

Professionalism Portfolio

NSUCOM Family Medicine Residency Programs



Professionalism Competency Committee 2006

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Introduction

This “Professionalism Portfolio” was developed in the spring of 2006 through the combined efforts and input from both NSUCOM faculty and family practice residents to address the AOA core competency of professionalism.

AOA Core Competencies

In March of 2004, the AOA developed the *Core Competency Compliance Program (CCCP)*. This program requires DME’s and Residency Program Directors to implement training, and Program Evaluators to assess, the AOA Core Competencies in all AOA training programs. The seven Core Competencies are Osteopathic Philosophy and Osteopathic Manipulative Medicine, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and System-Based Practice.

Professionalism Competency

Competency 5; Professionalism reads as follows:

Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care effectively for patients.

Assessing Professionalism

As a starting place for assessment, medical professionalism is broadly defined as follows:

Medical professionalism consists of those behaviors by which we, as physicians, demonstrate that we are worthy of the trust bestowed upon us by our patients and the public, because we are working for the patients’ and the public’s good.

In combining this definition with the AOA Professionalism Competency, it becomes evident that assessing professionalism involves identifying a particular subdivision of physician behaviors including concrete evidence of these behaviors conducted by the resident during the course of day to day medically oriented professional activities. To assess behaviors having fluid characteristics occurring in a variety of settings requires the use of a flexible methodology that incorporates an individualized approach.

To accomplish this task the faculty of the NSUCOM Family Medicine residency programs has adopted the portfolio methodology as one means to assess this competency. The portfolio approach is one that is more commonly used in a variety of non-medical professions however more importantly endorsed by both the Osteopathic and Allopathic professions.

The Professionalism Portfolio

A self prepared collection of a variety of documentation that demonstrates the residents' developing knowledge and skills relevant to medical professionalism.

The Professionalism Portfolio described herein was developed by a committee consisting of medical residents and NSUCOM faculty. The portfolio approach is an established assessment methodology and can effectively serve as a historical record of professional accomplishments and contributions during residency. This record must be reviewed at regular intervals. Keep in mind that like a Curriculum Vitae, the professionalism portfolio belongs to the resident and may be shared with others at any time for the purpose of enhancing ones career.



Portfolio Tabs/Components

All NSUCOM Family Medicine residents must “build” a portfolio (obtain documentation and file in the supplied three ring binder) that addresses 9 specific components of medical professionalism.

Each tab of the binder corresponds to one of the 9 components. The first 6 components focus on professional behaviors that speak directly to the AOA Professionalism Competency. This documentation will demonstrate that the resident behaves with:

1. Respect, compassion, and integrity
2. A responsiveness to needs of patients and society that supersedes self-interest
3. Accountability to patients, society, and the profession
4. A commitment to excellence and on-going professional development
5. A commitment to the Osteopathic Oath and ethical principles
6. Sensitivity to patients' culture, age, gender, disabilities

The next 2 tabs/components, document the resident's involvement in activities specifically designed to assess medical performance and professionalism.

7. Resident OSCE Evaluation Report
8. 360° Professionalism Questionnaire

The final tabs/component allows residents to include materials in their portfolio that demonstrate/document their professionalism in areas that does not fall under any of the 9 previous components.

9. Not Otherwise Specified (NOS)

Each of the 9 components is identified by its own tab in the Professionalism Portfolio (see table below). In addition to the Rubric on page 4, behind each tab you will find summary and or additional information describing the minimum number of unique elements (mostly documents of your choice) required for that component as well as suggested additional/optional materials that may be included.

Tab 1	Respect, compassion, and integrity
Tab 2	A responsiveness to needs of patients and society that supersedes self-interest
Tab 3	Accountability to patients, society, and the profession
Tab 4	A commitment to excellence and on-going professional development
Tab 5	A commitment to the Osteopathic Oath and ethical principles
Tab 6	Sensitivity to patients' culture, age, gender, disabilities
Tab 7	Resident OSCE Evaluation Report
Tab 8	360° Professionalism Questionnaire
Tab 9	Not Otherwise Specified (NOS)

Directions for Portfolio Completion and Submission

It is the responsibility of each resident to collect and complete the appropriate documentation for the Professionalism Portfolio. While residents are encouraged to make the portfolio personal, they are required to include those elements noted as required in the Rubric on the next page.

