Duke University School of Medicine
Statement on Faculty Professionalism

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Introduction
Professionalism is a core value and expectation of all Duke School of Medicine faculty. As a community, each of us affirms and animates this value through our daily interactions with each other, our learners, our team members, our trainees, our patients, and the public. While professional behavior is the overwhelming norm, academic medicine is a highly complex, high-stakes work environment in which episodes that test the boundaries of professionalism can occur. As a community of faculty, it is necessary to have mechanisms to manage concerns about unprofessional behavior in a manner that is fair, balanced and respectful. This document addresses this need by providing a statement of values regarding professional behavior. It also outlines procedures for reporting concerns, provides resources for discussing concerns, and describes the role of the Dean’s Advisory Council on Faculty Conduct in hearing certain cases.

Statement on Faculty Professionalism
All School of Medicine faculty are expected to uphold the highest standards for professional conduct and ethical behavior. Faculty are expected to treat everyone in the work environment with courtesy, respect, and dignity. Faculty are responsible for modeling professional conduct, for cultivating a respectful and inclusive work environment, and for responding to unprofessional behavior on the part of others. All faculty are expected to adhere to applicable Duke University and Duke University Health System policies and procedures.

Unprofessional behavior includes that which is intimidating, threatening, violent, inappropriate, illegal, dishonest or in violation of departmental, University or Health System standards or policy. To foster a just and safe community, unprofessional behavior will be addressed, with interventions aimed at promoting insight, accountability, and appropriate changes in behavior. Unprofessional behavior may result in sanctions, up to and including compensation reduction and the initiation of termination proceedings.
**Scope**

This Statement on Faculty Professionalism applies to all faculty of the School of Medicine, both Regular Rank and non-Regular Rank. It is relevant to all professional realms, including research, teaching, mentoring, administration and clinical care. However, because the School of Medicine does not, as an entity, provide clinical care, professionalism issues in the clinical care arena are governed by additional policies and procedures, including Duke University Hospital Medical Staff Bylaws, Clinical Peer Review Procedures, Medical Staff Code of Conduct, Integrity in Action, and PDC Policies which can be found at the Duke Policy website.

This statement is not meant to replace any existing policy or resource (see Appendix A for list of resources). However, even with existing resources, there is a need for a more explicit and consistent approach to unprofessional behavior that is not clearly addressed by other mechanisms. This document is written in response to a request from SoM leadership to address this gap, and to develop a strategy for evaluating and recommending consequences for unprofessional faculty behavior, and ensuring consistency in how the School of Medicine addresses these issues.

**Description of Professionalism**

Actions that embody professionalism in the academic medicine community have been described* and include these behaviors:

- Adheres to high ethical and moral standards
- Conducts academic work with integrity, including adhering to institutional and federal policies on responsible conduct of research and conflict of interest
- Demonstrates intellectual honesty
- Evinces core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, collegiality, respect for others, and trustworthiness
- Takes personal action to support equity and inclusion
- Is able to subordinate own interests to the interests of others when appropriate
- Exercises accountability individually and for colleagues
- Demonstrates a lifelong commitment to excellence
- Exhibits a commitment to scholarship and to advancing their field
- Deals appropriately with high levels of complexity and uncertainty
- Reflects upon actions and decisions
- Assures one’s own fitness for duty

None of these behaviors proscribes healthy discourse or thoughtful disagreement. This statement does not seek to homogenize the academic environment, but instead underscores our commitment to respectful behavior.

Examples of unprofessional behavior that might be addressed through this statement (and are not clearly covered by other resources) include inappropriate fiscal management, overtly disrespectful behavior, bullying subordinates, and engaging in questionable research practices that generally do not meet criteria for scientific misconduct, such as maintaining inadequate research records, especially for results relied on by others; appropriating research ideas or intellectual property of others; refusing to provide reasonable access to research materials or data that support published papers; releasing research results without sufficient data to allow peers to judge the validity of the results or reproduce the experiments; and neglecting to appropriately supervise others in work for which the faculty member is responsible.

*References: Swick HM. Toward a Normative Definition of Medical Professionalism. Academic Medicine 2000; 75(6) 612
Process for reporting violations or concerns about unprofessional faculty behavior

Concerns about disruptive behavior are ideally raised directly with the offending person, as s/he may be unaware of how their behavior is affecting others. A suggested framework for providing this type of feedback is included in Appendix C. If this is unsafe or does not resolve the issue, the concern should be reported to the next level of institutional authority, such as the division chief, department chair or unit director. In addition, other resources are available, including School of Medicine leadership, the Compliance Offices, the Faculty Ombuds, the Student Ombuds, the Office for Institutional Equity and Duke Personal Assistance Service. These are listed in Appendix A below.

