

***Code of Conduct for Professional Behavior at the  
University of Puerto Rico School of Medicine***

**I. Purpose**

The *University of Puerto Rico School of Medicine* (UPR-SOM) is strongly committed to the highest standards of academic excellence and patient care in a work environment that fosters teamwork and respect for the dignity of each student, resident, faculty, patient, visitor, employee, volunteer, referring physician and other members of the staff. Guidelines for professional attitudes and behaviors must be established regardless of position or seniority. Students, Residents and Faculty, both in the basic and clinical sciences, are invested in the goals set forth in this document.

The goal of the Code of Conduct for Professional Behavior is to define the expectations for faculty behavior in order to promote a safe and professional environment. It applies to the behavior expected of any professional of the UPR-SOM in Puerto Rico or abroad. Each member of the academic community at the UPR-SOM is expected to read, commit to and comply with the following Code of Ethics.

**II. Definitions**

**Academic Community:** For the purpose of this document the academic community is composed of: faculty, residents, and students.

**Respect:** for others, including students, residents, patients and their families and other colleagues.

**Accountability:** faculty members are accountable to their students, residents, patients, colleagues and society as a whole for the health needs of the public and the advancement of science. They are accountable to their profession by adhering to the ethical principles of their profession.

**Duty:** is the free acceptance of a commitment to service. This commitment entails being available and responsive when needed, accepting inconvenience to meet the needs of patients, advocating the best possible care regardless of ability to pay, seeking active roles in teaching and professional organizations, and volunteering skills and expertise for the welfare of the community. Therefore, faculty of the UPR-SOM, are expected to participate in professional organizations, community programs and institutional committees.

**Personal commitment to life-long learning:** is essential to assure the highest quality of scientific progress and medical care, as well as to stay abreast with the constant changes in scientific information, technology and tools. This commitment must be accepted from the very beginning, and must be honored throughout one's life as faculty of the UPR-SOM.

**Excellence:** is a conscientious effort to exceed expectations and to make a commitment to life-long learning. Commitment to excellence is an acknowledged goal for all professions.

**Honor and Integrity:** Are the consistent regard for the highest standards of behavior and the refusal to violate professional codes. They imply being fair and truthful, keeping one's word and meeting commitments. They also require recognition of possible conflicts of interest and avoidance of relationships that allow personal gain to supersede the best interest of your ethical commitment with the profession.

**Altruism:** is the quality of unselfish concern for the welfare of others. It seeks the best interest of others, including patients, colleagues, mentors and trainees, rather than self-interest.

**Faculty-Student Relationship:** vests considerable trust in the faculty member, who, in turn, bears authority and accountability as mentor, educator, and evaluator. The integrity of the faculty-student relationship is the foundation of the University's educational mission. The unequal institutional power inherent in this relationship heightens the vulnerability of the student and the potential for coercion. The pedagogical relationship between faculty members and students should always be based on the interest of learning. Whenever a faculty member is responsible for academic supervision of a student, the relationship should follow the strictest standards of professionalism.

## **CHALLENGES TO PROFESSIONALISM**

**Abuse of Power:** Scientists and physicians enjoy great respect by others. When used appropriately, this circumstance can accomplish enormous good and can set the standard for serving society's best interest. When abused, this power can lead to deviant behavior in many settings, including the interactions with patients, colleagues and trainees. The respect and trust of students, colleagues, and patients are to be cherished, not abused. Abuse of power can take many forms:

1. not allowing patients to contribute to decision making regarding their own care and / or blaming the patients for their conditions.
2. allowing financial and academic competitiveness to affect judgment
3. dishonest evaluation of peers and trainees
4. using the work of junior colleagues or students to enhance one's academic career
5. deliberately retarding the academic development of junior colleagues
6. the unwarranted undermining of junior colleagues
7. abusive behavior, including sexual harassment, towards students, residents, colleagues and patients

**Discrimination, bias and harassment:** Professionals have a responsibility to ensure an environment in which all colleagues enjoy equal respect and where they can advance to their full potential,

irrespective of disability, ethnicity, gender, gender identity, sexual orientation, race, and religion, among other possible differences. Inequities that impair the professional and personal development of any individual will not be allowed. Attitudes and behaviors that may have been tolerated in the past will no longer be accepted. Situations such as jokes related to ethnicity, nationality, gender, sexual orientation and sexual identity among others, may create a hostile environment, which negates the basic principles of respect and professionalism. Abuse, whether directed toward students, residents, colleagues, or non-teaching is unacceptable at the UPR-SOM.

