

<b>This policy applies to:</b> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital Stanford</i>	<b>Date Written or Last Revision:</b> <b>Jan 2019</b>
<b>Name of Policy:</b> Code of Professional Behavior of Medical Staff and Physicians-in-Training Policy	<b>Page 1 of 6</b>
<b>Departments Affected:</b> All Departments	

## I. PURPOSE

To ensure Medical Staff members and Physicians-in-Training (Practitioners) conduct themselves in a professional, cooperative and appropriate manner while providing services as a Practitioner at LPCH.

To encourage the prompt identification and resolution of alleged unprofessional behavior by all involved or affected persons through informal, collaborative efforts at counseling and rehabilitation that are intended to achieve any required behavior modification by the Practitioner.

To provide a formal procedure for the further investigation and resolution of unprofessional behavior by Practitioners which has not been appropriately modified by prior informal efforts.

To provide for the appropriate discipline of Practitioners only after the informal efforts and formal procedures described in this Policy have been unsuccessful in causing the Practitioner to appropriately modify behavior in compliance with this Policy.

## II. DEFINITIONS

### A. Practitioner

1. Any member of the Medical Staff of LPCH (which includes physicians, dentists, podiatrists, psychologists) and any Advance Practice Provider (APP), intern, resident, or fellow.

## III. POLICY STATEMENT

It is the policy of the Medical Staff of LPCH that all Practitioners who are members of, or affiliated with, the Medical Staff or with any physician training program at these facilities (i.e. residency, fellowship) shall conduct themselves in a professional and cooperative manner, and shall not engage in unprofessional behavior.

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Unprofessional behavior includes, but is not limited to:

- conduct that interferes with the provision of quality patient care
- conduct that constitutes sexual harassment
- making or threatening reprisals for reporting unprofessional behavior
- shouting or using vulgar or profane or abusive language
- abusive behavior towards patients or staff
- physical assault
- intimidating behavior
- refusal to cooperate with other staff members

#### IV. PROCEDURES

- A. The Medical Staff encourages collegial and educational efforts by leaders and management to address questions relating to an individual's clinical practice and/or professional conduct. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the questions that have been raised. Collegial efforts may include, but are not limited to, counseling, sharing of comparative data, monitoring, focused review, and additional training or education.

The relevant medical staff leader shall determine whether it is appropriate to include documentation of collegial intervention efforts in an individual's confidential file. If documentation is included in an individual's file, the individual will have an opportunity to review it and respond in writing. The response shall be maintained in the individual's file along with the original documentation.

Collegial intervention efforts are encouraged, but are not mandatory, and shall be within the discretion of the appropriate medical staff leaders.

- B. Although the Medical Staff encourages the persons directly involved to informally resolve incidents of unprofessional behavior by a Practitioner, it is recognized that, for various reasons, such a resolution may be impracticable. Therefore, any written or oral report of alleged unprofessional Practitioner behavior may be sent to the President of the Medical Staff or the Vice President for Medical Affairs (VPMA), who shall initiate an informal investigation, as he/she deems appropriate, to identify or rule out the existence of unprofessional behavior.

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- C. At some point during this investigation, the President of the Medical Staff or VPMA will meet with the Practitioner to review the alleged behavior and the requirements of this Policy. Both the President of the Medical Staff or the VPMA and the Practitioner may be accompanied at this meeting by such other practitioners as the President of the Medical Staff or VPMA or the Practitioner feel are necessary to explain the alleged unprofessional behavior. At the completion of such investigation, the President of the Medical Staff or VPMA will decide as to whether the Practitioner engaged in unprofessional behavior.
1. If the President of the Medical Staff or VPMA determines that the Practitioner has not engaged in unprofessional behavior, he/she will advise the Practitioner and the person to whom the allegedly unprofessional behavior was directed of such determination, and will prepare a written report of such determination to be filed in the practitioner's credential's file, with a copy to be given to the Practitioner.
  2. If the President of the Medical Staff or VPMA determines that the Practitioner has engaged in unprofessional behavior, he/she will meet with the Practitioner to counsel the Practitioner concerning compliance with this Policy and assist the Practitioner in identifying methods for structuring professional and working relationships and resolving problems without unprofessional behavior. It is the intent of this Policy to allow the President of the Medical Staff and VPMA latitude to develop any plan for resolution that is deemed appropriate with the goal to achieve a modification of the Practitioner's behavior. The President of the Medical Staff or VPMA will also perform the functions described in Paragraphs 3, 4, and 5 of this Policy.
- D. Following the meeting(s) with the Practitioner, the President of the Medical Staff or VPMA may, at his or her discretion, arrange for and participate in a meeting between the Practitioner and the person(s) toward whom the unprofessional behavior was directed. In determining whether to arrange such a meeting, the President of the Medical Staff or VPMA is to consider the wishes of the person(s) who reported the unprofessional behavior. If no such meeting is arranged, the President of the Medical Staff or VPMA will meet with the person(s) toward whom the unprofessional behavior was directed, to advise of the resolution of the matter.

