MD Program

Student Professionalism Policy

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1 Background

1.1 Queen's Health Sciences holds the values and qualities of professionalism as core obligations to patients, students, the healthcare community, and society at large. Demonstrating professionalism competencies is a necessary **academic requirement** for every student to receive a Queen's MD degree. Student misconduct and unprofessional behavior may be considered incompatible with continued education towards a future career in medicine and thereby result in a requirement to withdraw from the MD Program.

1.2 Being a professional is one of the key attributes of being a physician. This Policy is informed by the MD Program's competency framework. Assessment of student professionalism takes place through competency-based professionalism assessments.

2 Guiding Principles

2.1 The medical profession is:

> *"An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation.* [1]

2.2 Students in the MD Program are working towards entry into the medical profession, and they are expected to conduct themselves in accordance with the standards of the profession. Therefore, in evaluating the behaviour of students in the MD Program, this Policy will be guided by relevant standards and applicable legislation including, but not limited to:

- Policies and codes of relevant regulatory authorities and Colleges such as the College of Physicians and Surgeons of Ontario;
- The Canadian Undergraduate Deans Statement on Professionalism; and,
- Queen's University policies and codes of conduct, including the Student Code of Conduct, the Harassment and Discrimination Prevention and Response Policy, the Policy on Sexual Misconduct and Sexual Violence Involving Students, and the Academic Integrity Policy and Procedures.

3 Scope

3.1 This Policy applies to all Queen's University MD students from the first sessional date in year 1 of the program

[1] Cruess SR, Johnston S, Cruess RL. (2004). "Profession": a working definition for medical educators. Teach Learn Med.Winter; 16(1):74-6

until the day of convocation and applies to conduct of MD students that occurs in any educational setting, including but not limited to:

- Classrooms and examinations;
- clinical/field/placement settings; and
- clerkship settings.

3.2 This Policy may also apply to student conduct that occurs in other settings if the conduct has a real and substantial connection to the legitimate interests of Queen's University generally and Queen's Faculty of Health Sciences ("QHS") in particular, and/or if the interests of Queen's staff, faculty, students or visitors are negatively impacted by a student's failure to demonstrate the required professionalism competencies including those of honour, integrity, and respect for others. This includes student-to-student conduct that negatively impacts the learning environment and may include electronic communications that negatively impact the learning environment.

4 Classification of Breaches of Professionalism

4.1 Complaints or reports of student conduct that raise concern(s) about a student's professionalism will be classified into Levels of increasing severity, described below.

4.2 In assessing harm, all forms of actual and potential harm will be considered, including harm to reputation of others (such as other students, faculty, staff, physicians, patients, the public, a hospital/clinic or other institution, and QHS/Queen's).

4.2.1 **Level I:** A Level I professionalism concern is one in which:

- it is the first professionalism concern raised about the student, *and*
- the conduct involves no or very minor real or potential, direct or indirect, harm; *and*
- the student acknowledges and accepts responsibility for their unprofessional behaviour *and*
- there is strong potential for remediation through, but not limited to, education, an apology, and/or reflection.

4.2.2 Level II: A Level II professionalism concern is one in which:

- there has been a previous Level I concern, *or,*
- the conduct involves minor real or potential, direct or indirect harm, including reputational harm; *and*
- the student has demonstrated insight into the professionalism concern(s) raised by their behaviour; *and*
- there is strong potential for remediation through, but not limited to, education, apology, reflection, and/or formal course of study; *and*
- the conduct does not reflect the gravity of a Level III or a Level IV concern.

4.2.3 Level III: A Level III professionalism concern is one in which:

- there has been a previous Level I or II concern but the conduct does not meet the criteria for a Level IV concern; *and/or*
- the conduct creates a significant, or potential for significant, direct or indirect harm; *and*
- the student has demonstrated insight into the concern(s) raised by their conduct; *and*
- there is strong potential for remediation through a formal remediation program and reassessment; *and*
- the conduct does not reflect the gravity of Level IV concern.

4.2.4 Level IV: A Level IV professionalism concern is one in which any one of the following has been found to have occurred:

- the student has been found to have engaged in multiple previous breaches of professionalism that the student failed to successfully remediate; *or*,
- the professionalism breach involves behaviour that reflects egregious, or potential for egregious, harm; *or*
- the student's conduct is inconsistent with a future career in medicine.

4.3 Level I to III professionalism breaches are viewed first as an opportunity for education and remediation, with the intent of providing the student with an opportunity to understand their professional obligations and how to alter their future behaviour accordingly. Consequences should reflect this intent.