**Breach of Confidentiality:** Is unacceptable by all members of the academic community. Confidentiality is the basis of trust in most relationships.

**Arrogance:** Is the display of a sense of superiority. By their nature, science and medicine can foster arrogance in the medical school faculty in general and in physicians in particular. Arrogance destroys professionalism by reducing the ability to establish empathy and collaboration with others.

**Greed:** is the inappropriate aspiration of fame, power and money. Greed impairs caring and integrity and therefore negates professionalism. The faculty must constantly reevaluate his/her motives to ensure that no actions are dictated by personal gain.

**Misrepresentations:** Consists of lying and fraud. Lying implies a conscious effort not to tell the truth. It is not simply relating an untruth. Lying about class assignments or experiments, or misrepresenting patient-related data because of failure to complete an assignment or find the correct information, are serious breaches in professionalism, which suggests overall dishonesty in the individual. Fraud is a conscious misrepresentation of information with the intent to mislead. Lying about the services offered in order to obtain reimbursement and misrepresentation of experimental data are examples of fraud.

**Impairment:** Faculty members who are impaired in their ability to carry out their professional obligations, must relinquish their responsibilities, particularly when caring for patients or teaching. Colleagues have a duty to assure that this standard is maintained. Skills, behaviors, and attitudes may be affected by a variety of diseases, a chronic illness, or abuse of alcohol and other substances. When this impairment impedes optimal teaching or patient care, action must be taken. While severe impairment may be easy to recognize, marginal impairment may not be readily detectable and doubts may exist about whether it is even present. Reluctance to draw attention to an impaired or potentially impaired colleague is a significant problem. Rationalizations that inhibit prompt and appropriate action are common, but inaction in dealing with an impaired colleague is a break down of professional obligation. Any intervention with an impaired faculty member must be compassionate, educational and aimed at identifying and correcting the problem and, if possible, moving towards rehabilitation.

**Lack of commitment:** is a failure to fulfill responsibilities, and is incompatible with the essence of professionalism. Doing only the minimum, being “too busy” to commit the time and effort required for teaching or service commitments, delegating the care of patients to unsupervised trainees, not participating or not contributing to committee meetings exemplify a lack of commitment and a deviation from expected standards of professionalism.

**Conflict of Interest:** Recognition and avoidance of conflicts of interest represent a core issue of professionalism. The faculty must avoid situations in which their personal interest is placed above the interest of the patient, or in which other interests affect the scientific process. Faculty members must be trained to recognize, understand and avoid potential conflicts of interest in medicine and in science. Conflicts of interest include self-referral, interpretation of data based on influence from pharmaceutical companies and the acceptance of some types of gifts which are not justified in the cultural context.

### **III. Scope of Code of Conduct**

To achieve the goal of excellence, all members of the academic community are expected to adhere to this Code of Conduct in their interactions with students, residents, patients, colleagues, other health professionals, trainees, staff and the public.

This code includes 2 parts: OBLIGATIONS, which refers to necessary behaviors that are required by the ethical foundation of teaching, learning, research, and medical practice. IDEALS, which refers to desirable behaviors that health care providers at all levels should exhibit because they enhance excellence.

#### **Professional Obligations**

##### **A. Responsibility for Patient Care**

1. Maintain the best interest of the patient as the foremost concern in all circumstances. Once you assume the care of a patient, your responsibility continues until the problem has been resolved or you are assured that your patient is under the care of another physician. When off duty or on vacation, assure that your patients are adequately cared for by another physician.
2. Transfer patient care by appropriately informing the accepting physician the details of the medical condition and vital information that may affect the patient's condition.
3. Obtain the patient's **well informed consent** for diagnostic tests, therapies, photographs, and any kind of intervention. **Well informed consent:** means assuring that the patient (or family, when applicable) understands clearly what he, she, or they are consenting to. Just signing an "informed consent" form may not be sufficient in many cases. Often there is a need to devote time to explain verbally a procedure or a potential consequence.
4. Follow-up on ordered laboratory tests or therapies.

