FACULTY DEVELOPMENT

A PRIMER

COLLEGE OF MEDICINE
AND LIFE SCIENCES

THE UNIVERSITY OF TOLEDO

PROFESSIONALISM

THE QUINTESSENTIAL GOAL OF FACULTY DEVELOPMENT

Eric R. Carlson, MD, DMD, EdM, FACS
Associate Dean for Faculty Development and Affairs
Professor of Surgery

PROFESSIONALISM

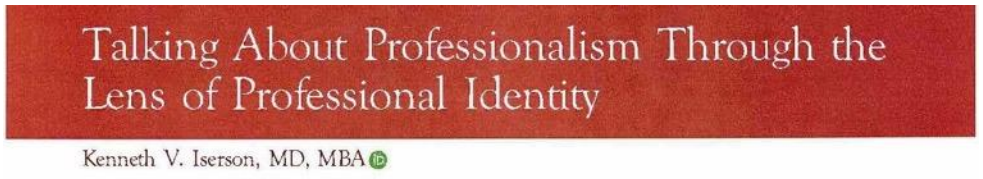
- A way of conceptualizing oneself and a way of behaving.
- A dynamic state that is at stake with every patient interaction.
- A situational and a generalizable behavior that characterizes an individual's general mode of contact.

A lifelong developmental process that informs the effective, ethical, and safe practice of the healing skills.

Ludwig S: Professionalism. Pediatr Rev 41: 217-23, 2020.

PROFESSIONALISM

- Competence in one's practice of medicine *as well as* the virtues that embody the physician's interpersonal contact.



Iserson KV: Talking about professionalism through the lens of professional identity. AEM Educ Train 3: 105-12, 2018.

PROFESSIONALISM

Accreditation Council for Graduate Medical Education

Professionalism: Demonstrate a commitment to professional responsibilities, ethical principles, and sensitivity to diverse patient populations.

Accreditation Council for Graduate Medical Education

1999

PROFESSIONALISM

American Medical Association

Declaration of professional responsibility

1. Respect human life and the dignity of every individual.
2. Refrain from supporting or committing crimes against humanity and condemn all such acts.
3. Treat the sick and injured with competence and compassion and without prejudice.
4. Apply our knowledge and skills when needed, though doing so may put us at risk.
5. Protect the privacy and confidentiality of those for whom we care and breach that confidence only when keeping it would seriously threaten their health and safety or that of others.

AMA AMERICAN MEDICAL ASSOCIATION

2001

PROFESSIONALISM

The American College of Surgeons

Code of Professional Conduct

ACS Task Force on Professionalism

Professionalism serves as the basis of the social contract between medicine and the society that it serves. It therefore is incumbent upon the American College of Surgeons to ensure that its members are aware of the nature of professionalism and are encouraged to incorporate its guiding principles into day-to-day practice.

Several groups, including the American Medical Association[1] and the Council of Medical Specialty Societies[2] have addressed professionalism and we support their declarations. The "Charter of Medical Professionalism," developed by the American Board of Internal Medicine Foundation, the American College of Physicians-American Society of Internal Medicine, and the European Federation of Internal Medicine,[3] has been endorsed by the Board of Regents of the American College of Surgeons. Through the Code of Professional Conduct we re-examine professionalism from the perspective of surgery, believing that conscientious examination of its complex and evolving issues can promote a healthy construct within which we can practice our privileged profession.

As Fellows of the American College of Surgeons, we treasure the trust that our patients have placed in us because trust is integral to the practice of surgery. During the continuum of pre-, intra-, and postoperative care we accept responsibilities to:

- Serve as effective advocates for our patients' needs;
- Disclose therapeutic options including their risks and benefits;
- Disclose and resolve any conflict of interest that might influence the decisions of care;
- Be sensitive and respectful of patients, understanding their vulnerability during the perioperative period;
- Fully disclose adverse events and medical errors;
- Acknowledge patients' psychological, social, cultural, and spiritual needs;
- Encompass within our surgical care the special needs of terminally ill patients;
- Acknowledge and support the needs of patients' families; and
- Respect the knowledge, dignity, and perspective of other healthcare professionals.

Our profession is also accountable to our communities and to society. In return for their trust, as Fellows of the American College of Surgeons, we accept responsibilities to:

- Provide the highest quality of surgical care;
- Abide by the values of honesty, confidentiality, and altruism;
- Participate in lifelong learning;
- Maintain competence throughout our surgical careers;

2004

PROFESSIONALISM

Professionalism vs. professionalization vs. humanism

A trait, behavior or character

A process of professional development and identity formation

The passion that drives professionalism

Parting the Clouds: Three Professionalism Frameworks in Medical Education

David M. Irby, MDiv, PhD, and Stanley J. Hamstra, PhD

Professionalism = a way of acting
Humanism = a way of being

Irby DM, Hamstra SJ: Parting the clouds: Three professionalism frameworks in medical education. Acad Med 91: 1606-11, 2016.

PROFESSIONALISM

THE PROBLEM

PROFESSIONALISM

The past few decades have witnessed the development of a profound sense of unease amongst physicians and patients. Physicians feel that they are being "held to account for sins of commission and omission" for their attitudes towards patients and for their emphasis on medical technology. At the same time, patients express a strong desire for care that is based on modern scientific medicine combined with the compassion of the physician of yesteryear.

Faculty Development as an Instrument of Change: A Case Study on Teaching Professionalism

Yvonne Steinert, PhD, Richard L. Cruess, MD, Sylvia R. Cruess, MD, J. Donald Boudreau, MD, and Abraham Fuks, MD

Steinert Y, Cruess RL, Cruess SR et al: Faculty development as an instrument of change: A case study on teaching professionalism. Acad Med 82: 1057-64, 2007.

PROFESSIONALISM

There is general agreement that many of medicine's failures to meet legitimate public expectations lie in the realm of **professionalism**.

