

**McMaster University**  
**Postgraduate Medical Education**  
**Guidelines on Professional Behaviour and Ethical Performance**

**Preamble**

Professionalism is defined as: “the conduct, aims, or qualities that characterize or mark a profession or a professional person.” It is the standard of behaviour by which the medical profession is judged by our health care colleagues and the public. Professionalism is one of the most important aspects of CanMEDS competencies. While the Medical Expert role is seen as the central role that distinguishes physicians from other Health Care professionals, professionalism can be viewed as the enabling competency for the other six CanMEDS roles.<sup>1</sup>

Professionalism is also an integral component of the four principles of Family Medicine. It is a key competency for the maintenance of the Family Physician as a skilled clinician, a resource to their community and practice population as well as the centrality of the doctor/patient relationship in the role of the family physician.

In Postgraduate Medical Education, within the Faculty of Health Sciences, we are committed to teaching and evaluating professionalism throughout our residency training programs, both formally and informally. Postgraduate Medical Trainees (Trainees) include Residents, Clinical Fellows, and Research Fellows (although Research Fellows do not participate in clinical activities, the same principles apply). As members of the medical profession there are certain standards that fall within the realm of professionalism and lead to the specific expectations found within what is also called the Canadian Medical Association Code of Conduct. [http://www.cma.ca/index.cfm/ci\\_id/53556/la\\_id/1.htm](http://www.cma.ca/index.cfm/ci_id/53556/la_id/1.htm)

These Guidelines define the *minimum* expected behaviour and ethical performance; however, a Postgraduate Medical Trainee/Physician should always strive for exemplary ethical and professional behaviour.

While all physicians should strive to model professionalism and conduct themselves as exemplary physicians, it is accepted that physicians are people and people are not perfect. It is behaviour, particularly in stressful, difficult situations, that challenge the ability to demonstrate professionalism. The ability to admit error, learn from mistakes, and make amendments to one’s behaviour, is also a measure of professionalism.

**Responsibilities of the Professional:**

The Trainee must take responsibility for his / her own behaviour and uphold the relevant behavioural and ethical standards of the medical profession in general and more specifically, the standards of the profession within the CanMEDS / Four Principles competencies as defined by the two national accrediting authorities – the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. It is recognized that many of the CanMEDS competencies crossover and are not limited to one competency. However, for the purposes of this document, the behaviour will be only listed in one area.

- Consider first the well-being of the patient. **Medical Expert / Health Advocate / Manager**
- Respectful, honest, courteous communication with all individuals, particularly including patients, visitors, employees, physicians, volunteers, health care providers, co-workers, and the general public. **Communicator / Collaborator**
- Strive to pursue excellence in the acquisition of knowledge, skills, and attitudes in the medical profession. **Scholar**

**Standards of Professional Behaviour:**

The following is a list of some of the standards of professional behaviour for a Postgraduate Medical Trainee as a Medical Expert and Physician.

**1. Communicator**

- Being skillful at communicating and interacting appropriately with patients, families, faculty/instructors, peers, colleagues, and other health care personnel.
- Demonstrating empathy and compassion for patients and their families and caregivers.

**2. Collaborator**

- Providing appropriate transfer of responsibility for patient care (handover).
- Demonstrating respect for, and ability to work harmoniously with, instructors, peers, and other health professionals.

**3. Manager**

- Keeping proper patient records with particular respect for confidentiality of all patient information.
- Where patient informed consent to an action is required, the Trainee will act only after valid informed consent has been obtained from the patient (or from an appropriate substitute decision-maker).

**4. Health Advocate**

- Demonstrating concern for the needs of the patient and their families to understand the nature of the illness/problem and the goals and possible complications of investigations and treatment.
- Demonstrating concern for the psycho-social aspects of the patient's illness/problem.
- Assessment and consideration of a patient's motivation and physical and mental capacity when arranging for appropriate services.
- Exhibiting respect for, and ability to work harmoniously with, the patient and all those involved in the promotion of his/her wellbeing.
- Demonstrating awareness of the effects that differences in gender, sexual orientation, cultural and social background may have on the maintenance of health and the development and treatment of illness/problems.

**5. Professionalism**

- Establish appropriate boundaries in the physician-patient relationship as well as health professionals being supervised (not for personal benefit, gain, or gratification).

**6. Scholar**

- Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence.
- Recognition of the importance of self-assessment and of continuing education.
- Demonstrating a willingness to teach others within medicine and other health professionals.
- Demonstrating an understanding of the appropriate requirements for involvement of patients and their families in research.

