

## School of Medicine Code of Professional Conduct for Faculty

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## Policy Background

- Policy approved by ABMF June 30, 2010
- Covers gifts to faculty members; supervisory roles involving family members; sexual and romantic relationships; behavior toward colleagues, staff and students

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## Why Do We Need a Code of Professional Conduct for Faculty?

- In December 2006, JHH adopted a Code of Conduct for all staff including physicians
- In January 2009, Joint Commission required all hospitals to have a Code of Conduct
- Standards of conduct exist for SOM staff and students
- Absence of an SOM Code of Conduct for Faculty left gaps regarding faculty activity not addressed by JHH Code

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## Why Do We Need a Code of Professional Conduct for Faculty?

### A Faculty Code of Conduct:

- fosters a work environment that is civil and respectful of all persons
- sets forth clear expectations for faculty
- augments other SOM policies
- supports a work environment that encourages free and open exchange of ideas

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## Why Do We Need a Code of Professional Conduct for Faculty?

Covers several important behaviors:

- Supervisory roles involving family members
- Sexual and romantic relationships
- Gifts to faculty members\*
- Conduct toward colleagues, staff and students

\*except gifts from industry (see JHM Policy on Interaction with Industry)

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## Supervisory Roles Involving Family Members

- Faculty member must disclose supervisory roles over family members to his/her department director or Vice Dean for Faculty
- Must make appropriate transfer of supervisory authority

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## Sexual and Romantic Relationships

- Faculty member must disclose romantic relationship with an individual that reports to him/her to his/her department director or Vice Dean for Faculty
- Must make appropriate transfer of supervisory authority

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## Gifts

- Faculty member may retain gifts valued at \$2500 or less
- Faculty member may retain first \$2500 of gifts worth more than \$2500
- Faculty must disclose gifts valued over \$2500 and remit value in excess of \$2500 to department
- Institutional tax will be applied
- Remainder (minus institutional tax) will be distributed per department policy

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## Treatment of Others

- Covers faculty member's expected treatment of:
  - Staff
  - Students
  - Trainees
  - Volunteers
  - Patients and their families
  - Research subjects and their families
  - Faculty
  - Health care professionals

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## Expected Behavior Toward Colleagues, Staff, and Students

- Faculty as Supervisors and Leaders
  - Provide clear direction and timely feedback as well as constructive suggestions and opportunities for improvement or remediation when needed
  - Resolve conflicts and counsel colleagues and subordinates in a non-threatening, constructive and private manner
- And must refrain from
  - Behavior that is disrespectful of others and unprofessional interpersonal behavior that interferes with the working and learning environment
  - Loss of civility that interferes with the working and learning environment (For example shouting, personal attacks or insults, throwing objects or other displays of temper)

## Why This Matters to Faculty Members

Because they are:

- Vested in the highest quality patient care, research and teaching outcomes
- Role models and leaders with exceptional influence internally within Hopkins and externally throughout the world
- Smart people who want to be and do their best
- Sometimes frustrated by barriers to effective patient care and research success due to lack of teamwork and challenging relationships

## Our Faculty as Leaders

Think of a good or great leader you have worked with....

- What did he or she do to get others to do their jobs more effectively or obtain better outcomes?

Think of a destructive person you have worked with....

- What did he or she do that negatively impacted your and others' success and satisfaction?

## Unfortunate Stimulus Event

- A surgeon and anesthesiologist have been in a conflicted relationship for more than a decade. It has become common to trade insults, and be non-responsive to the other's requests and needs.
- During a dangerous and stressful part of an operation, the surgeon and anesthesiologist engage in verbal conflict that escalates to a physical act that endangers members of the team.

## Unfortunate Common Events

Consistent reports of:

- Condescending, rude, and demeaning language
- Public humiliation
- Contentious interactions
- Offensive comments
- Taking credit for others' work
- Passive-aggressive behavior – slow downs, incomplete info
- Deliberately not returning pages or other requests
- Email wars rather than face-to-face problem solving
- Explosive verbal interactions – shouting, dressing down
- Pushing, shoving, throwing objects

## The JHUSOM Environment

What stressors or triggers can we identify that cause problems or difficult interactions within the OR, clinic, lab or teaching environments?

Which of these can you impact /influence as a faculty member?

## What Faculty Can Do When Responding to Unprofessional Behavior

- Address the behavior directly and non-confrontationally
- Get advice or seek intervention from a program director, division chief or department director, HR representative or assistant, associate or vice dean.
- Formally submit a complaint to the Dean for review.