5. Complete the patient's record documentation promptly and conscientiously.
6. Coordinate with your team the timing of information sharing with patients and their families to present a coherent and consistent treatment plan.
7. Charge patients or their insurers fairly and appropriately.
8. Do not abuse alcohol or drugs that could diminish the quality of patient care or academic performance.
9. Do not allow developing or engaging in romantic or sexual relationship with patients or students. If such a relationship seems to be developing, seek guidance and terminate the professional relationship.
10. Do not abandon a patient. If you are unable or unwilling to continue care, you must assist in referring the patient to another competent practitioner willing to care for the patient.
11. Do not withhold vital or emergent treatment to a patient because of inability to pay.
12. Maintain excellent documentation of the patient's condition on the chart.
13. Respect special requests, such as **advance directives**, documented in the chart. If unable or unwilling to do so, inform the patient during the first meeting or prior to admission to the hospital.

**B. Respect for others**

1. Treat patients, colleagues, other health professionals, other staff, students and teachers with the same degree of respect you would wish them to show you. View yourself as a mentor and as an example of appropriate behavior.
2. Treat students and patients with kindness, dignity, compassion, and honesty.
3. Respect the privacy of patients.
4. Do not use offensive, degrading or stigmatizing language, either verbally or in writing, when referring to patients or their illnesses.
5. Do not harass others physically, verbally, psychologically or sexually.

6. Do not discriminate on the basis of gender, race, disability, sexual orientation, gender identity, physical attributes, religion, among other possible differences.
7. Do not share the medical or personal details of a patient's history, diagnostic or therapeutic regimen, or prognosis with anyone, except those health care professionals integral to the well being of the patient or within the context of an educational endeavor, at which time the patient's identity must **never** be disclosed.
8. Do not discuss patients or their illnesses in public places where the conversation may be overheard.
9. Do not publicly identify individual patients, in words or in writing, without adequate justification and the patient's well informed consent.
10. Do not invite or allow unauthorized persons into patient care areas of the institution.
11. Do not share your confidential clinic passwords with unauthorized persons.
12. Do not look up confidential data on patients without a professional need to know.
13. Do not photograph or videotape a patient without the patient's well informed consent and written authorization.
14. Do not expose a patient's body in areas where unauthorized persons or strangers may be present, such as emergency rooms, stabilization units, or shared patient rooms.

### **C. Honesty and Integrity**

1. Be truthful in verbal and in written communications
2. Acknowledge your errors of omission and commission to colleagues and patients in a reasonable manner.
3. Clinical decision-making must not be influenced by personal, institutional or financial considerations at the expense of the delivery of medical care of the highest quality.
4. Do not knowingly mislead others
5. Do not cheat, plagiarize, or otherwise act dishonestly.
6. Do not abuse privileges, e.g. charge personal expenses to the institution.

#### **D. Awareness of Limitations and Professional Growth**

1. Be aware of your personal limitations and deficiencies in knowledge and abilities and correct them. Be willing to listen to constructive assessment by peers or superiors.
2. Know when and whom to ask for supervision, assistance or consultation.
3. Know when and for whom to provide appropriate supervision.
4. If ill, distraught, or overcome with personal problems, exercise caution: do not discuss issues of an intimate nature with patients or students.
5. Do not engage in unsupervised work in areas or situations where you are not adequately trained.
6. Stay abreast with the constant changes in scientific information, technology and tools.

#### **E. Professional Projection**

1. Clearly identify yourself and your professional level to patients and staff. Wear your ID badge when in patient areas.
2. Dress in a neat, clean, professionally appropriate manner, as indicated by the UPR-SOM's Dress Code.
3. Maintain a professional composure despite the stresses of fatigue, professional pressures, or personal problems.
4. Do not introduce medical students as: "Doctor".
5. Do not write offensive, stigmatizing or judgmental comments in patients' charts.
6. Do not criticize the medical decisions of colleagues in the presence of patients or in inappropriate places.
7. Avoid the use of first names without permission when addressing adult patients. Do not use "mom, grandma, grandpa" when addressing patients; address them properly by their name.
8. Faculty must demonstrate punctuality, and attend scheduled tasks or activities, except when there are well justified reasons.
- 9.

#### **F. Avoiding Conflicts of Interest**

1. Maintain the best interest of the patient when making all clinical decisions.
2. Do not accept non-educational gifts from drug companies or medical equipment vendors or suppliers.
3. Do not participate in individual incentive programs sponsored by drug and/or instrument companies.
4. Do not refer patients to laboratories or other agencies in which you have a direct personal financial stake.
5. Do not allow special interests to influence or affect the outcome of scientific research.

## **H. Respect for Personal Ethics**

1. You are not required to perform procedures that go against your beliefs or personal values, such as elective procedures, termination of medical treatment, etc.
2. You have an obligation; however, to inform patients and their families of all available treatment options that are consistent with acceptable standards of medical care and, whenever possible, refer them to a colleague that may provide them the clinical service.

