

Rhode Island Hospital's Physician Behavior Guidelines – GME

Revised June 9, 2011

The physician bears the moral and legal responsibility for the treatment of the patient. The nature of the relationship is derived from the physician's ethical obligation to care for patients and to relieve pain and suffering. The relationship is based on trust rather than an explicit contractual agreement. This gives rise to the physician's obligation to place the patient's welfare above his or her own self-interest and that of other persons or groups. Within this context, physicians are required to use sound medical judgment and to hold the interests of the patients as paramount. Physicians must abstain from behavior that would be detrimental to these objectives.

Physicians continue to enjoy a high level of respect from the general public, and with this comes the expectation that the physician will exhibit a higher standard of personal behavior than that expected from the public at large. The physician is always representing the profession and frequently will be regarded as a physician even when he or she has no intent or wish to be so regarded. Physician behavior by residents, fellows and supervising faculty should be guided by attention to the following issues:

- Communication is essential. Critical to communication is the ability to listen as an active participant. Equally important is the communication of important medical information to the patient and to the patient's family in terms that are sufficiently understandable and complete to provide a basis for decision-making. Communication of important medical information including anticipated issues which may arise is critical to effective transitions of care and teamwork.
- Courtesy and respect are important to patients. Patients and families should be greeted on the first encounter with an introduction including the physician's name, title and role. Patients and families should be invited to introduce themselves. An effort should be made to acknowledge families and others present, and to inform appropriate (designated) persons of relevant medical issues. Physicians should address patients and families by their last names unless invited to be more familiar by the patient. The use of first names is certainly appropriate in the pediatric setting or if a prior enduring personal and/or clinical relationship exists. All interactions with peers, medical students, nurses, and faculty should be courteous and respectful.
- Confidentiality refers to the expectations of the patient that access to information in the medical record (and other information the physician may acquire during the course of the physician patient relationship) will be restricted to those who are involved in the care of the patient. Physicians must preserve this confidentiality and not discuss such information when others may hear it. Dictation of reports in semi-public places may compromise confidentiality. Confidentiality of patient information extends beyond the walls of the hospital facility. Care must be taken to avoid discussion of patient information in public places where it may be overheard.

- Privacy is an integral part of the trust the patient has in the physician. Privacy refers to the expectation of the patient that during medical diagnosis and treatment only those persons involved in the care of the patient will be present. Efforts must be made to take histories and conduct examinations in an environment as private as possible. Maintaining privacy may be difficult in the hospital environment, especially in a double occupancy room. Using curtains to provide some privacy and asking visitors to leave during interviews are among the ways privacy can be optimized.
- Promptness is important to both patients and physicians. Physicians expect patients to be prompt and must, themselves, attempt to be prompt as well. When the uncertainties of medical practice disrupt schedules, patients should be notified and an explanation should be offered. Apologies for being kept waiting make clear to patients that we realize that their time is valuable and serve to dispel anxiety and annoyance.
- Collegiality in the physician-physician relationship requires that all individuals treat each other with respect, courtesy, and dignity, and conduct themselves in a professional manner. Communication in a timely fashion between physicians is important. Direct communication to convey the need for and results of consultation is necessary.

In all encounters with patients and families, hospital staff, and peers, actions or speech that is demeaning to other persons, lacking in courtesy, impatient, angry, loud, uncooperative, sexually harassing, or in violation of personal boundaries do not meet the standard of professionalism. Effective patient care is achieved only through a team effort. Abusive behavior, including verbal abuse, is never appropriate.

There is an inherent hierarchy in the relationship between physicians and staff members. Physicians must be attentive to the nature of this relationship and ensure that interactions with members of the hospital staff are at all times professional and directed toward the best interests of patient care. Courtesy and constructive advice will always result in better care than will anger or abusive behavior.

If the pattern of a physician's behavior is inconsistent with the above guidelines and/or adversely affects patient care or physician-staff relationships, the behavior will be addressed by the respective residency or fellowship program director in accordance with the RIH GME Policy on Eligibility, Selection, Evaluation, Advancement, Supervision and Due Process for House Officer. Confidential assistance may be sought from the Office of Graduate Medical Education, the RIH Employee Assistance Program and/or the Physicians Health Committee of the Rhode Island Medical Society.