

# UCLA Faculty Practice Group Code of Conduct

As UCLA Health physicians, we place the patient first, by valuing Respect, Integrity, Engagement, and Excellence, as the foundation of our Faculty Practice.

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## Patient Care:

- Adhere to and enforce the CICARE\*behaviors.
- Maintain patient confidentiality in all aspects of work.
- Respond to patient related communication in a timely manner.
- Support communication across care teams.
- Continuously improve all aspects of health care delivery.

## Physician and Staff Engagement:

- Treat staff, colleagues and trainees with dignity and respect and serve as a role model.
- Attend and participate in faculty, practice, department and committee meetings.

## High Performing Ambulatory and Inpatient Operations:

- Support best business and operational practices.
- Actively participate in team care and delegate appropriate activities.
- Respect the need for patient centered & efficient practice.
- Participate in driving the achievement of quality and patient experience goals, consistent with the goals of UCLA Health.
- Communicate with referring physicians in a timely manner.
- Support access standards of the organization.

## Evaluation and Reporting Infrastructure:

- Actively participate in improving the veracity and reliability of all data.
- Actively participate and support activities to improve performance as reflected in internal and external specified financial, productivity, and quality goals and other goals of UCLA Health.

## Clinical Documentation and Coding Improvements:

- Complete all documentation and required signatures for patient records, reports, consultations and orders in a timely manner.
- Actively participate in correct coding for all clinical encounters.

### \*CICARE Behaviors

- **C**onnect with **C**ompassion by addressing the patients as Mr. /Ms. or by the name that they prefer.
- **I**ntroduce yourself with **I**ntegrity by stating your name and your role.
- **C**ommunicate with **T**eamwork what you are going to do, how long it will take, and how it will impact the patient.
- **A**sk with **D**iscovery by anticipating the patient needs, questions, or concerns.
- **R**espond with **R**espect to patient questions or requests with immediacy.
- **E**xit with **E**xcellence by ensuring all of the patient's needs are met

I have read and acknowledge the Code of Conduct.

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Physician Name/Signature

Date

*FPG Code of Conduct*  
*Frequently Asked Questions*  
*(Version 9/9/2014)*

**Q1. Why do we need a Code of Conduct for physicians who provide clinical care in the FPG practices?**

A1. While the academic and research mission of our faculty practice is paramount to our national reputation, our clinical care and the patient experience are equally important. This Code of Conduct is the first step in articulating to ourselves that we are unified in our expectations of team behavior, to further embrace **our vision** to heal humankind, one patient at a time, by improving health, alleviating suffering, and delivering acts of kindness.

**Q2. What is the intent for the Code of Conduct?**

A2. The intent is that all physicians who currently practice within the FPG sites will acknowledge and sign the Code, thereby embracing the vision as described above. As new physicians are recruited to provide care in the FPG practice sites, they will be asked to acknowledge and sign the Code as an introduction to the vision and culture of the faculty practice. Periodically, at the time of the two year re-credentialing cycle for UCLA Medical Group, physicians will re-affirm the Code. This will serve as a reminder of the expected team behaviors.

**Q3. Who else has such a Code?**

A3. Many successful academic and multi-specialty medical groups in the US have created a compact or code similar to the one developed at UCLA Health.

**Q4. What if a physician questions the need for the Code of Conduct?**

A4. The Code was approved by the FPG Board as an appropriate means to acknowledge our culture and values. Similar to CI-CARE or Diversity Training, the FPG Board sets the standard for the faculty practice. Initial discussion would be at the local level, by the Department Chair, Division Chief or the physician leader to whom the physician most closely relates. Those discussions will be managed on a case-by-case basis to address the concerns to the satisfaction of the physician.

**Q5. Who will enforce the Code and what are the penalties associated with failure to adhere to the behaviors and standards included?**

A5. It is anticipated that failure to adhere to the standards would be discussed and resolved at the local practice site. If that is not successful, the Division Chief or Department Chair or appropriate physician leader will become involved. If the problem behavior cannot be resolved at that level, the issue will be taken for review to FPG leadership, including the CEO or his/her designate

**Q6. How is this process different than the hospital Medical Staff privilege processes?**

A6. Certain types of adverse action taken against a physician by a hospital medical staff due to a “medical disciplinary cause or reason” are reportable to the California Medical Board following a fair hearing procedure that affords the physician due process. Lack of professionalism or other breaches of the Code of Conduct would not likely rise to the level of “medical disciplinary cause or reason.” Therefore, adverse action taken against a physician for a failure to adhere to the Code of Conduct would not likely be reportable to the Medical Board nor would the due process procedures similar to those set forth in the Medical Staff Bylaws be necessary.

**Q7. How is this process different than the UCLA Medical Group processes?**

A7. The Medical Group currently has Credentialing, Quality Management, and Peer Review processes which are independent of this Code of Conduct.