Each Residency Director (or designee) will collect and assess the resident Professionalism Portfolios twice a year (November and May).

Rubric

This rubric indicates the required minimum criteria to achieve compliance for quantity (Qty) of elements (discrete number of pieces of documentation) and the frequency of collection (Frequency).

Tab - Component	Req.	Qty	Frequency	Opt.
1 Demonstrate respect, compassion, and integrity				
Resident Compact (Signed)	✓	1	first review	
Personal Mission Statement (updated annually)	✓	1	each year	
Letters				✓
2 Responsiveness to the needs of patients and society that supersedes self-interest				
Community involvement (volunteer work, health fair, mission trips, etc.)	✓	1	each year	
Public speaking				✓
3 Accountability to patients, society, and the profession				
Attendance records for resident lectures	✓	1	Nov. & May	
Other				✓
4 A commitment to excellence and on-going professional development				
Conference attendance (ACOFP / AOA once in the 3 yr. period)	✓	1	each year	
Proof of ACOFP / AOA membership	✓	1	each year	
Teaching / Mentoring				✓
5 A commitment to the Osteopathic Oath, ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices				
Signed copy of Osteopathic Oath	✓	1	first review	
HIPPA training	✓	1	each year	
6 Sensitivity and responsiveness to patients' culture, age, gender, and disabilities				
Attendance of training event	✓	1	each year	
Other				✓
7 OSCE				
Evaluation report on professionalism	✓	1	each year	
8 360° Instrument				
8.1 Faculty	✓	3	Nov. & May	
8.2 Patients	✓	2	Nov. & May	
8.3 Peers (6 different peers per year)	✓	3	Nov. & May	
8.4 Self	✓	1	Nov. & May	
8.5 Staff	✓	2	Nov. & May	
9 Not Otherwise Specified				
Leadership				✓
Committee participation				✓
Publications, poster presentations, workshop attendance, etc.				✓
Letters of commendation				✓
Honors & Awards				✓

Tab - Component	Req.	Qty	Frequency	Opt.
1 Demonstrate respect, compassion, and integrity				
Resident Compact (Signed)	✓	1	first review	
Personal Mission Statement (updated annually)	✓	1	each year	
Letters				✓

Residents are expected to provide documentation that the resident demonstrates **respect, compassion, and integrity**.

Examples of professional behavior for this section include that the resident:

- admits errors and assumes personal responsibility for mistakes
- attributes ideas and contributions appropriately to others
- breaks bad news with compassion and appropriate candor
- conveys information and answers questions honestly and tactfully
- discloses errors to patients when appropriate
- discusses colleagues without using inappropriate labels or comments
- discusses patients without using inappropriate labels or comments
- displays compassion and respect for all patients even under the most difficult circumstances
- facilitates conflict resolution
- maintains composure during difficult interactions with colleagues
- maintains composure during difficult interactions with patients
- maintains thoroughness and attention to detail
- optimizes patient comfort and privacy when conducting history, physical examination, and procedures

Compact Between Resident Physicians and Their Teachers

January 2006

www.aamc.org/residentcompact

The Compact between Resident Physicians and Their Teachers is a declaration of the fundamental principles of graduate medical education (GME) and the major commitments of both residents and faculty to the educational process, to each other and to the patients they serve. The Compact's purpose is to provide institutional GME sponsors, program directors and residents with a model statement that will foster more open communication, clarify expectations and re-energize the commitment to the primary educational mission of training tomorrow's doctors.

The Compact was originated by the AAMC and its principles are supported by the following organizations: Accreditation Council for Graduate Medical Education American Academy of Allergy, Asthma and Immunology American Academy of Dermatology American Academy of Family Physicians American Academy of Physical Medicine and Rehabilitation American Association for Thoracic Surgery American Board of Medical Specialties American College of Obstetricians and Gynecologists American College of Physicians American Gastroenterological Association American Hospital Association, Committee on Health Professions American Medical Women's Association American Orthopaedic Association American Osteopathic Association American Pediatric Society American Society for Reproductive Medicine Association of Academic Health Centers Association of Academic Physiatrists Association of American Medical Colleges Association of Departments of Family Medicine Association of Medical School Pediatric Department Chairs Association of Professors of Dermatology Association of Professors of Gynecology and Obstetrics Association of University Anesthesiologists Association of University Professors of Ophthalmology Association of University Radiologists Council of Medical Specialty Societies Federation of State Medical Boards National Board of Medical Examiners® National Resident Matching Program Society of Chairmen of Academic Radiology Departments Society of Teachers of Family Medicine Society of University Otolaryngologists-Head and Neck Surgeons

Compact Between Resident Physicians and Their Teachers

Residency is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and complete a supervised period of residency training in a specialty area. To meet their educational goals, resident physicians must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising resident education, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical enterprise.

