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Towards a Definition of Distinction in Professionalism

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ABSTRACT

Phenomenon: Professionalism can be characterized by a particular set of attributes that clinicians demonstrate in practice. Although much has been described on those attributes that define acceptable professionalism, the characteristics that define distinction in professionalism have not yet been well defined. *Approach:* In this exploratory project, qualitative methods were used to triangulate three sources of data collected from three campuses of one medical school: student assessment summaries, teacher interviews, and an institutional policy. *Findings:* One hundred-thirty student assessment summaries, eight teacher interviews, and one institutional policy were analyzed. Three characteristics emerged that define distinction in professionalism: improvement of oneself, helping others learn, and teamwork. These characteristics are in addition to students demonstrating a clear minimum standard in all other aspects of professionalism. *Insights:* Findings from this project offer a first step toward a definition of distinction in professionalism for assessing student performance. The characteristics can be demonstrated by students to varying degrees of proficiency and are potentially achievable by all students. Finally, the characteristics would be required in addition to demonstrating a clear minimum standard of performance in all other aspects of professionalism and cannot be inferred by the absence of negative or unprofessional behaviors. Recognizing that conceptions of professionalism have contextual and cultural influences, the characteristics of distinction identified by this project expand the language available for teachers and learners to discuss professionalism. Teachers may use these characteristics to help inform their teaching, learning, and feedback practices. Students will gain clarity about the expectations regarding their professional behavior.

KEYWORDS

Professionalism, distinction, assessment, medical education, medical student, excellence

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Medical school assessment systems may award students with distinction honors. In practice, assessment processes for identifying students performing at a distinction level are reasonably well-defined and are well-established for aspects such as the explaining pathophysiology of lung cancer or suturing a wound. For professionalism, however, these processes remain largely enigmatic and unexplored. We contend that these processes for professionalism may be limited by a lack of definition for distinction in professionalism. By more clearly defining distinction in professionalism, medical schools can clarify how distinction honors are awarded in their medical programs. Another benefit is that students may view professionalism as a key component of their learning rather than an extra element that is not valued to the same degree as other aspects of the medical curriculum.

Professionalism has been defined as a multidimensional set of behaviors, attitudes, and dispositions that physicians demonstrate in practice including adhering to ethical principles, establishing and maintaining effective relationships with patients and colleagues, being reliable, and developing self-awareness as a learner and practitioner.[1] This definition is focused on competency rather than distinction because medical education is primarily focused on the societal expectation of ensuring the safety of practicing doctors.[2] Unfortunately, a competency-based definition does not describe aspirational aspects of professionalism sufficiently.

A lack of professionalism has been characterized as unprofessional behaviors including failure to engage, dishonest behavior, disrespectful behavior, and poor self-awareness.[3] The language used to describe unprofessional behaviors suggests that professionalism may be defined as the absence of unprofessional behaviors. Distinction, however, is not usefully defined as avoiding inadequacy, or not being insufficient.

In looking at other aspects of medical education, distinction is generally used to describe aspirational qualities.[4,5] In practice, however, it is common for individual medical students to be rewarded for distinct achievement as determined by their performance on assessments in their programs of study. In areas outside of professionalism, such standards of distinction are often based on doing better in, or more of, the same, such as scoring higher in written tests or scoring higher in Objective Structured Clinical Examinations.[6,7]

We were not convinced that distinction in professionalism would simply be to do better in all aspects of professionalism. For example, being very honest may not be discernibly different from being honest. Additionally, we considered that it would be unfair to recognize attributes under an assessment framework that not all students have an opportunity to demonstrate such as those undertaken as extra-curricular activities, or serendipitous experiences.

There appears to be no explicit guidance available for defining distinction in professionalism. The aim of this project, therefore, was to identify the characteristics that define distinction in professionalism demonstrated by medical students.

Methods

Context of the project

A request from our medical school's assessment committee prompted this project at the Otago Medical School, University of Otago, New Zealand. Our students undergo a six-year education program to complete the Bachelor of Medicine and Bachelor of Surgery (MB ChB) degree. In their second and third years of study, students learn about professionalism in their clinical skills, early professional experiences, and integrated cases programs at our Dunedin campus. In these years, professionalism is assessed primarily as knowledge via elements in written assignments and tests, and also through observations of student behavior in small group activities. In the later years of study, students learn about professionalism as the knowledge, skills, and attitudes that are most often experienced in the workplace, supplemented with topic-based tutorials. Students are distributed across campuses in three main cities, their associated regional centers, and rural sites. Students learn, and are assessed, in different locations with similar professional cultures. In these years, professionalism is assessed in an ongoing manner through multiple methods and multiple observations, a system that has been shown to be robust in detecting and acting on unprofessionalism.[8]

Project design

This project used qualitative descriptive methods to address the following question: what are the characteristics that define distinction in professionalism for medical students at Otago Medical School?[9] This approach addressed the practical need to enhance the process for assessing professionalism at our medical school. This project was borne out of a larger curriculum development initiative which involved a review of the assessment system, including the assessment of professionalism. The data were collected from three main city campuses of our medical school. This representational requirement was placed on our project design at the request of the medical school's assessment committee. As data were explored, findings were used to inform the next phases of inquiry. The authors of this paper, which comprised the project team, all serve on the medical school's assessment committee which sets strategic and policy direction. The project team consisted of staff located at each of the medical school's three main city campuses. Three team members have clinical backgrounds and two of them currently teach in the program. All have at least 20 years' experience in education and educational research.