## Resources Faculty Can Currently Use

- Patient Safety Net
- Anonymous Hotlines
- Department Directors and Division Chiefs
- SOM Office of Faculty Development
- Office of the Dean and Vice Dean for Faculty
- Office of Women in Science and Medicine
- Office of Diversity and Cultural Competence
- Risk Assessment Team
- Office of Institutional Equity
- Professional Assistance Committee
- Faculty and Staff Assistance Program
- Talent Management and Organization Development

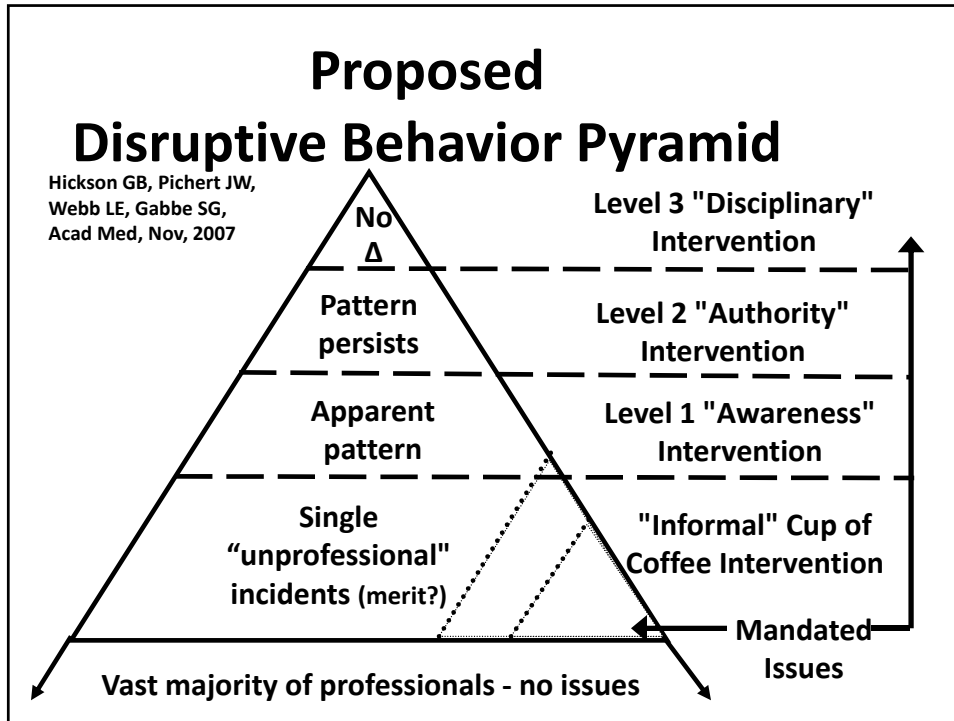
## Other Current Resources for SOM Senior and Executive Leaders

### Coaching & Consulting Support

- Office of Faculty Development
- Office of Policy Coordination
- Vice Dean for Faculty
- Talent Management and Organization Development
- External Coaches

### Additional Training & Consulting Resources

- Mediation Skills for Department Leaders (2 hours)
- Training Resources for Individual Faculty and Departmental Groups
  - **Negotiation Skills: Creating Agreement and Managing Conflict, Becoming a Conflict Competent Leader, Flex Talk, Dealing with Difficult People, Focus on Underlying Motives: The Key to More Productive Conflict, The Downside of Anger, Campus Conversations on Diversity and Inclusion**



- ### Proposed Best Practice Infrastructure for Addressing DB
1. Leadership commitment
  2. Supportive institutional policies
  3. Surveillance tools to capture pt/staff allegations
  4. Model to guide graduated interventions
  5. Processes for reviewing allegations
  6. Multi-level professional/leader training
  7. Resources to help disruptive colleagues
  8. Resources to help disrupted staff and patients
- Hickson GB, Pichert JW, Webb LE, Gabbe SG. A Complementary Approach to Promoting Professionalism: Identifying, Measuring and Addressing Unprofessional Behaviors. Academic Medicine. November, 2007.
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## Possible Next Steps For Department Directors

- Enable Faculty to Add Tools to their Toolkit as Faculty Leaders through Departmental Events
  - Feedback Skills for Addressing Disruptive Behavior (1 hr)
  - Conflict Management Skills (1.5 hours)
  - Crucial Conversations Training (3-4 hours)
- Build Discussions on Professional Conduct into Faculty Meetings and Faculty Annual Reviews
- **Proposed:** Identify a Messenger Peer from your Department to Commit to 8 Hour Training

## You are the Key

What are you going to do?

How can we help?

## Contact Us for Follow-up

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