

Standards of Professional Behaviour for Medical Clinical Faculty

Introduction

Patients, colleagues, and the public at large have long had high expectations for the professional behaviour of physicians. To assist learners to meet this expectation in our undergraduate and postgraduate medical education programs, in 1995 the Faculty of Medicine established standards of professional behaviour for students and residents. These have recently been replaced by the new *University of Toronto Standards of Professional Practice Behaviour for Health Professional Students. (2008)* ¹

As students and residents learn what it is to be a professional, the examples set by their teachers, the clinical faculty with whom they work in daily patient care, are important influences. What they see in their role models, part of the so-called “informal” or “hidden” curriculum, is just as or even more important than the formal curricular sessions on professionalism.

These standards articulate our shared expectations for the high standard of behaviour that is already exemplified by the majority of our clinical faculty. They apply to Medical Clinical Faculty appointed under the University of Toronto’s Policy for Clinical Faculty².

Nothing in these standards limits the academic freedom of clinical faculty. The Policy for Clinical Faculty defines academic freedom as:

“the freedom to examine, question, teach and learn, and the right to investigate, speculate and comment without reference to prescribed doctrine, as well as the right to criticize the University and society at large..... Academic freedom does not require neutrality on the part of the individual nor does it preclude commitment on the part of the individual. Rather, academic freedom makes such commitment possible” ³

“All clinical faculty remain subject to the applicable ethical and clinical guidelines or standards, laws and regulations governing the practice of medicine and the site-specific relevant site’s policies or by-laws” ⁴

These standards do not replace or limit the legal and ethical standards established by professional or regulatory bodies, by relevant clinical settings, or by other applicable University standards, policies and procedures.

These standards may be used as one relevant factor in the assessment and evaluation of clinical faculty.

¹ University of Toronto Standards of Professional Practice Behaviour for Health Professional Students.
<http://www.pgme.utoronto.ca/Assets/Policies/Professional+Practice+Behaviour.pdf>

² University of Toronto Policy for Clinical Faculty
<http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/Policy+for+Clinical+Faculty.pdf>

³ University of Toronto Governing Council: Policy for Clinical Faculty at 7.

⁴ University of Toronto Governing Council: Policy for Clinical Faculty at 8.

SECTION 1

Clinical faculty should demonstrate and effectively model high standards of professionalism, including a commitment to excellence and fair and ethical dealings with others in carrying out their professional duties. The following illustrate some of the behaviours and characteristics that clinical faculty strive to achieve:

1. Maintain a high standard of practice & seek excellence (self-assessment, life-long learning)
2. Demonstrate honesty, integrity, empathy, humility, and compassion
3. Show concern for patients and their physical and psychosocial well-being; exhibit altruism
4. Be a role model for relationships with patients and their families in the clinical and community setting, with participants and their families in the research setting, and with learners.
 - 4.1. Act with courtesy and respect
 - 4.2. Recognize & observe boundaries
 - 4.3. Communicate effectively, provide appropriate information, and endeavour to answer questions.
 - 4.4. Respect privacy and maintain confidentiality
 - 4.5. Maintain an acceptable standard of appearance and hygiene
5. Be collegial in relations with others: physicians; other health-care professionals and staff; and students & residents
6. Be sensitive to and accepting of diversity in patients, team members, and learners. Diversity includes, but is not limited to: age; disability; sex and gender; sexual orientation; race, colour, ethnicity, nationality or ancestry; culture & religion; family or marital status; socioeconomic status; and political affiliation.
7. Recognize, disclose, and manage competing interests (Conflicts of Interest) such as financial interest; research interest; career advancement, and other personal interests.
8. Be a role model in maintaining personal life balance, health, and well-being.
9. Contribute to meeting the collective responsibilities of the profession.
 - 9.1. Practise in a socially responsible manner, considering and advocating for the needs of the patient, the community and any vulnerable populations in the physician's practice.
 - 9.2. Be supportive of colleagues in achieving and maintaining good standards of practice and appropriate professional behaviour.
10. Demonstrate insight into own behaviour and seek to improve when not meeting standards of behaviour, including acknowledging error.

