Dr.Sarvepalli Radhakrishnan Rajasthan Ayurved University Jodhpur Rajasthan

Karwad, Nagaur Road, Jodhpur Rajasthan 342037

Part- 5

DSRRAU STAFF CODE OF PROFESSIONAL BEHAVIOR

I. Purpose

To promote a culture of fairness, professionalism, and accountability that upholds the highest standards of safety and quality, the staff of Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University (DSRRAU) has established this Code of Conduct as part of its Staff Bylaws. This Code serves as the foundational framework for evaluating and addressing any inappropriate or disruptive behavior exhibited by staff members.

All staff members at DSRRAU are expected to demonstrate high standards of professional conduct, ethics, and integrity in their interactions with patients, their families, colleagues, employees, students, vendors, government agencies, and others. The goal is to maintain trust, integrity, and honesty while striving to deliver the highest level of patient care.

II. Policy Statement

Staff members are responsible for safeguarding the well-being of patients while also ensuring their own professional and personal well-being. Every individual is expected to treat colleagues, hospital personnel, students, and patients with respect, courtesy, and dignity.

If these expectations are not met, a structured, non-confrontational intervention approach will be used to restore trust, ensure accountability, and provide necessary rehabilitation. However, patient safety is the highest priority, and disciplinary actions will be taken when necessary.

This Code complements the Professional Practice Evaluation Policy and addresses issues such as confidentiality and conflicts of interest, which are governed by separate policies.

III. Definitions

1. **Appropriate Behavior:** Actions that promote patient advocacy, quality improvement, active participation in university activities, and fair professional competition.
2. **Inappropriate Behavior:** Conduct that is unjustified, offensive, or demeaning. Repeated instances may constitute harassment.
3. **Disruptive Behavior:** Abusive actions, including verbal or non-verbal harassment, that compromise patient care or safety.
4. **Harassment:** Behavior based on race, religion, gender, disability, sexual orientation, or other factors that creates a hostile work environment or interferes with job performance.
5. **Sexual Harassment:** Unwelcome sexual advances, requests for sexual favors, or any conduct that creates an intimidating or hostile work environment.

6. **DSRRAU Staff Member:** Includes physicians, nurses, medical and academic staff, and others who have been granted membership or temporary clinical privileges.
7. **Applicability:** This policy applies to all interactions within and outside university premises if they involve individuals associated with DSRRAU.

IV. Standards of Behavior

A) Inappropriate Behavior

Staff members are expected to avoid inappropriate behavior, which can escalate into harassment. Examples include but are not limited to:

- Belittling, berating, or name-calling.
- Use of profanity or disrespectful language.
- Inappropriate comments in medical records.
- Ignoring patient care needs or staff requests.
- Using sarcasm, cynicism, or condescending language.
- Unwarranted refusal to communicate about patient care.
- Disruptive comments or actions during meetings.

B) Disruptive Behavior

Disruptive behavior is strictly prohibited. Examples include:

- Physically or verbally threatening colleagues, staff, or patients.
- Physical intimidation or aggression.
- Throwing objects or using force.
- Retaliatory threats, violence, or harassment.
- Persistent inappropriate conduct or legal threats.
- Repeated disruptions during meetings.

V. Procedures

A) Delegation of Responsibilities

The Chairperson of the Staff Committee (or the Vice Chairperson, if the complaint involves the Chairperson) may delegate responsibilities to designated members.

B) Filing Complaints

Any staff member can report inappropriate or disruptive behavior. Complaints should ideally be submitted in writing, signed, and sent to the Chairperson of the Staff Committee. The complaint should include:

- Date, time, and location of the incident.
- Detailed description of the behavior.
- Circumstances leading to the incident.
- Names of witnesses and their statements.
- Impact on patient care, safety, or operations.
- Actions taken, if any, to address the behavior.

Anonymous complaints will be accepted and investigated to the best extent possible.

C) Handling Complaints

1. The Chairperson (or designee) will evaluate the validity and severity of the complaint. If deemed invalid, the complaint may be dismissed.
2. If valid, both the complainant and the accused will be notified. The accused will have an opportunity to provide a written response.
3. Retaliation against complainants is prohibited and will result in corrective action.
4. Complaints and their outcomes will be documented for future reference.

D) Consequences of Misconduct

1. **First Incident:** The Chairperson will counsel the offender and request corrective action. An apology may be encouraged.
2. **Repeated Incidents:** Continued minor infractions will result in official notifications.
3. **Persistent or Serious Offenses:** Cases will be referred to the Professional Ethics Committee, and the offender will have an opportunity to respond.
4. **Formal Actions:** If behavior persists, a letter of admonition and an action plan will be implemented.
5. **Final Warning:** A formal warning will be issued if misconduct continues.
6. **Severe Cases:** If behavior endangers others, suspension or termination may be initiated in accordance with university bylaws.
7. **Immediate Suspension:** In cases of imminent danger, immediate suspension may occur, followed by due process.

Records of misconduct will be kept confidential for up to three years.

VI. Protection for DSRRAU Staff Members

If inappropriate or disruptive behavior is directed toward DSRRAU staff by other employees, administrators, or external parties, it should be reported through the appropriate channels.

VII. Abuse of Process

- Retaliation against complainants is strictly prohibited.
- False complaints or misuse of the reporting process will result in corrective action.

VIII. Awareness and Compliance

To ensure awareness and compliance with this Code of Conduct, DSRRAU will:

1. Provide training and educational programs on professional behavior.
2. Distribute this policy to all current and new staff members.
3. Encourage rehabilitation for individuals exhibiting inappropriate behavior.

4. Facilitate effective communication regarding concerns about hospital operations and personnel.

IX. Review and Maintenance

The Credentials Department is responsible for managing the distribution and training related to this policy. The policy will be reviewed every three years or sooner if necessary due to legal or institutional changes.

APPENDIX A

Constitution of Committee on Professional Ethics

The following Committee is constituted to look into any allegations of breach of professional ethics by the Staff and Faculty of DSRRAU:

1. Chairperson:
2. Basic Scientist
3. Social scientist
4. Philosopher
5. Clinical Expert
6. Expert of ASU
7. Legal Advisor
8. Clinician
9. Clinician
10. Clinician
11. External Ayurveda Expert
12. Member Secretary
13. Co-ordinator

The Committee shall hold its meetings as and when allegations of breach of professional ethics. In each case, the Committee shall hold its meeting/s expeditiously and submit its report and recommendations to the Chairperson within 15 days. The Committee shall function with immediate effect and shall continue to do so unless it is dissolved or re-constituted. As matters of breach of professional ethics call for expeditious action, the Committee Meetings may be convened by Vice Chairperson in the absence of the Chairman.

Chairman
Ex-Officio