



## Professional Conduct Agreement

All observers are expected at all times to conduct themselves in a positive manner that upholds the spirit of Code of Conduct and Ethical and Religious Directives in any Bon Secours Charity workplace. This means we are committed to adhering to the behaviors that demonstrate our health system values. The observer agrees not to disclose any personal, medical related information, or any other confidential information to third parties, family members etc. as defined in the Observer Confidentiality Agreement.

### **Behaviors:**

- Communicate appropriately and respect those we serve who differ by gender, race, religion, culture, national origin, mental and physical abilities and sexual orientation. Treat them with dignity respect and compassion.
- Greet everyone with a smile and direct eye contact, and make sure that your ID badge is visible. Recognize that body language and tone of voice are important parts of communication.
- Dress appropriately in business casual clothing, socks/stockings are required (no scrubs, jeans, sneakers, shorts, short skirts, and open toed shoes). Be clean and professional in your appearance.
- Cell phone use is strictly prohibited in all patient care areas. Limit personal use of cell phones to breaks and lunch times.
- Photography is strictly prohibited.
- Be an active listener and do not interrupt.
- Report all accidents or incidents promptly. Report any safety hazards you see immediately.
- Remain with the clinical provider that you are assigned to in all patient care areas.
- Observation experiences are not to be discussed outside the facility.
- Speak respectfully of the Bon Secours Charity Health System in the workplace and community.
- Honor your observation commitment. Make sure that you arrive on time with your ID.
- Many educational programs require documentation and proof of observation hours. Observers are responsible for tracking their hours by obtaining a signature on a date/time grid at the end of each shift. Letters from the Medical Staff Office will not be provided.
- The observer agrees to return their ID badge at the expiration of their observation experience.

I acknowledge that I have reviewed the Professional Conduct Agreement and understand that I am accountable for knowing and exhibiting these behaviors. If I fail to meet the expectations outlined in this agreement it will be grounds for disciplinary action, including termination.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **\*\*\* Medical Staff Office Use Only\*\*\***

Interviewed by: \_\_\_\_\_

Signature of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

*Medical Staff Office: Please provide a signed copy of this agreement to the observer.*