4.4 A finding that a Level IV professionalism breach occurred will result in the student being required to permanently withdraw from the Queen's MD Program.

5 Intake and Streaming of Professionalism Concerns

5.1 Professionalism concerns must be submitted in writing, normally to the Associate Dean, MD Program.

5.1.1 **Professionalism Concern Submitted to the Associate Dean, MD Program:** If a professionalism concern submitted to the Associate Dean, MD Program does not contain sufficient information to assess the nature of the concern, the Associate Dean, MD Program or delegate will gather additional information about the concern to enable the Associate Dean to determine how the matter should be addressed.

5.2 If the Associate Dean, MD Program determines that the professionalism concern *does not allege* behaviour that, if it occurred, would constitute a breach of professionalism, the matter will be closed.

5.3 There may be situations in which a professionalism concern includes allegations of conduct that, if proven, would constitute one of the following:

5.3.1 a "departure from academic integrity" as defined in the University's *Academic Integrity Procedures*;

5.3.2 "harassment" or "discrimination" as defined in the *Harassment and Discrimination Prevention and Response Policy* (the "H&D Policy"); or

5.3.3 "sexual misconduct," "sexual violence," or "intimate partner violence" as defined in the *Policy on Sexual Misconduct and Sexual Violence Involving Students* (the "SMSV Policy").

5.4 Concerns involving academic integrity will be investigated pursuant to the *MD Program Terms of Reference for Implementing Queen's Academic Integrity Policy and Procedures.* The matter will be referred to a Professionalism Panel if there is a finding that a departure from academic integrity has occurred and the AI Lead determines that the conduct raises professionalism concerns that may not be appropriately addressed as a Level I concern.

5.5 If the concern includes allegations of harassment or discrimination, the Associate Dean shall consult with the Office of Complaints & Investigations on a confidential basis to determine whether the allegations are within the scope of the H&D Policy and whether a Report should be made. If so, the Associate Dean will advise the person who submitted the concern that it will be filed as a Report under the H&D Policy.

5.5.1 If the matter is referred for investigation under the H&D Policy, professionalism proceedings will be stayed until the conclusion of the investigation. The outcome of the investigation and the findings, if any, shall be communicated to the Associate Dean, MD Program in accordance with the H&D Policy and its procedures. Such findings shall be considered conclusive evidence upon which the Professionalism Panel can rely.

5.5.2 If the matter is not referred for investigation under the H&D Policy, the matter will be forwarded to the Associate Dean, MD Program, for investigation and resolution of the professionalism concern as set out in section 5.7 or 5.8 below.

5.6 If the concern includes allegations of sexual misconduct, sexual violence, or intimate partner violence, the Associate Dean, MD Program shall consult with the Sexual Violence Prevention and Response Service on a confidential basis to determine whether the allegations are within the scope of the SMSV Policy.

5.6.1 If so, professionalism proceedings with respect to such allegations shall not be commenced unless there is a completed investigation under the SMSV Policy whose findings are communicated to the Associate Dean, MD Program, in accordance with the terms of the SMSV Policy. Such findings shall be considered conclusive evidence upon which the Professionalism Panel can rely.

5.6.2 Any concerns that are determined to be out of the scope of the SMSV Policy may be referred for investigation and resolution of the professionalism concern as set out in section 5.7 or 5.8 below.

5.7 If the professionalism concern *does not allege* conduct falling within the scope of the *Academic Integrity Procedures*, the H&D Policy, or the SMSV Policy, but *does allege* behaviour that, if it occurred, would constitute a breach of professionalism *and* **the matter is suitable for resolution as a Level I concern**, the Associate Dean will address the issue directly with the student.

5.7.1 Behaviour that is addressed by the Associate Deane, MD Program as a Level I concern will be confirmed in writing to the student and the concern will be documented in the student's file for future reference if:

- a breach of the outcome is alleged; or,
- a further complaint or report of a professionalism concern about the student is submitted.

5.7.2 If the student(s) accepts the outcome proposed by the Associate Dean, MD Program, the matter will be closed, subject to the student's compliance with/completion of the outcome.

5.7.3 If a Level I outcome proposed by the Associate Dean, MD Program is *not accepted* by a student, the Associate Dean will refer the matter for investigation by, or under the management of, the

Office of Complaints & Investigations.

5.8 If the professionalism concern *does not allege* conduct falling within the scope of the *Academic Integrity Procedures*, the H&D Policy, or the SMSV Policy, but *does allege* behaviour that, if it occurred, would constitute a breach of professionalism *and* the **matter is not suitable for resolution as a Level I concern,** it will be referred by the Associate Dean, MD Program for investigation by, or under the management of, the Office of Complaints & Investigations.

