Summa Health | Internal Medicine Residency

Code of Professional Conduct for Residents

I. Introduction

Summa Health's Internal Medicine Residency prepares well-rounded physicians for practice or fellowship in their chosen sub-specialty. To accomplish this, a focus must be given to the development of professional competence including clinical skills, medical knowledge, ethical principles and medical-legal logistics--all with guidance and supervision.

Residents entering and subsequently exiting our program must understand the significance of professional competence as a physician and assume responsibility for developing, reviewing, maintaining and modeling professional behavior. This tenet of individual responsibility for professional competence and conduct both on and off duty is a cornerstone of the medical profession and extends from the core of ethics.

The Code of Professional Conduct for Residents of the Summa Health Internal Medicine Residency Program serves to establish minimum expectations for clinical and professional behavior, along with a process for addressing circumstances in which such expectations are not met.

II. Expectations

The following outlines the minimum expected standard for professional behavior among residents of Summa Health's Internal Medicine Residency. Our core values and expectations are adopted from the Hippocratic Oath, a time-honored tradition that all in our program seek to uphold. Our core values also reflect the 4 professionalism milestones established by the ACGME.

A. Respect for individuals: our patients, students, peers, colleagues, and supervisors

> *"I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow" [***Hippocratic Oath]*

Residents, students, faculty and staff recognize the right of all individuals to be treated with respect, without regard to their position, age, race, gender, disability, national origin, religion, sexual orientation, color, marital status, military status, veteran status, or other characteristic protected by law. We do not speak negatively, nor gossip about our patients, our peers, our students, or our teachers. We aim to "demonstrate a pattern of professional behavior in complex or stressful situations" [ACGME Professionalism 1: Professional Behavior]

> *"I will remember that there is an art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug" [***Hippocratic Oath]*

B. Patient Confidentiality

*"I will respect the privacy of patients, for their problems are not disclosed to me that the world may know…I will remember that I do not treat a fever, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability – my responsibility includes these related problems" [***Hippocratic Oath]*

Residents must treat all patients with respect and dignity. Confidentiality must be always maintained, and patient health information must not be shared with any individual not directly involved in the patient's care without appropriate justification. Under no circumstances may patient information in any form be disclosed in a public forum, including on social media. Access to patient charts in the electronic medical record (EMR) is strictly limited to patients for whom the resident is directly providing care, or to patients included in an IRB-approved research study or a department-approved quality improvement project in which the resident is an active participant. Residents are prohibited from accessing their own medical records through the EMR. Any inappropriate access, use, or disclosure of patient information will be considered a serious breach of professionalism and may result in disciplinary action.

C. Communication

Professional communication is a fundamental part of the day-to-day responsibilities of physicians. These communications may be in person, electronic, or written. No matter the format, it is expected that all communications are truthful, respectful, and timely—and when necessary, confidential and compliant with privacy laws. Communication is central to development in our profession and is highlighted in a series of ACGME milestones that encompass the various individuals and modes a physician must be proficient in communicating in and to.

- Residents are responsible for monitoring their assigned email box, EMR box, and clinic paper box and addressing needs in a timely manner. As a standard, normal priority communications should be responded to within 48 hours. Urgent communications, or those with a designated necessary response time should be triaged and responded to within that specified timeframe.
- Honesty is paramount in all communications with patients, students, staff, peers, and supervisors
- Email is considered a primary method of communication within the residency program, as such all residents should regularly check their email (minimum of daily while at work) for important updates
    - Failure to check and or read email is not acceptable reason for failure to adhere to a communicated deadline, update, or request
- Chat/paging system communication should be consistently monitored while on duty – a resident is not permitted to set their availability off during a scheduled clinical shift even when approved to leave early, unless alternative coverage has been arranged and approved (e.g. residents on med team should be available by chat/paging system until 5pm even if they left the hospital prior to that time). Please see separate policy on "Epic Chat Availability and Sign Out Expectations"
- Residents are responsible for ensuring that appropriate EMR in-basket coverage is arranged when they are away from clinical duties, including during vacation, conference attendance, or any leave of absence. This includes notifying supervising faculty and clinic staff in advance and designating a colleague or covering provider to review and respond to in-basket messages in their absence.

