

Policy Title: Tulane School of Medicine Professionalism Program Charter

Origin Date: April 1, 2022

Replaces Policy: (program in place since 12/2018 but not formally in policy)

Review Dates: n/a

Scope:

A comprehensive program for both facilitating a professional environment and providing a system to collect and track all reports to ensure accountability **and** follow-through.

Purpose:

The Tulane University School of Medicine (SOM) is committed to creating and maintaining a positive and respectful environment for its faculty, learners and staff by holding accountable those who do not follow the tenets of professional workplace behavior. The SOM Guiding Principles outline our prioritized core values and link them to behavioral expectations. Each year, all members of our community will acknowledge receipt of these principles. An emphasis has been placed on recognizing those individuals with exemplary behavior and who are role models for professionalism.

The Professionalism/Environment of Learning Program (PELP) is designed to facilitate the creation and maintenance of an environment that is professional, respectful, inclusive, and intellectually stimulating. The PELP allows individuals to both recognize exemplary behavior as well as submit concerns about all aspects of the learning environment.

The program receives all concerns that are submitted through a variety of mechanisms and are documented and recorded in a confidential database. Each report will be reviewed and managed following established algorithms, approved by the PELP Advisory Board. An essential assumption is that all members of our community do not intend harm, rather may need education and awareness of the impact of their actions. Thus, early intervention is key to prevent continued or escalated unprofessional behavior.

Goals:

1. Facilitate a professional learning and inclusive work environment based on our Guiding Principles.
2. Provide consistent educational opportunities for all members of our community.
3. Provide a clear and transparent process for reviewing and resolving all submissions.
4. Provide a fair system to ensure accountability of all members of our community.
5. Build and maintain trust by making available all relevant data and metrics to ensure the integrity of the program.
6. Ensure confidentiality and minimize fear of retaliation.
7. Provide oversight to ensure resources are provided to units with recurrent concerns.

Operations

1. Advisory Board:

1.1 Scope/Function

- 1.1.1 Responsible to provide oversight and monitor function of the Professionalism Program; ensure accountability. This will include changes to bylaws and policies, updates, and approval of new initiatives.
- 1.1.2 Will NOT have access to nor review or discuss individual reports nor details of the interventions.
- 1.1.3 Meet quarterly (at minimum) to review aggregated data, reports, quality assurance metrics (ie. timeliness of responding, user satisfaction, etc); may meet ad hoc if needed to resolve a time-sensitive operational issue
- 1.1.4 Will appoint the members of the TRIO based on nominations/approvals from the Executive Faculty.
- 1.1.5 Will approve the annual utilization of the Jerry Hickson Endowed fund as appropriate to support the mission of the Program in concordance with the fund resolution.
- 1.1.6 Will approve/recommend the biannual invited educational lecturers.

1.2 Membership:

1.2.1 Ex-officio/Voting

- 1.2.1.1 Faculty Lead/Director
- 1.2.1.2 Program Administrator
- 1.2.1.3 DIO
- 1.2.1.4 Chair of the GMEC Professionalism Sub-committee
- 1.2.1.5 President of Resident/Fellow Council
- 1.2.1.6 Dean of Students
- 1.2.1.7 President of Medical Student Honor Board
- 1.2.1.8 Assistant Dean for Biomedical Sciences Graduate Program and/or Director of Graduate Education
- 1.2.1.9 BMS Student Representative
- 1.2.1.10 BMS Postdoc Representative
- 1.2.1.11 Assistant Dean of EDI
- 1.2.1.12 Chief Clinical Diversity Officer
- 1.2.1.13 Chair, Professionalism Taskforce
- 1.2.1.14 Assistant Dean of Administration

1.2.2 Elected/Voting

- 1.2.2.1** Faculty members (4): 3 clinical, 1 basic science. Self-nominated, approved by executive faculty, term set at 36 months and will rotate off 1 clinical faculty member each year. Basic science faculty will rotate off every 3 years. **See Appendix A.**

1.2.3 Ex-officio/Non-voting

- 1.2.3.1 Dean of the SOM
- 1.2.3.2 HR rep
- 1.2.3.3 Dean of Faculty Affairs

2 TRIO

2.1 Scope/Function

- 2.1.1 Within 48 hours of receipt, will review and triage all reported concerns through the professionalism program, in the context of the 36-month rolling database (For faculty,

this is specifically done to ensure compliance with the “3 cups of coffee” threshold.). Refer to OIE/Title IX as indicated.