5.9 If a concern is first reported to another University office or decision-maker and the concern is investigated under another University policy, any finding(s) of misconduct on the part of a student in the MD program will be forwarded to the Associate Dean of the MD program for consideration of whether the findings should be reviewed by a professionalism Panel.

6 Investigation of Student Professionalism Concerns under this Policy

6.1 Investigations under this policy will include a review of relevant documents, interviews with individuals who have, or are reasonably likely to have, information that is relevant and necessary to the determination of the facts at issue, and a final Investigation Report outlining, among other issues the investigator determines to be relevant, the evidence, credibility findings, findings of facts and the reasons therefor. Investigators will not determine whether a professionalism breach occurred.

6.2 Not less than **5 calendar days** before being interviewed by an investigator, the respondent student(s) will be provided with a written summary of the allegations.

6.3 The Office of Complaints and Investigations will provide the Associate Dean, MD Program, with a copy of the final Investigation Report. The Office of Complaints and Investigations has discretion to redact those portions of the Investigation Report containing personal information that is not reasonably required to determine whether the Investigator's conclusions are based on relevant information and supported by the reasons given.

6.3.1 If the Investigation Report indicates the conduct alleged is not supported by the evidence (*i.e.* the *conduct did not occur*), the Associate Dean, MD Program will so advise the student in writing and will close the file.

6.3.2 If the Associate Dean, MD Program, after reviewing the Investigation Report, determines that the conduct found to have occurred constitutes a Level I professionalism breach, the Associate Dean will address the matter in accordance with section 5.7 above.

6.3.3 Otherwise, the Associate Dean, MD Program will prepare a submission outlining their assessment as to whether the conduct found to have occurred is or is not a professionalism concern. The Associate Dean, MD Program will provide their submission and the Investigation Report to the Chair of the Professionalism Committee (the "Chair") no later than 10 calendar days after receiving the Investigation Report.

7 Review by a Professionalism Panel of the Professionalism Committee

7.1 The Chair of the Professionalism Committee or the Committee Secretary will send the documents received from the Associate Dean, MD Program to the student, with a letter advising the student they have **10 business days** after receiving the documents to provide any written response to the Associate Dean's submission and the Investigation Report they want the professionalism Panel to consider.

7.2 The Chair will appoint a professionalism Panel (or the "Panel") to review the matter.

7.2.1 The Panel will consist of the Professionalism Committee Chair and 2 Committee members chosen by the Chair from amongst the members of the Professionalism Committee.

7.2.2 The Chair will ask each proposed Panel member to identify and describe any potential conflict of interest, for example, arising from having been involved in the events giving rise to the professionalism concern.

7.2.3 The Chair will not choose a Committee member to participate on a Panel if the Chair concludes the committee member has a conflict of interest regarding the matter.

7.2.4 If the Chair has a conflict of interest in a case, the Dean of QHS, or their designate (usually a Vice Dean), will appoint an alternate Committee member to Chair the Panel. The alternate Chair will be responsible for choosing the other 2 Panel members. The Dean of QHS, or their designate (usually a Vice Dean), will first satisfy themselves that the alternate Chair has no conflict of interest regarding the matter that will be before the professionalism Panel.

7.3 Once a Panel is chosen, the Chair (which includes an alternate Chair) or the Committee Secretary will advise the student and the Associate Dean, MD Program who the Panel members are; each will have **5 business days** to make a written submission to the Chair if they believe any of the chosen Panel members have a conflict of interest. The Chair will review the submission(s) received and will decide whether to proceed with the chosen Panel members, or whether to replace any of them based on the submissions. The Chair's decision is final.

7.4 If necessary to form a Professionalism Panel, the Dean of QHS, or their designate (usually a Vice Dean), may appoint temporary members to the Professionalism Committee.

7.5 Once the Chair has confirmed the Panel members, the Committee Secretary will provide Panel members with copies of all documents submitted by the Associate Dean, MD Program and by the student.

7.5.1 *Without the written permission of the Chair*, no additional materials can be submitted.

7.6 At the same time, the Committee Secretary will invite the student to meet with the professionalism Panel to respond to the professionalism concern. The student must respond to the invitation within **5 business days**.

7.7 If the student does not respond to the invitation to meet with the Panel within the required time, or if the student elects not to meet with the Panel, the Panel will consider the professionalism concern based on the written material it has received.

7.8 **Scheduling:** The Committee Secretary will set a time, date, and location for the student to meet with the professionalism Panel. The Committee Secretary will be guided by the availability of Panel members, the student's class schedule, and the academic calendar, as well as the need to have the matter addressed on a timely basis.