D. Attendance and Scheduling

Timely attendance for all assigned or voluntary duties is expected whether clinical, administrative, educational or developmental. Patterns of absenteeism or tardiness will be addressed as violations of this code of conduct.

- Tardiness is defined as not being on duty at your assigned work area at the start of a scheduled shift. A tardy episode is arriving to your work area after the designated start time up to 10 minutes after the start of your shift
- Arriving to your work area more than 10 minutes after the start of your shift is considered "late" and may result in required compensatory action
- Any resident who is unable to report for or complete their work duties should **speak with** the chief resident on call as quickly as possible by phone, in addition to the designated individual(s) for whatever your rotation you are on.
    - E-mail is not an acceptable means of communication for absences
    - Having another individual contact on one's behalf is not acceptable unless incapacitated
    - Calling off prior to a shift should be done at least 2 hours before it is scheduled to start unless otherwise unavoidable – non-adherence to this time constraint may be considered a professionalism violation
    - Leaving early from clinical duties without approval of your supervising attending and chief resident or program director is not acceptable (peers and/or senior residents are NOT acceptable alternatives)
    - When calling off, the resident should be prepared to inform the chief of their assigned duties for which they were scheduled (IMC, day pager, subspecialty rotation and attending physician)
    - All missed IMC shifts will be rescheduled per IMC policy.
    - Some rotations may have additional requirements for call off procedures, please refer to the rotation specific expectations/guides
    - Calling off for duties that require schedule changes to accommodate will result in re-assignment of those duties at a later date (e.g. calling off when day pager will result in an additional scheduled day-pager at a later date, calling off of an IMC shift will result in an additional IMC shift at a later date, missed weekend shift will result in working the covering resident's next possible weekend shift etc.)
    - Calling off for a re-scheduled shift that resulted from a prior absence will result in referral to REEAC
    - Failing to be on hospital campus as required by the scheduled rotation will be considered an absence for the purposes of this code of conduct
- Vacation requests must be completed on the required form and submitted prior to the communicated deadline
    - Vacations cannot be taken in June, July, or December except for rare exceptional circumstances approved by the program director
    - Off call and vacation requests made after the stated deadline will not be granted except for extenuating circumstances

- Requests are not guaranteed to be honored and should not be considered approved until a schedule is published
- Residents are required to take 1 week of vacation prior to December of each academic year – if a resident does not schedule/request this, a week of vacation will be assigned at the discretion of the chief resident, program director, or faculty
- If a resident wants to alter their schedule after it is published it is their responsibility to find another resident willing to make an equitable trade and then have all parties confirm the trade with the chief resident
- Prior to leaving on vacation (or other scenario requiring alternate coverage of their inbox), it is the responsibility of the resident to address ALL items in their epic inbox and paper inbox as well as Healthstreams assignments that may become due while they are unavailable
- It is the responsibility of the resident to ensure that coverage is obtained and available for their EPIC and paper inboxes while they are on vacation or on a rotation that necessitates alternative coverage

- Per Summa policy: "absences occurring repetitively before or after weekends, holidays, paydays, when difficult jobs or assignments are scheduled, or certain times of the month or year" or "reporting off for 'illness'" after a denied request for time off – may result in disciplinary action.
- Circumstances that prevent adherence to the above should be communicated in writing to the chief resident as quickly as possible (eg. Family or health emergencies, weather or transportation issues, personal or family illnesses, etc.) – these will be considered in the application of this code of conduct

E. Completion of Clinical, Administrative, and Educational Duties

It is the responsibility of the scheduled physician to complete all of their assigned duties as outlined in the expectations for that given rotation as well as any additional expectations communicated by their attending physician, rotation director, chief resident, or program director.

Longitudinal duties, such as addressing inbox needs in EPIC or in the IMC, must be completed in addition to rotation-specific obligations.

Any changes in clinical duty schedules MUST be approved by the chief resident or program director, including shift trades as specified under letter "D."

Residents are not permitted to alter their own or the schedule of other residents (e.g. a resident cannot tell another resident that they do not need to come in to work – this is a fraud issue from a medical/legal/billing standpoint and is non-negotiable)

Shifts that include IMC half or full days cannot be traded without approval of the program director

Attendance at scheduled Noon Conferences is considered a core component of the residency educational curriculum. All Internal Medicine categorical residents are expected to attend **at least 40% of Noon Conferences throughout the academic year**, regardless of clinical rotation assignment. Residents are encouraged to prioritize these sessions whenever clinical

responsibilities allow, as they provide essential didactic education that complements clinical training.