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- E. Following the meeting(s) with the Practitioner, and the person(s) toward whom the unprofessional behavior was directed as applicable, the President of the Medical Staff or VPMA will prepare a written summary of the reported behavior and the meetings to document the first violation of this Policy. In preparing the written summary of the reported behavior, the President of the Medical Staff or VPMA should document all of the following: a) the date and time of the questionable behavior, b) if the behavior affected or involved a patient and if so the patient's name and medical record number, c) the circumstances that precipitated the behavior, d) a factual, objective description of the behavior, e) the consequences of the behavior for patient care or hospital operations, f) the dates, times and participants in any meetings with the Practitioner, staff, etc. about the behavior. The summary will be filed the Practitioner's credentials file, and a copy will be given to the Practitioner. The President of the Medical Staff or VPMA will also inform the Practitioner's Chief of Service of this violation.
- F. The President of the Medical Staff or VPMA 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 Practitioner's credentials file, with copies to the Practitioner.

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- G. If a second report of alleged unprofessional behavior is made concerning the same Practitioner, the President of the Medical Staff or VPMA will prepare a memo referring the matter to the Well Being of Physicians and Physicians-in-Training Committee and/or The Committee for Professionalism. The Practitioner's Chief of Service will be copied on this memo. The Committee(s) will meet with the Practitioner and attempt to further assist the Practitioner in identifying methods for structuring professional and working relationships and resolving problems without unprofessional behavior. Referrals for counseling with required reports to the Committee may also be a part of this process. It is the intent of this Policy to allow the Committee(s) latitude to develop any plan for resolution that is deemed appropriate with the goal of rehabilitating the Practitioner. The Committee(s) will also develop a plan for monitoring future compliance with or violation of this Policy. At its discretion, the Committee(s) may consult with those person(s) who were the object(s) of the unprofessional behavior. Finally, the Committee(s) will send a written report to the President of the Medical Staff or VPMA when the Committee(s) has concluded its work with the Practitioner.
- H. The Committee(s) report shall remain in the Practitioner's credentials file.
- I. Failure of the Committee(s) to satisfactorily resolve the behavior problem will result in a referral of the matter for further review and possible discipline as outlined in the Medical Staff Bylaws.

**V. RELATED DOCUMENTS**

- A. Joint Commission on Accreditation of Healthcare Organizations Manual
- B. Well Being Committee Policy
- C. Medical Staff Code of Professional Behavior  
Committee on Professionalism Policy

**VI. APPENDICES**

- A. None

**VII. DOCUMENT INFORMATION**

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- A. Legal Authority/References
  - 1. Hospital legal counsel
  
- B. Author/Original Date
  - Lawrence Shuer, M.D., SHC Chief of Staff
  - SHC/LPCH Well Being Committee
  - 1997
  
- C. Gatekeeper of Original Document
  - Medical Staff Services
  
- D. Distribution and Training Requirements
  - 1. This policy resides in the Administrative Manuals of both hospitals.
  - 2. New documents or any revised documents will be distributed to Administrative Manual holders. This policy is on the Medical Staff Services website and is distributed to all Medical Staff at time of initial appointment
  
- E. Review and Renewal Requirements
  - This policy will be reviewed and/or revised every three years or as required by change of law or practice.
  
- F. Review and Revision History
  - Written 1997
  - Reviewed 2000
  - Reviewed and revised 2003; 2006, 2010, 2018
  
- G. Approvals
  - Well Being Committee Jan, 2003,
  - LPCH Policy Committee, May 2010, Mar 2013, Sept 16, 12/18
  - Committee On Professionalism 8/16
  - LPCH Medical Executive Committee Feb, 2003; July 2006, 5/10, 3/13, 9/16, 1/19
  - LPCH Board of Directors Feb, 2003; July 2006, 5/10, 4/13, 9/16, 1/19

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### **Medical Staff Code of Professional Behavior**

Professional behavior, ethics and integrity are expected of each individual member of the Medical Staff at Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH). This Code is a statement of the ideals and guidelines for professional and personal behavior of the Medical Staff in all dealings with patients, their families, other health professionals, employees, students, vendors, government agencies, society and among themselves, in order to promote the highest quality of patient care, trust, integrity and honesty.

Each Medical Staff member has a responsibility for the welfare, well-being, and betterment of the patient being served. In addition, the Medical Staff member has a responsibility to maintain his/her own professional and personal well-being, in addition to maintaining a reputation for truth and honesty.

