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Graduate Medical Education Policy

Approved by the GMEC (Graduate Medical Education Committee) on August 26, 2025

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Policy Title: Professionalism Policy

Purpose: To describe the methods of professionalism for Trainees.

Policy Type: Sponsoring Institution/Sponsored Program Policy

- I. Trainees are responsible for fulfilling all obligations that the GME (Graduate Medical Education) office, Hospitals and Sponsored Programs deem necessary for them to begin and continue duties as a Trainee, including but not limited to:
 - A. Attending orientations.
 - B. Receiving appropriate testing and follow-up if necessary for communicable diseases, fittings for appropriate safety equipment, necessary training, and badging procedures (all of which may be prior to appointment start date).
 - C. Completing required GME, Hospital and Program administrative functions in a timely fashion and before deadlines such as medical records, mandatory on-line training modules and surveys or other communications.
 - D. Complete all educational requirements including certifying examinations
 - E. Be prompt in all communication with the GME office and the sponsored program leadership (i.e., Program Director and program coordinator)
 - F. Assure that all communication with patients, peers, faculty and leadership are conducted in a professional manner.
 - G. Demonstrate honesty in all actions including all interactions with patients, peers, faculty, and staff.
- II. All GME Program Directors and Faculty are responsible for the following:
 - A. Educating, monitoring and providing exemplary examples of professionalism to Trainees.
 - B. Each program may have a specific program level professionalism policy which describes how the program provides professional education to Trainees.
 1. The Program Director will ensure that all program policies relating to professionalism are distributed to Trainees and Faculty.
- III. Professionalism – Code of Conduct Trainees
 - A. Every physician must demonstrate sensitivity, compassion, integrity, respect, professionalism, and maintain patient confidentiality and privacy.
 - B. A patient's dignity and respect must always be maintained.
 - C. Under all circumstances, response to patient needs shall supersede self-interest.

- D. Commitment to carrying out professional responsibilities and an adherence to ethical principles are reflected in the following expected behaviors, which are examples and not an exhaustive list:
1. Respect patient privacy and confidentiality.
 - a. Knock on the door before entering a patient's room.
 - b. Appropriately drapes a patient during an examination.
 - c. Do not discuss patient information in public areas, including elevators and cafeterias.
 - d. Keep noise levels low, especially when patients are sleeping.
 2. Respect patient self-autonomy and the right of a patient and a family to be involved in care decisions.
 - a. Introduce oneself to the patient and their family members and explain the role in the patient's care.
 - b. Wear name tags that clearly identify names and roles.
 - c. Take time to ensure patient and family understanding and informed consent of medical decisions and progress.
 3. Respect the sanctity of the healing relationship.
 - a. Exhibit compassion, integrity, and respect for others.
 - b. Ensure continuity of care when a patient is discharged from a hospital by documenting who will provide that care and informing the patient of how that caregiver can be reached.
 - c. Respond promptly to phone messages and pages.
 - d. Provide reliable coverage through colleagues when not available.
 - e. Maintain and promote physician/patient boundaries.
 4. Respect individual patient concerns and perceptions.
 - a. Comply with accepted standards of dress as defined by each institution.
 - b. Arrive promptly for patient appointments.
 - c. Remain sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
 5. Respect the systems in place to improve the quality and safety of patient care.
 - a. Complete all mandated on-line tutorials and public health measures (e.g., TB skin testing) within the designated period.
 - b. Report all adverse events within a timely fashion.
 - c. Improve systems and quality of care through critical self-examination of care patterns.
 6. Respect for colleagues is demonstrated by maintaining effective communication.
 - a. Inform primary care providers of patient's admission, the hospital content and discharge plans.
 - b. Provide consulting physicians with all data needed to provide a consultation.
 - c. Maintain legible and up-to-date medical records, including dictating discharge summaries within approved hospital guidelines.
 - d. Inform all members of the care team, including non-physician professionals, of patient plans and progress.
 - e. Provide continued verbal and written communication to referring physicians.
 - f. Understand a referring physician's needs and concerns about his/her patients.
 - g. Provide all appropriate supervision needed for those one is supervising, by informing and involving supervising faculty of any changes in patient status, and by providing informed and safe handoffs to colleagues who provide patient coverage.
 - h. Acknowledge, promote, and maintain the dignity and respect of all healthcare providers.
 7. Respect for diversity of opinion, gender, and ethnicity in the workplace.
 - a. Maintain a work environment that is free of harassment of any sort
 - b. Incorporate the opinions of all health professionals involved in the care of a patient.
 - c. Encourage team-based care. In addition, professionals are held accountable to the specialty-specific board and/or society codes of medical professionalism.