## **I. Respect for Property and Laws**

1. Adhere to the regulations and policies of the UPR Medical Sciences Campus, and its affiliated institutions.
2. Adhere to all applicable local state and federal laws and regulations.
3. Do not misappropriate, destroy, damage, or misuse property of the University of Puerto Rico, Medical Sciences Campus or its affiliated institutions.

## **J. Integrity in Research**

1. Adhere to the institutional regulations that govern research using human subjects and animals.
2. Do not engage in research that knowingly jeopardizes the health, safety, or longevity of human subjects.
3. Report research results honestly in scientific and scholarly presentations and publications.
4. When publishing and presenting reports, give proper credit and responsibility to colleagues and others who participated in the research.
5. Co-authorship should not be assigned to individuals who do not meaningfully participate in the project.
6. Report research findings to the public and press honestly and without speculations for which you have no data or evidence.
7. Avoid potential conflicts of interest in research.
8. Disclose funding sources, company ownership, and other potential conflicts of interest in written and spoken research presentations.

## **K. Respect for students**

1. Do not engage in arbitrary denial of access to instruction.
2. Do not place undeserved emphasis on material unrelated to the course.
3. Adhere to the rules of the faculty in the conduct of courses, to meet class, to keep office hours and to hold examinations as scheduled.
4. Evaluate student work promptly and according to criteria which are reflective of course performance.
5. Do not discriminate against, or harass a student on political grounds, or for reasons of race, religion, gender, gender identity, sexual orientation, ethnic origin, national origin, marital



status, medical condition, status as a covered veteran, or, within the limits imposed by law or University regulations, because of age or citizenship or for other arbitrary or personal reasons.

6. Adhere to the University policy, including the pertinent guidelines, applying to nondiscrimination against students on the basis of disability.
7. Do not use the position or power of a faculty member to coerce students to participate or withdraw from student leadership positions.
8. Do not participate or deliberately allow disruption, interference, or intimidation in the classroom.
9. Do not enter into a romantic or sexual relationship with any student or resident for whom you have responsibility as a faculty member (instructional, evaluative, or supervisory).

### **Professional Ideals**

#### **A. Clinical virtues**

1. Attempt to cultivate and practice accepted clinical virtues, such as caring, empathy, compassion, fidelity, fortitude, justice, and integrity.

#### **B. Conscientiousness**

1. Fulfill your responsibilities thoroughly
2. Notify the responsible supervisor if something interferes with your ability to perform clinical tasks effectively.
3. Learn from experience and grow from the knowledge gained from mistakes to avoid repeating them.
4. Dedicate yourself to lifelong learning and self-improvement by implementing a personal program of continuing education and continuous quality improvement.

#### **C. Collegiality**

1. Cooperate with other members of the health care team in clinical activities and with other members of the research team in research activities.
2. Teach others at all levels of education and training.
3. Be generous with your time to answer questions from trainees, patients, and patients' family members.
4. Shoulder a fair share of the institutional administrative burden.
5. Adopt a spirit of volunteerism and altruism in teaching and patient care tasks.
6. Use communal resources responsibly and equitably (equipment, supplies, funds)

#### **D. Personal Health**

1. To the extent possible, develop a lifestyle of dietary habits, recreation, disease prevention, exercise, and outside interests to optimize physical and emotional health and enhance professional performance.

#### **E. Objectivity**

1. Avoid providing professional care to members of your family or to persons with whom you have a romantic relationship.

#### **F. Responsibility to Society**

1. Avoid unnecessary patient or societal health care monetary expenditures.
2. Never limit indicated individual patient care in any way to conserve monetary expenditures.
3. Provide emergency services to all patients regardless of their ability to pay.
4. Within the limits of your personal competence and preferences, speak out on all social or public health issues to which medical knowledge is relevant.

### **IV. Faculty Impairment**

The UPR-SOM intends to establish an institutional policy that will facilitate the identification of impaired faculty, impaired physicians or impaired students. This policy must be accompanied by a process to facilitate the development of an appropriate plan to address the Impairment. There are several local and federal laws that attend problems related to impaired faculties/physicians in work-related activities. We are presenting the related laws so they can be used in evaluating and working with an impaired faculty member. They will be found elsewhere and acknowledge the use of the most recent change in laws.

This document will abide to current Federal, American with Disabilities Act (ADA), PR Law 51 (Integrated Services for Person with Disabilities), Federal Rehabilitation Act, and UPR-RCM School of Medicine Policies and Procedures. All members of the academic community must do their best to identify and help rehabilitate students, faculty members, health professionals and other employees.

