

Professionalism Policy

It is the policy of the University of Tennessee College of Medicine Chattanooga to treat all individuals within the Erlanger Health System or any other facility in which patient care and/or training is being conducted, with courtesy, respect, and dignity. To that end, the UTCOMC requires that all individuals (Faculty, Residents*, Medical Students, and Staff) conduct themselves in a professional and cooperative manner at all times during residency/fellowship training, both on and off campus. The following provides some guidelines for professional behavior, both general and specific.

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, small group sessions, etc.).

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

- following 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;
- 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, 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 and voicemails in a timely manner, etc.

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 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 students;

- ancillary staff - administrative staff, nurses, therapists, social workers, case managers, dieticians, pharmacists, maintenance/EVS staff, nutrition management staff, techs;
- program coordinators, 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.

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, students, 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.

Confidentiality

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

Students 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 students 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.

Students are personally responsible for their social media posts. These 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.

Personal integrity

Do not engage or attempt to engage in inappropriate relationships with patients, patients' families, or their supervising or supervised team members. Inappropriate relationships include romantic or sexual relationships, exploitative financial relationships, or relationships that take advantage of real or perceived authority in any other way.

Impairment and Disruptive Behavior

It is also the policy of the UT College of Medicine Chattanooga 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. It is the responsibility of the UT College of Medicine Chattanooga to investigate and respond to unprofessional, impaired or disruptive behaviors. This specific policy is applicable to Residents regarding potential impairment or disruptive behaviors.

Definitions:

Impairment – A change in the health status of an individual that jeopardizes the Resident's ability to carry out his/her delineated privileges with good quality. Examples may include but not be limited to:

- Stress
- Burnout
- Deterioration through the aging process
- Loss of motor skills

Acute Impairment – May be derived from substance abuse/dependence, physiological, emotional, or psychological difficulty and may be evidenced by a variety of behaviors or other observations not limited to a single event or episode.

Disruptive Behavior – Exhibitions of 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.
- 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 morale.

Procedure:

Impairment/Illness/Treatment

If an individual has a reasonable suspicion that a Resident is impaired or his/her health is such that his/her patient care activities could be compromised, the UT GME Policy #745 regarding Drug and Alcohol Use, Fitness for Practice and Drug/Alcohol Testing for Cause (and the accompanying Checklist for Reasonable Suspicion for Drug and Alcohol Testing and an Authorization for Release of Information related to the testing and potential Fitness for Duty Exam) shall be followed. The Associate Dean/DIO, the Director of GME, and the Program Director will ensure that the process is followed and will work closely with the Medical Director for the Tennessee Medical Foundation Physician Health Program in concert with our UT GME Aid to Impaired Residents (AIRS) Program.

Disruptive Behavior

1. Any individual who witnesses a Resident who displays disruptive behavior should contact the Associate Dean/DIO of the UTCOMC, or his designee, and give an oral report. A written report must follow as soon as possible, preferably within 24 hours. The report must be factual and shall include a description of the incident(s) that involved disruptive behaviors. The individual must state the facts as observed.
2. The report will be promptly reviewed by the Associate Dean/DIO who shall determine if there is sufficient information to warrant further investigation. For rare, isolated or minor events a collegial counseling session will be undertaken to inform the disruptive Resident of the unacceptable behavior and the need to refrain from such behavior in the future. The Associate Dean/DIO may do the initial evaluation and counseling or designate another appropriate individual to do so.
3. For repeated or moderately egregious disruptions the Associate Dean/DIO and a panel consisting of whomever else the Associate Dean/DIO feels is appropriate will meet formally with the disruptive Resident. A written and specific agreement should be signed outlining continued expectations and monitoring of behavior and consequences if agreement is breached.
4. For severe infractions, especially when the safety of others is jeopardized, the Resident may be summarily suspended pending a thorough investigation.
5. Depending on the severity of the behavior under investigation and the Resident's response to initial counseling, behavior modification evaluation and treatment may or may not be recommended or required by the Associate Dean/DIO.
6. If it is unclear whether the conduct was actually disruptive, the Associate Dean/DIO may seek the expert opinion of an impartial individual experienced in such matters.

*The term "Resident" refers to both Resident and Fellow trainees.

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