



**College of Intensive Care Medicine
of Australia and New Zealand**
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PROFESSIONAL CODE OF CONDUCT

Promoting the highest standards of professional behaviour

EXECUTIVE SUMMARY

This document was developed by the College of Intensive Care Medicine of Australia and New Zealand (CICM) to convey expectations of practice and behaviour for its Fellows, outlined in terms of knowledge, skills, values and relationships as applied to the training of intensive care specialists and the delivery of care to patients.

The domains of practice are matched to the same framework as the College curriculum. Although expanded below, the intensive care specialist is expected to:

- Ensure that patient interests are always paramount and never compromised by the interests of individuals, institutions or systems.
- Behave with respect towards patients, family and staff in accordance with the principles outlined in this document. This would preclude all discrimination, bullying and harassment.
- Maintain currency of knowledge, technical and professional skills.
- Exercise the highest standards of behaviour with respect to all professional endeavours including research.

This Code of Conduct aims to complement, not replace the established guidelines on good medical practice issued by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ).

1. INTRODUCTION

CICM is committed to achieving the best health outcome for critically ill patients, through training high quality specialists, increasing specialty knowledge and improving standards of care. The College's core values reflect the importance placed on integrity, collaboration, compassion, accountability and respect (as outlined in the College's *Strategic Plan 2016 - 2020*)¹.

The CICM is the body responsible for training Intensive Care Medicine (ICM) specialists in Australia and New Zealand, applying the standards set by the AMC and MCNZ. CICM Fellows and trainees are medical practitioners who, if working in Australia and New Zealand, already have clear guidelines in what constitutes good medical practice.^{2,3}

The CICM has worked in collaboration with other medical colleges and the community, and has reviewed similar codes from other professional bodies. This document aims to complement these good medical practice guidelines as they apply to the training of intensive care specialists and delivery of care to patients.

2. DEFINITIONS AND SCOPE

The function of a body's professional code is to set out the standards of knowledge, competence, skills and conduct expected of those professionals on its register and the responsibilities they have towards the people they serve and represent.⁴ Medical professionalism, although difficult to define, has been agreed to encompass the following domains:⁵

- Adequate knowledge, clinical skills and judgment maintained by continued efforts towards improvement and excellence;
- Moral values including respect, integrity, compassion and altruism; and
- Appropriate relationships with patients as well as other healthcare staff.

The term 'family' where used in this document is a loose description of the stakeholders in a patient's welfare as determined by the patient and/or their next of kin, and is not necessarily limited to blood-relatives.

This code is designed to be supportive as well as normative; with wide stakeholder consultation it serves as a College initiated, peer-agreed standard for Fellows' conduct as specific to intensive care medicine practice.

3. ROLES OF THE INTENSIVE CARE MEDICINE SPECIALIST

The intensive care specialist has to integrate multiple 'roles' into practice as outlined in the CanMEDS⁶ framework, an internationally recognised framework that has informed the development of the CICM curriculum.

The roles of the intensive care specialist are medical expert, communicator, collaborator, leader, health advocate, scholar and professional. This document recognises that intensive care specialists provide care in a variety of environments (ICU, wards and transportation) and aims to outline how professionalism as defined above relates to the day-to-day practice of medicine by intensive care specialists.

A. Medical Expert

The intensive care specialist is expected to:

Knowledge, Skills and Judgment:

- i. Always act in the best interests of their patient
- ii. Apply relevant clinical and biomedical knowledge to their bedside practice
- iii. Elicit a history from patient or surrogate, perform physical examination as required, select appropriate investigations, and interpret their results for the purpose of diagnosis, management and disease/complication prevention.

- iv. Ensure investigations, procedures and patient transport are considered in terms of risks, benefits, rationale and alternatives.
- v. Provide a high standard of care in a timely fashion, consistent with prevailing standards of the specialty, within the constraints of systems and resources.
- vi. Identify and manage those who are at the end of life, in accordance with best practice guidelines

Moral and Ethical Values:

- i. Conscientiously seek to minimise harm to patients and distress to their family.
- ii. Obtain and document informed consent or family assent for significant interventions* where possible, explaining the risks, benefits, rationale and alternatives for a proposed procedure or therapy.
- iii. Actively promote patient safety by, for example, engaging in local and national quality improvement initiatives, identifying and addressing human factors in professional encounters and informing employer care-processes.
- iv. Seek and document individual patient values and priorities in order to formulate appropriate management strategies in the situation of chronic illness and end of life care.

