



Professional behaviour guidelines

The professional behaviour of each student is assessed as a hurdle requirement in each subject of the MD. There is an expectation that students will display appropriate self-management, be respectful in their interactions with others, and be reliable and respond appropriately to feedback. Unprofessional behaviour is treated as serious, as it may constitute a risk to patients, staff, other students, the student involved or the relationship between the University and the placement provider.

The emphasis on assessment of students' professional behaviour is to allow early identification of students who display unprofessional behaviour, and act expediently on more serious breaches of behaviour. It is expected that the majority of students displaying unprofessional behaviour will respond favourably to the provision of targeted support to help them modify or alter their behaviour. This will allow students to meet the requirements of the Professional Behaviour hurdle in each subject and the course.

The aims of Professional Behaviour assessment are

- to facilitate early identification of unprofessional behaviour
- to help and support students to understand and modify their behaviour prior to it becoming a significant issue
- to act on more serious situations or behaviours that persist despite remediation

The aims of professional behaviour assessment will be achieved through a structured and transparent review process which provides documentation for each step of the assessment, and facilitates clear lines of communication of student professional behaviour assessment across the MD.

Note: The assessment of professional behaviour in this context does not cover plagiarism, posting or downloading pornography, posting copyright material, or other forms of academic or general misconduct, as these issues are covered by existing University policies and procedures. In situations where academic or general misconduct is suspected to have occurred, the relevant Student Academic Integrity Policy (MPF1310) or Student Conduct Policy (MPF1324) must be followed.

Process of professional behaviour assessment

Step 1

Anyone who observes a student demonstrating unprofessional behaviour (the 'Notifier') may notify the nominated University academic staff member(s), (the 'Nominee(s)') responsible for professional behaviour assessment in the student's current term, or the Department of Medical Education (DME). The specific concern should be identified and an account of the observed behaviour documented using the professional behaviour notification (PBN) form. The preference is that the form be completed by the Notifier themselves. However, this can be completed on their behalf by a University staff member providing the staff member has the consent of the Notifier. With consent, all email correspondence and any other documentary evidence should be attached to the PBN.

The Notifier should indicate on the PBN form whether they have discussed their observations with the student. The Notifier or their proxy should sign the form.

If the Nominee is the individual to observe the unprofessional behaviour(s), they should also complete a PBN form to ensure the transparency and completeness of the process.

Where lawful and feasible, an individual should have the option of transacting with the University without identifying themselves. If the Notifier wishes to remain anonymous in ongoing discussions with the student about the concern, the Notifier is advised to directly contact the Nominee, or DME, prior to completing the PBN to discuss how this can be ensured. If an anonymous PBN is received, it will be managed by the same process.

Step 2

After a notification has been made, the Nominee (s) will organise to meet with the student to discuss the notification. There are three possible outcomes from this meeting.

- a. There are no ongoing concerns about the professional behaviour of the student
- b. There are ongoing concerns about the student's professional behaviour and in conjunction with the student, an action plan is formulated to assist the student to address their behaviour
- c. The observed behaviour is of a severity to warrant immediate referral to the Faculty Fitness to Practice officer to implement the Student Fitness to Practice Policy (MPF1345). The Faculty Fitness to Practice Officer for the Doctor of Medicine is the MD course director.

All notifications have to be responded to and after discussion with the student, the Nominee(s) must complete a PBR form, and it should be made explicit the PBN(s) that have been addressed.

Outcomes:

- a. No ongoing concerns

The professional behaviour review (PBR) is completed by the Nominee(s), outlining the discussions with the student, and clearly documenting why there are no ongoing concerns. Both the notification and the corresponding review need to be stored by the site and sent to the relevant Subject Coordinator.

- b. Ongoing concerns and formulation of an Action Plan

For less serious examples of unprofessional behaviour, the PBR form should be completed by the Nominee outlining the concerns, the outcome of the discussion, and documenting the agreed upon action plan. The action plan should have targets that are possible to monitor or measure. Management of any physical or mental health conditions that are of concern can form part of the action plan.