#### *Guidelines for Interpersonal Relationships*

- Treat all medical staff, hospital staff, housestaff or students, and patients with courtesy and respect
- Do not treat patients while impaired by alcohol, drugs, or illness. The patient would be placed at risk
- Support and follow hospital policies and procedures; address dissatisfaction with policies through appropriate channels
- Use conflict management skills and direct verbal communication in managing disagreements with associates and staff
- Cooperate and communicate with other providers displaying regard for their dignity
- Be truthful at all times
- Wear attire that reflects your professional role and respects your patients
- Develop and institute a plan to manage your stress and promote your personal well being
- 
- You will not engage in the following behaviors:
  - Belittling or berating statements
  - Name Calling
  - Inappropriate Comments written in Medical Records
  - Blatant failure to respond to patient care needs or staff requests
  - Sexual harassment or making sexual innuendoes
  - Using abusive, threatening or disrespectful language including profanity or repetitive sarcasm or cynicism
  - Physical contact with another individual that is threatening or intimidating
  - Throwing instruments, chart or other things
  - Lack of cooperation without good cause
  - Refusal to return phone calls, pages or other messages concerning patient care
  - Inappropriate comments or behaviors at meetings
  - Making threats of violence, retribution, litigation, or financial harm
  - Making racial or ethnic slurs
  - Actions that are reasonably felt by others to represent intimidation
  - Using foul language, shouting, or rudeness
  - Condescending language, and degrading or demeaning comments regarding patients and their families; nurses, physicians, hospital personnel and/or the hospital.
  - Criticizing medical staff, hospital staff, housestaff, or students in front of others while in the workplace or in front of patients
  - Shaming others for negative outcomes
  - Physically or verbally slandering or threatening other physicians or health care professionals
  - Romantic and/or sexual relationships with your current or former patients. This extends to key third parties such as spouses, children or parents of patients

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- Revealing confidential patient or staff information to anyone not authorized to receive it
- 

*Guidelines for Clinical Practice*

- Respond promptly and professionally when called upon by fellow practitioners to provide appropriate consultation or clinical service
- Respond to patient and staff requests promptly and appropriately
- Respect patient confidentiality and privacy at all times; follow all regulations for release of information
- Treat patient families with respect and consideration while following all applicable laws regarding such relationships (release of information, advance directives, etc.)
- Seek and obtain appropriate consultation
- Arrange for appropriate coverage when not available
- Do one's best to provide the best effective and efficient care
- Prepare and maintain medical records within established time frames
- Disclose potential conflicts of interest and resolve the conflict in the best interest of the patient
- When terminating or transferring care of a patient to another physician, provide prompt, pertinent, and appropriate medical documentation to assure continuation of care
- Adhere to the policy on "Interactions between the SoM, SHC, LPCH and the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries"
  - For faculty, housestaff and medical students, refrain from accepting money, gifts, or personal benefits from commercial healthcare companies
  - For non-faculty medical staff, refrain from accepting money, gifts, or personal benefits from commercial healthcare companies when on-site at the SoM, SHC or LPCH, or affiliated hospital

*Guidelines for Relationship with Hospital and Community*

- Abide by all rules, regulations, policies and bylaws of the SHC and LPCH
- Serve on Hospital and medical staff committees
- Assist in the identification of colleagues who may be professionally impaired or disruptive
- Maintain professional skills and knowledge and participate in continuing medical education
- Refrain from fraudulent scientific practices
- Accurately present data derived from research
- Request appropriate approval from the Institutional Review Board (IRB) prior to human research activities and abide by all laws and regulations applying to these activities
- Follow and obey the law of the land and refrain from unlawful activity at all times
- Cooperate with legal professionals, including Hospital legal counsel, unless such cooperation is prohibited by law
- Participate in clinical outcome reviews, quality assurance procedures, and quality improvement programs
- Hold in the strictest confidence all information pertaining to peer review, quality assurance, and quality improvement
- Protect from loss or theft, and not share, log-ins and passwords to any hospital system that contains patient identifiable information or other confidential hospital information

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## Appendix G

### LUCILE PACKARD CHILDREN'S HOSPITAL

#### Medical Staff Code of Professional Behavior Acknowledgement of Receipt

Each Medical Staff member has a responsibility for the welfare, well-being, and betterment of the patient being served. In addition, the Medical Staff member has a responsibility to maintain his/her own professional and personal well-being, in addition to maintaining a reputation for truth and honesty.

As a member of the Medical Staff at Stanford Hospital and Clinics and/or Lucile Packard children's Hospital, I have received and reviewed the *Medical Staff Code of Professional Behavior* for the Medical Staff of Stanford Hospital and Clinics and Lucile Packard Children's Hospital. To the best of my knowledge, I have complied with the Medical Staff Code of Professional Behavior, and I will use my best efforts to comply with the Code on an on-going basis.

I have read, understand, and agree to abide by this Policy

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please sign, date and return this acknowledgement page along your application packet.**