

Title: Resident Professional Conduct Policy

Reference: ACGME Institutional Requirements (focused revision effective July 1, 2018)

I. Premise

- A. The University of Texas Rio Grande Valley (UTRGV) School of Medicine (SOM) is committed to maintaining a collaborative environment of integrity, fairness, and compassion in all interpersonal contacts. To that end, we strive to provide a safe learning and working environment for residents, fellows, and others that is free from harassment and/or discrimination. This includes behavior that could be perceived as inappropriate, harassing, or that does not meet the highest standards of professionalism.

II. Purpose

- A. To establish a policy and protocol for residents (where "residents" refers to both residents and fellows) participating in the UTRGV SOM Graduate Medical Education (GME) programs, to clarify the expectations of all house staff when interacting with others. All residents working at UTRGV and its affiliates must treat others with respect, courtesy, and dignity, and must report conduct that is disruptive or otherwise inappropriate.

III. Definitions

- A. Disruptive Behavior: Behavior that has a negative impact on the workplace environment. This includes, but is not limited to, verbal or non-verbal conduct that: (1) is violent or threatening to any other person; (2) negatively affects quality of patient care and/or disrupts the operation of the healthcare setting; (3) affects the ability of others to do their jobs; (4) creates a hostile work and/or care environment for employees, medical staff or patients; (5) interferes with an individual's ability to practice competently; or (6) adversely affects or impacts the program's confidence in the individual's ability to provide quality patient care.
- B. Professionalism: One of the six Accreditation Council for GME (ACGME) core competencies in which residents must demonstrate proficiency in order to successfully complete their GME program and enter the independent practice of their specialty. Components of professionalism include:
- i. **Honesty/integrity** refers to a consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. Honesty and integrity

- require awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient.
- ii. **Reliability/responsibility** means being responsible for and accountable to others, including accountability to patients and their families, to society to ensure that the public's needs are addressed, and to the medical profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.
 - iii. **Respect for others** extends to all spheres of contact, including but not limited to patients, families, other physicians, and professional colleagues, including nurses, residents, fellows, and medical students. Residents must treat all persons with respect and with regard for their individual worth and dignity. They must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being (inclusive of healthcare disparities) and patients' rights and choices of medical care. It is also a professional obligation to respect patient confidentiality and privacy.
 - iv. **Compassion/empathy** means listening attentively and responding humanely to the concerns of patients and family members. Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine.
 - v. **Self-improvement** is the pursuit of and commitment to providing the highest quality of health care through life-long learning and education. Residents must seek to learn from errors (pertaining to the ACGME core competency of practice-based learning) and aspire to excellence through self-evaluation and acceptance of the critiques of others.
 - vi. **Self-awareness/knowledge of limits** includes recognition of the need for guidance and supervision when faced with new or complex responsibilities. Residents must also be insightful regarding the impact of their behavior on others and cognizant of appropriate professional boundaries.
 - vii. **Communication/collaboration** means working cooperatively and communicating effectively and professionally with patients and their families and with all health care providers in the clinical learning environment; maintaining professional standards when engaging in social media communications.
 - viii. **Altruism/advocacy** refers to an unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of patients and their families.

Unprofessional behavior falls generally into three levels of increasing severity:

- Level I: Includes verbal abuse which is directed at-large but has been reasonably perceived by a witness to be disruptive behavior as defined above, and also includes most passive disruptive behavior.
 - Level II: Includes verbal abuse of yelling, swearing, or cursing; threatening, humiliating, sexual or otherwise inappropriate comments directed at a person or persons; physical violence or abuse directed in anger at an inanimate object (including throwing objects in anger); and discrimination or retaliation.
 - Level III: Includes physical violence or other physical abuse directed at people; also includes persistent Level I & II behavior that is unresponsive to remediation.
- C. Misconduct: In instances of misconduct, a resident's conduct or behavior violates workplace rules or policies, applicable law, or widely accepted societal norms. Misconduct events may

often have overlap with academic deficiencies in the ACGME core competency of Professionalism.

- i. Examples of misconduct include but are not limited to:
 1. Unethical conduct, such as dishonesty or falsification of records;
 2. Illegal conduct (regardless of criminal charges or criminal conviction);
 3. Sexual misconduct or sexual harassment (with reporting as appropriate to the Office of Institutional Equity and Diversity);
 4. Workplace violence;
 5. Job abandonment; and,
 6. Violation of UTRGV, UT System, State, Federal, or other applicable laws, policies, or procedures.

- D. Formal Remediation: Remediation options for **academic deficiencies** in the ACGME core competency areas include Warning with Structured Feedback (WSF), Performance Improvement Plan (PIP), and Corrective Action (CA). These options are defined and described in detail in the [GME Promotion, Remediation, and Grievance Policy](#).