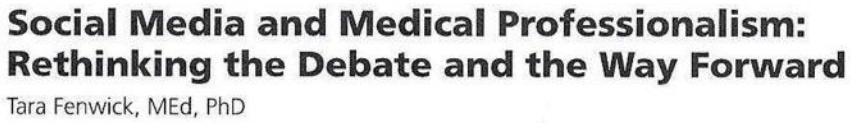
Faculty Development as an Instrument of Change: A Case Study on Teaching Professionalism

Yvonne Steinert, PhD, Richard L. Cruess, MD, Sylvia R. Cruess, MD, J. Donald Boudreau, MD, and Abraham Fuks, MD

Steinert Y, Cruess RL, Cruess SR et al: Faculty development as an instrument of change: A case study on teaching professionalism. Acad Med 82: 1057-64, 2007.

PROFESSIONALISM

Despite emerging studies that suggest benefits of social media to enhance medical practice, the published literature remains dominated by strong concerns about its perceived abuse.


Social Media and Medical Professionalism: Rethinking the Debate and the Way Forward

Tara Fenwick, MEd, PhD

Fenwick T: Social media and medial professionalism: Rethinking the debate and the way forward. Acad Med 89: 108-11, 2014.

PROFESSIONALISM

The medical community should step back and reconsider its assumptions regarding both professionalism and the digital world of social media.


Social Media and Medical Professio
Rethinking the Debate and the Way
Tara Fenwick, MEd, PhD

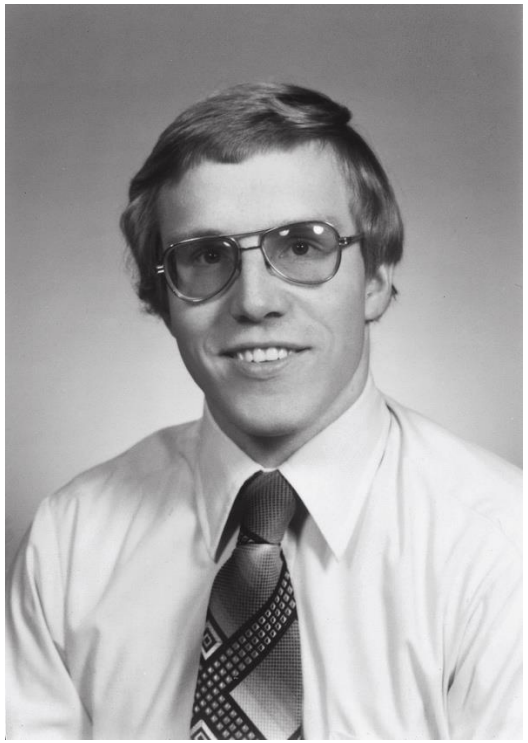
What may be helpful to remember is to reconsider the dynamics at stake in the guidelines that regulate online behavior and to rethink *online professionalism* → risk avoidance.

Fenwick T: Social media and medial professionalism: Rethinking the debate and the way forward. Acad Med 89: 108-11, 2014.

PROFESSIONALISM

Physical assault and murder

PROFESSIONALISM



James Michael Swango, MD

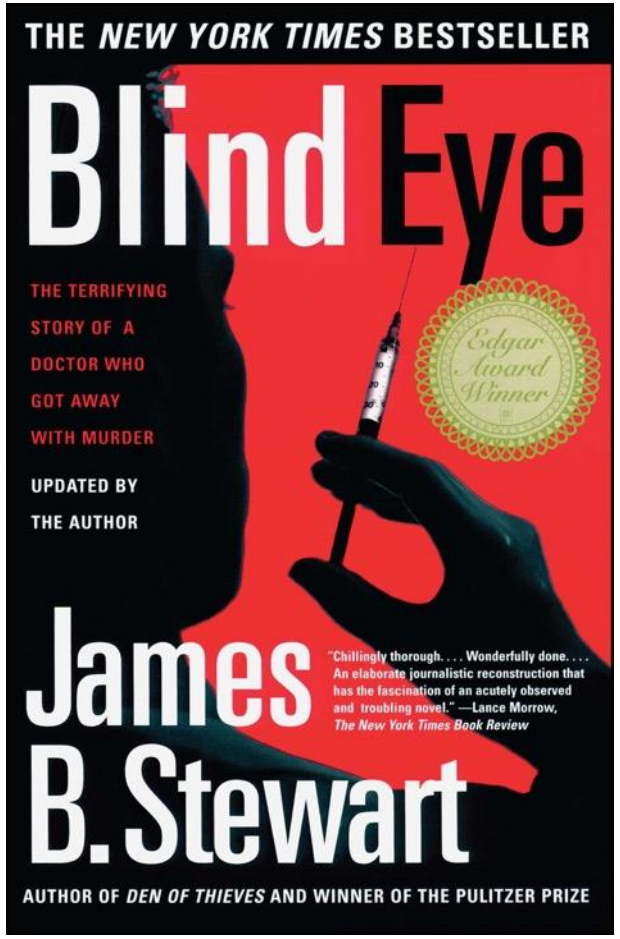
- Valedictorian – Quincy Catholic Boys High School 1972.
- Quincy University – Summa Cum Laude.
  - American Chemical Society Award
- Southern Illinois University School of Medicine.
  - Falsified examination information in OB/GYN rotation
- Preliminary surgical internship at Ohio State in 1983.
- Nurses reported that apparently healthy patients began dying mysteriously with “alarming frequency.”
- OSU pulled its offer of neurosurgery training in 1984.

PROFESSIONALISM

James Michael Swango, MD

- Worked as an EMT in Quincy, Illinois.
- Arrested in October 1984 due to possession of arsenic.
- Incarcerated August 1985 due to aggravated battery for poisoning coworkers.
- In 1991, he changed his name to Daniel Adams.
- In July 1992 he began working at Sanford USD Medical Center in Sioux Falls, South Dakota.
- Applied for AMA membership – denied due to conviction.