Relationships:

- i. Identify and prioritise the numerous issues facing patients throughout their ICU stay.
- ii. Ensure goals of care and management plans are collaborative, patient-centred and communicated to the patients, families and relevant healthcare teams in a comprehensible and timely manner.
- iii. Recognise the particular vulnerability of patients who lack capacity, acting as their advocate in matters of safety, comfort, dignity and privacy at all times.
- iv. Facilitate a second opinion where requested and/or appropriate.
- v. Avoid providing intensive care therapies to those with whom the specialist has a close personal relationship unless absolutely necessary.
- vi. Never under *any* circumstances engage in a sexual relationship with patients or their families.

*Any intervention or procedure liable to modify survival and/or quality of life.

B. Communicator and Collaborator

The intensive care specialist is expected to:

Knowledge, Skills and Judgment:

- i. Elicit and synthesise accurate and relevant information pertaining to patients using interviewing skills based on effective and respectful communication.
- ii. Ensure communication with patients and families occurs in an environment that supports engagement and maintains privacy, dignity, and safety.
- iii. Communicate proactively and professionally with the ward team whilst the patient is in the intensive care unit.

- iv. Ensure documentation is accurate, complete, timely and accessible, in compliance with appropriate regulatory and employer requirements.
- v. Demonstrate safe and effective handover of care using both verbal and written records on transfer to another location.
- vi. Follow jurisdictional guidelines on open disclosure following patient safety incidents.

Moral and Ethical Values:

- i. Communicate with (and about) patients and families in a way that is respectful, non-judgmental and culturally appropriate.
- ii. Communicate in a way that allows patients and their families to be integrally involved in decisions about their health.
- iii. Respect the rights of a patient to privacy and confidentiality as dictated by workplace policies and jurisdictional legislation.

Relationships:

- i. Communicate with patients and families using a patient-centred approach.
- ii. Recognise that optimal patient outcomes rely on a well-functioning multi-disciplinary team (MDT).
- iii. Communicate with fellow health care professionals (including trainees, MDT members, administrators, etc.) in a manner that is respectful, constructive and recognises the knowledge and views of others.
- iv. Manage conflict in a constructive and professional manner.
- v. Seek to eradicate bullying and harassment from the workplace (in accordance with established College and other relevant guidelines⁷).

C. Leader

The intensive care specialist is expected to:

Knowledge, Skills and Judgment:

- i. Understand the skills of management and leadership as set down in the CICM curriculum.
- ii. Actively support activities and processes designed to address quality improvement and enhance patient safety (both in the workplace and at a regional/national level).
- iii. Demonstrate and develop leadership skills in all areas of professional practice.

Moral and Ethical Values:

- i. Promote cost-effective care, with the allocation of finite health care resources based on achieving realistic beneficial patient outcomes.
- ii. Respect the training, knowledge and experience of other health care professionals.
- iii. Lead in a way that actively discourages bullying, harassment and discrimination.
- iv. Advocate for critically ill patients and their families in circumstances where minimum standards of care are not being met.

Relationships:

- i. Understand their role within the complex and multi-layered health care delivery team.
- ii. Work collaboratively and with integrity to facilitate improvement in health care systems to enhance patient outcomes.
- iii. Demonstrate good leadership to junior colleagues, and provide support to others in leadership roles.

D. Health Advocate

The intensive care specialist is expected to:

Knowledge, Skills and Judgment

- i. Advocate for individual patient need within the healthcare environment multi-disciplinary team.
- ii. Promote public awareness of intensive care issues and advocate for improvements in the healthcare system, particularly where minimum standards are not being met.

Moral and Ethical Values

- i. Advocate for patients based on clinical need, without discrimination on any other grounds (e.g. ethnicity, gender, beliefs, socio-economic or health insurance status).
- ii. Promote transparent and equitable allocation of intensive care resources.
- iii. Acknowledge the potential for conflicts of interest to affect clinical judgment in themselves and others, and encourage open disclosure in all areas of professional debate.

Relationships

- i. Advocate by promoting constructive functional relationships within the workplace.
- ii. Collectively engage with government and other stakeholders to promote the best outcomes for patients with critical illness.

E. Scholar:

This section is broken down further into Lifelong Learner, Teacher, and Researcher.