The action plan should be signed by both the Nominee and the student. The plan will include a defined duration, review date, and will identify the person responsible for the review, the Nominee. A meeting should be scheduled by the Nominee with the student at the review date. Copies of the plan should be retained by the site and the student. All documentation must be forwarded to the relevant subject coordinator. If documentation has not been received by the DME at the proposed time of review, the Students and Programs Coordinator will prompt for the review of the action plan at the designated time on the PBR.

- c. Referral to Fitness to Practice

The observed behaviour is of a severity to warrant immediate referral to the Faculty Fitness to Practice officer to implement the Student Fitness to Practice Policy (MPF1345). The Faculty Fitness to Practice Officer for the Doctor of Medicine is the MD course director.

Step 3

At the end of the review period, the Nominee will meet with the student. Prior to the meeting, the Nominee will gather information to substantiate completion of the plan.

The following outcomes are possible

- a. No further concerns, and the PBR form is signed off
- b. Ongoing concerns and a further action plan is developed on a new PBR form to address this, with a defined review period and the Nominee responsible for review
- c. For recurrent professional behaviour concerns that are not addressed by the student despite feedback and PBRs the matter, or for observed behaviour that is of a severity to warrant immediate action, referral to the Faculty Fitness to Practice Officer to implement the Student Fitness to Practice Policy (MPF 1345).

The outcome of the review will be completed on the original PBR form. If there is an ongoing action plan formulated, the new documentation, completed PBR, will be forwarded at the same time.

Student Fitness to Practice

The Fitness to Practice process of the Doctor of Medicine complies with the University Fitness to Practice policy.

The objectives of the Student Fitness to Practice policy (MPF1345) are to:

- a. provide a safe environment for the public, students, professional placement providers and the University.
- b. instill in students the qualities and competencies, in addition to academic performance, required for professional practice and to support and guide students who experience issues that may affect their ability to practice; and
- c. provide a framework for the management of risks and issues related to students undertaking professional practice activities, including placement, experiential learning or clinical work prior to, or during, a student's enrolment in a course or subject.

The Faculty Fitness to Practice officer for the Doctor of Medicine is the MD Course Director.

Professional behaviour assessment hurdle

Satisfactory professional behaviour is an assessment hurdle for each subject in the MD. Prior to progressing to the next subject, the student has to pass this hurdle. There are two possible grades for this hurdle – satisfactory (which contributes to a pass for the subject) and unsatisfactory (which can lead to a fail for the subject).

The Professional Behaviour Assessment processes outlined in this document apply to all subjects in the MD. However, for individual subjects, other evidence may be taken into consideration for the satisfactory completion of the professional behaviour hurdle, for example situational judgement tests and academic integrity quizzes. Prior to the completion of the academic year, the Subject Coordinator will determine if there are any students likely to be unsatisfactory on this hurdle for their subject, that have not been already identified through this process, and ensure referral to the Faculty Fitness to Practice officer for determination prior to the completion of the year. Otherwise professional behaviour will be assumed to be satisfactory for all students.

It is possible for a student to pass the professional behaviour hurdle, and to progress to the next subject but have an ongoing action plan in place. Each subject coordinator will identify, prior to the completion of the subject, any student with an action plan for review. After discussion with the Nominee responsible for the student's professional behaviour assessment and review, a decision will be made as to whether the student will continue on an action plan as they progress to the next subject. If necessary, the student will be referred to Faculty Fitness to Practice officer to formalise this prior to the completion of the subject.

The details of the action plan will be communicated to the new Subject Coordinator by the previous Subject Coordinator. Each subject coordinator will determine who needs to know the action plan in order to monitor the student's ongoing Professional Behaviour concern in order to administer the Professional Behaviour hurdle. This will be clearly documented in an addendum to the PBR.

