

**Morsani College of Medicine  
Faculty Council Meeting**

**Tuesday, January 28, 2014  
5:30 p.m.**

**MDL 1037 A-C (Group Learning Area)**

**Videoconferencing at  
South Tampa Center for Advanced Healthcare, Room 5051C  
Lehigh Valley Health Network, VTC Room**

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**A G E N D A**

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|------|---|--|
| I.   | Welcome and Call to Order<br>Approval of October and December Minutes | Dr. Javier Cuevas<br>President of the Faculty                            |
| II.  | Dean/Senior Vice President Search                                     | President Judy Genshaft  |
| III. | Research Committee Report:<br>Faculty Mentoring                       | Dr. Jerome Breslin<br>Research Committee Chair                           |
| IV.  | Professionalism Procedures<br><i>(Time Permitting)</i>                | Dr. Frazier Stevenson<br>Associate Dean, Undergraduate Medical Education |
| V.   | New Business  |  |
| VI.  | Adjourn   |  |

**Upcoming Meetings:**

Special Faculty Council Meeting – Salary Issues  
January 30  
5:30 PM

Faculty Council Monthly Meeting  
February 25  
5:30 PM

**Morsani College of Medicine  
Faculty Council Meeting  
Minutes**

**Tuesday, January 28, 2014 - 5:30 p.m.  
MDL 1037 B-C**

**Videoconferencing at:  
South Tampa Center for Advanced Healthcare  
Lehigh Valley Health Network**

**Welcome and Call to Order**

Faculty President Javier Cuevas welcomed everyone and called the meeting to order at 5:32 p.m.

**Minutes**

Dr. Cuevas asked if there were any comments regarding the Faculty Council meeting minutes of October 22 and December 10, 2013. There were none and a motion was made for approval. The motion was seconded and the minutes of the October and December meetings were approved as submitted.

**USF President Judy Genshaft**

Dr. Cuevas welcomed President Genshaft and thanked her for accepting the Faculty Council's invitation to provide a report on the search for the position of Senior Vice President for USF Health and Dean of the Morsani College of Medicine. The President thanked the faculty for its interest and concern regarding this issue and emphasized the importance of the Senior Vice President/Dean position, stating that it is critical to the entire University of South Florida System. She reported that the executive search firm of Quick Leonard Kieffer was hired to conduct the search, and Dr. Robert Kuramoto, the consultant, specializes in this specific type of position.

President Genshaft assured the faculty that a selection has not yet been made, contrary to rumors that have been circulating. There are currently four internal candidates, and one external. Internal candidates are Dr. Robert Brooks, Dr. Stephen Liggett, Dr. Charles Paidas and Dr. David Smith, Jr. The external candidate is Dr. Charles Lockwood of Ohio State University, formerly of Yale and New York University. Dr. Lockwood will visit USF on February 9-11 to meet with the Search Advisory Committee and a number of individuals. An open forum will be scheduled during that time for faculty.

A question was raised as to whether there are any plans to schedule open forums with the internal candidates, and President Genshaft agreed that this can be done. She will arrange for town hall meetings with each of the five candidates, and faculty will have an opportunity to complete evaluation forms.

In response to questions as to whether there may be additional candidates, the President stated that the search will be ongoing until a final decision is made. Her goal is to find the best person

for the position, and she is very interested in hearing feedback from faculty. If it should turn out that none of the current candidates are acceptable, the search will continue.

### **Research Committee Report: Faculty Mentoring**

Dr. Jerome Breslin, Chair of the Research Committee, gave a brief update on the Committee's effort to create a research mentorship program for new faculty. A short survey will soon be sent to Department Chairs. The Committee hopes to submit its initial recommendations to Dr. Liggett in March.

### **Professionalism Procedures**

Dr. Frazier Stevenson, Associate Dean for Undergraduate Medical Education, gave a presentation on the MCOM Professionalism Initiative. He explained that the LCME mandates that the College have an organized system for assessing and acting on the professionalism and behavior of students, faculty and staff. A new online event reporting system is being developed by IS.

Dr. Stevenson distributed and reviewed a draft document (Attachment) that contains five basic anchors that are proposed for use in assessing professionalism. Following review and discussion, Dr. Cuevas asked for a motion to accept the anchors. A motion was made, seconded and approved by the Faculty Council.

Dr. Stevenson then reviewed the proposed online event reporting system and process. Following discussion, Dr. Cuevas asked for a motion to accept the process. A motion was made, seconded and approved by the Faculty Council.

### **Adjourn**

There being no further business, the meeting was adjourned at 6:40 p.m.

