ii. Dominant and authoritarian; uncooperative and overbearing
- 4. Altruism
  - a. Concern for others
    - i. Concern for self supersedes concern for others; self-centered; selfish; unwilling to extend self
    - ii. Selfless to the point of taking needless risks; overextends self to own detriment
- 5. Empathy
  - a. Compassion
    - i. Emotionally unresponsive; exhibits little compassion for others; at times appears cold, indifferent and heartless
    - ii. Objectivity is clouded by desire to help others; emotionally over-responsive and unduly empathic, resulting in inability to be objective or effective; gives misleading information in effort to console
- 6. Commitment to Competence and Excellence
  - a. Goal setting
    - i. Aimless; educationally adrift
    - ii. Sets unachievable goals
  - b. Motivation and Drive
    - i. Has low standards of achievement; satisfied to “pass or make do”; aspires to minimum standards; complacent
    - ii. Overly competitive; perfectionistic; answers for others when others are questioned
- 7. Self Assessment and Self Improvement
  - a. Responsibility
    - i. Makes excuses; displaces blame
    - ii. Afraid to act for fear of making errors; assumes blame inappropriately; overly obsessive
  - b. Feedback
    - i. Resists feedback; defensive
    - ii. Requires constant reassurance and feedback
  - c. Self confidence
    - i. Always insecure; unable to act independently
    - ii. Overconfident; does not recognize own limitations
- 8. Respect for Patients
  - a. Relationships
    - i. Disrespectful to patients; insensitive to their beliefs, opinions, gender, race, culture, religion, sexual orientation and status
    - ii. Accepting of all patients’ behaviors, regardless of their effect

- b. Autonomy
    - i. Disregard for patients' autonomy, i.e. patients' right to choose
    - ii. Unable to provide limits for patients' choice
  - c. Confidentiality
    - i. Disregard patient's confidentiality
    - ii. Inappropriately upholds patients' or others' rights to confidentiality, thereby putting them and others at risk for adverse consequences (e.g. suicide, sexual assault, child abuse)
9. Other

**Comments & Suggestions for Change:**

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**Complainant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**This section is to be completed by the student.**

**I have read this evaluation and discussed it with the Associate Dean for Student Affairs. I can write a response for my permanent file, if I so desire.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADSA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_