Students who fail to remediate their unprofessional behaviour will not pass this hurdle requirement and will be referred to the Faculty Fitness to Practice officer. Students who fail a hurdle requirement for a subject are referred to the Course Unsatisfactory Progress Committee.

Communication

It is essential that documentation and communication of Professional Behaviour notifications and assessment are transparent and complete. Documentation must be stored securely, and all processes must respect the privacy of the student and Notifier.

The MD is a diverse course, with large student cohorts distributed over many educational settings. For each semester, there are dedicated University academic staff responsible for student's education and professional behaviour assessment at each site, the Nominee(s).

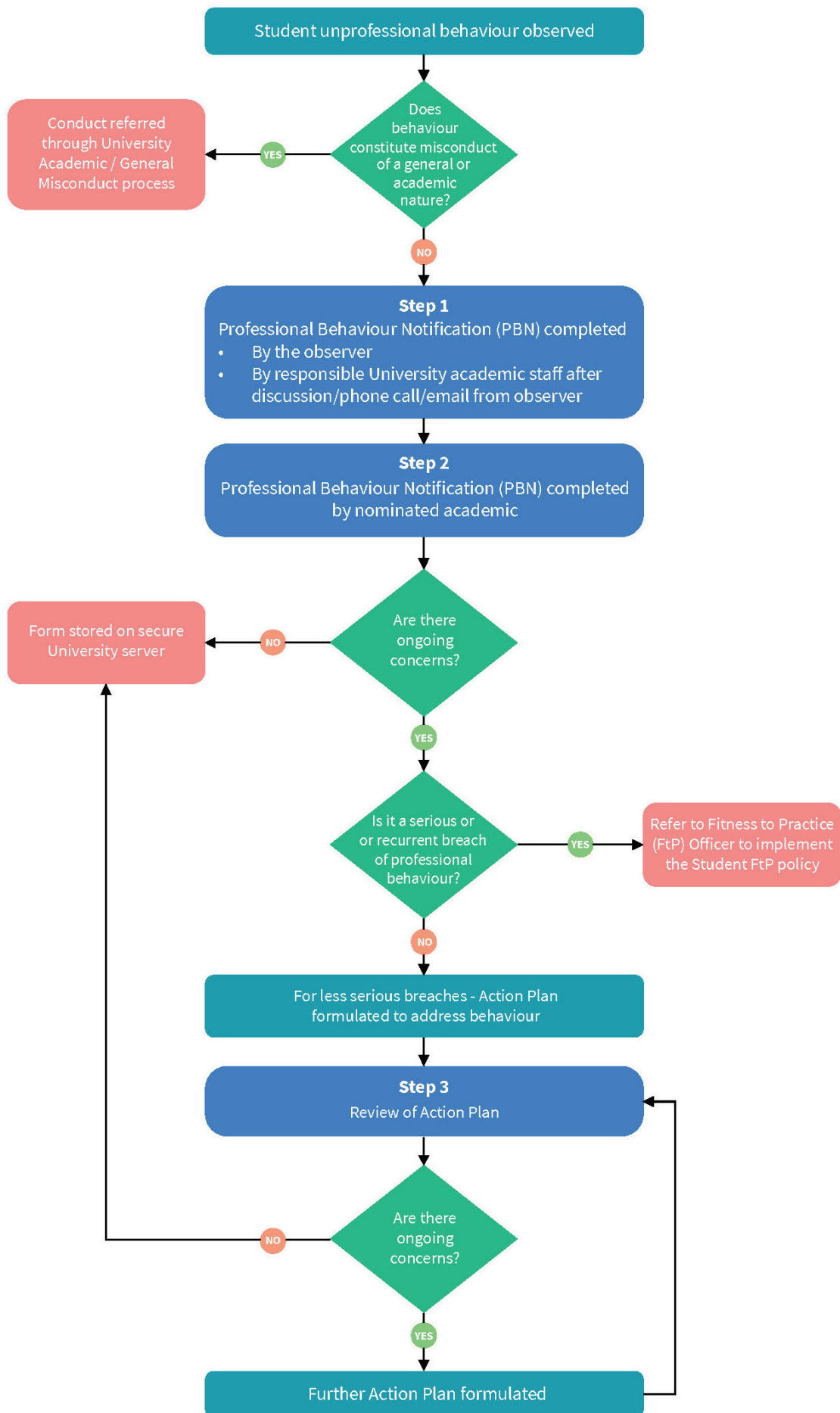
At the beginning of the academic year, the DME will confirm the University academic staff responsible for professional behaviour assessment in each site. The name and contact details of the nominated University academic staff will be added to the PBN form and reviewed annually, or when notified by the education setting of a change. At the beginning of each academic year, the DME is responsible for distributing updated and approved PBN forms to all sites. A generic PBN form will be available on MD Connect, and associated with this policy. The contact on this form is md-enquiries@unimelb.edu.au. The form will be forwarded to the appropriate Subject Coordinator to action.