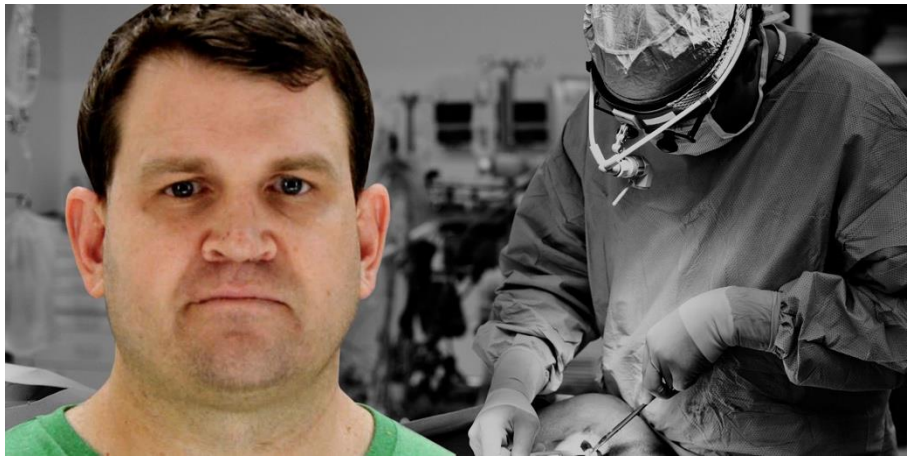
PROFESSIONALISM



James Michael Swango, MD

- Stony Brook University School of Medicine – psychiatry residency.
- Patients began dying on the VAMC internal medicine rotation for no apparent reasons.
- November 1994 – moved to Zimbabwe.
- Patients began to die mysteriously.
- Indicted in July 2000.
- Believed to have been responsible for 60 deaths.
- Imprisoned at the ADX facility in Florence, Colorado – three consecutive life sentences.

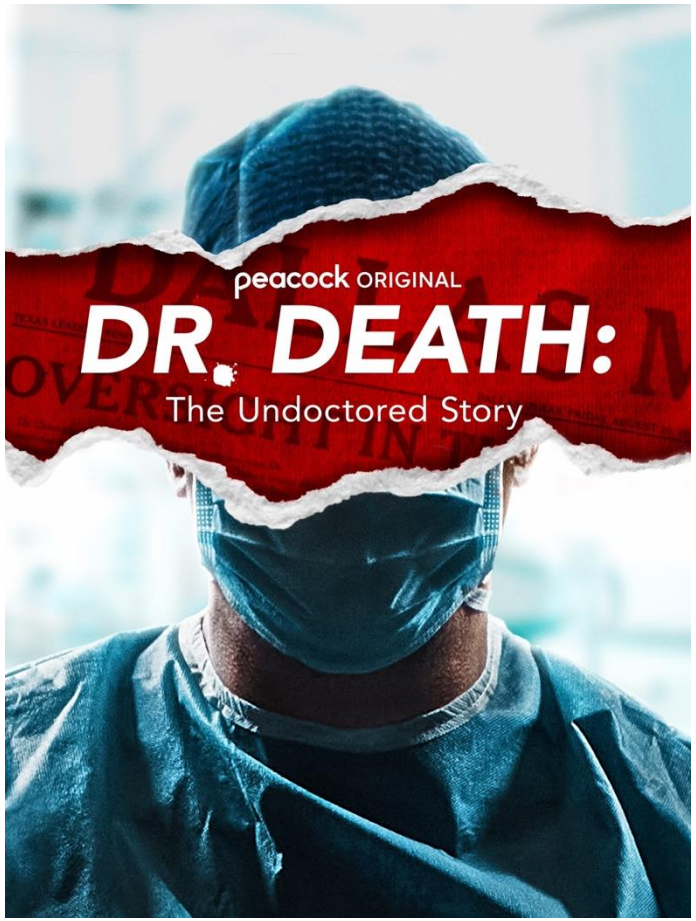
PROFESSIONALISM



Christopher Duntsch, MD, PhD

- BS from Memphis State University in 1995
- MD/PhD from the University of Tennessee at Memphis in 2001 and 2002.
- Completed neurosurgery at UTHSC in 2010 (200 operative cases).
- Suspected of being under the influence of cocaine during 4th year of training.
- Spine fellowship at the Semmes-Murphey Clinic in Memphis.
- Joined the Baylor Regional Medical Center at Plano.
- Multiple patients were maimed.
- Surgical privileges were permanently revoked.

PROFESSIONALISM



Christopher Duntsch, MD, PhD

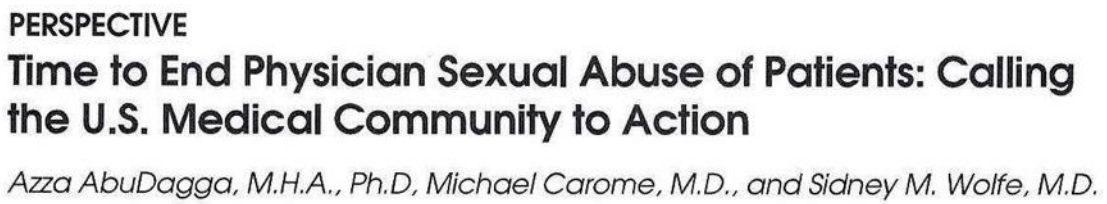
- Moved to the Dallas Medical Center.
- Privileges revoked within one week due to death of a patient.
- The Texas Medical Board revoked his license in December 2013.
- In March 2014 three former patients filed lawsuits against Baylor Plano alleging the organization's knowledge of his incompetence.
- Arrested in Dallas in July 2015 with six felony counts of aggravated assault with a deadly weapon.
- He was charged with 33 incidents of gross neurosurgical malpractice
- He was sentenced to life in prison on February 20, 2017.
- Incarcerated at the O.B. Ellis Unit of the Texas Department of Criminal Justice (earliest possible parole July 20, 2045).

PROFESSIONALISM

Sexual misconduct

PROFESSIONALISM

The prohibition against physician ***sexual relations with their patients***, which can cause lasting damage to patients, is one of the most universally agreed upon ethical principles in medicine.



