PROFESSIONALISM AGREEMENT

Professionalism is the standard of conduct for everyone at UTMB and is rooted in its core values and commitments outlined in the UTMB Professionalism Charter. This agreement delineates those expectations further. As a member of the UTMB community; I understand I have a personal responsibility to live up to these principles. I will therefore:

1. Treat everyone (e.g. patients, co-workers, students, residents and visitors) with integrity, compassion and respect.

2. View all employees as important members of the UTMB team and value their contributions regardless of job, role or title.

3. Be pleasant, greet others, and recognize that body language and tone are important elements of communication.

4. Introduce myself and wear my ID badge where it can be easily seen.

5. Explain delays, apologize for inconvenience, direct patients who are lost and yield to patients’ right of way.

6. Give complete answers to patients, students and staff to promote learning and understanding.

7. Ask for help if a concern is beyond my knowledge, ability or scope of authority.

8. Respect and lend support to my colleagues, take responsibility for my duties and bring enthusiasm to my work.

9. Respect confidential information and engage in conversations regarding patients and personal or work problems in private areas.

10. Remain calm when confronted with or responding to emotionally charged situations.

11. Refrain from loud talk, excessive noises and other disruptive behavior that interferes with a healing environment.

12. Recognize, encourage and model positive and productive behaviors at all times. I will be receptive to opportunities and constructive reminders to improve my performance and will respectfully speak up if I observe violations of these standards.

Acknowledgement

I have read this Professionalism Agreement and agree to abide by these standards. I understand that failure to conduct myself as outlined herein is a violation of the UTMB Professionalism Charter, the UTMB Standards of Conduct Guide and the Institutional Handbook of Operating Procedures’ Discipline and Dismissal Policy. I understand that violations may lead to discipline or dismissal.

__________________________  ____________________________  __________________________
Print or Type Name                                      Print or Type Employee Identification Number

__________________________
Signature

__________________________
Date