**Inappropriate Conduct**

Trainees at McMaster University will refrain from taking any action which is inconsistent with the appropriate standards of professional behaviour and ethical performance, including refraining from the following conduct:

1. Misrepresenting or misleading anyone as to his or her qualifications or role in person or on the internet.
2. Providing treatment without appropriate supervision or authorization.
3. Misusing or misrepresenting his/her institutional or professional affiliation.
4. Stealing or misappropriating or misusing drugs, equipment, or other property.
5. Contravention of the Ontario Human Rights Code.
6. Unlawfully breaching confidentiality, including but not limited to accessing electronic records of patients/clients for whom s/he is not on the care team.
7. Being under the influence of alcohol or recreational drugs while participating in patient/client care or on call or otherwise where professional behaviour is expected.
8. Being unavailable while on call or on duty (not answering pages or attending to clinical work).
9. Failing to respect patients' rights and dignity.
10. Falsifying health records.
11. Committing sexual impropriety with a patient, patient's family members, staff or other care providers.
12. Violating other physician boundaries. Examples of boundary violations are treating one's own family members, writing prescriptions for people who are not your patients, accepting gifts or favors from patients. Accepting significant gifts or favors is not encouraged because of the fiduciary nature of the doctor patient relationship.
13. Committing any act that could reasonably be construed as mental or physical abuse.
14. Behaving in a way that is unbecoming of a practising professional in his or her respective health profession or that is in violation of relevant and applicable Canadian law, including violation of the Canadian Criminal Code.
15. Committing acts that can be interpreted as Academic Dishonesty.

Unexplained and ongoing violation of these expectations of Professional Behaviour (see Appendix 1) or Examples of Unprofessional behavior (see Appendix 2) will constitute reasons for suspension of duties for unprofessional behavior. It may also mean notification of the College of Physicians and Surgeons of Ontario.

**Appendix 1: Some Examples of Model Behaviours of Professionalism**<sup>2</sup>

1. Arrives on time and prepared for work.
2. Notifies appropriate people, if not able to come into work, in a timely fashion.
3. Appropriate (inoffensive) dress and cleanliness.
4. Follows up on patient care issues that are identified.
5. Understands one's own limitations and seeks help when needed.
6. Detailed handover of patients, both giving and receiving.
7. Acts as a patient and health advocate
8. Completes medical records honestly and punctually.
9. Treats patients/family/staff/paraprofessional personnel with respect
10. Protects staff/family/patient's interests/confidentiality.
11. Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues.
12. Actively seeks and incorporates feedback.
13. Introduces him or herself as well as other members of the team, to the patient and family.
14. Effectively coordinates the health care team and manages health care resources.
15. Accepts responsibility/accountability.
16. Recognizes the influence of marketing and advertising on their clinical care.
17. Open/responsive to input/feedback of other team members, patients, families and peers.
18. Use humour/language appropriately.
19. Discusses adverse events including death honestly, sensitively, patiently, and compassionately.
20. Participates in peer-review process.
21. Demonstrate fairness in recruitment of postgraduate trainees

## **Appendix 2: Some Examples of Unprofessional Behaviour**

### ***Inappropriate words:***

- profane, disrespectful, insulting, rude demeaning or abusive language;
- shaming others for negative outcomes;
- inappropriate arguments with patients, family members, staff or other care providers;
- gratuitous negative comments about another physician's care (orally or in chart notes);
- passing severe judgment or censuring colleagues or staff in front of patients, visitors or other staff;
- outbursts of anger;
- behaviour that others would describe as bullying;
- insensitive comments about the patient's medical condition, appearance, situation, etc.;
- jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance or socioeconomic or educational status.

**Note:** Comments that are or may be perceived as being sexually harassing which are directed at patients may fall under the definition of sexual abuse at s. 1(3) in the *Regulated Health Professionals Act, 1991*. Such comments which are directed at non-patients may be professional misconduct.

### ***Inappropriate actions/inaction:***

- throwing or breaking things;
- refusal to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care;
- use or threat of unwarranted physical force with patients, family members, staff or other care providers;
- repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or expected to be available;
- not working collaboratively or cooperatively with others; and
- creating rigid or inflexible barriers to requests for assistance/cooperation.

### **Related Documents for further Reference**

*(links are also available on Medportal: <http://postgrad.medportal.ca/>)*

1. McMaster University Faculty Policy and Procedures for the Evaluation of Postgraduate Students
2. Postgraduate Medical Education: Code of Conduct for Clinical Teachers
3. Hamilton Health Sciences Value-Based Code of Conduct  
<http://www.hamiltonhealthsciences.ca/body.cfm?id=1056>
4. St. Joseph's Healthcare Standards of Behaviour (available on the Postgrad website)
5. Provincial Guidelines for Appropriate Use of the Internet

**References**

- 1 Royal College of Physicians and Surgeons of Canada – CanMEDS  
<http://rcpsc.medical.org/canmeds/index.php>
- 2 GL Larkin, L Binder, D Houry, J Adams. “Defining and Evaluating Professionalism: A Core Competency for Graduate Emergency Medicine.” *Education Academic Emergency Medicine*, Volume 9, Issue 11, November 2002, pp 1249 – 1255.
- 3 The Association of Faculties of Medicine of Canada (AFMC) website, Social Accountability and Professionalism  
<http://www.afmc.ca/social-professionalism-e.php>
- 4 The Canadian Medical Association (CMA) website, Medical Professionalism  
[http://www.cma.ca/index.cfm/ci\\_id/3300/la\\_id/1.htm](http://www.cma.ca/index.cfm/ci_id/3300/la_id/1.htm)
- 5 College of Physicians & Surgeons of Ontario (CPSO), Disruptive Physician Behaviour Initiative, Guidebook, april 2008:  
<http://www.cpso.on.ca/policies/positions/default.aspx?id=1730>

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