Preliminary and Transitional Year residents are expected to attend **a minimum of 35% of Noon Conferences during the academic year**. This adjusted expectation recognizes that rotation schedules and service obligations may create additional barriers to attend noon conference.

Residents are expected to remain engaged during conferences and to make a good-faith effort to attend whenever feasible. Attendance will be monitored as part of the program's commitment to maintaining a robust educational environment and ensuring compliance with program expectations.

Failure to obtain the minimum standard may result in academic remediation, non-promotion to the next PGY level or graduation, or extension of training time.

Falsifying attendance records at noon conference is grounds for dismissal from the program. Attendance during the final month of residency must be >40% or offboarding clearance forms and verification of training forms will not be signed until the final day of the month and the resident will be required to stay at the program until the final day of the month.

-If a resident is pressured to not attend conference while on a rotation, or by a peer, this should be brought to the attention of a member of the core faculty immediately

F. Substance Use

Possession or use of illegal substances such as stimulants, depressants, narcotics, hallucinogens, or other agents having potential for abuse, except by prescription, are prohibited. **Please refer to Summa Employee Handbook regarding Summa Health Policy on Marijuana and the consequences of testing positive during pre-employment screening or testing positive anytime during employment.** Any resident giving cause for reasonable suspicion of intoxication from, or use of, these or other impairing substances while on duty or having an effect on their ability to perform their duties will be subject to urine and/or breath-testing in accordance with Summa policy. Those found to be using such substances will be in jeopardy of losing their status as trainees of this program. An "Impaired Performance – Reasonable Suspicion Drug Testing Management Referral" form is to be completed by the supervising attending, chief resident, program director or their proxy.

- Refusal to submit to a drug, alcohol, or narcotic screening will likely warrant immediate discharge of employment per system policy

G. Professional Attire and Composure

Appearance, dialogue, and actions should be exemplary during patient-care times. ID badge must be worn as directed by the sponsoring institution. Dress should be appropriate for professional activities and attention to personal hygiene is essential.

- What is considered "professional attire" may differ from situation to situation and culturally as well. Herein will be defined some attire that is NOT acceptable for wearing while on duty:

Blue jeans, crop tops, hooded sweatshirts, t-shirts (except when defined as acceptable by the sponsoring institution), shorts, flip-flops – these are in addition to what is outlined within the system-wide policy

III. Code Violations and Role of Resident Education and Evaluation Advisory Committee (REEAC)

The Residency Program has a responsibility to safeguard a professional environment and to provide fairness to all parties when there is an infringement in this code of conduct. Individuals who become aware of an infringement may speak with the offenders about the infraction and remind them of these requirements. If this route is not chosen or if not successful, individuals should approach the Chief Resident, Program Director, Associate Program Director, or a member of the core faculty. Issues that cannot be resolved by these individuals, or breaches of this policy necessitating disciplinary process should be referred to REEAC for discussion.

The recommended course of action will be relayed in writing to the resident/fellow. Recommendations may consist of but are not limited to the following:

1. Written reprimand maintained in the Program Director's file for the resident/fellow
2. Placement on an Enhanced Improvement Plan (EIP), Remediation Plan, or Probation
3. Required restitution action (further defined Milestone Improvement and Remediation Policy)
4. Placement of a letter regarding the incident in the resident/fellow's permanent file
5. Suspension or dismissal from the residency/fellowship program
6. Notification of the appropriate licensing and/or regulatory agencies

Refusal by the resident to attend or to sign the recommended course of action may be documented and signed by two REEAC members and may result in escalation

Appendix A

Examples of Unacceptable Behaviors

A. Respect for Individuals

Unacceptable behaviors include (but are not limited to):

- Expressing racial, sexual, sexist, or religious slurs
- Racial or sexual harassment
- Derogatory statements relating to an individual's age, race, color, religion, national origin, sex, marital status, sexual orientation, or disability status
- Inappropriate, offensive or threating language
- Disparaging comments made about colleagues, patients, staff, or faculty
- Physical acts or threats of violence (including displays of anger through destruction of property)
- Failure to carry a fair portion of clinical or educational duties within the team
- Causing disruptions during educational sessions
- Demonstrating a lack of respect towards nurses, technicians, other professionals or support staff
- Failing to comply with a reasonable request or instruction from faculty, staff, or administrators

