Charleston Area Medical Center Medical Staff
Professionalism: Principles and Expectations

Principles:
Physicians have been granted a unique role and position in society, in exchange for placing the well being of patients above our own, and for setting and maintaining professional standards of competence and integrity. To maintain the fidelity of the physician’s covenant with those who entrust their lives to our care, the Medical Staff at CAMC affirms its active dedication to upholding principles of professionalism in our daily lives and in the care of our patients.

The Medical Staff is committed to providing the highest quality of care and to maintaining a safe, cooperative and ethical practice environment at this institution. To that end, each member of the CAMC Medical Staff is expected to practice medicine in a manner that advances the culture of quality, safety, collegiality, mutual respect and team-work that should be the hallmark of the premier medical staff and hospital in the region.

PROFESSIONAL EXPECTATIONS:

1) Professional responsibilities and citizenship
a) Work cooperatively to optimize patient care, be respectful of one another; participate in the processes of self-regulation, evaluation, and improvement, including remediation assistance and, when necessary, corrective actions with members who are unwilling or unable to meet professional or clinical standards.
b) When receiving data, questions or mentoring regarding our performance, utilize this opportunity and respond in the spirit of continuously improving care.
c) When requesting urgent or emergency inpatient consultation, make direct physician-to-physician contact providing a clear reason for consultation.
d) Maintain clinically pertinent, timely and legible medical record documentation.
e) When provided information on medical staff matters requesting our input, respond in a timely manner.
f) Make positive contributions to the medical staff and hospital by participating actively in medical staff functions.
g) Teach and mentor those who follow us for they are the future of our caring profession.

2) Commitment to clinical competence and continuous improvement of care
a) Acknowledge that successful practice and ability to deliver high-quality care depends in large part upon the ability to communicate well, collaborate effectively and work with a team of other skilled professionals to optimize outcomes.
b) Incorporate clinical science, medical staff approved standards and decision support tools into the selection of the most appropriate approaches to diagnosis and treatment of patients.
c) Make improvements in practice, when opportunity is identified by comparative data, the medical literature and the results of peer review activities.
d) Participate in lifelong learning. Be responsible for maintaining the medical knowledge, clinical competence and team leadership skills necessary for the provision of quality care.

3) Commitment to advancing Patient safety
a) Contribute to the hospital’s efforts and policies to reduce clinical errors, and protect patients from preventable injury.
b) Use limited resources wisely.
c) Assure continuous medical coverage of hospitalized patients, with clear identification of covering physicians and by appropriate and timely response and availability when covering.

d) When assigned to emergency call respond, or assure an alternative physician responds.

e) Order medications, blood and blood products consistent with current medical and patient safety guidelines.

f) Write complete and legible orders.

g) Recognize physicians have overall accountability for patients. Delegate only to allied health professionals who are qualified by licensed scope of practice, CAMC authorization or privileges to carry out the delegated responsibilities.

h) In the spirit of promoting early assistance and patient safety, be sensitive to signs of physical or mental health in self or colleagues and cooperate with programs designed to provide assistance.

4) Commitment to Honesty with patients

   a) Disclose relevant information necessary for full informed consent; respecting patient autonomy.

   b) Inform patients when errors or unanticipated outcome have caused harm.

   c) Communicate with consultants to assure coordination of the plan of care.

   d) Provide accurate timely information to patients or surrogate regarding the patient’s condition and recommended plan of care.

5) Respect for Confidentiality

   a) Safeguard patient information and monitor confidentiality in peer review of colleagues and other health professionals.

   b) Respect patient privacy by not discussing patient care in public settings.

   c) Do not engage in, or allow inappropriate use of the hospital computer/information services such as:

      a. Sharing passwords

      b. Transmitting protected patient information without proper consent or healthcare organization agreements.

      c. Accessing protected patient information without medical necessity

      d. Use of computers for inappropriate non-clinical purposes.

6) Professional relationships & Behavior

   a) Act in a professional, respectful manner with patients, colleagues, allied professionals and hospital personnel, in a spirit of cooperation and mutual respect, as a role model for members of the patient care team.

   b) Recognize disagreements are inevitable and can contribute to improving care. When disagreements occur, address them in a constructive, respectful and direct manner away from patients or non-involved caregivers.

   c) When hospital staff competence or behavior is at issue, refer concern to appropriate manager or administrator.

   d) Refrain from unacceptable behavior including, but not limited to the following:

      a. Threatening, abusive, or degrading language, or behavior directed at anyone (patient, family, employee, medical staff member)

      b. Use of offensive profane language

      c. Physical contact that may be interpreted as threatening, intimidating, or sexually inappropriate.

      d. Impertinent, or derogatory medical record entries impugning the quality of care, or attacking other practitioners.
e. Disparaging, or insulting comments or refusing to listen when professionals contact you about your patient.

f. Sexual harassment, which is defined as any unwelcome advance, request for sexual favors, or verbal, written, or physical conduct of a sexual nature that creates an offensive, intimidating or hostile work environment.

g. Directing or providing patient care while under the influence of alcohol, drugs or other substances that impair judgment or function.

7) Maintaining trust by managing conflicts of interest
   a) Demonstrate responsibility to the patient is paramount to other considerations.
   b) Adhere to medical staff Conflict of Interest policy (Medical Staff By-Laws: Article 7) and hospital compliance Code of Conduct.

8) Social justice
   a) Deliver patient-care in a respectful manner with sensitivity to diversity.
   b) Participate in equitable Emergency Department call coverage, as needed, and care for all patients in an emergency without regard to payor.
   c) Respond to consultation requests, at all three hospitals, within twenty-four (24) hours or less, consistent with urgency of patient need and without regard to payor or arrange for another physician to respond.
   d) Refrain from admitting, carrying out procedures, or providing in-patient medical treatment to spouse or first-degree relative, except when no other qualified physician is available during an emergency.

MANAGEMENT OF INAPPROPRIATE CONDUCT:
Anyone in the hospital (employee, patient, visitor, medical staff member) may report instances of inappropriate conduct by a medical staff member. Such reports should be in writing directed to the Office of Medical Affairs at CAMC.

The preliminary information regarding the report shall be obtained and provided to the Chief of Staff for evaluation. The process shall be managed in a manner consistent with medical staff governing documents with respect to intervention, investigation, consequences and appeal processes. The Chief of Staff may utilize the Physician Wellness Committee and Physician Integrity Team at his/her discretion.

RESIDENT STAFF
Resident physicians shall adhere to these principles and expectations as part of their professional and ethical development and conduct as physicians in training at CAMC. Reports of inappropriate resident conduct will be referred to the appropriate WVU program chairman. Reports to Medical Affairs of inappropriate resident physician conduct will be referred to the respective Program Chairman.

References:
* Code of Medical Ethics, Current Opinions with Annotations, The American Medical Association. 2004-2005 ed:
  * CAMC Medical Staff Governing Documents.
  * Declaration of Professional Responsibility: Medicine’s Social Contract with Humanity. House of Delegates of the American Medical Association
  * Joint Commission on Accreditation of Healthcare Organizations