



2012

Assessing Professional Behaviors

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WMU Assessment in Action Day 2012

Assessing Professional Behaviors

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Assessing Professional Behaviors

- Focus on subjective behavior in professional programs
 - Not “objective” performance on evaluation tools
 - Classroom v. Clinical/Placement Setting
 - Goal is always, always student success . . . but sometimes they don't . . . we provide opportunities, we do not guarantee outcomes

Assessing Professional Behaviors

- College/Department tools . . . (Global issues)
- Individual faculty members tools . . . (Local issues)
- University resources . . .
- General principles . . .
- A recent example . . .
- Question and answer . . .

Assessing Professional Behaviors

- College/Department Tools
 - Promotional materials should disclose that the curriculum has a subjective (clinical/field work) component as well as ethical/behavioral requirements
 - Specify nature of clinical/field work component and periodic review of progress includes that component
 - Direct prospective students to web site containing greater detail

Assessing Professional Behaviors

- College/Department Tools continued
 - Specify the origin of the ethical standards and emphasize importance
 - Create policies and a student handbook that incorporates those requirements and standards – Nursing has one
 - Important that we 1) tell the student what the standards are before they get here, 2) tell the student what the standards are when they are here, and 3) tell them we are enforcing the standards we told them about consistently and repeatedly

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- Individual faculty members tools
 - Wording subjective evaluations is as important as the evaluation itself
 - Be specific, avoid editorial comments, do not merely draw conclusions
 - “You displayed an angry and hostile attitude” v. “On March 28, 2011 during your geriatric field placement at the Friendship Village retirement home you spoke to the patient in a very loud voice, removed items from the hands of the patient without asking first, told the patient that her comments were ‘stupid’, talked over the comments of the patient without letting her finish her sentences, told her that you ‘hated’ working with patients like her, and called her a ‘silly old woman.’”

Assessing Professional Behaviors

- Individual faculty members tools continued
 - To the extent possible, include prior instances of similar behavior, prior remedial efforts on your part, and potential future consequences
 - i.e., “This is the second time in two weeks that you have been more than 30 minutes late to a field work placement site and have failed to call in and let the facility know you were going to be late. As I indicated after the previous incident on March 15, 2012, in order to successfully complete your field work, prompt attendance is required. If you are late one more time during this placement you will be brought before the Professional Concerns Committee.”

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- Individual faculty members tools continued
 - Consistency is important – similarly situated students should be treated similarly
 - Do NOT engage in informal psychological/medical diagnosis or suggest psychological/medical treatment for a poorly performing student
 - “you suffer from . . .
 - “you might benefit from . . .
 - Responding to student rebuttals . . . “yeah but’s”
 - If they allege a disability
 - We do not have to accommodate a disability retroactively
 - We have an office dedicated to administering accommodation (Disability Services for Students, www.wmich.edu/disabilityservices). Refer them to that service – you should never engage in an *ad hoc* accommodation
 - If they allege discrimination
 - Office of Institutional equity: <http://www.wmich.edu/oie/>

Assessing Professional Behaviors

- Individual faculty members tools continued
 - There are formal structures in place for students to appeal grades and program dismissals – you should stand behind good faith evaluations you make

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■ University Resources

- Disability Services for Students, www.wmich.edu/disabilityservices
- Ombuds for grade appeals:
 - www.wmich.edu/ombudsman/appeals.html
- Ombuds for late withdrawals:
 - www.wmich.edu/ombudsman/withdraw.html
- Discrimination, OIE: www.wmich.edu/oie/
- Lawyers – OGC: www.wmich.edu/gc/

Assessing Professional Behaviors

■ General Principles

- Be specific
- Document
- Be consistent
- Discipline is always cumulative
- Be firm – subjective evaluations are necessary
- Be fair

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- A recent case
Woodward v. Trinity
Health
[http://www.michbar.org/
opinions/appeals/2011/
011311/47845.pdf](http://www.michbar.org/opinions/appeals/2011/011311/47845.pdf)

STATE OF MICHIGAN
COURT OF APPEALS

STEVEN WOODWARD, Plaintiff-Appellant,	UNPUBLISHED January 13, 2011
v	No. 292172 Oakland Circuit Court LC No. 2007-088103-CZ
TRINITY HEALTH-MICHIGAN, SUSAN CATHERINE ZONIA and AMERICAN UNIVERSITY OF ANTIGUA COLLEGE OF MEDICINE, Defendants-Appellees.	

Before: GLEICHER, P.J., and ZAHRA and K.F. KELLY, JJ.

PER CURIAM.

Steven Woodward appeals as of right the trial court's grant of summary disposition to Trinity Health-Michigan, Susan Catherine Zonia, and the American University of Antigua College of Medicine (AUA). We affirm.

Woodward was a medical student in his fifth semester of study at AUA. As part of the medical school program, AUA placed Woodward in a clinical experience rotation at St. Joseph Mercy Oakland Hospital (SJMO), which is owned and operated by Trinity Health-Michigan (Trinity). Zonia served as the director of medical education at SJMO, and as a dean for AUA's program at that site. Zonia's duties included oversight of AUA's fifth semester program at SJMO, and the evaluation of student performance. This lawsuit arises from a memorandum authored by Zonia and forwarded to Dr. Ernesto Calderon, an AUA administrator, at Calderon's request. The memorandum described concerns regarding Woodward's demeanor and unprofessional conduct while at SJMO, stating in pertinent part:

Mr. Woodward's lack of professionalism and poor communication skills are a source of great concern. We do not feel that he will be a good ambassador for AUA, our hospital, or the profession he is to enter. We encourage the faculty at AUA to review his entire record, to determine if he does not meet the qualifications to sit for the boards, and begin clinical rotations.

The record documents numerous specific examples of Woodward's inappropriate conduct while at SJMO, including his demonstrated resentment of assignments, his completion of 100 patient logs in a mere two-week period accompanied by an indication that he did not wish

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- Q & A . . .