7.9 The Committee Secretary will communicate the time, date, and location of the meeting to the student and to all Panel members.

7.9.1 Panel members and the student are expected to make themselves available for date(s) identified by the Secretary.

7.10 If, after reviewing all documents received, the Panel Chair determines that evidence from a specific individual, (*e.g.*, allegations of an individual's bias, improper conduct, etc.) is necessary, the Chair can, with a copy to the student, invite the individual(s) to attend the meeting. Individuals who have experienced direct harm as a result of the student's conduct shall be informed that their attendance is optional and that they are not required to participate if they do not wish to do so. Witnesses who were not invited by the Chair are not permitted to attend the meeting or give evidence to the Panel.

7.11 **Procedural Rules:** The Chair may make procedural rulings on issues that are not addressed in this Policy prior to and during the meeting, and until the Panel's written conclusions and recommendation(s) have been submitted to the Associate Dean, MD Program.

7.12 **The Meeting:** Meetings will be held *in-camera*, unless determined otherwise by the Chair.

7.13 The student may be assisted at the meeting by an advisor. An advisor acts in a supportive role, and except for legal counsel, cannot advocate or speak for the student.

7.13.1 *No advisor* can give evidence to the Panel.

7.13.2 The student must provide the Committee Secretary with the name of the advisor who will be attending the meeting with them no less than **5 calendar days** prior to the date of the meeting.

7.14 At the commencement of the meeting, the Chair will introduce the student, any advisor, the Panel members, and any other individual(s) present, and give a brief opening statement outlining the agenda for the meeting.

7.15 The student will have the opportunity to present their response to the Investigation Report and the submission of the Associate Dean, MD Program and will be expected to answer questions from the Panel.

7.15.1 The student is encouraged to complete their presentation within 30 minutes.

7.15.2 In making their submissions to the Panel, the student should presume that the Panel members have thoroughly reviewed all written submissions and documents provided in advance of the meeting.

7.15.3 Panel members may ask questions of the student for clarification and to assist the Panel in fully understanding the case.

7.16 The student will have the opportunity to make a brief closing statement (approximately 5minutes) before the Chair adjourns the meeting.

7.17 Panel members must be present for the entire meeting.

7.18 When the meeting is adjourned, everyone present will withdraw except the Panel members, and those assisting the Panel.

7.18.1 The Panel will deliberate *in camera*.

7.18.2 The Panel deliberations are confidential.

7.18.3 While members of the Panel may take notes during the meeting to aid in their deliberations, the only official record of the meeting shall be the recommendation(s) and reasons issued by the Chair to the Associate Dean, MD Program.

7.19 **Professionalism Panel's Conclusions and Recommendation:** Subject to 7.20.1, the factual findings made in an investigation under this Policy, as a result of an investigation related to academic integrity, or under the Queen's H&D Policy or the SV Policy shall be considered conclusive evidence upon which the Panel can rely.

7.20 Not more than **20 business days** after the meeting, the Chair will report the Panel's conclusions and recommendation(s) to the Associate Dean, MD Program in writing, including the Panel's:

7.20.1 Assessment of any Procedural Fairness issues raised by the student;

> **Procedural Fairness** means: Having the opportunity to understand the issues under consideration and have one's views on those issues considered by an unbiased decision-maker.
>
> A breach of Procedural Fairness that constitutes grounds for appeal is limited to situations in which the prior decision-maker (or Investigator) demonstrated bias or proceeded unreasonably.
>
> A reasonable process is one in which:
>
> **i.** The party receives meaningful notice of the issues under consideration and the evidence on significant points;
>
> **ii.** The party is provided with a meaningful opportunity to provide responsive information;
>
> **iii.** The determination is made based on relevant information, in accordance with applicable laws and policies; and,
>
> **iv.** The reasons given support the conclusion(s) reached.

7.20.2 assessment about whether the conduct found to have occurred is a professionalism breach;

7.20.3 recommended classification (Level) if any, of the professionalism concern;

7.20.4 recommended remedial action/sanction, if any; and,

7.20.5 *reasons* for its conclusions and recommendations.

7.21 The professionalism Panel will consider and discuss in their written reasons to the Associate Dean the following, along with any other issues the Panel deems relevant:

7.21.1 the factors set out in Section 4 of this Policy;

7.21.2 any history of previous professionalism breach(es) by the student;

7.21.3 the level of responsibility and accountability demonstrated by the student; and

7.21.4 Extenuating Circumstances and other mitigating factors substantiated by the student.

Extenuating Circumstances means:

A significant physical or psychological event that is beyond a student's control, which had an impact on the student's conduct as documented by an appropriate professional. Extenuating circumstances do not include things such as: employment obligations, serving on a university committee or serving a student-related committee or association; experiencing a brief and/or mild illness; or a disability for which appropriate accommodations have been provided.