PERSPECTIVE

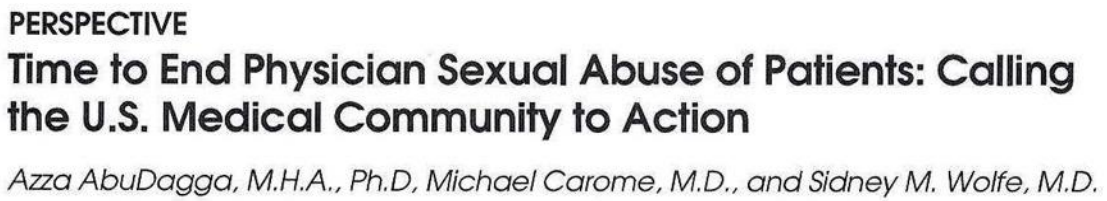
Time to End Physician Sexual Abuse of Patients: Calling the U.S. Medical Community to Action

Azza AbuDagga, M.H.A., Ph.D, Michael Carome, M.D., and Sidney M. Wolfe, M.D.

AbuDagga A, Carome M, Wolfe SM: Time to end physician sexual abuse of patients: Calling the U.S. medical community to action. J Gen Intern Med 34: 1330-3, 2019.

PROFESSIONALISM

In 1991, the American Medical Association declared unequivocally that sexual relations with patients are unethical, noting that this prohibition was incorporated into the Hippocratic oath.



PERSPECTIVE

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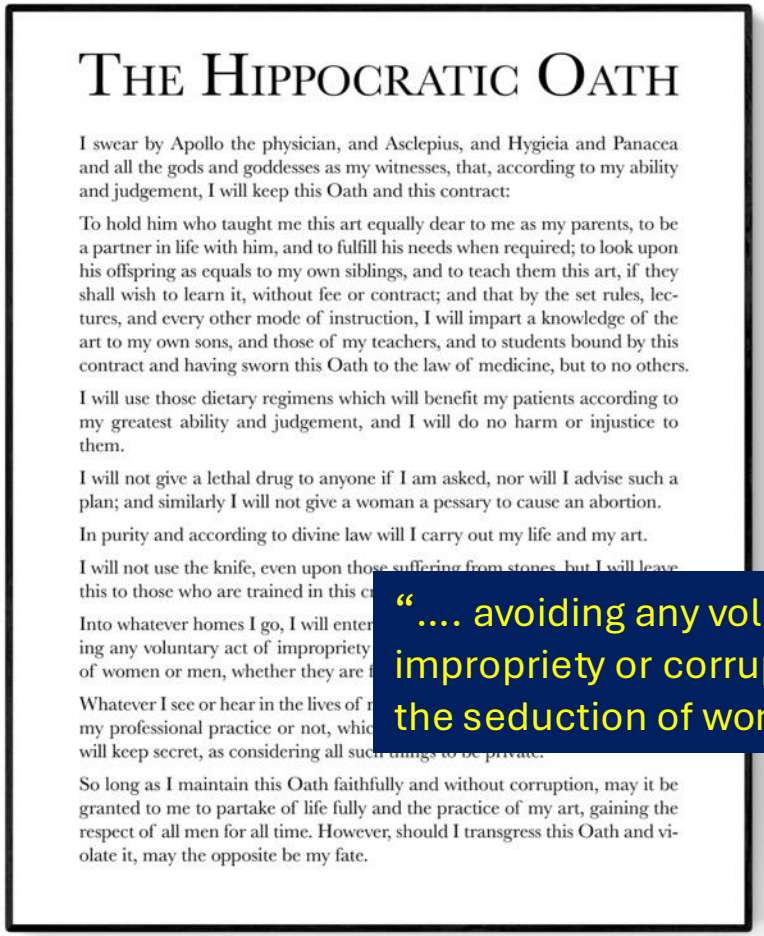
PROFESSIONALISM

Written in ancient Greek between the fifth and third centuries BC



The Hippocratic Oath

I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses, that, according to my ability and judgement, I will keep this Oath and this contract:

To hold him who taught me this art equally dear to me as my parents, to be a partner in life with him, and to fulfill his needs when required; to look upon his offspring as equals to my own siblings, and to teach them this art, if they shall wish to learn it, without fee or contract; and that by the set rules, lectures, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to students bound by this contract and having sworn this Oath to the law of medicine, but to no others.

I will use those dietary regimens which will benefit my patients according to my greatest ability and judgement, and I will do no harm or injustice to them.

I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.

In purity and according to divine law will I carry out my life and my art.

I will not use the knife, even upon those suffering from stones, but I will leave this to those who are trained in this c

Into whatever homes I go, I will enter ing any voluntary act of impropriety of women or men, whether they are f

Whatever I see or hear in the lives of m my professional practice or not, whic will keep secret, as considering all such things to be private.

So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all men for all time. However, should I transgress this Oath and violate it, may the opposite be my fate.

"…. avoiding any voluntary act of impropriety or corruption, including the seduction of women or men….."

PROFESSIONALISM

An exploratory analysis of 101 cases of physician sexual abuse of patients found that the primary forms of abuse in these cases were inappropriate touching (33%), sodomy (31%), rape (16%), child molestation (14%), and purportedly consensual sexual relations (7%).

Sexual Violation of Patients by Physicians: A Mixed-Methods, Exploratory Analysis of 101 Cases

James M. DuBois[1], Heidi A. Walsh[1], John T. Chibnall[2], Emily E. Anderson[3], Michelle R. Eggers[1], Mobolaji Fowose[1], and Hannah Ziobrowski[1]

DuBois JM. Walsh HA, Chibnall JT et al: Sexual violation of patients by physicians: A mixed methods, exploratory analysis of 101 cases. Sex abuse 31: 503-23, 2019.