Data sources

There were three sources of data used in this project: student assessment summaries, teacher interviews, and an institutional policy.

The first source of data was gathered from extant assessment information, involving student assessment summaries ($n = 14\ 841$) from 2010 to 2014. These years were selected because the project began in 2015 and assessment summaries were only stored digitally since 2010. These assessment summaries were created, collected, and archived by members of the medical school as part of its day-to-day teaching, learning, and assessment practices. At the Otago Medical School, these assessment summaries are referred to as the Professional Attitudes and Summary of Achievement Form (PASAF).[10,11] The PASAF is the principal progress report used to summarize individual student achievement at the end of a block of discipline specific study, including clinical experiences. The PASAF is separated into two components: formal summative assessments and professionalism. These two components are then combined, without compensation, to give the student an overall achievement level. The formal summative assessment component includes information about student performance from sources such as Objective Structured Clinical Examinations, procedural skills, and assignments (see Figure 1, attributes 1–9, and 15). The professionalism component summarizes observations of student behavior in relation to expectations (see Figure 1, attributes 10–14, 16–23). Note that while the PASAF wording states professional attitudes (defined by assessable attributes[11]) it is widely accepted this component refers more generally to professionalism at our medical school.

PASAF assessable attribute	Definition
1. History taking	able to take a full medical history in an organised manner showing appropriate sensitivity when required; shows increasing ability toprioritise information gathered; can write history up, collating information gathered into a coherent story.
2. Diagnostic formulation	able to identify the problems, including those from the patient's perspective, impacting on the patient's health, identify the most likely differential diagnoses, rationally apply diagnostic tests, and critically interpretthe results in order to make a diagnosis.
3. Physical examination	able to perform a competent physical examination, as appropriate to the history and presenting symptoms.
4. Management plan	able to outline a plan, appropriately prioritised and acknowledged by the patient, of treatment and management based upon a formulated problem list.
5. Procedural skills	able to carry out a range of practical clinical skills appropriate to the clinical block.
6. Clinical judgment	able to make appropriate clinical decisions including the need for, and timing of, intervention based upon clinical findings.
7. Interpretation of data	able to draw together results from diagnostictests and clinical findings into diagnostic hypotheses.
8. Problem solving skills	able to suggest approaches to, or solutionsfor, problems which lie outside the student's own knowledge base.
9. Knowledge base	demonstrates in both formal (tutorial, case presentation, etc.) and informal settings (clinical discussion, ward round, etc.) an adequate understanding of relevant knowledge.
10. Tutorial preparation	prepares for tutorials ahead of time by doing requested readings and preparing short talks.
11. Tutorial participation	actively participates (in keeping with personality/cultural background) in tutorial sessions; participation may beverbal or non-verbal; is not overtly critical of others' views.
12. Respect for colleagues and others	demonstrates tolerance and a non-judgmental attitude towards both patients and colleagues, regardless of race, ethnicity, nationality, religion, gender, sexual identity, socioeconomic status, physical ability, language beliefs, behaviour patterns, or customs.
13. Collaborative work	shows a willingness to work within a team,assist, communicate, and compromise when necessary to further the best interests of the patient.
14. Demonstrates sensitivity	able to identify the concerns, wishes, andneeds of patients and modify the clinical approach accordingly.
15. Communication skills	is articulate; has a good grasp of English.
16. Skills in listening	able to listen to patients, tolerating their negative affect; hears and acts upon constructive criticism; does not dominate tutorials/ward rounds at the expense of his or her colleagues.
17. Skills in expression	able to clearly impart information to colleagues, in both formal and informal settings (e.g. ward-rounds, tutorials); able to impart information clearly, sensitively, and appropriately to patients.
18. Attendance	is present at scheduled clinical and teachingvenues; where absence is unavoidable, acts professionally by informing the appropriate people.
19. Motivation to learn	shows a willingness to research clinical cases. Makes good use of teaching opportunities; demonstrates evidence of independent learning.
20. Time management	is punctual; able to prioritise duties; submits assignments on time.
21. Appropriate professional boundaries	acts professionally in his or her interactions with patients, colleagues and peers; understands the power imbalance that exists between doctor and patient and that sexual relationships with patients are inappropriate.
22. Recognition of own limitations	knows when is out of his/her depth in terms of knowledge, clinical skills, and/or professional situations; seeks appropriate help and does not attempt to cope alone.
23. Appropriate cultural, religious and ethical sensitivity	demonstrates understanding of, and respectfor, patients' and colleagues' different beliefs; does not force own beliefs on others or discriminate against others on the basis of race, ethnicity, nationality, religion, gender, sexual identity, socioeconomic status, physical ability, language, beliefs, behaviour patterns, or customs; acts professionally in situations where ethicalissues are prominent.

