



|                              |   |
|------------------------------|---|
| <b>Policy Number:</b>        | <b>26-20</b>  |
| <b>Policy Name:</b>          | <b>Graduate Medical Education: Professionalism Policy</b>   |
| <b>Authority:</b>            | ACGME Institutional Requirements, effective September 3, 2025, section 3.2.f; ACGME Common Program Requirements, effective July 1, 2026, section 6.12 |
| <b>Original Policy Date:</b> | June 12, 2026<br>Effective Date: 06/12/26   |
| <b>Supersedes:</b>           | 24-01   |
| <b>Policy Last Revised:</b>  | N/A   |
| <b>Attachments:</b>          | N/A   |

**PURPOSE**

This policy describes Behavioral Health and Recovery Services, San Mateo County (BHRS-SMC), as a Sponsoring Institution for ACGME-accredited graduate medical education (GME) programs, in partnership with its Program Director(s), provides a culture of professionalism that supports patient safety and personal responsibility.

**BACKGROUND**

The Accreditation Council for Graduate Medical Education (ACGME) requires the Sponsoring Institution, in partnership with its Program Director(s), to provide a culture of professionalism that supports patient safety and personal responsibility. ACGME further requires that the Sponsoring Institution:

1. Educate residents/fellows and faculty members about professional responsibilities of physicians, including the obligation to be appropriately rested and fit to provide patient care;
2. Provide systems for education in and monitoring of residents’/fellows’ and core faculty members’ fulfillment of educational and professional responsibilities, including scholarly pursuits;
3. Provide systems for education in and monitoring of accurate completion of required documentation by residents/fellows;
4. Ensure that ACGME-accredited programs provide a professional, fair, respectful, and civil environment that is free from unprofessional behavior, including discrimination, sexual harassment, and other forms of harassment, mistreatment, abuse, and/or coercion and provide education about unprofessional behavior and a confidential process for reporting, investigating,



monitoring, and addressing concerns in a timely manner.

This policy establishes BHRS-SMC's institutional expectations and processes to support professionalism across programs and participating sites.

## DEFINITIONS

**Core Faculty:** Program faculty members designated as Core Faculty, in accordance with ACGME common program requirements, must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents.

**Professionalism:** Conduct that reflects integrity, accountability, respect, compassion, responsiveness to patient needs, commitment to excellence and continuous improvement, adherence to ethical principles, and responsibility to patients, colleagues, learners, and the health system.

**Unprofessional Behavior:** Conduct that undermines a professional, fair, respectful, and civil environment, including but not limited to discrimination, sexual harassment, other forms of harassment, mistreatment, abuse, coercion, intimidation, retaliation, disruptive behavior, dishonesty, boundary violations, and repeated failure to meet professional responsibilities.

**Fitness for Duty:** The ability to safely and effectively perform clinical and educational responsibilities, including being appropriately rested and not impaired by fatigue, illness, substances, or other conditions that compromise safe patient care or learning.

**Required Documentation:** Clinical and educational records that residents/fellows are responsible for completing accurately and timely, including but not limited to notes, orders, discharge summaries, procedure documentation, billing-related documentation when applicable, and required program/ACGME documentation and trainings.

**Confidential Reporting:** Reporting mechanisms that protect the identity of the reporter to the extent feasible and consistent with a fair investigation and legal requirements, and that are free from intimidation or retaliation.

## POLICY

### **I. Culture of Professionalism**

- A. BHRS-SMC, in partnership with Program Directors, will provide and promote a culture of professionalism that supports patient safety and personal responsibility.
- B. Programs and participating sites must maintain a professional, fair, respectful, and civil environment that supports learning and safe patient care.
- C. Unprofessional behavior, including discrimination, sexual harassment, other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members, is prohibited.



## **II. Education in Professional Responsibilities and Fitness for Duty**

- A. BHRS-SMC, in partnership with its programs, will educate residents/fellows and faculty members regarding professional responsibilities of physicians, including:
  - 1. Integrity and accountability in all patient care and educational responsibilities;
  - 2. Respectful and civil communication within interprofessional teams;
  - 3. Maintaining appropriate boundaries and ethical conduct; and
  - 4. The obligation to be appropriately rested and fit in order to provide the care required by patients.
- B. Residents/fellows and faculty members must:
  - 1. Recognize and respond appropriately to fatigue and other factors that impair fitness for duty; and
  - 2. Use established processes to request relief, backup coverage, or support when not fit for duty.

## **III. Monitoring Fulfillment of Educational and Professional Responsibilities**

- A. BHRS-SMC will provide systems for education in and monitoring of residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits.
- B. Monitoring systems may include, as applicable:
  - 1. Evaluation and feedback processes (e.g., milestone-based assessments where applicable);
  - 2. Review of attendance and participation in required educational activities;
  - 3. Review of scholarly activity participation and completion (as required by program standards);
  - 4. Review of professionalism-related evaluations and reported concerns; and
  - 5. Program-level oversight through GMEC processes.

## **IV. Monitoring Accurate Completion of Required Documentation**

- A. BHRS-SMC will provide systems for education in and monitoring accurate completion of required documentation by residents/fellows.
- B. Residents/fellows must complete required documentation accurately, timely, and in accordance with applicable policies, medical staff rules, and documentation standards at BHRS-SMC and participating sites.
- C. Programs must provide education on documentation expectations, including clinical documentation standards and any required compliance training (e.g., privacy/security, EHR training).