# ATTACHMENT

## MCOM Professionalism Initiative

The Liaison Committee on Medical Education (LCME) has promulgated accreditation standards that require medical education programs to promote appropriate professional values, attitudes and behaviors across all medical teaching and learning environments. In response, the USF Health Morsani College of Medicine developed a College-wide initiative that incorporates a proactive, comprehensive strategy to support the development of professional attributes and behaviors and to ensure that the learning environment and the standards of conduct for the faculty-learner relationship reinforce expectations for the acquisition and practice of these professionalism attributes.

**MS-31-A: A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).**

*It is expected that a medical education program will define the professional attributes it wishes its medical students to develop in the context of the program's mission and the community in which it operates. Such attributes should also be promulgated to the faculty and staff of the medical education program. As part of their formal training, medical students should learn the importance of demonstrating the attributes of a professional and understand the balance of privileges and obligations that the public and the profession expect of a physician. Examples of professional attributes are available from such resources as the American Board of Internal Medicine's Project Professionalism or the AAMC's Medical School Objectives Project. The medical education program and its faculty, staff, medical students, and residents should also regularly evaluate the learning environment to identify positive and negative influences on the maintenance of professional standards and conduct and develop appropriate strategies to enhance the positive and mitigate the negative influences. The program should have suitable mechanisms available to identify and promptly correct recurring violations of professional standards.*

**MS-32. A medical education program must define and publicize the standards of conduct for the faculty student relationship and develop written policies for addressing violations of those standards.**

Aligned with the mission of the institution and consistent with LCME and ACGME medical education accreditation and competency recommendations, this manual operationalizes an infrastructure for a collaborative inter-professional platform by which all MCOM units will educate, assess, monitor, evaluate and regulate professionalism standards. The following is a status summary of the MCOM Professionalism Initiative followed by the 5-year strategic timeline, to include a proposal for parallel initiatives across all of USF Health:

## MCOM PROFESSIONALISM VALUES DEFINED

- I. Responsibility and Accountability  
A professional duty for one's behavioral actions and any interpersonal consequences impacting patient welfare, the institutional mission and all systems of collaborative healthcare.
- II. Self Assessment and Improvement  
An obligation to uniformly observe and reflect on the professional attitudes, mind-set, moral stance and decision-making patterns of self and others and to engage in life-long aspirations of quality and value-based professional development.
- III. Ethical Behavior  
Adherence to the bioethical principles of patient autonomy, beneficence, non-maleficence and justice.
- IV. Appropriate Interactions with Others  
Respectfully engaging open lines of communication with patients and family members, colleagues, team members and faculty of diverse cultural and health backgrounds.
- V. Patient-Centered Care  
Providing patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

**DRAFT**

## PROFESSIONALISM INITIATIVE: VALUE AND BEHAVIOR

### ANCHORS

<p><i>Definition:</i> A professional duty for one's behavioral actions and any interpersonal consequences impacting patient welfare, the institutional mission and all systems of collaborative healthcare.</p>	
1. Responds promptly and appropriately to commitments and responsibilities	Arrives on time to scheduled meetings, classes, clinical obligations, call duty, pager calls.
2. Follows appropriate channels for communicating changes to commitments and responsibilities.	Informs faculty, appropriate members of healthcare team or administrative staff of intended absence from mandatory meeting/class or clinical assignment in a timely manner. Emergency absences are reported the same day.
3. Assures continuity of patient care when absent	Arranges for coverage and discharges patients prior to leaving clinic/floor at the end of shift or rotation or for vacation
4. Completes assignments, documentation and responsibilities on time	Provides legible, accurate, complete and timely written communications that are consistent with medical standards.
5. Complies with formal policies and ethical expectations for practice, research and scholarly activity.	Adheres to established protocols; seeks consultation assistance as needed.
6. Shares workload appropriately and takes on additional responsibilities when appropriate to facilitate team effort.	Does equal share of work in a group project. Accepts or volunteers for reasonable share of absent member's duties/work when a team group member is absent
7. Responds appropriately to communications in a timely manner	Ensures effective and ethical use of communication mediums, including emails, pages, phone calls and face-to-face interviews; maintains appropriate boundaries when sharing information by electronic communication.
8. Acknowledges and accepts consequences of action	Acknowledges errors in judgment, reasoning or action. Recognizes value in corrective action/preventive action and is responsive to recommendations.
<p><i>Definition:</i> An obligation to uniformly observe and reflect on the professional attitudes, mind-set, moral stance and decision-making patterns of self and others and to engage in life-long aspirations of quality and value-based professional development.</p>	
1. Accepts and modifies behavior in response to constructive feedback in an appropriate manner	Listens to feedback without being defensive, asks questions to clarify expectations, seeks examples of how to modify performance and constructs an action plan to address areas needing improvement.