**A. *Substance Abuse***

In compliance with the Federal Drug-Free Workplace Act 1988, the following policy must be adhered to as a condition of employment.

The unlawful possession, manufacture, dispense, possess or use of a controlled substance in the University of Puerto Rico School of Medicine is prohibited.

Any illegal activity involving drugs is considered misconduct and may be reportable to the Conduct Committee appointed by the Dean of the School of Medicine.

Employees must notify their Department Chairs of any criminal drug statue conviction occurring in the workplace or at a worksite no later than 5 (five) days after such conviction.

Counseling services- there will be available Employee and Student assistance programs for those who wish to seek assistance in dealing with drug or alcohol related problems.

**B. *Alcoholism***

- a. Refer to UPR-RCM Manual related to alcohol use in workplace

**C. *Physical Impairment***

- a. The development of a physical impairment that obstructs the ability to perform certain skills important for the task related to the job should be evaluated if thy affect the academic environment, the life and well-being of a patient, or the work with peers and students.
- b. There should be a thorough process including Physical Medicine and Rehabilitation specialist and other related medical specialties to evaluate to what extend the new impairment affects the completion of faculty and students tasks.
- c. Adequate rehabilitation services in the UPR-RCM or private facilities should be considered to improve the new impairment.
- d. Consideration related to American Disability Act (ADA) is of utmost importance.

**D. *Mental Impairment***

- a. The development of a mental impairment that obstructs the ability to perform skills important for the task related to the job should be evaluated if they affect the academic environment, the life and well-being of a patient, or the work with peers and students.
- b. There should be a thorough process including behavioral specialists and other related medical specialties to evaluate to what extent the new impairment affect the completion of faculty and students tasks.
- c. Adequate rehabilitation services in the UPR-RCM or private facilities should be considered to improve the new impairment.

- d. It is important to address problems related to job stress, burn out and depression in a manner that does not involve penalizing the proper notification of symptoms or stigmatizing the person affected.

***E. Uncivil Environment***

- a. See related information

**V. Reporting Violations to the Code of Conduct for Professional Behavior**

Any member of the Academic Community of the School of Medicine University of Puerto Rico who observes, or is object of a violation of the Code of Conduct, is advised to discuss the incident with the perpetrator, unless the member feels that this confrontation may result in personal harm and/or retribution. If the issue has not been resolved by direct discussion, or if the observer is unable to confront the perpetrator, the appropriate supervisor, department chair, and/or Dean should be notified.

If, in the event is related with the immediate supervisor or chair there should be mechanism to adequate address the problem:

1. The first person to be informed should be the immediate supervisor that is Program Director, Department Chair.
2. If the direct supervisor cannot resolved the issue then it should be referred to the next level of hierarchy that is, Department Chair or Dean.
3. The University of Puerto Rico has procedures related to conduct associated to Dean and upper levels.
4. When the problem cannot be resolved at the Departmental Level then a Committee for Professional Conduct, must be called to evaluate the problem appropriately.
5. Such committee composition should include peers; other not related professionals not directly sharing the same job specialty. The number should be a decision of the Dean of Medicine and his/her prerogative.
6. Regarding violations, the process is as follows:
  - A reporting document for misconducts and faults to professionalism must be designed
  - The Faculty member will be notified three times about the violation:
    - Verbal notification
    - Written notification
    - Fault is established and a written report will be filed in the faculty's record.

## **VI. Amending this document**

By the Faculty of School of Medicine at Ordinary or Extraordinary Meetings with the proceedings of meeting.

## **V. References**

1. American College of Physicians, Ethics Manual
2. Stony Brook University Medical Center Code of Ethics and Physician Impairment
3. University of Kansas School of Medicine, Professionalism Initiative
4. University of Alabama at Birmingham, Health System Code of Conduct for Professional Behavior
5. Article # 4 Licensed Independent Practitioners Health. Bylaws, Rules and Regulations, Adult University Hospital (“UDH”).
6. By Laws, Rules and Regulations, Pediatric University Hospital (2004).

### Committee on Faculty Affairs School of Medicine

Myrna Quiñonez Feliciano

América Facundo

Elsie I. Cruz Cuevas

Marta Suárez

María González Muñiz

Abel Baerga

Norma I. Cruz

María N. González

Approved by the Committee on Administration Meeting on December 16, 2010

Approved by the Faculty Meeting on December 17, 2010