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**Professionalism Policy**

It is the policy of the University of Tennessee College of Medicine Graduate Medical Education that Interns, Residents, and Fellows (collectively "Residents") treat all individuals within the university, research facility, or any facility in which patient care and/or training is being conducted, with courtesy, respect, and dignity. Physicians are granted great privileges and deference by our society and consequently a high degree of responsibility attaches. To that end, UTHSC GME requires that all Residents conduct themselves in a professional and cooperative manner at all times during residency/fellowship training, both on and off campus. The following provides expectations for professional behavior, both general and specific. This is not an exhaustive list of professional standards nor is it an exclusive list of unprofessional behavior, but these examples put all residents on notice of the types of behavior which are considered unprofessional. If an example is unclear or confusing, it is the duty of the resident to clarify with the Program Director, GME Staff, or the Designated Institutional Official.

**Professionalism Policies and Standards**

The below examples are reflective of the professional standards addressed in the below listed policies, laws, rules, and governing publications:

- o   GME Policy #411 Technical Standards
  https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/technical-standards-policy.pdf

- o   ACGME Common Program Requirement IV.A.5.e Professionalism
  https://www.acgme.org/globalassets/PDFs/commonguide/IVA5e_EducationalProgram_ACGMECompetencies_Professionalism_Explanation.pdf

- o   Hippocratic Oath
  https://www.nlm.nih.gov/hmd/greek/greek_oath.html

- o   Tennessee Board of Medical Examiners Policy: Principles of Medical Ethics
  https://www.tn.gov/content/dam/tn/health/healthprofboards/medicalexaminers/Principles%20of%20Medical%20Ethics.pdf

- o   UTHSC Catalog, Professionalism
  https://catalog.uthsc.edu/content.php?catoid=44&navoid=4565

- o   Clinical Training Site bylaws, rules and policies

**Work Ethic**
Always put forth one's best effort, striving to learn from patient and rotation.

Be prepared and arrive on time for all training experiences (clinical experiences/rotations, didactics, labs, conferences, virtual meetings, journal club, small group sessions, etc.).

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Demonstrate reliability, dependability, and accountability to patients, society, and the profession that supersedes self-interest by:

- Timely follow-up on tasks, labs, studies, outside records;
- Taking ownership of your patients and their care by being their primary doctor;
- Completing all notes/documentation thoroughly and in a timely manner as defined by the Program;
- Documenting findings, assessments, clinical reasoning, and plans accurately, clearly and concisely.

Fulfill all requirements in a timely manner:

- Personal health status:  Immunizations, TB skin test, mask fit test, drug screen, COVID testing, etc.;
- Educational needs: mentor, meetings with Program Director, Chair, and DIO/GME, honoring all deadlines such as USMLE Step 3/COMLEX 3 registration, required GMEC events (including Global Retreat, Resident Forum, SVMIC, etc.);
- Clinical needs: eChart training, on-boarding duties, required documentation, etc.;
- Communication needs: keep your email and voice mail accounts cleared and active, answer emails, text messages, pagers and voicemails;
- Professional attire (e.g. clean and pressed White Coat) and clothing; scrubs are appropriate when assigned or participating in surgical or direct patient-care activities, as directed by the Program Director.

## Teamwork

Be a team player and find ways to contribute in a meaningful way to the team.

Ask questions in a polite and respectful manner.

Be honest and forthcoming in presenting work done, and in interactions with patients, colleagues, faculty, and staff.

Communicate any new information or concerns about a patient to the team (e.g., information disclosed to only you by a patient).

Let the Program Director/team know immediately if you will be late or absent from your duties.

Treat others with dignity and respect. Avoid discriminatory, judgmental, or hurtful conduct in communicating with all on the education or health care team. This includes:

- Team members - professors, attendings, fellows, residents, and medical residents;
- Ancillary staff - administrative staff, nurses, therapists, social workers, case managers, dieticians, pharmacists, maintenance/EVS staff, nutrition management staff, techs;
- Program coordinators/managers, program leadership, DIO, and GME administrative staff;
- Diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;
- Patients and families.

## Unacceptable or Un-Professional Behaviors

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The following behaviors are unprofessional:

- Cheating
- Lying, stealing, and plagiarism
- Bullying and disrespectful behavior
- Misrepresenting one's professional self
- Acting outside one's scope of practice
- Fabricating or falsifying patient records or research data
- Being dismissive, defensive or combative about professional feedback
- Acting without patient informed consent
- Discrimination on the basis of protected characteristics
- Sexual harassment or harassment based on protected characteristics
- Engaging in romantic, sexual, or other nonprofessional relationship with patients, patient's family member, supervisor, supervisee, students, or faculty
- Reporting to clinical training or patient care location while under the influence of alcohol or drugs
- Failing to adhere to principles of research integrity and ethics
- Any criminal conduct