PROFESSIONALISM

Features associated with physician sexual misconduct

- Young, female patients
- Male physicians (100%), age > 39 years (92%)
- Consistently examining patients alone (85%) in nonacademic settings (94%)
- Non-board certified (70%)

Sexual Violation of Patients by Physicians: A Mixed-Methods, Exploratory Analysis of 101 Cases

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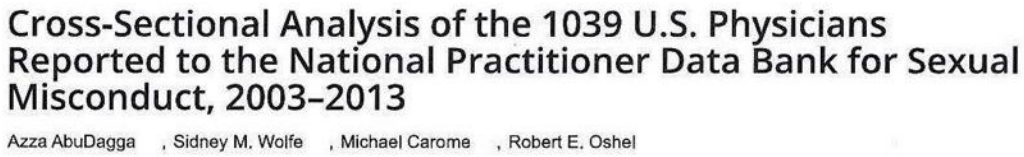
PROFESSIONALISM

2016 analysis of the U.S. National Practitioner Data Bank (NPDB)
January 2003 – September 2013

- 100,165 unique physicians with reports related to licensure, malpractice, or clinical privileges.
  - 1039 physicians reported with sexual misconduct (1%).


Cross-Sectional Analysis of the 1039 U.S. Physicians Reported to the National Practitioner Data Bank for Sexual Misconduct, 2003–2013

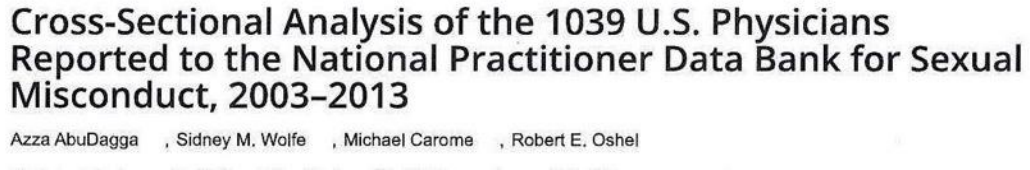
Azza AbuDagga , Sidney M. Wolfe , Michael Carome , Robert E. Oshel

AbuDagga A, Wolfe SM, Carome M, Oshel RE: Cross-sectional analysis of the 1039 U.S. physicians reported to the National Practitioner Data Bank for sexual misconduct, 2003 – 2013. Plos One 11: e0147800, 2016.

PROFESSIONALISM

2016 analysis of the U.S. National Practitioner Data Bank (NPDB)
January 2003 – September 2013

- Licensure suspension occurred in 22.9% of sexual misconduct cases.
- License limitation or restriction occurred in 10.5% of sexual misconduct cases.
- 2/3 of physicians with sexual misconduct reports *did not* receive state medical board discipline.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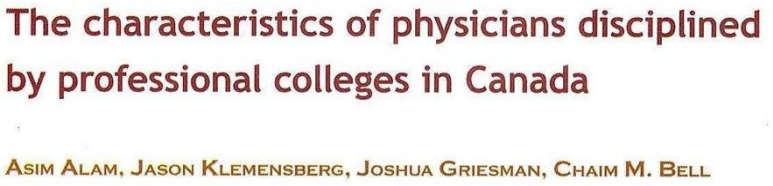
PROFESSIONALISM

2016 study of disciplinary actions by medical licensing authorities in Canada 2000 - 2007

- Disciplinary actions for sexual misconduct was 25.1/10,000 physicians/10 years

The rate of discipline for sexual misconduct was 2.6 times higher than the United States rate.


The characteristics of physicians disciplined by professional colleges in Canada

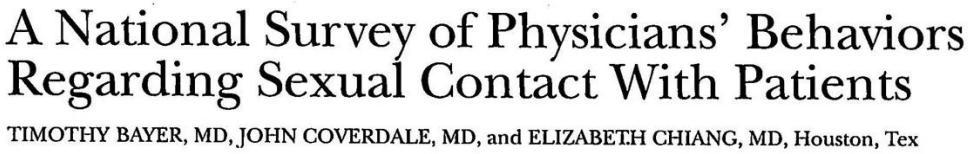
Asim Alam, Jason Klemensberg, Joshua Griesman, Chaim M. Bell

Alam A, Klemensberg J, Griesman J, Bell CM: The characteristics of physicians disciplined by professional colleges in Canada. Open Med 5: e166-e172, 2011.

PROFESSIONALISM

Studies analyzing reports of disciplinary actions for physician sexual misconduct likely underestimate the scope of the problem.

- A 1996 anonymous random national survey of U.S. physician members of the AMA (52% response rate) reported 3.4% of the respondents reported a history of personal sexual contact with one or more patients.



A National Survey of Physicians' Behaviors Regarding Sexual Contact With Patients

TIMOTHY BAYER, MD, JOHN COVERDALE, MD, and ELIZABETH CHIANG, MD, Houston, Tex

Bayer T, Coverdale J, Chiang E: A national survey of physicians' behaviors regarding sexual contact with patients. South Med J 89: 977 – 82, 1996.

PROFESSIONALISM

Rather than the consistent teaching or expert caregiving that we would wish for as the standard, providers in academic hospitals seem to operate on an ethic of crisis control. As in any crisis, the environment has evolved to accept substandard professional behavior in exchange for efficiency or productivity.


Viewpoint: **Learning Professionalism: A View from the Trenches**

Andrew H. Brainard, MD, MPH, and Heather C. Brislen, MD

Brainard AH, Brislen HC: Learning professionalism: A view from the trenches. Acad Med 82: 1010-14, 2007.

PROFESSIONALISM

In practice, unprofessional conduct by faculty is protected by an established hierarchy of authority. Established hierarchies, in turn, are not inclined to recognize and reform their own substandard behavior, and therefore, the medical community tends to only theoretically support the explicit professionalism curriculum.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PROFESSIONALISM

Students overwhelmingly desire to become professional, proficient, and caring physicians. They believe in the professional virtues of altruism, honesty, integrity, dutifulness, honor, excellence, respect for others, and accountability. They desire professional instruction, good role models, and fair evaluation. Students struggle profoundly to understand the disconnect between the explicit professional values they are taught and the implicit values of the ***hidden curriculum***.