Figure 1. The professional attributes and their definitions that are assessed and reported in the professionalism section of the Professional Attitudes and Summary of Achievement Form PASAF).[10,11] Note: The assessable attributes related to professionalism are shaded gray.

A student's initial outcome can be one of six categories of achievement on their PASAF (see Figure 2). Distinction in professionalism is represented in the PASAF by an achievement category titled "Potential Distinction." It is important to note that if a student was very good at history taking (see Figure 1, attribute 1), their potential distinction would not be recorded under the professionalism section of the PASAF. Likewise, other attributes such as interpretation of data, knowledge base, and physical examination would normally be excluded from our definition of professionalism. To ensure that we considered the most appropriate set of data, we selected the assessment summaries of those students who were awarded potential distinctions in both components of the PASAF: formal summative assessments and professionalism (n = 2285). Upon initial inspection of this data set, we found that comments were generally not about students' performance in the professionalism component but rather were related to the formal summative assessment component of the PASAF. We decided this finding was consistent with a "halo effect"[12] where distinction in the professionalism component might be inferred from high achievement in the formal summative assessment component of a student's PASAF. Therefore, we refined our selection process to only include PASAF data from students who were awarded an overall achievement level of potential distinction, comprised of a pass for the formal summative assessment component and a potential distinction for the professionalism component. This process reduced the data set to 130 assessment summaries that provided rich descriptions of professional attributes.

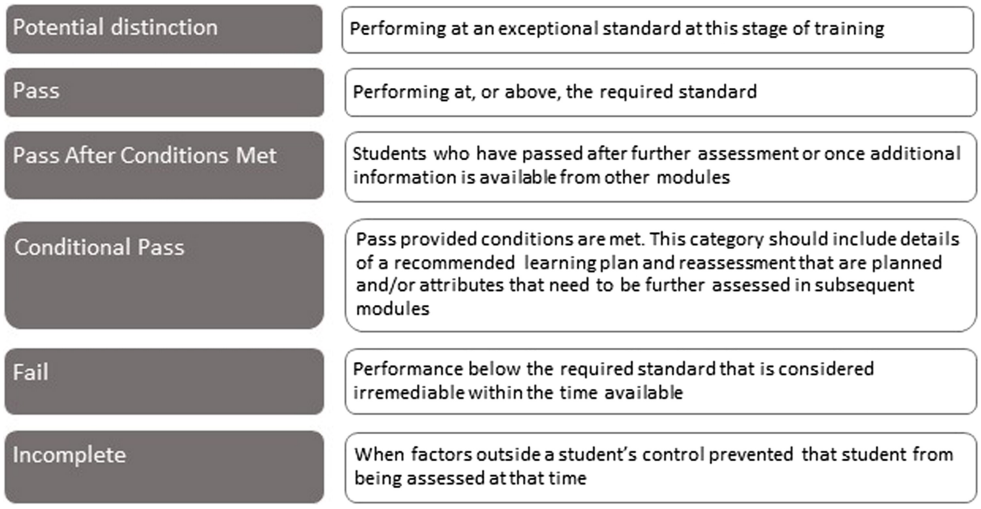

Figure 2. The six categories of achievement on the Professional Attitudes and Summary of Achievement Form.[10,11]

The second source of data was collected from teachers, who were block conveners (course leaders), at our medical school. This data source was used to triangulate the findings from the analysis of the student assessment summaries. Twelve teachers (i.e., four from each medical school campus) were invited to participate by members of the project team via email or face-to-face invitation. We purposively sampled two sets of teachers from each campus. The first set included teachers who awarded the greatest number of potential distinctions in the professionalism component of the PASAF. The second set included teachers who awarded the least. The project team formulated different questions for the teachers who had the greatest and least number of potential distinction. Five teachers responded to the questions. Of the participating teachers, three were from the set of teachers who had the greatest number of potential distinctions, two were from the set with the least number of potential distinctions. AA conducted the interviews and notes were taken. Interviews were conducted face-to-face or via telephone and ranged from 5 to 10 minutes in length. The questions are shown in Figure 3.