Core Tenets of Residency Education

Excellence in Medical Education

Institutional sponsors of residency programs and program faculty must be committed to maintaining high standards of educational quality. Resident physicians are first and foremost learners. Accordingly, a resident's educational needs should be the primary determinant of any assigned patient care services. Residents must, however, remain mindful of their oath as physicians and recognize that their responsibilities to their patients always take priority over purely educational considerations.

Highest Quality Patient Care and Safety

Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing resident education is the provision of high quality, safe patient care. By allowing resident physicians to participate in the care of their patients, faculty accept an obligation to ensure high quality medical care in all learning environments.

Respect for Residents' Well-Being

Fundamental to the ethic of medicine is respect for every individual. In keeping with their status as trainees, resident physicians are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, residents must be allowed sufficient opportunities to meet personal and family obligations, to pursue recreational activities, and to obtain adequate rest.

Commitments of Faculty

- 1 As role models for our residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
- 2 We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.
- 3 In fulfilling our responsibility to nurture both the intellectual and the personal development of residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
- 4 We will demonstrate respect for all residents as individuals, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
- 5 We will do our utmost to ensure that resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.
- 6 We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and

recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.

- 7 In fulfilling the essential responsibility we have to our patients, we will ensure that residents receive appropriate supervision for all of the care they provide during their training.
- 8 We will evaluate each resident's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
- 9 We will ensure that resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.
- 10 We will nurture and support residents in their role as teachers of other residents and of medical students.

Commitments of Residents

- 1 We acknowledge our fundamental obligation as physicians—to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.
- 2 We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.
- 3 We embrace the professional values of honesty, compassion, integrity, and dependability.
- 4 We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability, or sexual orientation.
- 5 As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.
- 6 We accept our obligation to secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.
- 7 We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.
- 8 We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.

- 9 We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.
- 10 In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

I have received and reviewed this compact.

Resident Signature

Date

This compact serves both as a pledge and as a reminder to resident physicians and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

For more information about the Compact, go to www.aamc.org/residentcompact

Tab - Component	Req.	Qty	Frequency	Opt.
2 Responsiveness to the needs of patients and society that supersedes self-interest				
Community involvement (volunteer work, health fair, mission trips, etc.)	✓	1	each year	
Public speaking				✓

Residents are expected to provide documentation that the resident demonstrates a **responsiveness to the needs of patients and society that supersedes self-interest**.

Examples of professional behavior for this section include that the resident:

- accepts personal risk in provision of health care
- advocates for changes in policies, procedures, or practices for the benefit of patients
- advocates for colleagues
- advocates for societal health issues
- advocates for the individual patient
- balances personal needs and patient care obligations
- endures inconvenience to meet patient needs
- improves team effectiveness through motivation and facilitation
- maintains a positive attitude amidst increased and unanticipated additional work
- provides patient care without consideration of personal benefit
- signs over and ensures coverage of patients when unable to fulfill responsibilities
- takes on extra work when appropriate for the benefit of the patient
- takes on extra work when appropriate to help the team
- transmits accurate and detailed information for optimal transition of care
- uses resources effectively to ensure optimal patient care

Tab - Component	Req.	Qty	Frequency	Opt.
3 Accountability to patients, society, and the profession				
Attendance records for resident lectures	✓	1	Nov. & May	
Other				✓

Residents are expected to provide documentation that the resident demonstrates **accountability to patients, society, and the profession.**

Examples of professional behavior for this section include that the resident:

- adheres to institutional policies and procedures
- adheres to local dress code
- arrives on time for scheduled activities and appointments
- completes assigned share of team responsibilities
- elicits patient's understanding to ensure accurate communication of information
- fulfills all clinical responsibilities in a timely manner
- fulfills all non-clinical responsibilities in a timely manner
- intervenes immediately when unprofessional behavior presents clear and present danger
- offers advice when appropriate
- provides constructive and supportive feedback appropriately
- provides patient information to team members in a timely and effective manner
- reacts appropriately to other's lapses in conduct and performance
- responds appropriately to help a distressed or impaired colleague
- responds promptly when paged or called

Tab - Component	Req.	Qty	Frequency	Opt.
4 A commitment to excellence and on-going professional development				
Conference attendance (ACOFP / AOA once in the 3 yr. period)	✓	1	each year	
Proof of ACOFP / AOA membership	✓	1	each year	
Teaching / Mentoring				✓

Residents are expected to provide documentation that the resident demonstrates a **commitment to excellence and on-going professional development**.

Examples of professional behavior for this section include that the resident:

- accepts constructive feedback and modifies behavior appropriately
- engages in informal teaching and learning activities with colleagues as appropriate
- makes valuable contributions during class, rounds, or meetings
- requests help when needed
- serves as knowledge or skill resource for others
- solicits and values input from colleagues when appropriate
- takes steps to prevent repetition of errors
- teaches and emphasizes tenets of professionalism when appropriate opportunities arise

Tab - Component	Req.	Qty	Frequency	Opt.
5 A commitment to the Osteopathic Oath, ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices				
Signed copy of Osteopathic Oath	✓	1	first review	
HIPPA training	✓	1	each year	

Residents are expected to provide documentation that the resident demonstrates a **commitment to the Osteopathic Oath and ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices**

Examples of professional behavior for this section include that the resident:

- allocates health care resources without bias
- avoids gifts and remunerations that might be perceived as conflicts of interest
- collaborates with patients/designated representatives in decision making
- demonstrates appropriate boundaries for inter-professional relationships
- demonstrates appropriate boundaries for patient relationships
- maintains confidentiality of patient information in public areas
- upholds ethical standards in research projects and other scholarly activities

The Osteopathic Oath

I do hereby affirm my loyalty to the profession (I am about to enter). I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it may be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.

Resident Signature

Date

Historical Note: This modern version of the Hippocratic Oath for administration to osteopathic college graduates began a suggestion by Frank E. MacCracken, D.O., of California to his state society. Within a year, the suggestion went from the state to the national association, and a committee was formed under the Associated Colleges of Osteopathy to prepare the text. Members of that committee included Dr. MacCracken, as chairman, and Drs. R.C. McCaughan, Walter V. Goodfellow, and Edward T. Abbott. The first version was used from 1938 until 1954, at which time minor amendments were adopted. This version has been in use since 1954.

Tab - Component	Req.	Qty	Frequency	Opt.
6 Sensitivity and responsiveness to patients' culture, age, gender, and disabilities				
Attendance of training event	✓	1	each year	
Other				✓

Residents are expected to provide documentation that the resident demonstrates a **sensitivity and responsiveness to patients' culture, age, gender, and disabilities.**

Examples of professional behavior for this section include that the resident:

- adapts style and content of communication appropriately for each patient
- appropriately incorporates patient's values, customs, and beliefs into management plan

Tab - Component	Req.	Qty	Frequency	Opt.
7 OSCE				
Evaluation report on professionalism	✓	1	each year	

Residents are expected to provide a copy of their Resident OSCE Evaluation Report.

Tab - Component	Req.	Qty	Frequency	Opt.
8 360° Instrument				
8.1 Faculty	✓	3	Nov. & May	
8.2 Patients	✓	2	Nov. & May	
8.3 Peers (6 different peers per year)	✓	3	Nov. & May	
8.4 Self	✓	1	Nov. & May	
8.5 Staff	✓	2	Nov. & May	

Residents are expected to include the results of their 360° Professionalism Evaluation Instrument.

Tab - Component	Req.	Qty	Frequency	Opt.
9 Not Otherwise Specified				
Leadership				✓
Committee participation				✓
Publications, poster presentations, workshop attendance, <i>etc.</i>				✓
Letters of commendation				✓
Honors & Awards				✓

Residents are expected to include materials that demonstrate their professionalism but that do not fall under any of the previous sections.