2. Demonstrates capacity for self-reflection, curiosity and openness	Recognizes differing beliefs and points of view; actively engages interdisciplinary team-based activities.
3. Acknowledges limitations of knowledge, authority and ability	Demonstrates capacity to receive supervision and to function independently, seeking consultation as appropriate and in a timely manner
4. Shows the appropriate level of self-confidence	Presents in class or rounds with clarity and consistency. Acknowledges gaps in knowledge. Asks questions to help consolidate knowledge and skills. Is not arrogant or withdrawn
5. Actively engages processes for learning and self-improvement.	Asks questions relevant to the learning activity or case. Inquires about appropriate reference sources for further learning.
6. Consistently goes beyond the minimum in seeking knowledge and professional expertise	Demonstrates investigation of topics or cases beyond the assigned tasks. Demonstrates curiosity about clinical topics and identifies topics for further learning.
7. Balances availability to others with care for one's self	Attends to own needs for nutrition, sleep and exercise without compromising care of patients; recognizes impairment in self and others; seeks or recommends appropriate referral resources.
8. Assumes leadership role in promoting education and practice for ensuring standards of quality patient care	Demonstrates ability to engage in quality improvement and intervention to directly benefit providers and systems of care.

*Definition:* Adherence to the biomedical ethical principles of patient autonomy, beneficence, non-maleficence and justice.

1. Accurately represents knowledge, skills and qualifications.	Avoids plagiarism, misrepresentation; acknowledges and attributes ideas of peers and others
2. Demonstrates behaviors that convey honesty, respect and integrity.	Academic and clinical work represents own effort and knowledge; does not seek answers to exam questions during testing administration; does not communicate exam answers to subsequent examinees; documents authentically when providing patient care; does not copy previous work.
3. Demonstrates respect and advocacy for patient rights when addressing potential ethical dilemmas.	Demonstrates awareness of potential sources of conflict between patients, providers and team members. Demonstrates capacity to effectively manage conflicts of interest in the practice of medicine; provides a standard of care irrespective of ability to pay
4. Demonstrates knowledge of confidentiality, privileged communication and informed decision-making	Understands limitations to confidentiality as mandated by law; understands the legal and ethical requirements for informed consent and informed refusal
5. Conducts research in an ethical manner	Follows established protocols for use of human subjects; understands what constitutes research fraud

*Definition:* Respectfully engaging open lines of communication with patients and family members, colleagues, team members and faculty of diverse cultural and health backgrounds.

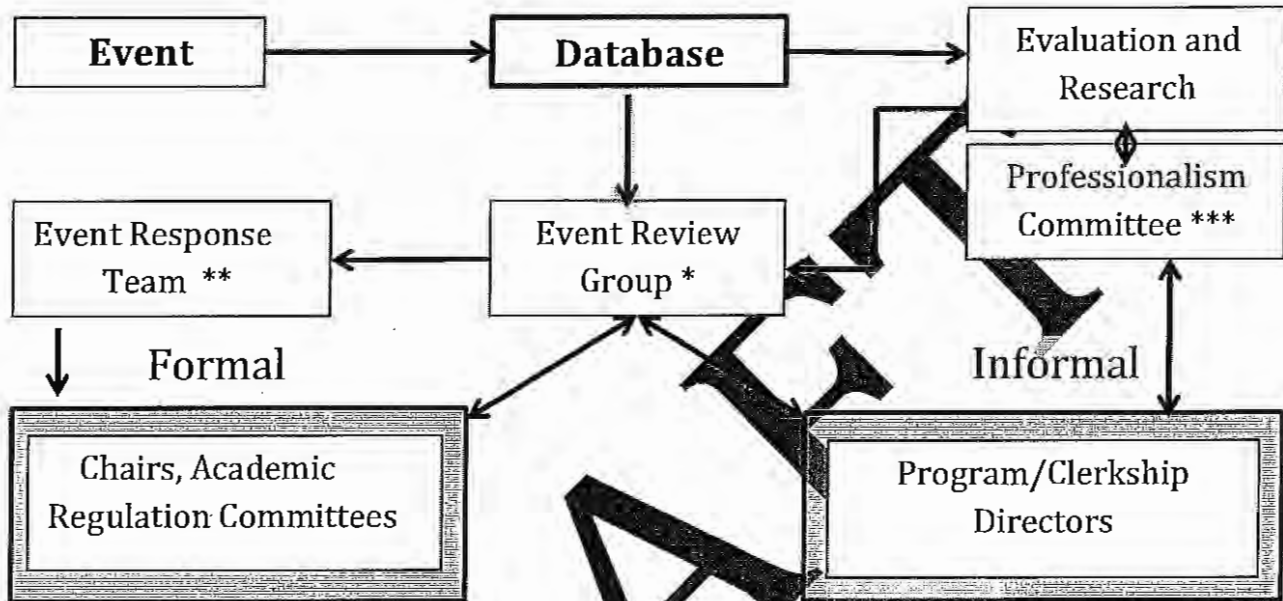
1. Demonstrates respect, compassion and patience.	Listens actively and attentively to patients, families, co-workers and responds appropriately
2. Maintains appropriate professional boundaries	Does not become too familiar in speech or action with patients, families, or faculty. Does not ask faculty for special favors; recognizes the potential for conflicts of interest when accepting gifts from patients, when providing treatment and care for family members or co-workers.
3. Maintains appropriate appearance and demeanor	Demonstrates consistency in professional presentation, both on and off duty; appropriate grooming, hygiene, attire; wellness habits.
4. Respects diversity and culture	Actively seeks to understand cultural differences and views in a respectful manner; recognizes impact of cultural background on health care.
5. Considers other's point of view	Listens to others, asks questions to clarify differences of opinion; is not dogmatic, resistant or rude.
6. Demonstrates insight into the impact of one's communication & behavior on others.	Acknowledges own non-verbal and verbal comments that may signal boredom or disrespect to patients, families or other team members.