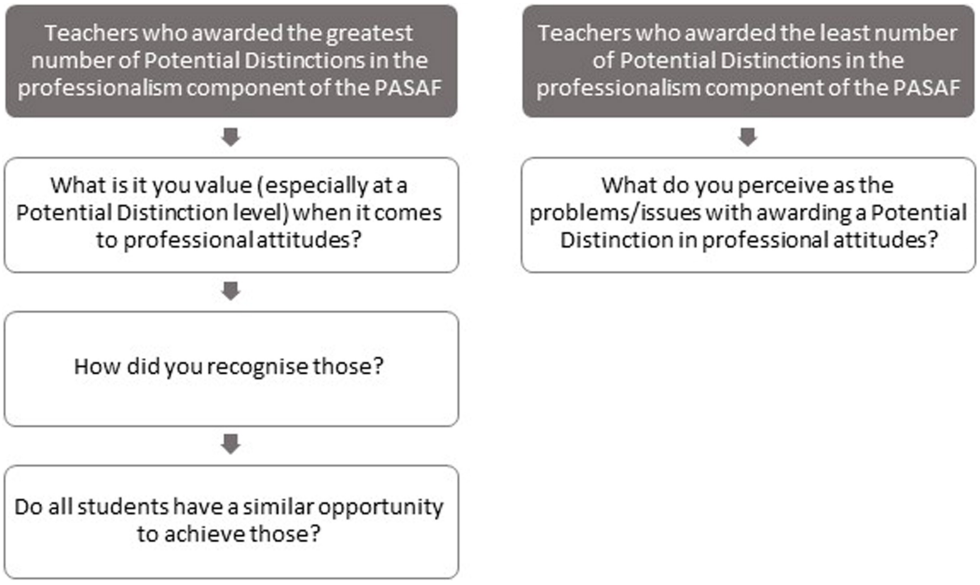

Figure 3. Teacher interview protocol.

The third source of data was a local institutional Code of Conduct policy.[13] This policy states the responsibilities and expectations of professional conduct for medical students as standards of behavior that students agree to learn about and then demonstrate consistently (see Appendix A).

Data analysis

The three sources of data were analyzed inductively and deductively. First, the reduced data set of student assessment summaries ($n = 130$) were analyzed by AA using a general inductive approach.[14] Characteristics were identified from the assessment summaries, and then grouped and regrouped until they could be represented by a limited number of characteristics. Each characteristic had to be identified in more than five assessment summaries to be reported as a finding. Three characteristics were identified in this data set. TW then reviewed and coded the same data set, using content analysis,[15] for these three characteristics to confirm their dominance as professional attributes defining distinction (Figure 4).

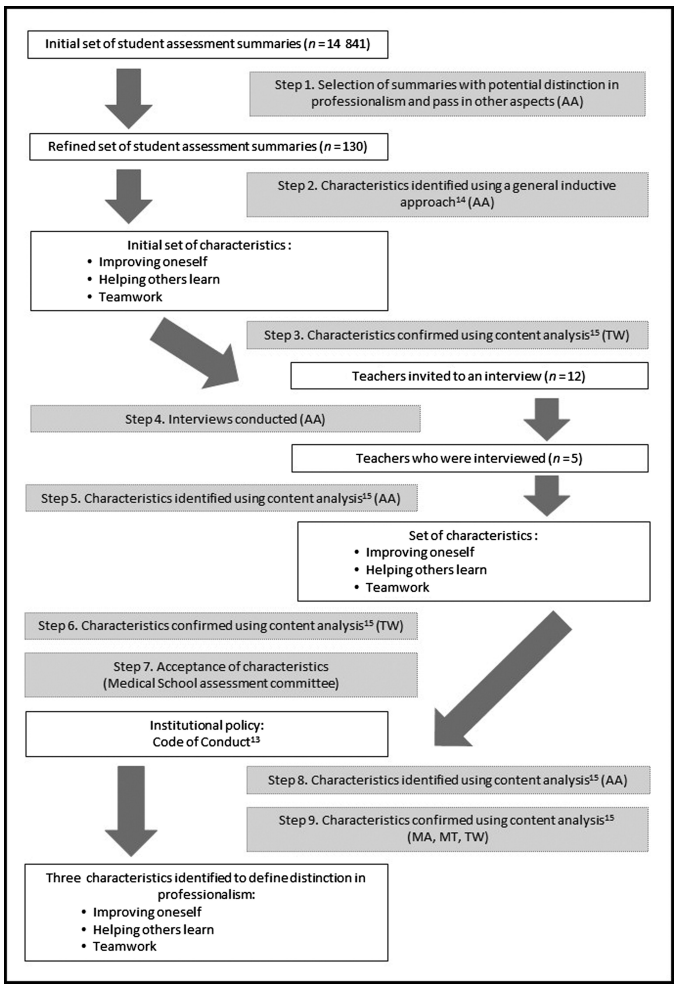

Figure 4. Flow chart of the data analysis procedure.