Faculty members will recognize that their conduct beyond the clinical and educational setting and after hours, such as in interviews, school visits, and community groups, may also reflect on their role in the university.

Professional conduct extends to use of the internet and electronic communication in all settings. Useful guidance may be found in the postgraduate document *Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media, 2008*

<http://www.pgme.utoronto.ca/Assets/Policies/Guidelines+Internet.pdf>

SECTION 2

Clinical faculty members will not engage in actions inconsistent with the appropriate standards of professional behaviour and ethical performance, including but not limited to the following conduct:

1. Creation of a hostile environment⁵
 - 1.1. Failure to work collaboratively in patient care
 - 1.2. Intemperate language: rudeness, profanity, insults, demeaning remarks, verbal abuse or intimidation
 - 1.3. Inappropriate remarks or jokes about race, gender, sexual orientation, physical appearance, disabilities, or economic and educational status.
 - 1.4. Bullying
 - 1.5. Recurring outbursts of anger: shouting; throwing or breaking objects
 - 1.6. Violence & threats of violence
 - 1.7. Inhibiting others from carrying out their appropriate duties
 - 1.8. Disparaging public remarks about the character or patient care of another physician or health professional.
2. Intimidation & Harassment:
 - 2.1. Use of ridicule in the work environment or as an instructional technique
 - 2.2. Inappropriate assignment of duties to influence behaviour or as a “punishment”
 - 2.3. Denying appropriate opportunities for learning and experience
 - 2.4. Inhibiting learners from providing appropriate feedback and evaluation of teachers and experiences
 - 2.5. Interfering with the reporting of improper conduct
 - 2.6. Sexual harassment or impropriety⁶
3. Discrimination:
 - 3.1. Making distinctions based on criteria irrelevant to the decision in question, particularly those protected under the Ontario Human Rights Code: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, or disability.
4. Failure to identify, disclose, and manage conflicts of interest
 - 4.1. Conflicts are commonly recognized in financial matters but may also arise over research interests, and career advancement ⁷
 - 4.2. Conflicts may also arise and must be declared when there is or has been a close personal relationship including a family, romantic or sexual relationship
 - 4.2.1. between teachers and learners
 - 4.2.1.1. University policy does not prohibit romantic or sexual relationships between teachers and learners but does regulate the conflict of interest that inevitably results from such a relationship⁸:

⁵ See the College of Physicians and Surgeons of Ontario (CPSO) document *Physician Behaviour in the Professional Environment*. <http://www.cpso.on.ca/Policies/behaviour.htm>

⁶ University of Toronto Policy and Procedures: Sexual Harassment
<http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/sexual.pdf>

⁷ see University of Toronto Policies: Conflict of Interest and Close Personal Relations
<http://www.provost.utoronto.ca/policy/relations.htm>

⁸ *ibid*

- 4.2.1.2. The faculty member must disclose the conflict to the person to whom the faculty member reports (Department Head, Chair, or Dean.) The declaration is confidential and need only be that a conflict exists, not the details of the relationship. The appropriate administrator will take steps necessary to separate the interests of the faculty member and the learner.
 - 4.2.1.3. Both the faculty member and the learner are prohibited from evaluating each other both during and after the term of the relationship. The faculty member is prohibited from exercising direct or indirect influence over decisions which affect the learner.
 - 4.2.2. between faculty members or faculty members and staff, for example, when promotion and tenure or salaries are considered
 - 4.2.2.1. Close personal relationships between faculty members or between faculty and staff may also raise conflicts of interest and require disclosure and separation of interests. Both persons in the personal relationship should declare the existence of a conflict as described above.
 5. Inappropriate relationships with industry
 - 5.1. allowing commercial or self-interests to
 - 5.1.1. compromise professional autonomy and independence, or
 - 5.1.2. have an undue influence on patient care, the teaching/learning environment, or research integrity
 6. Violation of boundaries
 - 6.1. Inappropriate relationships with patients (e.g., sexual or financial)
 - 6.2. Inappropriate touching in the workplace
 - 6.3. Failure to respect appropriate boundaries with learners
 7. Repeated failure to be available for scheduled duty, including teaching
 8. Chronic lateness
 9. Reporting for work when unable to perform required duties, for example:
 - 9.1. impaired function due to the use or abuse of substances such as alcohol or drugs.
 - 9.2. when physician illness prevents safe patient care
 10. Failure to fulfill academic obligations (e.g., inadequate supervision, being unavailable to learners, or failure to hand in evaluations in a timely fashion)
 11. Failure to complete professional obligations such as required clinical records and reports in a timely fashion.
 12. Failure to cooperate with investigation and management of alleged breaches of professional conduct.
- RESEARCH MISCONDUCT
- Standards of behaviour in research are described in the following university documents:
- Policy on Ethical Conduct in Research (1991)
<http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/Policy+on+Ethical+Conduct+in+Research.pdf>
 - Framework to Address Allegations of Research Misconduct (27 Nov 2006)
<http://www.research.utoronto.ca/ethics/pdf/conduct/framework.pdf>