*Definition:* Providing patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

1. Develops rapport with patients	Uses open ended questions, obtains patient's "story" of the illness, establishes trust with patient
2. Incorporates patient's views on health and illness into care	Collaborates with patient and inquires as to patient preference for care
3. Demonstrates compassion and sensitivity toward patients.	Attends to unique needs of patient or to those of family members
4. Advocates for patient interests above own interests.	Facilitates interdisciplinary team engagement and promotes collaborative team-based, patient-centered healthcare. Incorporates the patient's ideas, concerns and expectations into the diagnostic and treatment plans.



## MCOM PROFESSIONALISM EVENT REPORTING: REVISED FLOWCHART



\* OSRPD Consultant and Associate Dean or designees for all MCOM units, to include: Undergraduate Medical Education (Medicine, Physician Assistant Program, SELECT), Graduate Medical Education, School of Physical Therapy and Rehabilitative Sciences, Biomedical Sciences Program, Athletic Training

\*\* OSRPD Consultant and Executive Leadership or designees, to include as necessary: Vice Dean of Educational Affairs, Vice Dean of Clinical Services, VP for Faculty and Academic Affairs, CEO for Physician's Practice Group, USF Health General Counsel, USF Health Human Resources

\*\*\* OEA Medical Education Administrator, Members of Faculty/Student Professionalism Committee (2 faculty, 2 students), Members of Academic Regulations Committees (1 member from each Committee)

# Professionalism Reporting: Event Reporting Protocol

## FAQ's for Unit Administrators, Program and Clerkship Directors

### Which professionalism behaviors warrant a referral?

- Behaviors that meet or exceed MCOM expectations or recognized standards.
- Behaviors that benefit from proactive intervention (non-academic concerns).
- Behaviors that require direct intervention/referral for further evaluation (academic concerns).

### How do I electronically report a student/resident non-academic professionalism concern?

A member electronically reporting an observed student/resident non-academic professionalism concern will be asked to identify the MCOM value/behavior anchor (s) that most closely defines the event concern from a drop-down menu. The member will also be asked to complete a brief redacted narrative describing the event and to participate in an informational debriefing with the OSRPD consultant.

### How do I report a student/resident academic professionalism concern?

A member electronically reporting an observed academic professionalism lapse involving a student or resident will follow the same protocols as for a non-academic professionalism concern. If the event is determined by the Event Review Group (ERG) to also require formal academic review, the ERG Chair and/or the ERG unit representative will encourage the reporter to communicate the details of the event to the unit administrator for formal review/referral and may also initiate normal reporting of the coded event to the appropriate academic review director or chair.

### What are the channels for reporting an event observed by another member?

Any member who chooses to communicate an observed event through a clerkship/program director or unit administrator will be encouraged to submit an electronic report or to guide the individual(s) who directly observed the event to submit the report electronically. If the individual(s) who directly observed the event is unable or unwilling to submit a report electronically, he/she will be referred to the ERG representative who is authorized to electronically document the observed event.

### How do I report an observed event involving behavioral concerns for several participants?

If an event is determined to demonstrate a lapse in non-academic professionalism behaviors of one or more MCOM members, each of those members and any identified others may be asked to participate in a fact-finding session with the OSRPD. The ERG reviews any additional history, confirms the value and behavior anchor that most typifies the reported concern(s), documents any additional relevant data and any educational or learning environment interventions.

### How does a community member report a faculty professionalism concern?

The process of submitting a report on a faculty professionalism concern impacting the learning environment will follow the same protocols for system entry as for student/resident reports. If the initial informational interview validates an observed event that identifies faculty involvement, the ERG administrative chair will then suspend transmittal of the report to the ERG and immediately channel coded details to the appropriate ERT unit executive for referral/action.