IV. **Protocol:**

In the event of incidents of **resident misconduct and/or inappropriate behavior**, it is the responsibility of the program director (PD) to provide the resident with: (1) **notice** of the alleged incidents of misconduct committed by him/her; (2) an opportunity to **respond** to the allegation(s); and (3) a careful and reasonable decision-making process using the protocols described in this policy. Dismissal without warning may be justified in response to specific instances of misconduct, such as in Level III infractions as defined above. Examples include (but are not limited to) the following:

- o Lying, falsification of a medical record, violation of medical record privacy, being under the influence of intoxicants or drugs, disorderly conduct, harassment of other employees (including sexual harassment), fighting, encouraging a fight or threatening harm, attempting or causing injury to another person on the premises.

It is the responsibility of the PD to notify the Designated Institutional Official (DIO) of the above situations and review the proposed action(s). Any remediation actions taken must be undertaken in accordance with the [GME Promotion, Remediation, and Grievance Policy](#).

- A. Any written or verbal report alleging resident misconduct or other inappropriate behavior should be sent to the appropriate PD, who shall initiate an investigation to identify or corroborate the existence of disruptive behavior. Investigations should take place in consultation with the Associate Dean for Graduate Medical Education and/or DIO (or his/her designee), and if appropriate, with the UTRGV SOM Legal Department. **Allegations related to sexual harassment, discrimination, and/or sexual misconduct must be reported as soon as possible to the [Office of Institutional Equity and Diversity](#) (OIED)**. There may be additional and/or parallel investigations initiated by OIED and/or the clinical site; this policy pertains specifically to UTRGV GME.
- B. During the investigation, the PD will meet with the resident to give notice of the alleged behavior and the requirements of this policy and to give the resident an opportunity to

respond to the allegation(s). Both the PD and the resident/fellow may be accompanied at this meeting by other staff that the PD or resident feel are necessary to explain the incident. The PD may also meet with the person(s) toward whom the misconduct or other inappropriate behavior was directed or other pertinent parties separately. The PD investigation may involve review of relevant documentation, such as work hour logs, call logs, meeting minutes, etc.

- C. If the PD determines that the resident has not engaged in misconduct or other inappropriate behavior, s/he will advise the resident and the person to whom the misconduct or other inappropriate behavior was allegedly directed of such determination and will prepare a written report to be filed in the resident's file.
- D. If the PD determines that the resident has engaged in misconduct or other inappropriate behavior, s/he will meet with the resident to counsel him/her concerning compliance with this policy and assist in identifying methods for structuring professional and working relationships and resolving problems without engaging in inappropriate behavior. It is the intent of this policy to allow the PD latitude to develop a plan for resolution that is deemed appropriate (based on the "level" of the infraction(s) as defined above) with the goal of achieving modification of the resident's behavior; however, plans should be discussed in advance with the Associate Dean for Graduate Medical Education and/or DIO (or his/her designee), and if appropriate, with the UTRGV SOM Legal Department. Because misconduct or other inappropriate behavior occur in varying degrees, any action should be commensurate with the nature and severity of the disruptive behavior and may range from provision of a warning to termination. Repeated instances of such behavior may be considered cumulatively, and action(s) shall be taken accordingly.
- E. Following the meeting(s) with the resident, the PD may, at his or her discretion, arrange for and participate in a meeting between the resident and the person(s) toward whom the misconduct or other inappropriate behavior was directed (if known). In determining whether to arrange such a meeting, the PD is to consider the wishes of the person(s) who reported the misconduct or other inappropriate behavior. If no such meeting is arranged, the PD should individually meet with the person(s) toward whom the misconduct or other inappropriate behavior was directed (if known) to advise of the resolution of the matter.
- F. Following the meeting(s) with the resident and the person(s) toward whom the misconduct or other inappropriate behavior was directed, the PD will prepare a written summary of the reported behavior and document the following:
 - i. The date and time of the misconduct or other inappropriate behavior
 - ii. The circumstances that precipitated the behavior
 - iii. A factual, objective description of the behavior (including whether this would be categorized as Level I, II, or III behavior)
 - iv. The dates, times, and participants in any meetings with the resident, staff, etc. regarding the behavior
 - v. PD's findings and conclusions from the investigation
 - vi. A description of any actions (to be) taken, or other planned next steps
 - vii. Acknowledgement of receipt by resident attestation and signature (as with remediation documents, refusal to sign should be documented in writing by the PD)

This document should be reviewed and approved in advance by the Associate Dean for Graduate Medical Education and/or DIO, and if appropriate, with the UTRGV SOM Legal Department. A final copy should be submitted to the GME Office.

- G. The PD will also develop a plan for monitoring future compliance with or violation of this policy and will document findings of these reviews in writing to the resident's file, with copies given to the resident.

V. Due Process and Grievance Protocol

If a resident wishes to grieve the above actions, please reference the [GME Promotion, Remediation, and Grievance Policy](#).