Second, the teacher interview data were analyzed by AA and TW using content analysis.[15] In this analysis, we used the three characteristics defining distinction in professionalism identified from the student assessment summaries. Findings from the teacher interview data analysis were presented to and accepted by the medical school's formal assessment committee acting collectively in role as a "critical friend"[16] to the project team.

Third, the Code of Conduct[13] was analyzed by AA using content analysis.[14] The aim was to look for a correspondence between the three characteristics and the statements in the Code of Conduct.[13] The three characteristics were represented in the document. Moreover, they were reflected in statements that were prefaced with the word "should" rather than "will." The introduction of the Code of Conduct[13] described "should" statements as "aspirational and reflects a standard that the Medical School aims to promote and nurture" whereas, "will" statements represented "a minimum standard that is expected of all medical students." This finding was confirmed by an independent reading of the Code of Conduct[13(p1)] by the other three members of the project team (TW, MT, MA). Ultimately, for a characteristic of distinction in professionalism to be reported as finding in this project, it had to be identified in all three data sources.

Results

Three characteristic actions appear to define distinction in professionalism: improving oneself, helping others learn, and teamwork. For each characteristic of distinction, examples were found in all three sources of data – the student assessment summaries, the teacher interviews, and the Code of Conduct.[13] In the student assessment summaries, the characteristics were described in specific behavioral terms about individual students such as, "her peers noted her excellent contribution" (R38) and "she is empathetic and respectful" (R100); whereas, the characteristics were expressed as less personalized and more general qualities such as "enthusiasm" (C1.3), "involvement" (C2.2), .and "dedication" (C1.1) in the teacher interview data. In the Code

of Conduct,[13] the characteristics were written in first-person as guiding principles such as "extend my knowledge" (CoC 9.10) and "care for my peers" (CoC 9.8). We found that the principles of the Code of Conduct[13] were reflected in the specific behavioral terms written about students in the assessment summaries and more general qualities described by teachers in the interview. Representative extracts from these three data sources are shown in Figure 5.

Characteristic of Distinction	Extracts from student assessment summaries	Extracts from teacher interviews	Extracts from Code of Conduct
Improving oneself Improving, enhancing, and building one's knowledge, skills and abilities	*Willing to improve clinical skills* (R13) *... takes initiative, inquisitive, good knowledge base...* (R46) *Seeks out learning opportunities. Has learnt valuable lesson in assessment and management of sick patients and to seek senior colleague advice and assistance early* (R51)	*...qualities that I look for...insight into their strengths and weaknesses* (C2.1) *...participation and enthusiasm for learning are generally valued* (C1.3) *Self-motivated and eager to learn* (C1.2)	*Make the most of educational and clinical opportunities to extend my knowledge and further my skills* (CoC 9.10) *Commit to continued learning and the development of skills* (CoC 9.1) *Seek and respond to constructive feedback on my own performance* (CoC 9.3)
Helping others learn Improving, enhancing, and building others knowledge, skills, and attitudes	*Her peers noted her excellent contribution to the public health project and her role as group leader was much appreciated* (R38) *Actively contributed to class and small group discussions and displayed leadership qualities* (R43) *Fearless - asks good pointed questions; assumed some TI functions without difficulty* (R94)	*...regularly teaching the other students during group sessions* (C2.3) *Helps other students who may be struggling* (C3.1)	*Care for my peers, provide support in learning opportunities* (CoC 9.8) *...provide constructive feedback to my peers on their performance* (CoC 9.9)
Teamwork Improving, enhancing, and building cooperative and efficient team-based workplace relationships to achieve common goals	*Had a very good run, very good feedback from the team, enthusiastic and keen to help* (R60) *She is empathic and respectful in her approach to patients and worked quite comfortably with various clinical team members* (R100) *Very mature approach to clinical work as part of the team* (R124)	*...qualities that I look for...participation and involvement as a member of a team* (C2.2) *...great commitment and dedication towards the team* (C1.1)	*...work collaboratively and respectfully in all situations* (CoC 9.8) *Show respect to doctors, nurses, allied health professionals and all other members of the health care team* (CoC 8.1) *Show respect to...peers* (CoC 8.3)

Figure 5. Characteristics that define distinction illustrated by extracts from student assessment summaries (R); teacher interviews from campus 1 (C1), campus 2 (C2), and campus 3 (C3); and the Code of Conduct (CoC).[13]

When a student was reported to improve, enhance, or build on their knowledge, skills, and abilities then it was identified as improving oneself. This first characteristic describes actions that reflect PASAF assessable attributes such as tutorial preparation, attendance, motivation to learn, and recognition of own limitations (see Figure 1, attributes 10, 18, 19, and 22). In the student assessment summaries, improving oneself was described as "improving clinical skills" (R13) and "seeking out learning opportunities" (R51). This characteristic was identified in teacher interviews as "participation and enthusiasm for learning" (C2.1) and "eager to learn" (C1.2). It was also identified in the Code of Conduct[13] as "make the most of educational and clinical opportunities" (CoC 9.10) and "commit to continued learning" (CoC 9.1). Therefore, improving oneself was identified as a characteristic for recognizing distinction in professionalism.