Viewpoint: **Learning Professionalism: A Vie**
from the Trenches
Andrew H. Brainard, MD, MPH, and Heather C. Brislen, MD

Hidden curriculum
The social environment and organizational culture that shapes behaviors.

Brainard AH, Brislen HC: Learning professionalism: A view from the trenches. Acad Med 82: 1010-14, 2007.

PROFESSIONALISM

In this struggle, the evaluation of professionalism as it is practiced in an often unprofessional learning environment invites conflict and compromise by students who would otherwise tend naturally toward avowed professional virtues.


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PROFESSIONALISM

We propose that the chief barrier to medical professionalism education is unprofessional conduct by medical educators.


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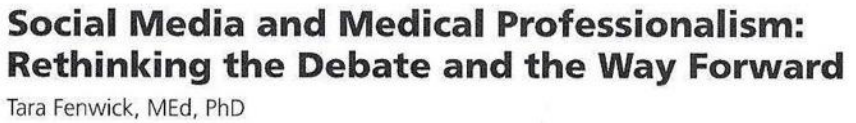
PROFESSIONALISM

Social media

PROFESSIONALISM

There is general concern that a sense of disinhibition and anonymity in online environments may produce inappropriate postings, amplified immediately by the wide reach of the media.


Social Media and Medical Professionalism: Rethinking the Debate and the Way Forward

Tara Fenwick, MEd, PhD

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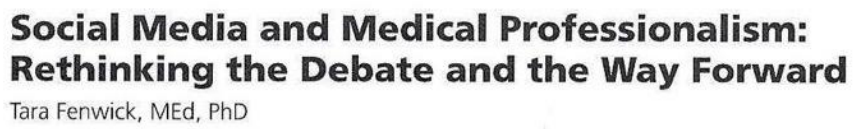
PROFESSIONALISM

Uppermost are concerns about compromising patient confidentiality and eroding public confidence in the medical profession through posting content that contains profanity, discriminatory language, and/or depictions of intoxication or sexually explicit behavior.



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PROFESSIONALISM

THE SOLUTION

PROFESSIONALISM

Role models are of central importance to the success of professionalism education. Medical educators must lead by example, and professionalism education and evaluation must be top down, starting with the most senior physicians, administrators, and staff. Definitions of professionalism must be cogent and clear, and evaluations should be objective and based on such definitions.


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PROFESSIONALISM

Forming technically proficient, professional, and humanistic physicians for the 21st century is no easy task. Central to the learners in this complex and challenging terrain is the 'modelling of' and 'learning how to be' a caregiver and health professional.

Role Modeling in Physicians' Professional Formation: Reconsidering an Essential but Untapped Educational Strategy

Nuala P. Kenny, OC, MD, Karen V. Mann, PhD, and Heather MacLeod, MA

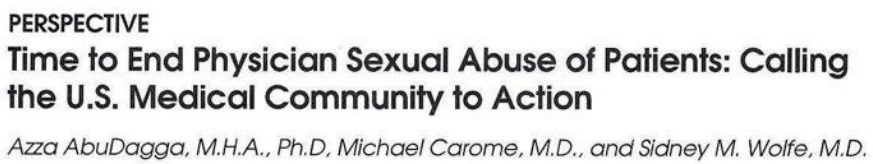
Kenny NP, Mann KV, MacLeod H: Role modeling in physicians' professional formation: Reconsidering an essential but untapped educational strategy. Acad Med 78: 1203-10, 2003.

PROFESSIONALISM

1. Replace the term sexual misconduct with the term ***sexual abuse***.

2. Educate ***physicians*** about how to prevent, recognize, and report physician sexual abuse.

3. Educate the ***public*** about how to prevent, recognize, and report physician sexual abuse.



PERSPECTIVE

Time to End Physician Sexual Abuse of Patients: Calling the U.S. Medical Community to Action

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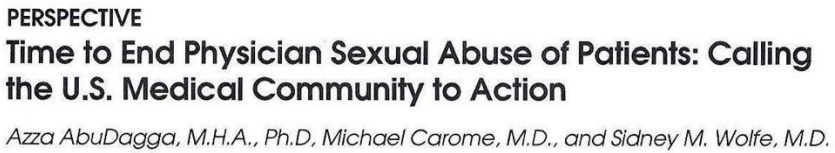
AbuDagga A, Carome M, Wolfe SM: Time to end physician sexual abuse of patients: Calling the U.S. medical community to action. J Gen Intern Med 34: 1330-3, 2019.

PROFESSIONALISM

4. Encourage and facilitate patient and patient surrogate reporting of all forms of physician sexual abuse.

5. The medical community should mandate reporting by physicians and other health care professionals of any witnessed or suspected physician sexual abuse of a patient and should institute necessary measures to prevent reprisal against individuals who make such reports.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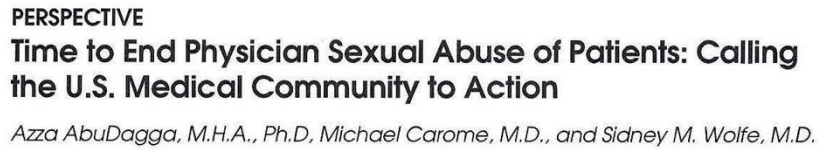
PROFESSIONALISM

6. Medical boards and health care institutions should investigate each complaint of *alleged* physician sexual abuse of patients and conduct hearings if there are grounds for proceeding, while providing due process for the accused physician and for patient witnesses.

7. Health care institutions and medical boards should discipline physicians who are *found to have engaged* in any form of sexual abuse of patients.