Disruptive behaviors may result in referral to the Vice President of Medical Education and subsequently to the Conduct Review Board (CRB) as specified in the Summa GME Policy and Procedure Manual

B. Patient Confidentiality

Unacceptable behaviors include (but are not limited to):

- Plagiarizing, forging, or falsifying patient records, research, case reports, presentations, or other publication
- Sharing private health information of a patient with anyone other than health professionals who need the information for patient care
- Writing offensive or inappropriate comments in the EMR/chart
- Posting PHI or inappropriate content on social media or other electronic communication
- Engaging in discussion of protected health information (PHI) in a public area
- Using your access to view the PHI of an individual for any reason other than patient care
- Disposing of PHI in inappropriate receptacles
- Inappropriate handling of PHI

C. Communication

Unacceptable behaviors include (but are not limited to):

- Failure to respond in a timely manner to pages, secure chats, emails, or other communications
- Lying or asking other individuals to lie on your behalf
- Failing to disclose the whole truth in effort to deceive
- Causing or allowing a patient or others to believe ones' status as a resident or fellow is other than it is
- Failing to properly arrange for coverage of epic and paper box responsibilities during scheduled absence
- Poor communication issues with colleagues, staff, or consultants

- Unprofessional interactions with patients
- Unprofessional interactions with chief resident

D. Attendance

Unacceptable behaviors include (but are not limited to):

- Manipulating clinical schedules for one's benefit without chief resident approval (including IMC schedule)
- Patterns of tardiness or call-offs
- Tardy to work more than 3 times in one month or late more than 2 times in one month
- Calling off on a day that was previously requested off but denied
- Failing to notify the proper individuals when unable to report to work
- Calling off late or after the start of a shift
- Failing to attend all or part of an assigned clinical, educational, or administrative shift (even if sign-up was voluntary)
- Not attending noon conference regularly (>60% of available per month)
- Signing in others not present for noon conference
- Leaving early without permission from chief resident or program director and/or without completion of clinical, administrative and academic duties
- Late call off (<2 hours prior to start of shift – unless determined unavoidable)
- Signing in a colleague to noon conference
- Signing in and leaving noon conference early, except for urgent patient care needs.
- Failure to provide documentation (e.g. doctor's note) for absence >2 shifts which may be requested at the discretion of faculty or chief resident(s)
- Failure to attend a previously scheduled meeting or committee without reasonable cause
- Cancelling a scheduled noon conference presentation with less than 2 weeks notice

E. Professional Duties

Unacceptable behaviors include (but are not limited to):

- Failure to complete Healthstream assignments prior to due date
- Not completing outpatient charts within the defined required timeframe
- Lack of response to patient or staff questions within EMR
- Engaging in inappropriate relationships with patients or their family
- Failure to log duty hours as directed in a timely manner
- Not completing MKSAP assignments by their due date
- Failure to comply with selected Enhanced Board Prep program specifications as selected (see EBP program policy)
- Failure to follow up on clinical duties
- Abuse of power

F. Substance Use

Unacceptable behaviors include (but are not limited to):

- Using alcohol, drugs, or other substances inappropriately or excessively, or in any way that could affect the quality of care you deliver, on call duties, or academic performance

- Reporting for duty under the influence of drugs or alcohol
- Reporting for duty "hung-over" as a result of drugs or alcohol
- Prescribing medications to a patient or other individual in exchange for drugs, alcohol or sex, or other personal benefit
- Prescribing controlled substances without authorization of your attending physician

G. Professional Attire and Composure

Unacceptable behaviors include (but are not limited to):

- Failing to maintain professional composure during stressful circumstances
- Exhibiting personal appearance that gives the impression of uncleanliness or carelessness
- Inappropriate documentation in the EMR
- Allowing others to utilize your access to the EMR or hospital

By signing below, I attest that I have read and understand the contents of this document. I agree to abide by the expectations, policies, and responsibilities outlined above.

_____ _____

Name (Printed) Signature

_____

Date