- E. Uniform Dress Code Residents must adhere to this policy to reflect a professional appearance in the clinical work environment and are also held accountable to relevant individual institution policies.
 - 1. Identification: Unaltered ID badges must be worn and remain visible at all times. If a badge is displayed on the lanyard, it should be a break-away variety.
 - 2. White Coats: Long white coat that specifies the physician's name and department should be worn.
 - 3. Personal Hygiene: Hair must be kept clean and well-groomed. Hair color or style may not be extreme.
 - a. Long hair must be contained as so not to drape or fall into work area.
 - b. Fingernails should be kept clean and of appropriate length. Artificial nails are prohibited.
 - c. Scent of fragrance or tobacco should be limited/minimized.
 - 4. Shoes/Footwear: Shoes must be clean, in good repair and of a professional style appropriate to work performed. - No open-toed shoes may be worn. Shoes must have fully enclosed heels or secured with a heel strap for safety purposes.
 - 5. Jewelry: Jewelry must not interfere with job performance or safety. - Inappropriate/Not Permitted: Pins, buttons, jewelry, emblems, or insignia bearing a political, controversial, inflammatory, or provocative message.
 - 6. Tattoos: Every effort must be made to cover visible tattoos.
 - 7. Men: Clothing must reflect a professional image, including Dress-type pants & collared shirt & tie - Facial hair must be neat, clean, and well-trimmed.
 - 8. Women: Clothing must reflect a professional image, including:
 - a. Dress-type pants, skirts or dress and dress-type shirt or blouse
 - b. Skirt and dress length must be at or below the knee
 - c. Clothing should cover back, shoulders, midriff - modest neckline (no cleavage)
 - d. Scrubs: Residents may wear scrubs in any clinical situation where appropriate.
 - 1). When not in a work area, a white coat should be worn over scrubs.
- F. Professionalism
 - 1. Social Media Guidelines
 - a. Social media blurs the line between personal voice and institutional voice. The university has created these guidelines to clarify how best to protect personal and professional reputations when participating.
 - 1). For these purposes, "social media" includes but is not limited to; social networking sites, collaborative projects such as wikis, blogs and microblogs, content communities and virtual communities.
 - a). Think before posting: There is no such thing as privacy in the social media world. Before you publish a post, consider how it would reflect on you, your department/unit and on the University. Search engine databases store posts years after they were published, so posts could be found even if they were deleted, and comments may be forwarded or copied.
 - b). Be accurate: Verify your information for accuracy, spelling, and grammatical errors before posting. If an error or omission ends up being posted, post a correction as quickly as possible.
 - c). Be respectful: The goal of social media is to engage your audience in conversation. At times, that comes in the form of opposing ideas. Consider how to respond or disengage in a way that will not alienate, harm, or provoke.
 - d). Remember your audience: Though you may have a target audience, be aware that anything posted on your social media account is also available to the public at large – including prospective students, current students, staff, faculty, and peers.
 - e). Be a valuable member: Contribute valuable insights in your posts and comments. Self-promoting behavior is viewed negatively and can lead to you being banned from a website or group you are trying to participate in.