- 2.1.1.1 The TRIO is composed of five members, with 3 required to review each concern
 - 2.1.2 All concerns processed by algorithms determined by key stakeholders, see [Algorithms](#)
 - 2.1.2.1 If non learner, determine if concern egregious or standard based on professional judgement and experience. If egregious, recommend next step/escalation. If standard and faculty related, identify the appropriate peer messenger.
 - 2.1.2.2 Process to Identify Peer Messenger
 - 2.1.2.2.1 Review active list for same academic level and area of practice (basic science, clinical procedural, clinical medical specialty, etc.)
 - 2.1.2.2.2 Determine recent/past service (to ensure fair utilization)
 - 2.1.2.2.3 PELP Admin contact Peer Messenger to confirm availability
 - 2.1.3 Quarterly review of all open concerns. Will also review concerns in aggregate to identify units/areas/community members requiring additional resources to address persistent issues. These will be communicated to the Advisory Board for review/recommendation.
 - 2.1.4 Participate in program outreach and educational offerings
 - 2.1.5 Make recommendations to the AB for operational improvements
- 2.2 Membership:
- 2.2.1 Five faculty approved by the Executive Faculty
 - 2.2.2 Call for nominations from Executive Faculty and the Advisory Board
 - 2.2.2.1 Criteria/Requirement
 - 2.2.2.1.1 Member of the Tulane Faculty for 5 or more years
 - 2.2.2.1.2 Faculty are excluded from nomination if they hold a role within the Dean’s office. For faculty who hold a leadership role which *directly* oversees any faculty, resident, fellow, biomedical science student, graduate student, or medical student, they will be excluded from reviewing concerns involving individuals within their department.
 - 2.2.2.1.3 Associate Professor and above. If basic science, must be tenured.
 - 2.2.2.1.4 All nominees cleared by current TRIO and Physician Lead to ensure no past professionalism concerns prior to presentation to the Executive Faculty.
 - 2.2.2.2 Candidates presented to the Executive Faculty for final approval. After 7 days, if no concerns brought by Executive Faculty, the appointment will be finalized.
 - 2.2.2.3 New members will begin their 48-month term at the start of the new academic year, with one rotating off annually (following the initial plan for staggering-**See Appendix B**)
 - 2.2.2.4 Faculty can serve a maximum of two 4-year terms, not in succession
 - 2.2.2.5 If a TRIO member leaves the appointment prior to the end of their term, a special nomination and appointment process will be conducted. That newly appointed TRIO member will complete the term remaining.
- 3 Faculty Lead/Director
- 3.1 Appointed by the Dean in consultation with the AB.
 - 3.2 Nominations made by the Executive Faculty to meet the following criteria:
 - 3.2.1 Minimum of 10 years on faculty
 - 3.2.2 Willing to commit to a 7-year term, renewable

- 3.2.3 Command the highest respect from colleagues, learners and staff. Preferable if has been recognized by admission into AOA, Gold Humanism or other school-wide award.
- 3.2.4 Prior to presentation to the AB, the nominee will be vetted by the TRIO to ensure no history of lapses in professional behavior

3.3 Responsibilities:

- 3.3.1 Oversee the operations of the Professionalism Program in conjunction with the Program Administrator.
- 3.3.2 Present proposed changes to the algorithms for report management to the AB for discussion and approval.
- 3.3.3 Ensure the program is of highest quality, integrity and is adapting to best practices.
- 3.3.4 Responsible for frequent, clear and transparent communication to all members of our community.
- 3.3.5 Work closely with key stakeholders representing each cohort within our community as well as maintain/develop relationships and processes for collaboration with external venues (hospitals, etc.).
- 3.3.6 Lead annual assessment of stated algorithms for the management of all concerns.
- 3.3.7 Review and present reports to AB on quarterly basis and to the Exec/General Medical faculty biannually.
- 3.3.8 Implement a triennial faculty and staff survey to assess culture/needs as relates to the professionalism program. Work in conjunction with GME and UME to coordinate similar surveys to the learners.
- 3.3.9 Meet annually with all PDs and Chairs to review internal policies related to the management of concerns.
- 3.3.10 Maintain professional development/education on best practices.
- 3.3.11 Lead peer messenger review and new recruitment biannually.
- 3.3.12 Remain up to date on menu of resources available for individuals or groups that are identified as needing additional support for short- and long-term intervention.