Each site is responsible for advising their tutors and professional staff of the University academic staff responsible for professional behaviour assessment and for widely distributing the site specific PBN form. Every effort should be made to make the educational site and setting aware of the process for notification of professional behaviour concerns, and the existence and purpose of the form.

All completed PBN forms must be stored securely at the site using University enterprise systems. For each notification, there must be an associated PBR form completed addressing the notification. If there are multiple notifications for the one student within a short timeframe or relating to similar issues, it may be possible to address each notification with the one PBR. The PBR form is stored with the relevant PBN form(s).

All documentation must also be forwarded to the subject coordinator and stored securely at the DME using University enterprise systems.

Overview of Professional Behaviour Assessment Process



Professional Behaviour expectations

Some examples of both satisfactory and unsatisfactory behaviours are outlined below to assist with the assessment of professional behaviour and completion of the PBN and PBR forms.

<i>Professional behaviour</i>	<i>What satisfactory behaviour would look like</i>	<i>What unsatisfactory behaviour would look like</i>
Personal behaviour		
Punctuality	<ul style="list-style-type: none"> Consistently in time for scheduled activities. 	<ul style="list-style-type: none"> Regularly arrives late or leaves early.
Adherence to dress-code	<ul style="list-style-type: none"> Consistently appropriately dressed and groomed. In clinical settings, dress should be smart casual and closed toed footwear, in accordance with clinical setting OHS. 	<ul style="list-style-type: none"> Dressing and grooming is not neat and clean and appropriate to the nature of the work being undertaken, or is not in compliance with relevant organisational policy (PPE and infection control).
Understanding confidentiality of patient information and other relevant information	<ul style="list-style-type: none"> Demonstrates confidentiality in dealings with all patient information, including electronic and hard copy forms. Disposes of patient information appropriately. 	<ul style="list-style-type: none"> Divulges potentially identifiable patient information in their work such as presentations and e-portfolios. Discusses patients and reveals potentially identifiable information in public areas including on social media. Disposes of confidential information incorrectly.
Interactions with others		
Verbal communication	<ul style="list-style-type: none"> Speaks in an appropriate professional tone and manner. Shows courtesy, patience and politeness. Modifies language to suit the audience: ie explains medical terminology appropriately to patients. 	<ul style="list-style-type: none"> Uses informal or impolite language in the workplace. Shows an inability to modify language use for the audience. Is rude, interrupting, aggressive or insulting.
Non-verbal communication	<ul style="list-style-type: none"> Maintains appropriate eye-contact with colleagues and patients. Shows an awareness of personal space. Maintains professional physicality at all times. 	<ul style="list-style-type: none"> Avoiding eye contact, lacking awareness of body space, ignoring, inappropriate facial expressions.
Patients	<ul style="list-style-type: none"> Respects patient privacy, autonomy and dignity and is sensitive to the patient's needs, including for rest. 	<ul style="list-style-type: none"> Shows lack of attention to patients' needs. Does not respect patient boundaries (eg fails to formally introduce themselves). Engages in inappropriate activity while with a patient, such as texting.
Patients' relatives	<ul style="list-style-type: none"> Treats relatives with respect, while maintaining patient privacy and confidentiality. 	<ul style="list-style-type: none"> Shows lack of empathy for relatives; fails to acknowledge relatives when reviewing patient.