When a student was reported as assisting someone else to improve, enhance, or build on their knowledge, skills, and abilities then it was identified as helping others learn. This second characteristic describes actions that reflect PASAF assessable attributes such as tutorial participation, respect for colleagues, and skills in listening (see Figure 1, attributes 11, 12 and 16). In the student assessment summaries, helping others learn was described as "displayed leadership qualities" (R43) and "fearless – asks good pointed questions" (R94). This characteristic was identified in teacher interviews as "regularly teaching the other students" (C2.3) and "helps other students who may be struggling" (C3.1). It was also identified in the Code of Conduct[13] as "provide support in learning opportunities" (CoC 9.9) and "provide constructive feedback to my peers" (CoC 9.1). Therefore, helping others learn was identified as another characteristic for recognizing distinction in professionalism.

When a student was recorded as working cooperatively and efficiently as part of a group to achieve common goals then it was identified as teamwork. This third characteristic describes actions that reflect PASAF assessable attributes such as collaborative work; skills in expression; sensitivity toward patients; time management; appropriate professional boundaries; and cultural, religious, and ethical sensitivity (see Figure 1, attributes 13, 14, 17, 20, 21 and 23). In the student assessment summaries, teamwork was described as "very mature approach to clinical work as part of the team" (R124). This characteristic was identified in teacher interviews as "participation and involvement as a member of a team" (C2.2) and it was also identified in the

Code of Conduct[13] as "work collaboratively and respectfully in all situations" (CoC 9.8). Therefore, teamwork was identified as a third characteristic for recognizing distinction in professionalism.

Discussion

Three characteristic actions were found to define distinction in professionalism for students at our medical school: improving oneself, helping others learn, and teamwork. These characteristics of distinction are in addition to the attributes that Wilkinson et al.[1] identified in order for medical students to demonstrate competency in professionalism, and are distinct from attributes that tend to be assessed using more traditional methods, such as patient communication. These characteristics expand the language at the other end of the spectrum from the unprofessional behaviors described by Mak-van der Vossen et al.[3]

The three characteristics of distinction in professionalism can be demonstrated in varying degrees (that is, they are not dichotomous), and are potentially achievable by all students. The characteristics of distinction are not dichotomous: for example, helping others learn can be demonstrated to varying degrees of performance; such as poor, satisfactory, good, and distinct. A dichotomous attribute of professionalism might be honesty; where being very honest is not discernibly different from being honest, but honesty can dichotomously be discerned from dishonest. The characteristics of distinction are also achievable by any student. For example, there are several planned opportunities for all students to demonstrate teamwork throughout the program. In contrast, taking a leadership role or undertaking voluntary work in the community are more serendipitous opportunities that may not be available to all students.

By adopting specific characteristics to define distinction in professionalism within a medical curriculum, there is a risk that other characteristics may be less valued. For example, one attribute of professionalism involves the quality of interactions between the student and their patients/families. Students may overemphasize behaviors that show they are improving themselves, helping others learn, and working as a team member at the expense of building their facility with interacting with patients and their families. Likewise, teachers may favor learning opportunities that feature the three characteristic actions of distinction rather than other attributes of professionalism that are valued and essential to medical practice.

This project is not without limitations. The work originated from an operational committee's request for information that developed into a project. As a result, the project did not start with a formal study design. For example, a limited number of teachers were interviewed. Different questions were asked to teachers who had awarded the greatest and least number of potential distinctions in the professionalism component of the PASAF. Ideally, we would have included a wider range of teachers from each campus and asked them the same questions. In choosing to refine the assessment summary data set from 2285 to 130, there is a possibility that other characteristics of distinction in professionalism may have been identified. Lastly, the project and its findings are from a single institution, in a particular cultural context, and at a time in history. It is possible that others replicating this project may find different characteristics that reflect their local situation. We therefore anticipate the characteristics of distinction in professionalism may be redefined and refined over time as other research in this area is undertaken.

Next steps include discussions at our institution about selecting and using assessment tools and processes that align to the three characteristics of distinction in professionalism. We also need to decide if all three components of distinction need to be present in order to determine if students' behavior should be designated as demonstrating overall distinction in professionalism. Once the revised assessment practices are in place, then the impact of different interventions on the teaching, learning, and assessment of distinction in professionalism can be studied. One important issue to be addressed involves surfacing and discussing the differing conceptions of professionalism that may be held by staff and students.

