

Sample of Code of Conduct

Introduction

(The Medical Staff/the Hospital Community/the Faculty and Students) at *(Name of Institution)* is committed to supporting a culture that values integrity, honesty, and fair dealing with each other, and to promoting a caring environment for patients, physicians, nurses, other health care workers and employees.

(The Medical Staff/the Hospital Community/the Faculty and Students) endeavours to create and promote an environment that is professional, collegial, and exemplifies outstanding teaching, research and patient care.

Towards these goals, the *(The Medical Staff/the Hospital Community/the Faculty and Students)* strives to maintain a workplace that is free from harassment. This includes behaviour that could be perceived as inappropriate, harassing or that does not endeavour to meet the highest standards of professionalism.

Purpose

The purposes of this Code of Conduct are to:

- clarify the expectations of all *(physicians/staff/faculty/students)* during interactions with any individual at the *(Institution)*;
- encourage the prompt identification and resolution of alleged inappropriate conduct; and
- encourage identification of concerns about the well-being of a physician whose conduct is in question.

Disruptive conduct and inappropriate workplace behaviour may be grounds for suspension or termination of a contract, or cancellation, suspension, restriction or non-renewal of privileges.

(Name of Institution) will follow due process for matters which have an impact upon a physician's privileges (or staff physician's employment/student's academic standings) and will abide by the *(Hospital's by-laws/Public Hospitals Act/Institutional policies)*.

General expectations

1. Consider first the well-being of the patient.
2. Interactions with patients, visitors, employees, physicians, volunteers, health care providers or any other individual shall be conducted with courtesy, honesty, respect and dignity.
3. All physicians of the *(Name of Institution)* community are expected to refrain from conduct that may reasonably be considered offensive to others or disruptive to the workplace or patient care. Offensive conduct may be written, oral or behavioural. Examples of inappropriate conduct would include, but are not limited to:

17 This Code was developed as a consolidation of documents currently in use in some hospitals as well as practices recommended by the College of Physicians and Surgeons of Ontario's Disruptive Physician Behaviour Initiative.

Inappropriate words:

- profane, disrespectful, insulting, demeaning or abusive language;
- shaming others for negative outcomes;
- demeaning comments or intimidation;
- inappropriate arguments with patients, family members, staff or other care providers;¹⁸
- rudeness;
- boundary violations with patients, family members, staff or other care providers;
- gratuitous negative comments about another physician's care (orally or in chart notes);
- passing severe judgment or censuring colleagues or staff in front of patients, visitors or other staff;
- outbursts of anger;
- behaviour that others would describe as bullying;
- insensitive comments about the patient's medical condition, appearance, situation, etc.; and
- jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance or socioeconomic or educational status.

NOTE: Comments that are or may be perceived as being sexually harassing which are directed at patients may fall under the definition of sexual abuse at s. 1(3) in the *Regulated Health Professionals Act, 1991*. Such comments which are directed at non-patients may be professional misconduct.

Inappropriate actions/inaction:

- throwing or breaking things;
- refusal to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care;
- use or threat of unwarranted physical force with patients, family members, staff or other care providers;
- repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or expected to be available;
- not working collaboratively or cooperatively with others; and
- creating rigid or inflexible barriers to requests for assistance/cooperation.

Approval:

Distribution:

Review:

¹⁸ Respectful discussions in which disagreement is expressed are not arguments.

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