PROFESSIONALISM IN PRACTICE
MICHAEL G. DEGROOTE SCHOOL OF MEDICINE

The Professionalism in Practice (PIP) framework© supports the definition and development of professionalism within McMaster University's Michael G. DeGroote School of Medicine*. An update of the PIP, in 2023, reflects the ongoing evolution of professionalism expectations of faculty and learners in academic and clinical environments. It supports reflection, behaviour change, and professional identity formation to create safe, inclusive, and supportive learning environments. **A new domain, EDI&IR (Equity, Diversity, Inclusion, and Indigenous Reconciliation)** underscores the necessity of integrating an EDI&IR lens into professional roles and acknowledges that traditional concepts of professionalism have often centred around the identities and cultural norms of dominant groups.

How does PIP intersect with equity and inclusion?

Professionalism is fluid and contextual, requiring health professionals to navigate and balance their duties towards individual patients, the public, the health care system, colleagues, and themselves. A commitment to integrating cultural humility and cultural safety within the health professions and the health-care system is supported through education. Cultural humility involves exercising self-reflection and acknowledging oneself as a learner when understanding another's experience, while cultural safety is an outcome that recognizes and strives to address power imbalances inherent in the health care system.

This document acknowledges the evolving diversity of people in Canada and the need for equitable access to quality care. It follows that health care professionals reflect and embrace this diversity with the goal of enabling an environment free of racism and other forms of discrimination, where people feel safe accessing and receiving health care, and where health care professionals collaborate in a mutually respectful manner.

How does PIP intersect with decolonization?

Decolonization of dominant Western approaches to health care and education requires the Indigenization of structures, curriculum, and clinical learning experiences. This involves re-envisioning one's professional identity within the larger human family. These processes, often led by Indigenous and racialized students, faculty, and staff, are required to advance equity, inclusion, and self-determination, and contribute to dynamic tension which may be uncomfortable but should not be labeled as unprofessional or unwarranted. Efforts to facilitate transformative change must be grounded in social accountability, cultural safety and anti-racism values and principles with a focus on shifting power to equity, inclusivity, and self-determination. Individuals engaged in EDI&IR reform work will be acknowledged and supported as Allies and Leaders.

*The Michael G. DeGroote School of Medicine includes the Midwifery Education Program, Physician Assistant Education Program, Postgraduate Medical Education Program and Undergraduate Medical Education Program

Why PIP?

- Professional identity develops over time and evolves through stages of one's career. Learners in clinical programs may be at different points in their professional identity formation and skill development
- The PIP can be applied at any stage of the health professions education continuum and career
- Training in clinical disciplines benefits from focused education and feedback regarding professionalism behaviours
- Unprofessional behaviour during health professions education is a risk factor for professionalism issues in future practice

What was the process for developing PIP?

- Literature search for current evidence regarding professionalism across the medical education continuum
- Review of key documents already in use regarding learner and faculty professionalism within McMaster Faculty of Health Sciences (FHS)
- Key domains identified:
    1. Professional Responsibility and Integrity
    2. Pursuit of Excellence and Insight
    3. Personal Interactions
    4. EDI&IR (Equity, Diversity, Inclusion, and Indigenous Reconciliation)

How are the professionalism behavioural anchors classified?

- The PIP document classifies behavior as:
    - Inconsistent with Professional Practice
    - Consistent with Professional Practice
    - Exemplary Professional Practice
- There is an expectation prior to graduation and throughout one's career to consistently demonstrate professionalism behaviours that are, at a minimum, "consistent with professional practice"
- Behaviours which fall short of being "consistent with professional practice" should be identified and addressed

How does DeGroote School of Medicine use the PIP as an educational tool?

- It articulates the expectations regarding professional behaviour for learners and faculty
- It offers a set of descriptive anchors for learners and faculty to understand expected professional behaviour in academic and clinical settings
- It guides remediation of learners and faculty who fail to meet expectations "consistent with professional practice"
- It guides development of curriculum, assessment, faculty development, and policy in professionalism

DOMAIN # 1: PROFESSIONAL RESPONSIBILITY & INTEGRITY			
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional Practice**
Task completion	Failure to complete required tasks in a timely manner	Completes required tasks in a timely manner	Demonstrates leadership for system improvement, anticipates needs and is proactive in ensuring task completion
Honesty	Dishonest or falsifies information	Truthful and honest in all clinical and academic environments	Promotes honesty and transparency with intent to improve clinical and academic environments
Responsibility	Fails to accept responsibility for words, behaviours, and actions	Acknowledges and demonstrates ability to take appropriate responsibility for words, behaviours, and actions	Acts responsibly to manage complex situations to achieve goal of self and system improvement
Confidentiality	Fails to maintain confidentiality	Maintains confidentiality	Identifies potential risks to confidentiality
Balance of interest: self and other	Prioritizes personal interests to the detriment of patient and colleague's needs	Balances personal interests with the needs of patients and colleagues	Role models balancing the needs of patients and colleagues
Adherence to professional requirements	Fails to adhere to institutional and regulatory rules and requirements	Adheres to institutional and regulatory rules and requirements	Proactively identifies and fulfills institutional and regulatory rules and requirements
Respect of the learning environment and shared resources	Misuses, damages, or exploits learning environment and shared resources	Respects and cares for the learning environment and shared resources	Improves the learning environment and shared resources
Respect of the professional role	Abuses public trust of healthcare role	Understands and upholds public trust of healthcare role	Builds public trust in healthcare role.