4 Program Administrative Director

- 4.1 Fulltime staff position (or 1.0 FTE with an assistant)
- 4.2 Interviewed and selected by the Advisory Board in conjunction with the Senior Associate Dean for Administration
- 4.3 Responsibilities are outlined in Job Description, to include receiving all concerns with review for clear OIE/Title IX required reporting. If none, and no request for delayed review, will forward to the TRIO for review. If a learner has requested a delayed review, and the concern does NOT meet OIE/Title IX criteria, the concern will be held until the requested release date.

5 Confidentiality/Integrity

- 5.1 Any individual report that includes a member of the TRIO or the physician lead will be withheld from that member and reviewed by the remaining members. This process will be managed by the Program Administrative Director.
- 5.2 The Dean and all members of the TRIO will identify to whom reported concerns should be sent - i.e., For reports concerning the Dean, the Provost and/or President of the University will be notified.

6 Promoting Professionalism

- 6.1 Kudos
 - 6.1.1 Any report that comes in via the Kudo submission will be acknowledged, by the Dean, with the named recipient and their supervisors
 - 6.1.2 Will be tracked/published on the website
 - 6.1.3 Will be provided to Chairs to aid annual reviews
- 6.2 Professionalism Faculty Award to be annual

6.3 Education

- 6.3.1 Annual updates/presentations to departments
- 6.3.2 Biannual speakers/trainings will be scheduled
- 6.3.3 Provide specific training for SOM leaders
- 6.3.4 Annual follow up with all clinical site liaisons

APPENDIX A- Initial Schedule for Rotating Advisory Board Members

AY 2022 Plan for Ad Board Faculty Members Term Starts July 1:

AY 2023	Eddie Dennard, MD	July 2022- June 2025
	*Robert Hoover, MD	July 2022- June 2026
	*Sonia Malhotra, MD	July 2022-June 2027
	David Busija, PhD	July 2022- June 2025

*Initial terms will be staggered and longer than the standard 36 months.

AY 2024	Eddie Dennard, MD	July 2022- June 2025
	Robert Hoover, MD	July 2022- June 2026
	Sonia Malhotra, MD	July 2022-June 2027
	David Busija, PhD	July 2022- June 2025

AY 2025	Eddie Dennard, MD	July 2022- June 2025
	Robert Hoover, MD	July 2022- June 2026
	Sonia Malhotra, MD	July 2022-June 2027
	David Busija, PhD	July 2022- June 2025

AY 2026	Clinical Faculty #1	July 2025- June 2028
	Robert Hoover, MD	July 2022- June 2026
	Sonia Malhotra, MD	July 2022-June 2027
	Basic Sci Faculty	July 2025- June 2028

AY 2027	Clinical Faculty #1	July 2025- June 2028
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Clinical Faculty #2	July 2026- June 2029
Sonia Malhotra, MD	July 2022-June 2027
Basic Sci Faculty	July 2025- June 2028

APPENDIX B- Initial Schedule for Rotating TRIO Members

AY 2022 Plan for TRIO/Council Members Term Starts July 1:

AY 2022	Diane Blake, PhD	2018- June 2022
	David Doukas, MD	2018- June 2023
	Keith Ferdinand, MD	2018-June 2024
AY 2023	David Doukas, MD	2018- June 2023
	Keith Ferdinand, MD	2018- June 2024
	*Hong Liu, PhD	July 2022- June 2025 * 3 year term
	Lisa Morici, PhD	July 2022- June 2026
	Laurianne Wild, MD	July 2022- June 2026

* The Basic Sci #1, appointed July 2022 will have an initial 3-year term to ensure annual roll-off.

AY 2024	Keith Ferdinand, MD	2018- June 2024
	Hong Liu, PhD	July 2022- June 2025
	Lisa Morici, PhD	July 2022- June 2026
	Laurianne Wild, MD	July 2022- June 2026
	Clinical A	July 2023- June 2027
AY 2025	Hong Liu, PhD	July 2022- June 2025
	Lisa Morici, PhD	July 2022- June 2026
	Laurianne Wild, MD	July 2022- June 2026
	Clinical A	July 2023- June 2027
	Clinical B	July 2024- June 2028

AY 2026	Lisa Morici, PhD	July 2022- June 2026
	Laurianne Wild, MD	July 2022- June 2026
	Clinical A	July 2023- June 2027
	Clinical B	July 2024- June 2028
	Basic Sci A	July 2025- June 2029

AY 2027	Laurianne Wild, MD	July 2023- June 2027
	Clinical A	July 2024- June 2028
	Clinical B	July 2025- June 2029
	Basic Sci A	July 2026- June 2030
	Basic Sci B	July 2026- June 2030