LIFELONG LEARNER

The intensive care specialist is expected to:

Knowledge, Skills and Judgment

- i. Undertake learning within a continuing professional development (CPD) program relevant to practice as an intensive care specialist.
- ii. Audit where appropriate their own practice in relation to established guidelines and professional standards.
- iii. Participate in database audits of ICU performance where appropriate.

Moral and Ethical Values

- i. Undertake lifelong learning with honesty and insight in response to self-reflection and feedback from others.
- ii. Provide honest feedback to or about others.
- iii. Participate constructively in performance appraisal processes where appropriate.

Relationships

- i. Develop skills to give and receive feedback constructively, in keeping with established guidelines where available.
- ii. Foster a supportive environment for collaborative CPD in the workplace and for Fellows practicing in isolation in smaller ICUs.

TEACHER

The intensive Care specialist is expected to:

Knowledge, Skills and Judgment:

- i. Be an active contributor to the teaching of multi-disciplinary health professionals to further the understanding of intensive care medicine.
- ii. Plan, deliver, and evaluate teaching and learning in a manner consistent with best practice in adult education theory.
- iii. Encourage providers of intensive care services to be fully trained and accredited in accordance with CICM training regulations (or equivalent).

Moral and Ethical Values

- i. Maintain patient safety and dignity in the provision of clinical teaching.
- ii. Seek and provide feedback in accordance with best practice guidelines, maintaining integrity and confidentiality.
- iii. Recognise the powerful influence of role modelling on a learner's attitudes and behaviour.

Relationships:

Maintain appropriate relationships with learners, recognising the position of teacher authority and learner vulnerability inherent in a teacher/learner relationship.

RESEARCHER

The intensive Care specialist is expected to:

Knowledge, Skills and Judgment

- i. Incorporate a sound understanding of evidence derived from scientific research enquiry into daily clinical practice as applied to those who are critically ill.
- ii. Critically appraise the levels of scientific evidence as they apply to individual practice.
- iii. Be able to communicate to the layperson the basis for and interpretation of research, especially in the context of the patient who lacks capacity.

- iv. Ensure that novel techniques, procedures or devices are incorporated into clinical practice in the context of properly conducted research, safety and utility.

Moral and Ethical Values

- i. Comply with good clinical practice in research guidelines, jurisdictional legislative and regulatory requirements in the conduct of research.
- ii. Safeguard the interests of patients (and animals where used), in accordance with internationally accepted frameworks.
- iii. Seek appropriate ethics approval for all research projects as indicated.
- iv. Seek family (or surrogate) assent in research involving a patient who lacks capacity.
- v. Accurately collect and report research data, explicitly disclosing interests (financial or otherwise).
- vi. Not engage in or tolerate research fraud, plagiarism, or other dishonest research practices that ultimately harm patients.

Relationships

- i. Be a supportive contributor to research in the specialty, either as an active researcher or as a supporter of a wider effort (e.g. database or survey contribution).
- ii. Assist in enrolling patients into ethics approved clinical trials whenever possible and appropriate.
- iii. Provide and receive peer-review of research without prejudice.

4. REFERENCES

¹ College of Intensive Care Medicine Strategic plan. Available at <http://www.cicm.org.nz/News-Summary/College-Strategic-Plan-2016-2020>

² Medical Board of Australia *Good medical practice: a code of conduct for doctors in Australia*, 2014. Available at: <http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx>

³ Medical Council of New Zealand *Good medical practice* 2013. Available at: <https://www.mcnz.org.nz/assets/News-and-Publications/good-medical-practice.pdf>

⁴ Picker Institute Europe: *A review of professional codes and standards for doctors in the UK, USA and Canada* 2006. Available at <http://www.pickereurope.org/wp-content/uploads/2014/10/A-review-of-professional-codes-...-UK-USA-and-Canada.pdf>

⁵ Royal College of Physicians (2005) *Doctors in Society: medical professionalism in a changing world*. Report of a working party of the Royal College of Physicians of London. London: RCP

⁶ The Royal College of Physicians and Surgeons of Canada: CanMEDS framework. Available at: <http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework>

⁷ Prevention of Bullying, Discrimination and Harassment in the Work Place. Available at: https://www.cicm.org.au/CICM_Media/CICMSite/CICM-Website/Resources/Professional%20Documents/IC-20-Prevention-of-Bullying,-Discrimination-and-Harassment-in-the-Workplace.pdf

This guideline has been prepared with regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case. Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. This guideline has been prepared according to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material that may have been published or become available subsequently. Whilst the College endeavours to ensure that documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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