PERSPECTIVE

Time to End Physician Sexual Abuse of Patients: Calling the U.S. Medical Community to Action

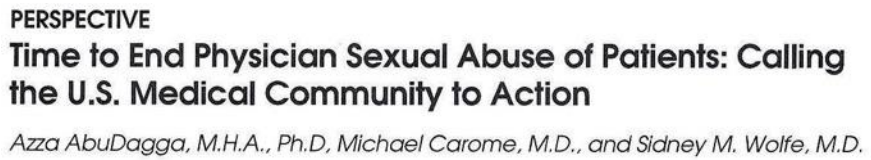
Azza AbuDagga, M.H.A., Ph.D, Michael Carome, M.D., and Sidney M. Wolfe, M.D.

AbuDagga A, Carome M, Wolfe SM: Time to end physician sexual abuse of patients: Calling the U.S. medical community to action. J Gen Intern Med 34: 1330-3, 2019.

PROFESSIONALISM

8. Health care institutions and medical boards also should report physicians to law enforcement authorities who were found to have engaged in sexual abuse with patients.

9. Medical boards should disclose on their websites complete information concerning all disciplinary actions against physicians who have been found to have sexually abused their patients.



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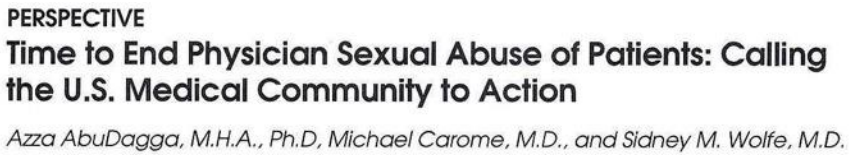
PROFESSIONALISM

10. Health care institutions and medical boards should establish and fund programs to provide subsidized psychological counseling for all patients who found to be sexually abused by physicians.

11. Health care institutions should provide trained chaperones to act as "practice monitors" during the physical examination of sensitive areas of male and female patients.



PERSPECTIVE

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PROFESSIONALISM

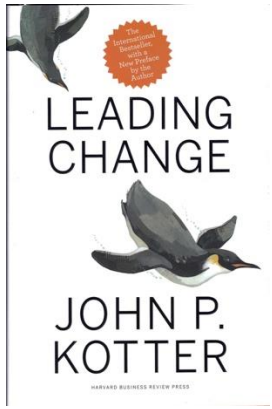
Effecting change in any large organization is difficult, and medical schools are no exception.

Faculty Development as an Instrument of Change: A Case Study on Teaching Professionalism

Yvonne Steinert, PhD, Richard L. Cruess, MD, Sylvia R. Cruess, MD, J. Donald Boudreau, MD, and Abraham Fuks, MD

Steinert Y, Cruess RL, Cruess SR et al: Faculty development as an instrument of change: A case study on teaching professionalism. Acad Med 82: 1057-64, 2007.

CHANGE

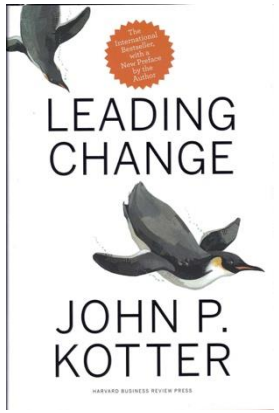


- Establishing a sense of urgency
- Creating a guiding coalition
- Creating a vision
- Communicating the vision
- Empowering others to act on the vision
- Planning for and creating short-term wins
- Consolidating improvements and producing more change
- Institutionalizing new approaches

CHANGE

- Establishing a sense of urgency

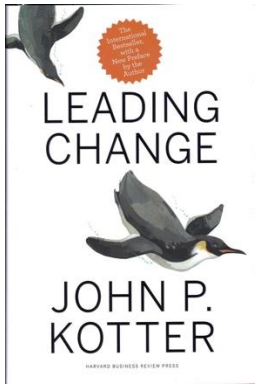
Identifying and discussing crises, potential crises, or major opportunities.



CHANGE

- Creating a guiding coalition

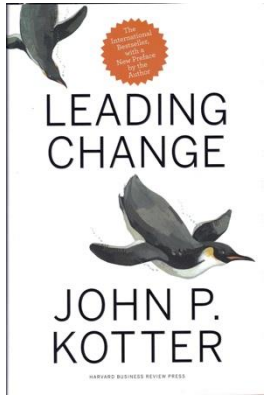
Assembling a group with enough power to lead the change effort.
Encouraging the group to work together as a team.



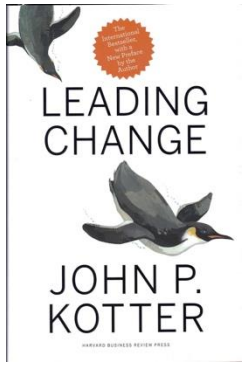
CHANGE

- Creating a vision

Developing strategies for achieving that vision.



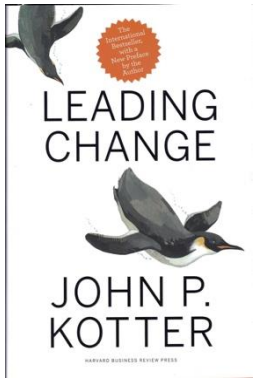
CHANGE



- Communicating the vision

Using every vehicle possible to communicate the new vision and strategies.
Teaching new behaviors by the example of the guiding coalition.

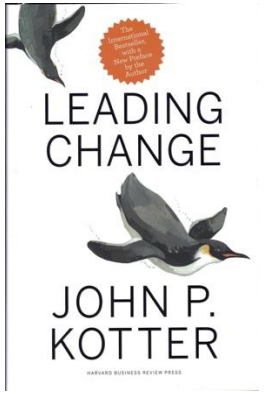
CHANGE



- Empowering others to act on the vision

Removing obstacles to change.
Changing systems or structures that seriously undermine the vision.
Encouraging risk taking and nontraditional ideas, activities, and actions.

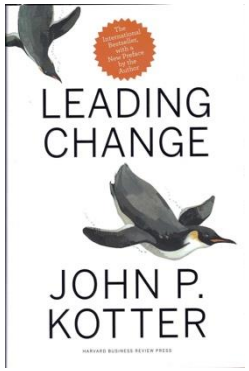
CHANGE



- Planning for and creating short-term wins

Planning for visible performance improvements.
Recognizing and rewarding employees involved in these improvements.