Conclusion

Improving oneself, helping others learn, and teamwork appear to be three characteristics of distinction commonly reported by teachers when they summarize the attributes of professionalism that their students demonstrate. The three characteristics can be demonstrated by students to varying degrees of performance and are potentially achievable by all students. In addition, the three characteristics should not be inferred by the absence of unprofessional behaviors. These three characteristics would be required in addition to demonstrating a clear minimum standard of performance in all other aspects of professionalism. These findings add to the established language teachers can use to describe professionalism, and students can use to learn about professionalism. Others may wish to explore extant information in their institutions that pertains to professionalism in order to further develop a common language for discussing distinction and to promote debate amongst their colleagues.

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Code of professional conduct for medical students at the universities of Auckland and Otago. https://www.otago.ac.nz/medicine/about/programme-structure/policies-and-guidelines/otago614506.pdf. Accessed November 13, 2018.

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Appendix A

Code of professional conduct for medical students at the universities of Auckland and Otago. https://www.otago.ac.nz/medicine/about/program-structure/policies-and-guidelines/otago614506.pdf. Accessed November 13, 2018.

UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo
NEW ZEALAND
OTAGO MEDICAL SCHOOL
Te Kura Hauora o Ōtākou

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
MEDICAL AND HEALTH SCIENCES

Code of Professional Conduct for Medical Students at the Universities of Auckland and Otago

As a part of your learning, you will have privileged access to people, and to their health information. The trust that people place in doctors carries considerable responsibility and expectations regarding your behaviour. It is important that you are aware of these responsibilities and expectations from the beginning of your medical training. Any breach of these expectations could result in serious repercussions for you, your continuing medical education and your later career. Your University is committed to support you to uphold this Code and to assist you throughout your studies, and encourages you to know where and how to access support services.

You should think of yourself as a doctor-in-training, rather than as a student in theoretical studies. Though the degree of your involvement with patients, families and the wider community may initially be small, from now on you will be meeting people as part of your education as a doctor. As you progress through your training you will be increasingly part of the health care team. You represent the Medical School and the medical profession, whenever you meet people in this way. Your behaviour outside the clinical environment, including your personal life, may have an impact on your fitness to practise. Your behaviour should justify the trust the public places in the medical profession.[1] The following principles therefore apply right from the start.
We ask that you read through these principles and sign this document acknowledging your agreement to comply with them. This form must be signed before you can begin your medical education.

Notes:
1. These standards apply when using electronic communications. Special care is required to ensure patient confidentiality.[2] Caution is necessary when sharing your own personal information on social networking sites.[3]
2. The term 'will' is used to indicate that the associated statement sets a minimum standard that is expected of all medical students. The term 'should' is more aspirational and reflects a standard that the Medical School aims to promote and nurture, and students should aim to meet.
3. This code applies in NZ and overseas, and also applies to overseas medical students in NZ.
4. This code operates in conjunction with current Acts, Regulations and Codes of Practice with which you will need to become familiar during your training. These include the NZMA Code of Ethics, the Code of Health and Disability Services Consumers' Rights (1996), and the Health Information Privacy Code (1994).

A. Interactions with patients and their families

1. Respecting patients and their families:

As a medical student I will:

1.1. Respect the dignity, privacy and bodily integrity of patients.
1.2. Understand my own values and beliefs, and manage their possible influence on my interactions with patients.

1.3. Not impose my own cultural values, beliefs and practices on patients or discriminate against any person on the basis (for example) of age, gender, gender identity, ethnicity, sexual orientation, religion, creed, political affiliation, economic, social or health status.

1.4. Respect the autonomy of patients.
1.5. Treat patients and their families politely and considerately.
1.6. Ensure my appearance and dress are appropriate to enable effective and respectful interaction with patients and families.
1.7. Respect the needs and values of patients and their family members.

2. Not exploiting patients or their families:
As a medical student I will:

2.1. Not exploit any patient, whether physically, sexually, emotionally, or financially. Any sexual interaction with a patient is unacceptable.
2.2. Not abuse the generosity of patients in my pursuit of learning but place concerns for their wellbeing above all else.
2.3. Acknowledge the generosity of patients and be conscious of the possible tensions between their wellbeing and my own learning.

3. Obtaining informed consent for your interaction with patients:
While your clinical supervisor is responsible for obtaining consent for your interaction with patients, in many circumstances you may still need to ask patients for their permission for their one-on-one interaction with you.[4]
As a medical student I will:

3.1. Clearly inform patients and, where applicable, substitute decision makers of my role and the purpose and nature of any proposed interaction with them, and follow the guidance in the document 'Medical Students and Informed Consent'.[4]
3.2. Ask patients if they have any questions and, if I am unable to answer them, refer the questions to my clinical supervisor.
3.3. Check if patients are satisfied with the information, request their consent, and ensure that consent is given freely and without coercion.
3.4. Acknowledge and accept that patients may refuse or withdraw consent to interact with me at any stage, without any compromise to their health care.
3.5. Make a special effort to assist the patient to reach the necessary level of understanding, for example where the patient is a child, or when language, illness or other factors interfere.
3.6. Be guided in my actions by ethical and legal standards and my clinical supervisor where patients are unable to consent, for example in the case of a young child.