It is expected that most faculty behavioral issues will be resolved at the personal, division or department level. But when this is inappropriate, is unsuccessful, or when any party to the issue is uncomfortable with such an attempt, assistance from the Dean’s Office may be requested. Certain faculty matters, including some egregious or illegal behavior, may escalate directly to the Dean’s Office. In either case, and whenever possible, the Dean’s Office will work with the unit director to resolve or respond to the issue. If the Dean determines that a peer review is appropriate, s/he may refer the matter to the Dean’s Advisory Council on Faculty Conduct, described in Appendix B below. It is important to note that the Council is not meant to replace existing departmental and institutional resources, but will provide a mechanism for a peer review of faculty conduct when that conduct falls outside the scope of existing resources (see Appendix A “Resources” below).

Concerns may also be reported through the Duke Health Integrity in Action and Speak Up Program Hotline. This line is available 24/7/365 to report any concerns, including concerns about unprofessional faculty conduct. Information from calls to this line is transferred in written form to the appropriate compliance office (either the Duke Office of Audit Risk and Compliance or the DUHS Compliance Office). Concerns are reviewed by a compliance officer, and when appropriate, referred to the relevant office(s) to follow up. Concerns about unprofessional faculty behavior that are received through this line will be referred, in most cases, to the Dean’s office. Follow up actions will be determined in consultation with the appropriate unit leader on a case by case basis. You may also use the online form Speak Up Reporting to report your concern anonymously.

Reports to the hotline and online form can be made anonymously. However, efforts to address disruptive behavior are generally more effective when the available details, including people affected, are as specific as possible. When it is safe to do so, reporters are encouraged to identify themselves, or provide a way they may be contacted to answer additional questions that may come up as the complaint is investigated. Callers to the hotline are always provided with a callback code and date so they may receive any additional information provided by the relevant compliance office and so they may provide additional information if needed. Those submitting a concern via the online form are encouraged to provide contact information should there be follow up questions.

We speak up when words, behaviors or actions are not consistent with our values. If you witness or are asked to participate in actions that are not consistent with our values, tell someone. Ask your supervisor or department head for advice.

Other Ways to Report Concerns:
Duke Hospital Safety Reporting System
https://intranet.dh.duke.edu/

Duke University Hospital Patient Relations Department
patientvisitorrelations@dm.duke.edu
919-681-2020

Non-Retribution: Duke policy, and in many cases federal law, protects individuals bringing such concerns forward in good faith from any retaliation and/or retribution.
Appendix A
The following institutional resources help support a culture of professionalism within the School of Medicine. This is not a complete list, but is designed to guide you toward people and documents who can help manage any incidents of unprofessional behavior.

You can report a concern anytime via Duke’s Integrity in Action and Speak Up Program. Contact 800-826-8109 to discuss your question or report your concern. The toll-free number is administered by a third party, Compliance Line and is a confidential and anonymous, if you choose, service provided 24 hours per day, 365 days per year. You may also use the online form Speak Up Reporting to report your concern anonymously.

**Office for Institutional Equity (OIE)**
Concerns about harassment, compliance in the areas of equal opportunity or affirmative action should be directed to OIE.

**Ombudsperson** – The Ombudspeople offer neutral and confidential guidance on a variety of issues for all students and faculty at Duke.

- **School of Medicine Faculty Member**
  Laura Svetkey, MD, MHS
  laura.svetkey@duke.edu
  919-681-7788

- **School of Medicine Students and Postdoctoral Appointees**
  Jean Spaulding, MD
  ombudsman@mc.duke.edu
  919-668-3326

- **Undergraduate, Graduate and Non-School of Medicine Professional Students**
  Ada Gregory
  Office of Interdisciplinary Programs
  ada.gregory@duke.edu
  919-660-2444

- **Duke University Faculty Member**
  Paul Manos, PhD
  pmanos@duke.edu
  919-949-8684

**Office of Diversity & Inclusion (ODI)**
Offers assistance in creating diversity strategic plans, searches, and providing education and coaching on unconscious bias.
ODI@dm.duke.edu
919-684-1067

**Personal Assistance Service (PAS)**
This is a resources for faculty, staff and their immediate family members to receive free and confidential short term counseling. The staff at PAS can help with personal or work related issues.
919-416-1PAS

**Employee Occupational Health & Wellness (EOHW)**
919-684-3136 (option #2)
Duke University Hospital System Professional Accountability (PACT)
Scope: Designed to promote the highest standards of professional conduct and ethical behavior and support the delivery of high quality patient-centered care through improved communication and teamwork.

William J. Richardson, MD, Co-Director
william.richardson@duke.edu
919-684-5711

Diana McNeill, MD, Co-Director
diana.mcneill@duke.edu
919-684-6800

Cynthia Gordon, RN, Administrative Director
cynthia.gordon@duke.edu
919-681-3906

DUHS Compliance Office
Scope: Joint Commission, Patient Privacy
compliance@dm.duke.edu
919-668-2573

Duke University Office of Audit, Risk and Compliance Office (OARC)
oarc@duke.edu
919-613-7630

Scientific Misconduct
donna.kessler@duke.edu
919-668-5115

Conflict of Interest
dukecoi@dm.duke.edu
919-684-3121

School of Medicine Senior Leadership

Select Duke Policies
- Policy on Prohibited Discrimination, Harassment, and Related Misconduct
- Policy on the Appropriate Treatment of Learners