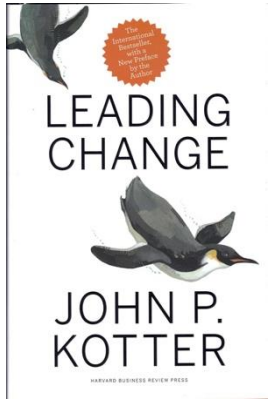
CHANGE



- Consolidating improvements and producing more change

Using increased credibility to change systems, structures, and policies that don't fit the vision.
Hiring, promoting, and developing employees who can implement the vision.
Reinvigorating the process with new projects, themes, and change agents.

CHANGE



- Institutionalizing new approaches

Articulating the connections between the new behaviors and resultant success.
Developing the means to ensure leadership development and succession.

PROFESSIONALISM

The 2024 – 2025 Dean's Advisory Council on Professionalism and Misconduct

Advisory Council Chair – David Giovannucci, PhD

Shaza Aouthmany, MD
Associate Dean for GME

Eric R. Carlson, MD, DMD, EdM
Associate Dean for Faculty Development

Courtney Combs, JD
Director, AHEC and Ohio AHEC Programs

Lori DeShetler, PhD
Assistant Dean for Assessment and Accreditation

Robert Fredrick, MD
Senior Vice-President, Academic Affairs – ProMedica

Jeremy Laukka, PhD
Senior Associate Dean for Undergraduate Medical Education

Coral Matus, MD
Associate Dean for Clinical Undergraduate Medical Education

C'Shalla Parker, RN
University Clinical Compliance Officer

Janelle Schaller, JD
Deputy General Counsel – Office of Legal Affairs

Kandace Williams, PhD
Senior Associate Dean for College of Medicine Graduate Prograr

Randall Worth, PhD
Senior Associate Dean for Student Affairs

PROFESSIONALISM

The 2024 – 2025 Dean's Advisory Council on Professionalism and Misconduct

Mission: The University of Toledo College of Medicine and Life Sciences is committed to providing a learning environment that facilitates a professional culture and prevents learner mistreatment. The professional culture created at the UTCOMLS will foster the following:

1. Acquisition of knowledge
2. Professionalism and collegial behaviors that allow provision of outstanding comprehensive clinical care and the educational training of medical students, graduate students, residents, and other learners across the educational spectrum.

The Dean's Advisory Council on Professionalism will provide guidance the the UTCOMLS Dean on issues related to professional behavior and mistreatment of faculty, learners, staff, and students. This council will serve as a guiding resource on professionalism issues, address gaps in the evaluation process and approaches to matters of professionalism not addressed by existing mechanisms, and advance coordinated best practices regarding professionalism. The Dean's Advisory Council on professionalism does not replace any existing policy or resource such as hospital medical staff bylaws or peer review processes or serve as an independent investigatory office for professionalism issues.

PROFESSIONALISM

The 2024 – 2025 Dean's Advisory Council on Professionalism and Misconduct

Vision: The vision of the Dean's Advisory Council on Professionalism and Misconduct is to increase behaviors that embody medical professionalism and decrease negative behaviors that interfere with the well-being and academic pursuits of the community of UTCOMLS scholars.

PROFESSIONALISM

SB 109 took effect on March 21, 2025, and makes many changes to Ohio law.

Key Changes:

- Board licensees must report known *or* suspected criminal conduct or sexual misconduct of another Board licensee within **30 days**. Anyone, including Board licensees, can be charged with failure to report a crime in instances when an individual knows a licensed medical provider has committed a sexual offense against a patient.

PROFESSIONALISM

SB 109 took effect on March 21, 2025, and makes many changes to Ohio law.

Key Changes:

- Board licensees are now required to self-report criminal charges within **30 days** of being filed.

PROFESSIONALISM

SB 109 took effect on March 21, 2025, and makes many changes to Ohio law.

Key Changes:

- Board licensees may be required to provide written disclosure to patients if they are placed on probation related to sexual misconduct or patient harm.

PROFESSIONALISM

SB 109 took effect on March 21, 2025, and makes many changes to Ohio law.

Key Changes:

- Board licensees may be issued a summary suspension if charged with a felony and the conduct charged constitutes a disciplinary violation under Ohio law.

PROFESSIONALISM

SB 109 took effect on March 21, 2025, and makes many changes to Ohio law.

Key Changes:

- Healthcare facilities must report a formal disciplinary action, including for sexual misconduct, taken against a Medical Board licensee within **30 days** of it being imposed.

PROFESSIONALISM

SB 109 took effect on March 21, 2025, and makes many changes to Ohio law.

Key Changes:

- Healthcare facilities and professional associations are required to report a licensee's violation of Board law or rule within **30 days**.

PROFESSIONALISM

CONCLUSION

PROFESSIONALISM

Perhaps professionalism is more of a journey than a destination. Perhaps professionalism is best captured not in a definition or metric but in the willingness of a community to engage with itself in an ongoing and reflective search for a soul defined by the core values of selflessness and service?

***Academic Medicine* and Medical Professionalism: A Legacy and a Portal Into an Evolving Field of Educational Scholarship**

Frederic W. Hafferty, PhD

Hafferty FW: Academic medicine and medical professionalism: A legacy and a portal into an evolving field of educational scholarship. Acad Med 93: 532-6, 2018.

PROFESSIONALISM

Perhaps the true promise of medical professionalism lies not in professional dominance or in the metrics of accountability, but in the willingness of a community to do its best, patient by patient, and to do so even in the face of the increasing social divisiveness that today seems to dominate so many specters of social life?

***Academic Medicine* and Medical Professionalism: A Legacy and a Portal Into an Evolving Field of Educational Scholarship**

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Change

A construct for faculty development

Wednesday July 23, 2025 at 12:00 pm
Thursday July 24, 2025 at 4:00 pm