DOMAIN #2: PURSUIT OF EXCELLENCE & INSIGHT		
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional Practice**
Feedback	Unwilling to receive and consider constructive feedback	Willing to explore, learn from, and incorporate feedback	Actively seeks and integrates feedback and promotes growth of self and team
Personal limits and reflective practice	Unaware of or refuses to acknowledge limits of knowledge, skills, and attitudes	Aware of and able to acknowledge limits of knowledge, skills, and attitudes	Continually tests assumptions and conclusions around one's own practice and seeks opportunities to increase knowledge and skills
Personal and professional development	Neglects significant element(s) in personal and professional development	Demonstrates commitment to growth in personal and professional development	Promotes personal and professional development of self and others
Personal impairment	Fails to recognize, accept, or act regarding a personal impairment that impedes professional function	In the face of impairment, recognizes, accepts, and takes action to prevent inadequate professional function	Proactively addresses personal, situational, or environmental factors which could lead to impairment in self or others
Engagement and Initiative	Fails to demonstrate engagement and initiative for expected tasks	Engages with and takes initiative for expected tasks	A role model for inspiring engagement and initiative in others

DOMAIN #3: PERSONAL INTERACTIONS			
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional Practice**
Respect	Disrespectful towards others	Respectful towards others	Enhances a culture of respect
Different points of view	Lack of awareness or consideration of different points of view	Recognizes and listens to different points of view in a non-judgmental manner	Demonstrates curiosity to develop an understanding of different points of view
Impact on others	Fails to appreciate or perceive the impact of self on others	Demonstrates awareness and willingness to reflect, receive feedback and learn about the impact of self on others	Actively seeks opportunities to develop enhanced self-awareness and impacts others positively
Needs and feelings of others	Does not engage with the needs and feelings of others	Willing to engage with the needs and feelings of others	Proactively seeks to engage with and respond to the needs and feelings of others

DOMAIN #4: EQUITY, DIVERSITY, INCLUSION, & INDIGENOUS RECONCILIATION		
Subdomains	**Inconsistent with Professional Practice**	**Consistent with Professional Practice**	**Exemplary Professional Practice**
Equity and inclusion	Limits or denies access to resources based on bias or beliefs that result in discrimination	Acknowledges social inequities, addresses microaggressions, and promotes equitable access to opportunities and resources	Manages system level biases to reduce discrimination, advocates, and facilitates safe and inclusive environments
Cultural Humility	Fails to acknowledge conscious or unconscious biases and their impact on perpetuating systemic inequities.	Reflects, acknowledges, and seeks feedback around one's cultural biases to mitigate personal and systemic inequities	Demonstrates race-consciousness, addresses power imbalances and promotes cultural safety in advancing system-wide equity
Advocacy	Unaware of or denies inequities and barriers that impact health and learning outcomes	Recognizes own privilege, works to understand, and address disparate health and learning outcomes for individuals and populations	Acts and empowers equity seeking, non-dominant groups to address inequities and barriers that impact health and learning outcomes
Indigenous Reconciliation	Fails to acknowledge and support the rights of Indigenous peoples to pursue individual and community actions towards reconciliation	Awareness of and partnering to find meaningful solutions that address limitations in personal, clinical, and learning spheres. Supports Indigenous allyship, cultural safety, and Indigenous reconciliation	Fosters relationships, supports and empowers individual and community action towards Indigenous reconciliation, self-determination, and anti-Indigenous racism, through allyship, education and system change.
Intersectionality	Fails to understand and appreciate the role of multiple identities upon oppression and privilege	Recognizes and understands the role of multiple identities in system inequalities	Champions intersectional approach to foster equitable opportunities and systems

Referenced Sources:

Advice to the Profession: social media. College of Physicians and Surgeons of Ontario, 2022.
https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Social-Media/Advice-to-the-Profession-Social-Media

Paraphrased concept of professionalism centred around the identities and cultural norms of dominant groups with focus toward professionalism that is fluid, contextual and grounded in cultural humility and safety.

Ainsworth MA, Szauter KM. Medical student professionalism: are we measuring the right behaviours? A comparison of professional lapses by students and physicians. Acad Med;2006 81(supp): s83-s86.

Describes the introduction and use of Early Concern Notes in one medical school. Also describes three behaviours used in the McMaster Professionalism in Practice framework.

Edward R, Emslie D, Marshall D, Risdon C, Smith E, Walsh A, Whyte R. Professionalism in Practice, Canada 1097793, Faculty of Health Sciences, McMaster University

The original Professionalism in Practice framework was Copyrighted in 2012.

Nixon S. The coin model of privilege and critical allyship: implications for health, BMC Public Health 2019; 19:1637

A call to action to healthcare workers to recognize their positions of privilege and reorient their work in solidarity with and collective action on systems of inequality.

Papadakis MA, Osborn E, Cooke M, Healy K, et al. A strategy for detection and evaluation of unprofessional behavior in medical students. Acad Med. 1999; 74:980–90.

An early paper on assessing professionalism in learners, which describes an evaluation program for monitoring medical students' professional behaviours during their clinical rotations.

Sharda S, Dhara A, Alam F. Not neutral: reimagining antiracism as a professional competency. CMAJ 2021; 18:193:102-2

This article encourages advocacy into the critical interrogation of racism within the medical profession.

Truth and Reconciliation Commission of Canada. Truth and Reconciliation Commission of Canada: Calls to Action 2015. https://nctr.ca/records/reports/#trc-reports.

This report of the Truth and Reconciliation Commission of Canada outlines 94 Calls to Action to redress the legacy of Residential Schools and advance the process of Canadian reconciliation. Calls to Action #22, #23 and #24 address changes within the Canadian health-care system and medical schools in Canada.