SECTION 3 REPORTING OF PROBLEMS AND INITIAL RESPONSE

The Faculty of Medicine will emphasize development of behaviour consistent with these standards. Each member of the Clinical Faculty should strive to demonstrate the positive behaviours and encourage them in colleagues. Collectively, physicians have an obligation to patients and society to strive for a level of behaviour consistent with these standards; this is the basis of self-regulation.

When breaches of these standards are observed in the behaviour of a colleague, the first step should be to approach that colleague and discuss the situation with the goal of ending the inappropriate behaviour. If such a conversation is inappropriate, in the circumstances, or cannot take place or is ineffective, the problem should be reported to the hospital department/division chief or the university department chair, depending on the nature of the issue.,

Students or residents with concerns about the behaviour of a clinical faculty member should bring them to the course or program director or, in a clinical institution, to the site director, VP Education or equivalent. Students or residents should be assured protection from retribution or reprisals.

Confidentiality must be maintained, including by the complainant, to the extent possible consistent with thorough and fair investigation of all allegations of breaches of these standards and in the management of proven breaches. Only those who need to be involved to investigate or give information should be informed. This does not mean anonymity for those who bring complaints: fairness demands that a physician asked to respond must know the identity of the complainant. An exception will be for information found in regular anonymous teacher and rotation evaluations.

Reports of breaches of these standards must be made in good faith. Bringing a frivolous or vexatious complaint is itself a breach of professional conduct.

Where concerns are reported, the physician to whom the concerns relate must be given an appropriate opportunity by the Department Chief or Chair to respond before action is taken. At this level the goal should remain internal resolution of the problem; use of conflict resolution strategies as appropriate is recommended.

In cases where the allegations of behaviour are serious, and if proven, could constitute a significant disruption or a health and safety risk to patients, students, or members of the University or hospital community, the Dean has authority to impose such interim conditions upon the faculty member as the Dean considers appropriate. Similar authority resides with the Chief of Staff or equivalent in clinical institutions.

Clinical faculty should be aware of circumstances when they have an obligation to report under the regulations of the College of Physicians and Surgeons of Ontario (CPSO.)⁹

⁹ See the *CPSO Guidebook for Managing Disruptive Physician Behaviour*
[http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/policies/positions/CPSO%20DPBI%20Guidebook\(1\).pdf](http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/policies/positions/CPSO%20DPBI%20Guidebook(1).pdf) See particularly page 9 “*Dealing with the Concern*”; page 32, Appendix C “*Sample Complaints Procedure*”; and page 43, Appendix G, “*Behaviour Management Flow Chart*”
See Also Policy on Mandatory Reporting (note this Policy may change in 2009)
<http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/mandatoryreporting.pdf>

SECTION 4 BREACHES OF THESE STANDARDS:

Remediation

If no other authority with jurisdiction compels otherwise (e.g., the law, a regulatory body or University policy or regulation), the initial approach to all but the most serious breaches will be effort to remediate the behaviour of the clinical faculty member

Jurisdiction

The university and the hospitals jointly hold responsibility regarding these standards.¹⁰

Each institution will follow its own detailed protocols for the investigation and management of behavioural misconduct.¹¹