See the Duke University Faculty Handbook for:
- Policies related to research – Chapter 5
- Conflict of Interest – Appendix O
- Guideline for Authorship and Authorship Dispute Resolution – Appendix P
- Consensual Relationships – Appendix Z

Select Policies on Faculty Professionalism in Education
- AAMC Compact Between Resident Physicians and Their Teachers
- ACGME Common Program Requirements – Professionalism expectations of faculty
- North Carolina Medical Board Position Statements: Medical Supervisor–Trainee Relationship
Appendix B
Dean’s Advisory Council on Faculty Conduct
The Dean’s Advisory Council on Faculty Conduct consists of faculty members appointed by the Dean of the School of Medicine, in consultation with the Chairs. At the request of the Dean, the Council will review complaints of unprofessional conduct, and advise the Dean regarding further action. The Council will consider unprofessional or disruptive behavior related to the academic activities of faculty, including those occurring in the context of research, teaching, mentoring and/or administrative activities.
Concerns relating to conduct in the clinical care setting will generally be managed through Hospital, Health System or PDC processes, and when needed, the Clinical Peer Review Process.

The Council will meet as needed to evaluate cases referred to it by the Dean of the School of Medicine. Each Council member is asked to represent themselves, and is not asked to represent any group or unit. The Vice Dean for Faculty provides administrative oversight of the Council.

Meeting materials will be assembled by the Vice Dean for Faculty and will include source documents, such as letters and reports that provide case facts. The faculty member who is the subject of the complaint will be invited to submit materials for Council review prior to the meeting. Materials must be received by the Vice Dean for Faculty at least 7 days before the meeting. Materials will be delivered to each Council member prior to the meeting. Members are expected to thoroughly review the materials prior to the meeting. All materials are confidential and should not be copied or otherwise redistributed. Materials will be collected at the end of each meeting to protect confidentiality. The meeting time will be used to discuss the case, and develop recommendations to the Dean regarding actions and/or sanctions.

At the meeting, the faculty member will be given the opportunity to provide their perspective on the events in question, and to explain any mitigating circumstances. The faculty member may choose to name an advocate to speak to the Council on their behalf. In that instance, the Vice Dean for Faculty must be notified of the name of the advocate at least 72 hours prior to the meeting. In some situations, the Council may ask an individual familiar with the facts of the case to attend a Council meeting and provide additional information.

Specific questions to resolve during the meeting include:
- Does the Council consider the faculty member’s behavior to be unprofessional?
- Is a “fitness for duty” evaluation by Employee Occupational Health and Wellness appropriate?
  - The EOHW evaluation may, on the judgment of the examiner, result in temporary removal from the work environment, and/or referral for an intervention (e.g. NC Physicians Health Program, Forensic Psychiatry etc).
- Should termination proceedings be recommended in response to the faculty’s action?
  - The termination process for tenured faculty is handled through the procedures described in Appendix N of the Faculty Handbook
- If the Council judges that it is not appropriate to recommend initiation of termination proceedings, does it recommend sanctions?
  - These may include recommendations to the Dean for reduction in salary, resources or opportunities, “community service”, letters of apology, a monitoring plan, accountability structures, etc.
Investigation  In cases where additional information is needed to evaluate a complaint, the Council may request assistance in conducting an investigation. This investigation will be completed by trained personnel (e.g. Internal Audit, Compliance Office, or other personnel who routinely conduct investigations), and not by Council members. Requests for investigation will be made to the Executive Vice Dean for Administration, who will determine the appropriate investigative arm.

Findings and Recommendations The Council will submit its findings and recommendations to the Dean in a confidential written document. In deliberating on its recommendations, it will review past cases to ensure consistency from case to case. The Dean, in consultation with the Chair and/or Center/Institute Director responsible for the faculty member, will make the final decision regarding further action, which will be communicated to the faculty member in writing.

Appeals If a faculty member disagrees with the Dean’s decision, they may appeal pursuant to the procedures described in Appendix N of the Faculty Handbook.

Confidentiality Case details and Council discussions are to be treated as confidential. Council members should not discuss any elements of the case outside of Council meetings unless asked by the Dean or Vice Dean for Faculty to do so as part of the case management process.

Records Records of Council discussions will be treated as confidential. They will be kept in Office of the Vice Dean for Faculty, and may be accessed by the Dean or her designate, or as required by law. Materials will also be redacted consistent with applicable law as needed.

Appendix C
Suggestions for providing feedback about unprofessional behavior.
Establish a time to meet privately with the person. During the meeting, use this guideline for the conversation.
1. State that you wish to give some feedback and why.
2. State the observed behavior.
3. Share your interpretation of that behavior (what I take that to mean is . . ).
4. Share the feeling attached to that interpretation (which makes me feel . . ).
5. Invite a response (What are your thoughts about that?).
6. Engage in a dialogue of next steps and future options, but do not necessarily come to a conclusion right now.

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Appendix D

Document History

This document may be updated periodically. This section will record major changes and updates. Any changes to the document will be managed by the Office of the Vice Dean for Faculty. Please contact that office with any questions: 919-684-5002.

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