The actual detailed personal circumstances are not as important as their impact on a student's conduct. Therefore, students need to be able to demonstrate a direct connection between the Extenuating Circumstance(s) they identify and the impact of those circumstance(s) on the student's conduct.

Supporting documentation must clearly articulate when the particular Extenuating Circumstances arose, their duration, and how the student was affected by the circumstance(s) (*i.e.*, the functional, cognitive, and/or emotional limitation(s) the Extenuating Circumstance(s) created and how those limitations negatively impact the student).

The Student also needs to outline what steps they took to deal with the Extenuating Circumstances during or after the occurrence (*e.g.*, consultation with a health-care professional, personal counsellor, or other similar support resource).

7.21.5 The Panel will not consider Extenuating Circumstances that were not disclosed by the student during the investigation.

7.22 Recommended remedial action/sanctions recommended by the Panel may include but are not limited to:

- education;
- remediation;
- requirement to withdraw from the MD Program; and,
- notification on the Medical Student Performance Record (MSPR) submitted to the post graduate resident matching process and a requirement to withdraw from the MD Program.

8 Determining the Level and Consequence(s) for Breaches of Professionalism

8.1 The Associate Dean, MD Program, is responsible for the final decision about the professionalism concern.

8.2 The Associate Dean, MD Program must provide the student with their written decision no later than **10 business days** after receiving the professionalism Panel's conclusion, recommendation(s) and written reasons.

8.3 The Associate Dean, MD Program will consider the reasonableness of the Panel's conclusions and recommendations, having regard for:

8.3.1 the factors set out in Section 4 of this Policy;

8.3.2 any history of previous professionalism breach(es) by the student.

8.3.3 the level of responsibility and accountability demonstrated by the student.

8.3.4 extenuating circumstances and other mitigating factors substantiated by the student.

8.4 The Associate Dean's written decision will specify:

8.4.1 the classification (Level) if any, of the professionalism concern,

8.4.2 the remedial action/sanction, if any;

8.4.3 the Associate Dean's *reasons* for the decision; and,

8.4.4 whether the student has a right to appeal the decision; if so, the Associate Dean's decision will also identify the applicable appeal body and direct the student to that body's appeal procedures.

8.5 The Associate Dean, MD Program can accept or reject all or part(s) of the Panel's conclusions and recommendations.

8.6 The Associate Dean, MD Program will provide a copy of their decision to the Office of Complaints & Investigations.

8.7 If the Associate Dean, MD Program decides the student's conduct does not constitute a professionalism breach but the Investigation concluded that conduct amounting to a breach of the Queen's H&D or SV policy did occur, the Office of Complaints & Investigations will forward the Associate Dean's decision and the Investigation Report to the Queen's Student Conduct Office for a determination of appropriate remedial action/sanction, if any, under the *Queen's University Student Code of Conduct*.

9 Appeals

9.1 A student may appeal the Associate Dean's decision to the Faculty of Health Sciences Student Appeal Board ("FHSSAB") in accordance with that Board's *Terms of Reference and Appeal Procedures only if* the impact of the Associate Dean's decision:

9.1.1 results in a delay of the student's originally anticipated graduation date; or,

9.1.2 imposes a requirement to permanently withdraw from the MD Program.

9.2 The grounds for an appeal to the FHSSAB is limited to a breach of Procedural Fairness in the decision-making process.

10 Confidentiality

The identity of a student may only be disclosed to others when allowed by the student or required under this policy. The MD program and Professionalism Committee must reasonably safeguard the student's identity throughout the process.

The student under investigation must not receive any documentation related to the investigation that contains information related to another student, unless such information is necessary for the student to understand and meaningfully respond to an allegation. If information related to another student is necessary for this purpose, the Associate Dean MD program must ensure that appropriate privacy safeguards are in place prior to distributing the information.

Records of proceedings and their outcomes may only be created, compiled or retained as required under this policy.

11 Records

The MD Program maintains records of investigations and outcomes of professionalism concerns in student files according to the MD Program Records Policy

12 Graduation during Investigation, Appeal or Withdrawal Period

No student may graduate while their conduct is the subject of an ongoing professionalism investigation or appeal. When an investigation is initiated during a student's final year of study or involves a course required to graduate, the MD Program will make reasonable attempts to expedite the investigation and appeal process before the expected convocation date.