- If breaches are alleged to have occurred in the clinical setting or apply to actions in the jurisdiction of hospitals, such as clinical care or record keeping, the hospital should take the lead in responding to the problem, usually through hospital departmental chiefs. If allegations related to a hospital come to the attention of a university official, the hospital administration must be notified through the VP Medical Affairs, Chief of Staff, or equivalent officer.
- The university should take the lead in responding if the breach is in the classroom or university research laboratory or concerns primarily the relation of faculty to learners.
- Respecting the confidentiality of the faculty member, the university and the hospital will inform the other jurisdiction as appropriate. This will include information that there has been a complaint, its management and the outcome or resolution of the matter.
- When there is doubt about jurisdiction, advice should be sought from the office of the Vice Dean, Clinical Affairs or the Associate Dean, Equity and Professionalism.¹²

Discipline

If a breach is determined to have occurred, remedial responses may include such discipline as is within the powers of the hospital and the University, whichever has jurisdiction.

The Policy for Clinical Faculty and its Procedures Manual state that Full Time Clinical Faculty appointments may only be terminated for cause. Professional misconduct is listed among the examples of cause that may lead to termination. Conduct described in section 2 of these standards may be interpreted as professional misconduct.

(See University of Toronto Faculty of Medicine Procedures Manual for *Policy for Clinical Faculty*, 23 July 2008, Section 2.X. Section 3 deals with Procedures for dealing with disputes.

<http://www.facmed.utoronto.ca/Assets/staff/Procedures+Manual+for+Policy+for+clinical+Faculty.pdf?method=1>)

¹⁰ Parallels will be found in *Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in Independent Research Institutions, Health Care Institutions and Teaching Agencies* <http://www.utoronto.ca/sho/healthcareprotocols.html>

¹¹ An example complaints procedure is also given in Appendix C, page 32, of the CPSO *Guidebook for the Managing Disruptive Physician Behaviour*, cited above.

¹² The following questions, modified from the sexual harassment protocol above, may be helpful:

1. Which institution(s) have the authority, capacity and responsibility for supervision and management of the person(s) accused of a breach of professional behaviour?
2. Which institution(s) have obligations to or liabilities in respect of the person(s) complaining of the breach of professional behaviour?

Confirmed breaches by clinical faculty who are not subject to the Policy for Clinical Faculty, such as those who do not hold an appointment in an affiliated institution, may lead to the severance of the teaching relationship.

SECTION 5 ASSOCIATED AND INCORPORATED POLICIES, CODES, AND GUIDELINES

- Nothing in this document should be interpreted to mean that it replaces any existing policy or regulations of the University of Toronto.
- Existence of this policy does not provide protection from criminal prosecution or civil action.
- Clinical faculty must also comply with University and Faculty policies and regulations. In particular, the reader is directed to:
 - Code of Behaviour on Academic Matters (June 1, 1995)
<http://www.utoronto.ca/govcncl/pap/policies/behaveac.html>
 - Policy on Conflict of Interest – Academic Staff
<http://www.utoronto.ca/govcncl/pap/policies/conacad.pdf>
 - Conflict of Interest and Close Personal Relations
<http://www.provost.utoronto.ca/policy/relations.htm>
 - Policy and Procedures: Sexual Harassment
<http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/sexual.pdf>
- Clinical faculty should refer to University approved guidelines such as
 - Faculty/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching.
<http://www.facmed.utoronto.ca/Assets/about/guidelines.pdf?method=1>
 - Postgraduate Medicine Guidelines Addressing Intimidation and Harassment [in] The Education and Learning Environment at UT-PGME April 21, 2006
<http://www.pgme.utoronto.ca/policies/iah.htm>
 - Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions
<http://www.facmed.utoronto.ca/Research/ethicspolicy/harass.htm>
- All Clinical Faculty must meet the expectations of their regulatory body and professional college(s) and abide by law and by their hospital by-laws, regulations and policies.
 - College of Physicians and Surgeons of Ontario (CPSO) *Physician Behaviour in the Professional Environment*. <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1602>
- Clinical Faculty should comply with the Canadian Medical Association (CMA) Code of Ethics and other related CMA policies. <http://policybase.cma.ca/PolicyPDF/PD04-06.pdf>