Teachers, supervisors, nursing and allied health staff, non-clinical staff	<ul style="list-style-type: none"> • Demonstrates skills in listening and expression. Is attentive, polite and respectful. Shows appreciation for time taken to support their learning. • Shows respect to all staff, irrespective of their role. • Shows respect for others' workspaces. 	<ul style="list-style-type: none"> • Shows lack of attention or respect, and poor listening skills (through use of electronic devices during interactions, or eating or talking in sessions etc.). • Leaves sessions early without explanation. • Does not show respect for shared work spaces and the importance of other roles in a health care setting.
Colleagues	<ul style="list-style-type: none"> • Shows respect for colleagues from their own and different cohorts of the MD program, and for colleagues from different courses and universities. • Is cooperative, polite and collegial. Shows sensitivity and empathy. 	<ul style="list-style-type: none"> • Often criticises, undermines or ridicules a colleague's performance or opinion. • Withholds information, resources, patients or details of extra teaching sessions from colleagues. • Demonstrates a lack of sensitivity to colleagues including disruptive group behaviour, unnecessary interruptions in tutorials, other inappropriate behaviours.
Reliability		
Attendance, participation, and engagement	<ul style="list-style-type: none"> • Consistently attends teaching activities and placements in line with the expectations of the subject • Consistently participates and actively engages in teaching activities and placements when present. • Expectations for attendance for each subject should be referred to at the commencement of the teaching period, on the subject information pages • (Note, If your subject has an attendance hurdle within the assessment schedule, attendance will be assessed under the attendance hurdle. Participation and engagement will be assessed under the professional behaviour hurdle) 	<ul style="list-style-type: none"> • Regularly does not attend in line within the expectations of the subject. • Regularly does not actively engage or participate in teaching activities or placement when present
Management of communications	<ul style="list-style-type: none"> • Monitors and keeps up to date with announcements from the University and placement providers (including MD Connect, emails and texts). Responds in a timely manner, within 48 hours or by a stated deadline, when required. 	<ul style="list-style-type: none"> • Does not check for updates regularly, and is therefore often unaware of announcements, timetable changes or emails sent to them. • Does not respond in a timely manner to requests.

Notifications of absence	<ul style="list-style-type: none"> • Consistently notifies staff in a proactive and timely manner about absences. • Provides required documentation. 	<ul style="list-style-type: none"> • Often fails to notify staff about absences or demonstrates significant delays in doing so. • Does not take responsibility for notification of absences or the provision of supporting documentation.
Preparation	<ul style="list-style-type: none"> • Appears prepared for teaching and learning sessions. • Consistently prepared for sessions with all equipment required and pre-session readings or work complete. Is able to participate effectively in collaborative work. 	<ul style="list-style-type: none"> • Frequently arrives unprepared for sessions without the books or equipment required, pre-session preparations such as readings or organizing of patients for discussion.
Completes all tasks in a timely manner	<ul style="list-style-type: none"> • Demonstrates effective time management, completes all tasks on time including administrative tasks, demonstrates accountability; is reliable and takes responsibility; is organised. 	<ul style="list-style-type: none"> • Tasks often not completed by the deadline. Requires frequent reminders to complete tasks. Shown to be disorganized.
Feedback		
Receipt of feedback	<ul style="list-style-type: none"> • Is proactive in seeking feedback. • Engages in respectful discussions and reflects on feedback given. • Is able to incorporate feedback into improvement of performance. 	<ul style="list-style-type: none"> • Demonstrates a failure or reluctance to accept constructive advice or appropriate criticism. • Is hostile or argumentative in response to corrective feedback. • Behaves in a threatening or intimidating manner to assessors. • Does not seek feedback or act on that which has been given.
Provision of feedback	<ul style="list-style-type: none"> • Is able where necessary to provide feedback in a polite, respectful manner. • Recognises where, in a professional setting, it is appropriate to provide feedback. 	<ul style="list-style-type: none"> • Provides feedback in a rude or untimely fashion. • Provides feedback that is not constructive or appropriate for the work environment.
Reflection	<ul style="list-style-type: none"> • Shows motivation to learn and improve. • Demonstrates adaptability. • Shows reflectiveness, personal awareness and self-assessment skills. • Identifies and responds to error, and is aware of own limitations. • Demonstrates persistence when faced with academic challenges. 	<ul style="list-style-type: none"> • Demonstrated inability to accept feedback or to recognise areas for improvement, resulting in a diminished capacity for improvement.