## **V. Professional and Respectful Environment; Unprofessional Behavior**

- A. BHRS-SMC will ensure that its programs provide a professional, fair, respectful, and civil environment free from unprofessional behavior, including discrimination, sexual harassment, and other forms of harassment, mistreatment, abuse, and/or coercion.
- B. All residents/fellows, faculty, staff, and leaders share responsibility for maintaining a respectful environment and for speaking up about concerns.

## **VI. Education and Confidential Reporting, Investigation, Monitoring, and Timely Response**

- A. BHRS-SMC, in partnership with its programs, will provide education to residents/fellows and faculty members regarding:
  - 1. Examples of unprofessional behavior and prohibited conduct;
  - 2. Expected standards of professional conduct;
  - 3. How to report concerns confidentially; and
  - 4. Non-retaliation protections and what to do if retaliation is suspected.
- B. BHRS-SMC will maintain confidential processes for reporting, investigating, monitoring, and addressing professionalism concerns in a timely manner.
- C. Retaliation against any individual who reports concerns in good faith or participates in a review process is prohibited.

## **PROCEDURE/PROTOCOL**

### **I. Professionalism Education and Communication**

- A. Programs will provide professionalism education to residents/fellows and faculty members at orientation and at least annually thereafter, which will include:
  - 1. Professional responsibilities and fitness for duty expectations;
  - 2. Documentation standards and common errors;
  - 3. Respectful communication and teamwork expectations; and
  - 4. Prohibited behaviors and reporting mechanisms.
- B. GMEC will ensure that this policy and related reporting resources are available through the GME manual, BHRS-SMC intranet, or similar accessible location.

### **II. Fitness for Duty and Fatigue Mitigation**

- A. Residents/fellows who are not fit for duty due to fatigue, illness, or other impairing factors must notify the supervising physician and/or Program Director as soon as practicable.
- B. Programs and participating sites will maintain mechanisms for backup coverage and/or escalation to ensure safe patient care when a resident/fellow is not fit for duty.



- C. Faculty members and supervisors are expected to respond supportively and promptly to fitness-for-duty concerns and to prioritize patient safety.

### **III. Documentation Education and Monitoring**

- A. Programs will educate residents/fellows regarding documentation expectations and will provide feedback on documentation quality and timeliness.
- B. Monitoring may include chart review, EHR reporting, audits, and supervisor review.
- C. When deficiencies are identified, programs will provide timely feedback, remediation plans when needed, and follow-up monitoring.

### **IV. Reporting Professionalism Concerns (Confidential and Non-Retaliatory)**

- A. Residents/fellows, faculty members, and staff may report professionalism concerns through one or more of the following channels:
  - 1. Program Director (confidential to the extent feasible);
  - 2. DIO and/or GMEC;
  - 3. Anonymous reporting to the DIO and/or Medical Director through Notion (under “Anonymous Feedback”), or can use this link: <https://www.surveymonkey.com/r/6R9T3YX>
  - 4. County Equal Employment Opportunity (EEO) processes for discrimination concerns:
    - a. <https://www.smcgov.org/hr/eo-complaint-procedures>
  - 5. County Whistleblower Program for unethical behavior, internal control failures, fraud, or other serious concerns:
    - a. 855-387-2497
    - b. <https://www.smcgov.org/hr/whistleblower-program>
- B. Reports should include, when possible:
  - 1. A description of the behavior/concern;
  - 2. Dates and location(s);
  - 3. Individuals involved (if known); and
  - 4. Any supporting information.

### **V. Investigation, Response, and Monitoring**

- A. Initial Triage
  - 1. Reports will be triaged promptly to determine whether immediate safety actions are needed.
  - 2. If the concern involves potential discrimination/harassment, BHRS-SMC will coordinate with appropriate HR/EEO processes as required.



**B. Investigation**

1. The Program Director (or designee) may investigate program-level concerns unless a conflict of interest exists; in such cases, the DIO/GMEC will assign an impartial reviewer.
2. Investigations will be conducted confidentially to the extent feasible and consistent with a fair process and applicable laws.

**C. Outcomes and Corrective Actions**

1. Findings may result in education, coaching, mediation, corrective action, remediation, and/or referral to institutional or County processes as appropriate.
2. Programs will document actions taken and monitor for recurrence.

**D. Non-Retaliation Monitoring**

1. Programs and GMEC will monitor for potential retaliation following a report and will address concerns promptly if retaliation is suspected.

**VI. Policy Availability and Review**

- A. GMEC will ensure this policy is available for review by residents/fellows at all times through the GME manual, BHRS-SMC intranet, or similar accessible location.
- B. This policy will be reviewed at least every year, or more frequently if ACGME requirements, County policies, or applicable laws change, to ensure ongoing compliance with ACGME Institutional Requirements and institutional standards.

**SIGNATURES**

Approved: \_\_\_\_\_ *Signature on File*  
 Dr. Jei Africa, PsyD, FACHE  
 BHRS Director

Approved: \_\_\_\_\_ *Signature on File*  
 Tasha Souter, MD, FASAM  
 BHRS Medical Director  
 BHRS ACGME Designated Institutional Official

**REVISION HISTORY**

| Date of Revision | Type of Revision | Revision Description |
|------------------|------------------|----------------------|
|                  |                  |                      |
|                  |                  |                      |