- f). Ensure your accounts' security: A compromised account is an open door for malicious entities to post inappropriate or even illegal material as though it were from you. If you administer a university/school/ college/department/unit social media account, be sure to use a different password than for your personal accounts. Follow best practices in selecting and protecting your university account passwords. Guidelines for all social media sites, including personal sites.
 - g). Protect confidential and proprietary information: Do not post confidential information about the university, students, faculty, staff, patients, or alumni; nor should you post information that is proprietary to an entity other than yourself.
 - h). Employees must follow all applicable Federal privacy requirements for written and visual content, such as FERPA and HIPAA (Health Insurance Portability and Accountability). Failure to do so comes at the risk of disciplinary action and/or termination
 - i). Respect copyright and fair use: When posting, be aware of the copyright and intellectual property rights of others and of the University.
 - j). Do not imply University endorsement: The University logo, wordmark, iconography, or other imagery shall not be used on personal social media channels. Similarly, the University's name shall not be used to promote a product, cause, or political party/candidate.
- b. Trainees are not permitted to interact with patients via private social media.
- 2. Patient Boundaries
 - a. The physician/patient relationship is one of trust and responsibility. The physician is always required to act in a way so as to promote the good of the patient. As such, sexual contact, **IN ANY FORM**, is not permitted. Sexual contact with a patient exploits the patient's vulnerability for the physician's well-being, violating the most sacred oath of "First Do No Harm." Any sexual contact may result in immediate dismissal from the program.
 - b. For the purpose of the training, the following acts will be considered sexual acts. This list is not inclusive and is meant to be guidance for the Trainee:
 - 1). Sexual Intercourse
 - 2). Oral sex
 - 3). Kissing
 - 4). Exhibiting private areas (either in person or via picture)
 - 5). Receiving solicited exhibition of private areas (either in person or via picture)
- 3. To ensure the accuracy of documentation, residents shall not use copy forward or "blow in" phrases. All documentation should be generated new on each patient.
- 4. Trainees are required to attend one meeting of the Oklahoma Board of Osteopathic Examiners in order to better understand the rules and regulations of the licensure.
- 5. Trainees should be aware of and adhere to the ethical and professional guidelines for any organizations to which they belong.

IV. Impairment and Disruptive Behavior

- A. It is the policy of the Sponsoring Institution that all Trainees are sensitive to a practitioner's health conditions that could adversely affect that individual's ability to provide safe and competent care. If a Trainee is found to have their abilities impaired by way of age, medical illness, substance abuse, impairment, or other disruptive behavior, it is the responsibility of the Sponsored Program to investigate and respond to lapses in professional behavior as it relates to impairment. This may include drug and alcohol testing and authorization for release of information related to testing and potential fitness for duty examinations.

1. Impairment: A change in the health status of an individual that jeopardizes the Trainees' ability to carry out their specified duties within a safe and competent manner.
2. Disruptive behavior: Exhibition of a pattern of behavior that could include (but not limited to) the following:
 - a. Threatening or abusive language
 - b. Degrading or demeaning comments
 - c. Use of profane language
 - d. Use of threatening or intimidating physical or verbal behavior
 - e. Writing inappropriate medical record entries
 - f. Creating a hostile environment for patients, peers, faculty, or staff

V. Disruptive Behavior Policy

- A. A Trainee determined to have a disruptive behavior incident should have their Program Director notified at the time of the incident (or as close to the incident as possible)
 1. This should be followed by a written document of specifics of the events within 2 business days
- B. The Program Director should determine the next course of action for the Trainee and at minimum provide counseling that should be followed up by a written document that is agreed upon by the Trainee. This should be maintained within the Trainees' files.
- C. If the event is egregious and may require immediate reviewable disciplinary action, the Program Director should notify the DIO (Designated Institutional Official) and follow the process for reviewable disciplinary actions.
- D. It is the right of the Sponsored Program to temporarily place the Trainee on suspension to allow for a full Investigation of the incident.

If there are discrepancies between Sponsored Program and Sponsoring Institution policies, in general the stricter of the two policies will apply; however, the Sponsoring Institution and the Sponsored Programs will work collaboratively to come to consensus in areas of debate.

References

ACGME (Accreditation Council for Graduate Medical Education) Sponsoring Institution Requirements

3.2.f. Professionalism The Sponsoring Institution, in partnership with the program director(s) of its ACGME-accredited program(s), must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)

3.2.f.4. The Sponsoring Institution must ensure that its ACGME-accredited program(s) provide(s) a professional, equitable, respectful and civil environment that is free from unprofessional behavior, including discrimination, sexual , and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members. (Core)