Professional Professional Behaviour expectations in Off Site Learning Activities (OSLA)

<i>Professional behaviour</i>	<i>What satisfactory would look like</i>	<i>What unsatisfactory would look like</i>
Personal behaviour		
Punctuality	<ul style="list-style-type: none"> Consistently logs into remote teaching activity prior to commencement time. 	<ul style="list-style-type: none"> Regularly logs in late or leaves early.
Adherence to dress code	<ul style="list-style-type: none"> For all teaching activities, appropriately dressed and groomed, as would dress and groom for a face to face teaching activity Seeks advice from individual tutors for acceptable dress if unsure Dressed professionally for all interactions with patients. 	<ul style="list-style-type: none"> Dress and grooming is not neat, clean and appropriate to the nature of the work being undertaken.
Understanding confidentiality of patient information and other relevant information	<ul style="list-style-type: none"> Ensure that all clinical off-site learning activities (OSLA)[*] will be conducted in a manner by which their voice and the voices of others cannot be overheard by others who are not part of the learning activity (*A clinical off-site learning activity is one in which a patient is present or in which patient information is discussed, whether that information is personally identifiable or not) Consistent use of headphones to not be overheard. Consistently ensures that their screen cannot be seen by others in all clinical OSLAs who not part of the learning activity 	<ul style="list-style-type: none"> Breaches patient confidentiality agreement, for example, allowing a third-party access to patient information; being overheard by others Records or posts any images from the sessions
Learning space	<ul style="list-style-type: none"> Appropriate backgrounds in remote tutorials Consistently avoids eating or being distracted by other activities Sits at a desk or table ready to learn or engage with a patient. 	<ul style="list-style-type: none"> Uses inappropriate backgrounds distracting from learning for others; eats on camera; Engages in activities that are not related to educational activity, for example changing clothes, grooming, texting; Sits on a bed
Learning material	<ul style="list-style-type: none"> Respects learning material of others and does not alter in any way. Attends learning session only with permission 	<ul style="list-style-type: none"> Annotates or marks presentations during the teaching session. Provides the necessary code to others to join the activity without permission
Interactions with others		
Communication	<ul style="list-style-type: none"> At all times is professional and respectful of others. 	

