

*Department of Emergency Medicine*

Title: <b>Department of Emergency Medicine Professionalism Policy</b>	<b>POLICY</b>
<b>Applicability:</b> Academic Faculty	

**POLICY STATEMENT**

The purpose of this departmental Professionalism Policy is to provide clear guidelines about the expectations of professional behavior within the Department of Emergency Medicine. This policy applies to all academic faculty members in the department. This policy is a supplement to all existing UNM, HSC and SOM policies and does not supersede any of these existing policies.

A faculty member’s personal characteristics and professional behavior are important to the extent that they have an impact on the missions of the School of Medicine, the Health Sciences Center, and the University of New Mexico. In the School of Medicine, there is a commitment to the attributes of professionalism, which include altruism, accountability, excellence, duty, honesty, integrity and respect. For clinical faculty engaged in patient care, there is a further responsibility to apply these attributes to their interactions with patients, patients’ families, and significant others such that patient health care needs and the privacy and confidentiality of patient information takes precedence over self-interest.

The Department of Emergency Medicine strongly supports a working, learning, and social environment where all members of the UNM community work together in a mutually respectful, psychologically-healthy environment.

The Department strives to foster an environment that reflects courtesy, civility, and respectful communication because such an environment promotes learning, research, and productivity through relationships. Because a respectful campus environment is a necessary condition for success in teaching and learning, in research and scholarship, in patient care and public service, the Department is committed to providing a respectful campus as defined by the University.

While maintaining independence of thought and action, all faculty should work effectively with diverse peers, supervisors, subordinates, support staff, patients and learners. Information used in the appraisal of personal characteristics and professionalism may be acquired from peers, subordinates, supervisors, patients, and learners.

**DEFINITIONS**

A professional and respectful campus exhibits and promotes the following values:

1. displaying personal integrity and professionalism
2. practicing fairness and understanding
3. exhibiting respect for individual rights and differences
4. demonstrating harmony in the working and educational environment

5. respecting diversity and difference
6. being accountable for one's actions
7. emphasizing communication and collaborative resolution of problems and conflicts
8. developing and maintaining confidentiality and trust
9. achieving accountability at all levels

Professionalism can also be defined by examples of professional and unprofessional behavior. Some examples are provided but these lists are not meant to be inclusive.

<b><u>Examples of Unprofessional Behavior</u></b>
• Substance abuse and/or dependence
• Patient abandonment
• Refractory lying, cheating, stealing
• Unable or unwilling to learn from past mistakes
• Failure to show up for work
• Discrimination against others based on race, creed, gender, or sexual orientation
• Risk taking that seriously threaten safety of patients and staff
• Harassment or unfair punishment of students/patients/staff
• Verbally or physically assaults patients/family/staff
• Falsification of medical records or research data
• Inappropriate sexual contact with patients, students, or staff
• Bullying or retaliation
• Personal life interference with work
• Unkempt appearance or poor grooming
• Suggestive or sloppy dress

<b><u>Examples of Professional Behavior</u></b>
• Arrives on time and prepared for work
• Appropriate dress and cleanliness
• Willingly sees patients throughout the entire shift
• Appropriate sign-outs, both giving and receiving
• Observable patient advocacy in disposition
• Uses appropriate symptomatic care
• Completes medical records honestly and punctually
• Treats patients/family/staff/paraprofessional personnel with respect
• Protects staff/family/patient's interests/confidentiality
• Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues
• Actively seeks feedback and immediately self-corrects
• Introduces himself or herself to the patient and family
• Effectively coordinates team
• Shows unconditional positive regard for the patient, family, staff, and consultants

• Accepts responsibility/accountability
• Recognizes the influence of industry marketing and advertising
• Open/responsive to input/feedback of other team members, patients, families, and peers
• Uses humor/language appropriately
• Discusses death honestly, sensitively, patiently, and compassionately
• Participates in peer-review process
• Fairly recruits residents, faculty, and staff

**PROCEDURES:**

1. An assessment of professionalism will be included as part of the faculty evaluation by the Chair twice per year and will be an important element in decisions about incentive based compensation and promotion.
2. Professionalism will be measured using a variety of tools including but not limited to: peer evaluations, evaluations by learners, ED staff evaluations, patient feedback and complaints, workplace performance and examples of written or verbal communications including email.
3. The department supports the use of the HSC professionalism model (attached) for categorizing and remediating unprofessional behavior. Serious or recurrent breaches of professionalism will be handled using existing disciplinary policies and procedures provided through the Medical Bylaws, Academic and Clinical Affairs and both University and HSC human resources.

Appendix A:

**Can't, Won't, Oops Schema of Unprofessional Behavior**  
**From HSC Professionalism Office, Dr. Bolton**

1. **Can't:** A failure to act according to the rules of a relationship because someone doesn't know how to or doesn't know the rules/expectations that are implicit in a situation

Causes:

- Sociocultural: group-based acculturation; generational differences; family of origin; secondary or tertiary socialization
- Psychological: ability to argue/disagree effectively
- Neuropsychiatric: disorder of empathy (e.g., Autism-spectrum disorders); brain injury; intelligence.

Interventions:

- Skills training (e.g., 'reading' situations, conversation skills)
- Mentoring
- Cultural awareness training

2. **Won't:** A lack of willingness or a willful refusal to act according to the rules. A person may know how to act in particular situations (e.g., the rules against swearing, against wearing 'unprofessional clothing', against 'sexually harassing' colleagues), but he/she chooses not to follow them.

Causes:

- Psychiatric: personality disorders (e.g., narcissism, sociopathy, paranoia); addiction
- Anger, Love/lust
- Apathy/burn-out
- Intentional/goal-directed
- Role contradiction
- 'Righteous'/justified disobedience

Interventions:

- Counseling/therapy
- Disciplinary Intervention
- Ethics consultation
- Reassessment of rules/expectations

3. **Oops:** A person knows the rules/expectations, and holds them to be justified, but (on occasion) breaks the rule(s) anyway. The person typically feels remorse.

Causes:


- Individual is overwhelmed (physically and/or emotionally)
- Problem of affect modulation
- Lack of interpersonal skills (e.g., unable to effectively disagree or argue)

Interventions:

- Apology
- Learning how to disagree with civility
- Education (e.g., learning about emotion 'decay curves')
- Training in coping strategies
- Reassignment

## Document Approval and Tracking

\* Policies are subject to revision or change without advanced notice.

Item	Contact	Date	Approval
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