

Policies and Procedures on Professionalism for Physician in Training

Acknowledgment:

KIMS endorse the Professional in Practice document developed by the McMaster University. All Rights Reserved to McMaster University. The document is used as reference and guideline to this policy. *The document is attached as Appendix 1 to this policy*

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Introduction

The policies and procedures on professionalism during postgraduate training is a detailed manual outline the position of Kuwait Institute for Medical Specialization in regards to resident professional behaviours and competencies during structured training program that it supervises.

The purpose of this policy and procedure manual is to:

1. Provide *professional expectation* for practices throughout the postgraduate medical education programs at KIMS
2. Ensure the safety of the physician in training and the patient in issues related to professional commitments.

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Section 1:

Definitions

Resident: A physician enrolled in a training program recognized by KIMS and registered at the Office of Training and Examination at KIMS for the training year.

CanMEDS: A Physician Competency Framework describes the knowledge, skills and abilities that specialist physicians need for better patient outcomes. The framework is based on the seven roles that all physicians need to have, to be better doctors: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.

Professionalism: as Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour. *CanMEDS Competency Framework*.

Remediation: is an individualized learning opportunity designed to allow a resident to correct an identified weakness.

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Section 2:

The Policy

1. It is the responsibility of the clinical tutor and/or site coordinator to report issues related to professionalism of resident to the program director of the respected specialty. **See** Appendix A: Professional Competencies and Behaviors During Training and Appendix G: Professional in Practice.
2. The clinical tutor, resident and/or site coordinators should report the incident in the attached form in Appendix B.
3. The program director should complete an inquiry about the incident to determine the circumstances and severity of the incident including; meeting with the resident, meeting with the clinical tutor(s) and/or site coordinator who reported the incident, and other if necessary.
4. The program director should complete a report as shown in Appendix C.
5. The program director should discuss the incident with the postgraduate training committee to determine appropriate action if any e.g. suspension.
6. The postgraduate training committee (PGTC) should determine the appropriate fate of action as per the in-training flow chart shown in Appendix D
7. If the PGTC approves the remedial action with probation, the program director should develop the plan and submit it to the Appeal Committee pending its approval. Meanwhile, the plan could be started immediately.
8. If the PGTC declines the remedial action, the program director should submit a request to the Appeal Committee for a request of dismissal from the program. Meanwhile, the resident should be suspended until the final decision is approved by the Secretary General.
9. If the incident is resolved at any stage of the process, the

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program director should inform the Appeal Committee of the steps to be taken to prevent further incidents.

10. All records should be secured and filed in the resident file and documented in his/her ITER, FITER or **Resident assessment portfolio**.
11. At any stage the resident or tutor can directly report to the postgraduate office. The PGE KIMS should complete the form for incident during residency training (Appendix E)
12. The PGE office will ensure that the program director complete the form (Appendix C)
13. When the postgraduate education office at KIMS complete the discussion and incident report form, It should be submitted along all other documentation to the appeal committee.

Section 3:

KIMS position on Code of Conduct for Clinical Tutors

The **Clinical Tutor**, appointed by the training programs at KIMS, shall comply with the following principle:

1. Treats all physician in training at all stages and level of training with respect.
2. Complies with KIMS policy on intimidation and harassment including any verbal, physical, emotional or sexual.
3. Respects the professional relationship with the residents/fellows.
4. Makes him-/herself available to support the residents/fellows during their clinical and academic learning.
5. Complies with KIMS policy on resident supervision during

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their clinical and academic learning.

6. Fulfills his/ her duties of teaching the residents/fellows to progress in their selected career.
7. Coaches and support residents/fellows to learn and gain the required knowledge, skills and attitude in their learning objectives.
8. Evaluates residents/fellows in fair and honest manner consistent with KIMS policy on in-training evaluation.
9. Provides constructive and timely feedback to residents/fellows to help them improve during the course of their training.
10. Advices and reports to the site coordinator and/or the program directors any behaviours or attitudes that jeopardizes patient safety or professional misconduct by the residents/fellows.