<i>Professional behaviour</i>	<i>What satisfactory would look like</i>	<i>What unsatisfactory would look like</i>
Non-verbal communication	<ul style="list-style-type: none"> • Exaggerates non-verbal cues • Maintains as much as possible eye contact with camera in small group tutorials • Sits back from screen. • Consistently has webcam active, clearly displaying their face and gaining permission from tutor, if it is necessary to deactivate webcam to preserve bandwidth • Provide proper given name and family name (or initial) displayed on screen rather than attending anonymously 	<ul style="list-style-type: none"> • Lack of engagement with teaching activity. • Perceived decreased patient centredness.
Verbal communication	<ul style="list-style-type: none"> • Appropriate comments related to education content • Mutes if not speaking on zoom. 	<ul style="list-style-type: none"> • Inappropriate comments not related to education • Rude and offensive language used.
Written communication	<ul style="list-style-type: none"> • All chat comments directly relates to teaching or educational activity engaged with. 	<ul style="list-style-type: none"> • Makes comments not related to teaching activity • Uses shorthand, slang or language that excludes other members of the teaching activity.
Patients	<ul style="list-style-type: none"> • Respects patient privacy, autonomy and dignity and is sensitive to patient needs • Declares who is present with you and confirm privacy • Documents consent • Ensure check in with patient, as remote communication can decrease patient centredness if focused on IT • Ensures do not monopolise talking and allow patients time to speak which is more difficult in a remote engagement. 	<ul style="list-style-type: none"> • Shows lack of attention to patient needs • Does not respect patient boundaries, does not seek consent, does not appropriately identify who they are and their role • Engages in inappropriate activity while engaging with a patient, such as texting.
Relatives of patients	<ul style="list-style-type: none"> • Treats patient's relatives with respect and confirm that patient provides consent for them to overhear the consultation, ensuring privacy and confidentiality. 	<ul style="list-style-type: none"> • Shows lack of empathy for relatives; fails to acknowledge family presence.
Teachers, supervisors, nursing and allied health staff, non-clinical staff	<ul style="list-style-type: none"> • Demonstrates skills in listening and expression, is attentive, polite and respectful • Shows appreciation for time taken to support their learning, recognising the increased stressors • Thanks, and acknowledges presenters respectfully • Shows respect to all staff, irrespective of their role • Unless there are issues with bandwidth, video webcam activated throughout to demonstrate that you are present, focused and ready to participate. 	<ul style="list-style-type: none"> • Shows lack of attention or respect, and poor listening skills • Does not show respect for other roles in a health care setting.

<i>Professional behaviour</i>	<i>What satisfactory would look like</i>	<i>What unsatisfactory would look like</i>
Colleagues	<ul style="list-style-type: none"> • Only allows invited people to join teaching activity or patient engagement • Demonstrates respect for all participants. 	<ul style="list-style-type: none"> • Allows uninvited people to join • Disrespectful to colleagues.
Reliability		
Attendance, participation, and engagement	<ul style="list-style-type: none"> • Consistently attends teaching activities and placements in line with the expectations of the subject • Consistently participates and actively engages in teaching activities and placements when present. • Expectations for attendance for each subject should be referred to at the commencement of the teaching period, on the subject information pages • (Note, If your subject has an attendance hurdle within the assessment schedule, attendance will be assessed under the attendance hurdle. Participation and engagement will be assessed under the professional behaviour hurdle) 	<ul style="list-style-type: none"> • Regularly does not attend in line within the expectations of the subject. • Regularly does not actively engage or participate in in teaching activity when present
Management of communications	<ul style="list-style-type: none"> • Monitors and keeps up to date with announcements from the University and placement providers and responds in a timely manner, within two working days if deadline not provided. 	<ul style="list-style-type: none"> • Does not check for updates regularly • Demonstrates delays in doing so, requires multiple prompting to reply to requests for information.
Notifications of absence	<ul style="list-style-type: none"> • Advises tutor in advance if unable to attend a scheduled teaching and learning activity. 	<ul style="list-style-type: none"> • Unplanned absences.
Preparation	<ul style="list-style-type: none"> • Appears prepared for teaching and learning sessions • Consistently prepared for sessions with all equipment required, pre-session readings and work completed • Participates effectively in collaborative work • Seeks advice prior to teaching or assessment activity to enable engagement If there are any concerns with equipment for sessions or assessments. 	<ul style="list-style-type: none"> • Frequently under prepared for sessions • Unable to engage with teaching and assessment activities and has not sought any assistance to do so prior to activity, allowing time for the problem to be resolved.
Completes all task in a timely manner	<ul style="list-style-type: none"> • Demonstrates effective time management • Completes all task on time including administrative tasks • Demonstrates accountability • Is reliable, organised and takes responsibility for engagement with course. 	<ul style="list-style-type: none"> • Tasks not completed by deadline • Requiring frequent reminders • Failure to take responsibility for own learning.