## **Self-Reporting**

- Medical, medication errors, or other patient-safety events must be reported immediately
- Loss of privileges, licensure (of any healthcare related license), exclusion from a training site, or other negative action by a clinical training site
- Change in Criminal Background Check status, including:
    - Arrest for any felony or misdemeanor (except minor traffic offenses with a fine under $250), including DWI
    - Listing on any Federal registry of excluded individuals or those excluded from Federal Programs (HHS/OIG, OFAC, or SDN lists).
    - Conviction (including pre-trial diversion or any type of conditional plea agreement) for any felony or misdemeanor (except minor traffic offenses with a fine and court expenses under $250)

    *Note*: An arrest, conviction or civil suit will not automatically lead to disciplinary or other action but will be evaluated by GME on the basis of potential detriment to the well-being of our community, patients, students, staff, or clinical partners.
- Loss or revocation of legal right to work or visa
- Loss of ability to meet the Technical Standards
- Duty hour violations

## **Impairment and Disruptive Behavior**

It is also the policy of UTHSC to be sensitive to a practitioner's health or condition that may adversely affect that individual's ability to provide safe, competent care to his/her patients. The concern is for high-quality patient care always, but it is accompanied by compassion for the practitioner whose abilities may be diminished in some way due to age, medical illness, substance abuse, impairment, or disruptive behavior.

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**Disruptive Behavior; examples** – Exhibition of behavior, or a pattern of behavior, characterized by one or more of the following actions:

- Use of threatening or abusive language directed at nurses, hospital personnel or other physicians
- Use of degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel, or the hospital
- Use of profanity or other grossly offensive language while in a professional setting
- Use of threatening or intimidating physical contact, including throwing of instruments
- Making public derogatory comments about the quality of care being provided by other physicians, nursing personnel, or the hospital, rather than working through the peer review process or other avenues to address these issues
- Writing inappropriate medical records entries concerning the quality of care provided by the hospital or any individual
- Imposing personal requirements on ancillary staff which have nothing to do with better patient care and serve only to burden staff with "special" techniques and procedures
- Creating a hostile environment which can increase risk management problems and decrease engagement

## Commitment to excellence and lifelong learning

Continually appraise scientific evidence from multiple sources. Appropriately implement new knowledge, standards, technologies, and services to manage the health problems of patients, populations, and communities and to improve outcomes.

Systematically assess quality improvement needs and potential corrective actions with a goal of implementing change to improve practice.

Participate in the education of patients, families, residents, trainees, peers, and other health professionals.

Model behavior that upholds professional standards and prioritizes optimal patient care.

Understand the importance of a commitment to excellence through the continuation of one's own professional education and growth, acceptance of scrutiny by peers and others, and dealing openly and honestly with professional mistakes.

Recognize ethical issues relating to a physician's responsibilities and obligations to patients, colleagues, and society (e.g., end-of-life issues).

Recognize the changing nature of health care and its inherent ambiguities and utilize appropriate strategies to manage uncertainty and adapt to change.

Employ self-awareness, self-care mechanisms, and appropriate help-seeking behaviors to manage stress and to balance personal and professional responsibilities.

Understand the potential for personal impairment resulting from the high-stress environment of the practice of medicine and recognize the availability of support resources. Seek out help when needed, and do not continue to practice in an impaired state.

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## Confidentiality

Do not violate confidentiality guidelines by accessing or sharing patient information in a manner that is not necessary for patient care.

Residents should not post any UTHSC patient information (including but not limited to PHI, pictures, or images) to social media sites or personal sites. This is prohibited even if the patient has provided authorization. Social media creates a potential risk of disclosing (inadvertently or otherwise) privileged or confidential information, including the identities of current or former patients. Alert your supervisor and/or contact the UTHSC HIPAA Privacy Officer if you see information posted by others that is confidential.

## Social media and institutional representation

Avoid behavior that could be harmful to UTHSC and its relationship to patients and the community or could harm patients. If you witness such behavior, report it.

UTHSC residents shall not sign up for personal accounts on social media (Facebook, Snapchat, Twitter, Instagram, blogs, or other types of social media sites) using their UTHSC email address. For personal accounts, use a personal email address as your primary means of identification.

Residents are personally responsible for their social media posts. Such posts do not express the opinion or position of the University. UTHSC workforce members engaged in personal and professional social media communications that reference UTHSC-related content should do so in a manner consistent with the University's mission and values, administrative policies and procedures, and safeguards to ensure the privacy and security of patient health information.

## Remedies and Consequences

Violations of any of the above policies, rules, and standards may result in academic action, including warning letters, probation, non-renewal, or termination from the residency program. Such behaviors may also implicate Code of Conduct, policy or disciplinary violations and are subject to Disciplinary and Adverse Actions GME Policy #620 and will be dealt with according to applicable policies and procedures.