4. Appreciating the limits of my role:
As a medical student I will:

4.1. Acknowledge the level of my skills, experience and knowledge, and not represent myself as more competent or qualified than I am and correct any such misunderstandings that arise.
4.2. Not give advice or provide information to patients, family members or the general public, which is beyond my level of knowledge and expertise. When asked for such comment, I will direct that person to an appropriate professional.
4.3. Not initiate any form of treatment, except in an emergency where no-one more able or qualified is available to provide timely intervention, recognising the limits of my own knowledge and skills.
4.4. When otherwise approached for assistance, recommend that people seek appropriate professional help.

B. Personal and professional values

5. Maintaining patient confidentiality:

Patient information is confidential. Disclosure without patients' permission or other legally acceptable justification is inconsistent with the trust required in medical practice and has the potential to cause harm. Patient information may be discussed with peers and professional staff who are directly involved in the care of that patient, and, on occasion with colleagues in settings where confidentiality is protected.
As a medical student I will:

5.1. Hold all patient information in confidence, including after patients have ended treatment or died.
5.2. Respect patients' right to determine who should be provided with their personal information.
5.3. Not remove or copy patient-related material without specific permission, and handle such material in accordance with 5.4.
5.4. Ensure that all my documents and images containing patient information are de-identified, kept in a secure place in a way that prevents unauthorised access, and securely destroyed when no longer required.[3]
5.5. Be aware of the limited circumstances in which breaches of confidentiality may be justified or required.
5.6. Not access patient information unless I am involved in their care, or have a legitimate reason and the approval of those authorised to give such permission.

6. Researching ethically:
As a medical student undertaking or associated with research activities I will:

6.1. Adhere to all the ethical principles in the appropriate national guidelines and seek ethical approval from the appropriate research ethics committee.

7. Maintaining personal well being:
As a medical student I will:

7.1. Acknowledge that my physical and mental health impacts on my ability to function in my role with patients and staff, and in the event of illness or impairment that interferes with this role, I will seek appropriate assistance and notify the Student Affairs Office (Otago), or Phase Directors (Auckland).
7.2. Maintain my own wellbeing to the level that ensures I can carry out my role.
7.3 Remain aware of the wellbeing of my colleagues, and support them, to the extent that I am able, to seek help when needed.

C. Relationships with staff and colleagues

8. Respecting staff and colleagues:
As a medical student I will:

8.1. Show respect to doctors, nurses, allied health professionals and all other members of the health care team.
8.2. Show respect to teaching and non-teaching staff.
8.3. Show respect to simulated patients, volunteers and peers.
8.4. Not exploit my peers, or others, in a vulnerable or more junior position to myself.
8.5. Hold in confidence information about my peers gathered in learning situations, but recognise that there are limited circumstances in which breaches of confidentiality to appropriate persons may be justified.

9.6. Not plagiarise others' work or research and abide by the plagiarism and dishonest practice policies of my University.
9.7. Show respect in working with human cadavers and human tissue. (See the Code of Conduct issued by the Anatomy Department at my University)

As a medical student I should:

9.8. Care for my peers, provide support in learning opportunities, and work collaboratively and respectfully in all situations.
9.9. Be prepared, when called upon, to provide constructive feedback to my peers on their performance.
9.10. Make the most of educational and clinical opportunities to extend my knowledge and further my skills with appropriate support and supervision.

10. Accepting wider professional responsibilities:

Doctors have a responsibility to the profession and to the public to maintain high standards of care; this wider responsibility is over and above individual responsibility for their own clinical competence.

As a medical student, I will:

10.1. Report matters of serious concern in a professional manner, including those which may impact on immediate patient safety, to those with the authority to act.
10.2. Not use social networking sites or public forums to raise concerns about an individual.
10.3. Not exploit my role as a student doctor for personal gain.
10.4 Give judicious, constructive evaluation and feedback as appropriate on medical education programmes.
10.5. Be aware that alcohol and substance misuse can impact on health and fitness to practise, and may cross the boundaries of legality and become a professional conduct issue.

References

1. Medical students: professional values and fitness to practise Guidance from the GMC and the MSC. Available from: http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp
2. Social Media and the Medical Profession (2010). Available from: https://www.nzma.org.nz/__data/assets/pdf_file/0019/17605/Social-media-guide.pdf
3. Taking and sharing images of patients. (2015) University of Auckland.
4. Bagg, W., et al. (2015) 'Medical Students and informed consent' NZMJ Vol 128 No 1414

December 2010, Reviewed 2013, 2015. Date for next review 2020.

I have read the Code and I undertake to comply with it.
I agree to familiarise myself with any subsequent revisions.

Family name: _____ (Block Letters)

Given name: _____

Date: _____ Student Number_____

Signature: _____