Section 4:

KIMS Position Statement on Code of Conduct for Residents

As a physician in training enrolled in KIMS training programs, the resident/fellow shall demonstrate professional behaviours at all stages of training, at all times and during both clinical and educational activities as described below under the three major domains (CanMEDS – professional competency):

1. **Demonstrate a commitment to their patients, profession, and society through ethical practice**

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- 1.1. Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect and altruism
 - 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
 - 1.3. Recognize and appropriately respond to ethical issues encountered in practice
 - 1.4. Appropriately manage conflicts of interest
 - 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law (Appendix F guidelines of use of social media during training)
 - 1.6. Maintain appropriate relations with patients.
- 2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**
- 2.1. Appreciate the professional, legal and ethical codes of practice
 - 2.2. Fulfil the regulatory and legal obligations required of current practice including use of social media during residency training (Appendix F)
 - 2.3. Demonstrate accountability to professional regulatory bodies
 - 2.4. Recognize and respond to others' unprofessional behaviors in practice
 - 2.5. Participate in peer review
- 3. Demonstrate a commitment to physician health and sustainable practice**

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- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
- 3.2. Strive to heighten personal and professional awareness and insight
- 3.3. Recognize other professionals in need and respond appropriately.

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Section 5:

Appendix A: Professional Competencies

For the purpose of this policy Professionalism is defined as per CanMEDS competency framework;

Definition

As Professionals, physicians are committed to the health and well being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Description

Physicians have a unique societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviors, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a physician and society. Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.

Key Competencies

Physicians are able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;
3. Demonstrate a commitment to physician health and sustainable practice

Enabling Competencies Physicians are able to...

4. **Demonstrate a commitment to their patients, profession, and society through ethical practice**

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- 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
 - 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
 - 1.3. Recognize and appropriately respond to ethical issues encountered in practice
 - 1.4. Appropriately manage conflicts of interest
 - 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
 - 1.6. Maintain appropriate relations with patients.
- 5. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**
- 2.1. Appreciate the professional, legal and ethical codes of practice
 - 2.2. Fulfill the regulatory and legal obligations required of current practice
 - 2.3. Demonstrate accountability to professional regulatory bodies
 - 2.4. Recognize and respond to others' unprofessional behaviors in practice
 - 2.5. Participate in peer review
- 6. Demonstrate a commitment to physician health and sustainable practice**
- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
 - 3.2. Strive to heighten personal and professional awareness and insight
 - 3.3. Recognize other professionals in need and respond appropriately

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Appendix B:

Report on Professional Misconduct Form

Date:

FOR: *Resident Name*
 Name of the Training Program
 Year of Training

Rotation:

Site:

A. Report to:

- Site Coordinator
- Program Director
- Postgraduate Education Office
- The Secretary General, KIMS
- Others:

B. Description of the Incidence:

C. Recommendation:

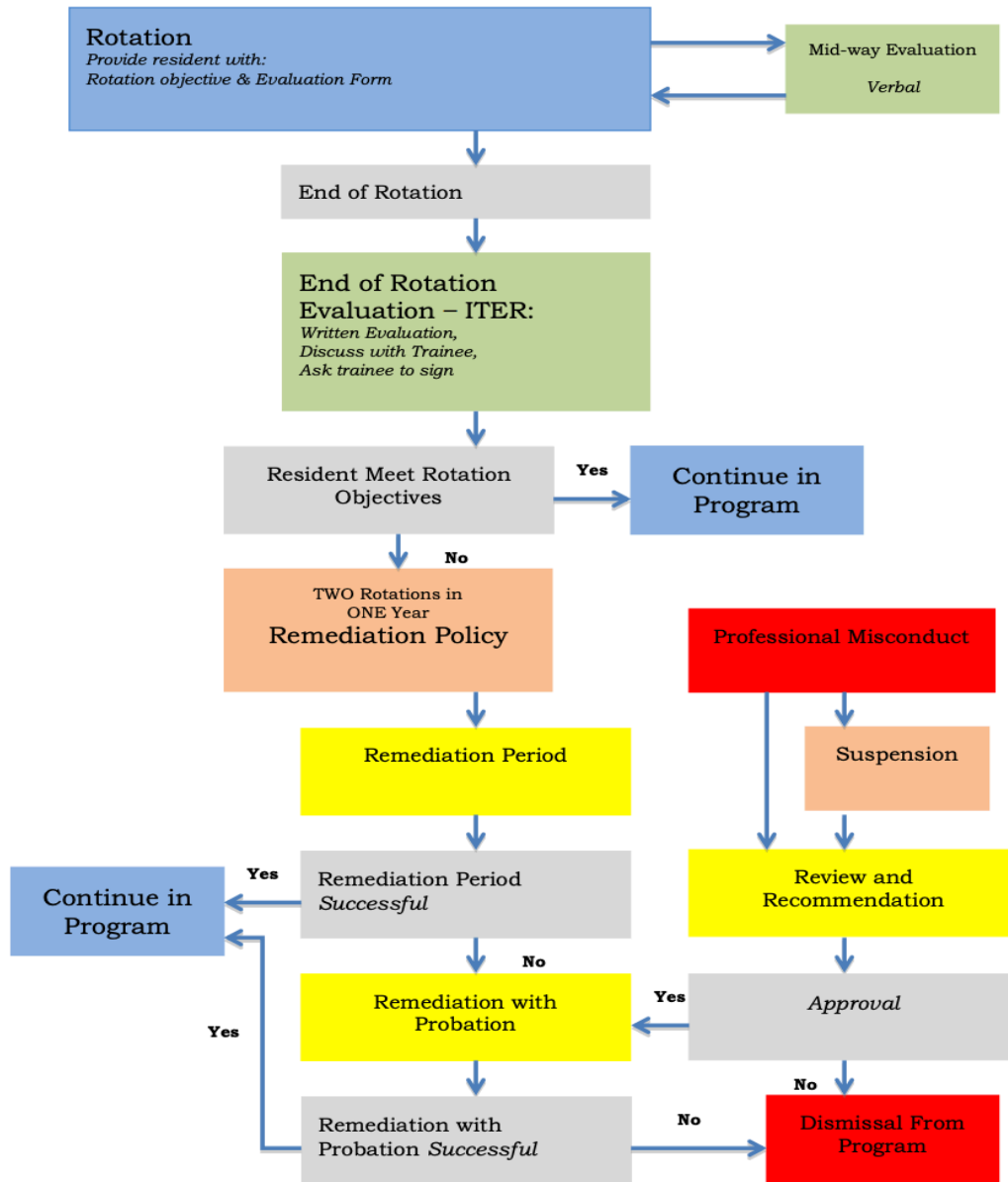
Signed & Dated

Name & Title

Date

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Appendix D: Evaluation Flow Chart for Professional Incidents



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Appendix E: KIMS-PGE Incident During Training Form

Date:

FOR: *Resident Name*
Name of the Training Program
Year of Training

Rotation:

Site:

A. Report to:

- The Secretary General
 The Appeal Committee

B. Description of the Incidence:

C. Action Taken and Recommendations:

Signed & Dated

Director, Postgraduate Education Office

Date

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Social Media Policy Kuwait Institute for Medical Specialization

Definitions:

The term 'social media' refers to web and mobile technologies and practices used to share personal and professional content, opinions, insights, experiences, and perspectives online. Prominent social media platforms by design are accessible, informal and public, and they pose challenges for physicians in upholding professional obligations.

KIMS is acronym for Kuwait Institute for Medical Specializations, Ministry of Health, Kuwait.

Relevant legislation in this document refers to Kuwait Ministry of Health's health practice guidelines, policies, code of ethics and relevant Kuwait's state legislation.

Scope:

This policy statement provides guidance to all KIMS enrolled faculty, staff, interns, residents and fellows about how to engage in social media while continuing to meet relevant legal and professional obligations.

Position:

KIMS position is that enrolled faculty, staff, interns, residents and fellows are expected to comply with professional expectations relevant to KIMS when engaging in the use of social media

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platforms and technologies. If done so, KIMS recognizes that social media platforms may present important opportunities to enhance patient care, medical education, professional competence, and collegiality, among other potential benefits.

Background:

Legal and professional expectations that govern medical practice are set out in Kuwait Ministry of Health's practice guidelines, policies, and relevant Kuwait's state legislation. A number of these obligations are relevant to the use of social media by physicians and are articulated below. These obligations are not unique to social media, but apply to medical practice in general, and must be met by all KIMS enrolled faculty, staff, interns, residents, and fellows. They are as follows:

- A. Comply with all legal and professional obligations to maintain patient privacy and confidentiality.
- B. Maintain appropriate professional boundaries with patients and those close to them.
- C. Maintain professional and respectful relationships with patients, colleagues, and other members of the health-care team.
- D. Comply with relevant legislation with respect to advertising and commercial benefits.
- E. Comply with the laws related to defamation, copyright, and plagiarism when posting content online.
- F. Avoid conflicts of interest.

Guidelines for individuals:

In order to satisfy the above professional expectations while engaging in social media, it is recommended that all KIMS faculty, staff, residents, and fellows:

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1. Comply with the content of this KIMS Social Media Policies document as is relevant.
2. Make it explicit that your accounts are personal, as applies, especially when there can be a chance to falsely perceive you as representing KIMS though it might not be the case.
3. Be cognizant that all content on the Internet is public and accessible to all and act accordingly. Posted content must be assumed to be permanent, public, and even if deleted may still exist in an archive, database, or download formats. Privacy settings provided in different platforms are relatively easy to circumvent and should not be relied upon to protect postings from public disclosure.
4. Exercise caution when posting information online that relates to an actual patient, in order to ensure compliance with legal and professional obligations to maintain privacy and confidentiality. Bear in mind that an unnamed patient may still be identified through a range of other information, such as a description of their clinical condition, or area of residence. A breach of confidentiality may be deemed to have occurred if the facts available are sufficient for the patient to be identified, even if only by themselves.
5. Refrain from providing clinical advice to specific patients and ensuing monetary benefits through social media especially if not eligible for a consultation. Clinical advice is defined as advice of a clinical nature that is directed towards a specific individual to address a medical concern.
6. It is acceptable, however, to use social media to disseminate generic medical or health information for educational or information sharing purposes.
7. Protect KIMS reputation by not posting content that could be viewed as unprofessional and linked to KIMS.
8. Be mindful of their Internet presence and be proactive in removing content posted by themselves and/ or reporting content of others linked to KIMS which may be viewed as

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unprofessional. Be mindful that once information has been posted online, it may be difficult or impossible to remove. Reasonable steps should be taken to remove information that has been posted by one's self or others.

9. Refrain from establishing personal connections with patients or persons closely associated with them online as representing KIMS, as this may not allow to maintain appropriate professional boundaries and may compromise objectivity. It is acceptable to create an online connection with patients for professional purposes only. It is preferable to maintain a separate online presence for personal and professional networks.
10. Refrain from seeking out patient information that may be available online. Patients are entitled to a reasonable expectation of privacy. While physicians are expected to adhere to all of their relevant legal obligations with respect to the collection of personal health information, they should also refrain from seeking out other types of non-protected information online.
11. Be cognizant that social media platforms are constantly evolving and be proactive in considering how professional expectations apply in any given set of circumstances.

Guidlines for sponsored social media sites:

12. When KIMS or any of its program/ component initiates a sponsored social media site, it should designate a moderator (e.g., social media committee) that will assume responsibility for the maintenance and monitoring of posted content.
13. Only a KIMS staff and/ or enrolled faculty can be a moderator. If required the moderator can delegate some of its responsibilities under supervision to an Year 4 or 5

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resident in case of Residency Programs and to a final year fellow in case of Fellowship Programs.

14. The moderator needs to be proficient in the operation of the chosen platform/s as it pertains to administrative issues regarding posting, access, and privacy.
15. The moderator needs to ensure routine updating and monitoring of the site. In addition, plans for transfer of content management should be made in advance to facilitate a smooth transition.
16. Areas of responsibility for the moderator includes:
 - 16.1. Ensuring that content is current, accurate, and in accordance with the communications plan. (See below).
 - 16.2. Ensuring communications that are acceptable in the medical workplace. This includes respecting copyrights, intellectual property and protected health information, as well as similar sensitive or private information as is relevant.
 - 16.3. Ensuring consent of all involved parties for the use of recordings, photos, images, video, text, slideshow presentations, artwork and advertisements is obtained. Included in this should be in-advance digital, written and/ or verbal consent for use of any photographs or images at the beginning of contract and/ or event.
 - 16.4. Site management is an evolving realm with unforeseen risks. Moderators may be responsible or liable per institution/ program requirements, for all content posted on official sites.
 - 16.5. It is recommended that moderators frequently communicate with supervising KIMS authority or the Program Director in case of training programs regarding site content and any questions be vetted by the institution/ program before posting. It is important to note that once content is placed on an

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institution/ program sponsored site, it is then owned by the institution/ program and not the posting individual or the moderator.

17. KIMS or a program's social media site should have a communications plan that proactively addresses the use of social media and potential issues. This should encompass:
 - 17.1. Target audience
 - 17.2. Purpose of the site, including educational objectives and explicit consideration of the function of the site such as degrees of access and interactivity planned
 - 17.3. Level of privacy and security required
 - 17.4. Issues of medical advice and redirection of patients to appropriate venues
 - 17.5. Plans to deal with adverse events, including spam, negative comments, complaints, and unprofessional behaviour

Repercussions:

A person who has reason to believe that another person or site within the scope of this policy has contravened this Social Media policy should approach his/her immediate Site Coordinator /Program Director/ KIMS designated authority for advice. If the issue is inadequately addressed, s/he may complain in writing to the Director, Postgraduate Medical Education, KIMS in case of residency and fellowship training programs or to Director Technical Affairs in all other cases.

Penalties for established inappropriate social media use either detected by third party or KIMS itself includes remediation, probation or failure to promote; and disciplinary actions by KIMS and/ or Ministry of Health in the case of interns, residents and

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fellows with a chance to appeal. Penalties for established inappropriate social media use for faculty members, moderators and staff will include disciplinary action by KIMS and/ or Ministry of Health as outlined in relevant policies and legislations with a chance to appeal.

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