



DISRUPTIVE BEHAVIOR

Text Button C

Example: Medical Staff Code of Conduct Policy and Procedures (this is presented as an example of one institution's policy on disruptive behaviors. You will want to work with your own medical staff office, human resources, and counsel's office to develop your own policies)

POLICY STATEMENT

This policy emphasizes the need for all individuals working in the _____ hospital to treat others with respect, courtesy, and dignity, and to conduct themselves in a professional and cooperative manner. This policy is intended to address conduct that does not meet that standard. Incidents of inappropriate conduct must be dealt with for the safety and well-being of patients, employees, physicians, and others in the hospital so that the hospital can perform in an orderly manner.

For purposes of this policy, examples of inappropriate conduct include, but are not limited to the following:

- Threatening or abusive language directed at nurses, hospital personnel, or other physicians (e.g. belittling, berating, and/or intimidating another individual);
- Degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel, or the hospital;
- Profanity or similarly offensive language in the hospital, while speaking with patients, nurses, or other hospital personnel;
- Inappropriate physical contact with another individual that is threatening or intimidating;
- Public derogatory comments about the quality of care being provided by other physicians and providers (e.g., nurse practitioners or physician assistants), nursing personnel, or the hospital;
- Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual.

Employees, including residents, who engage in inappropriate conduct will be dealt with in accordance with the _____ hospital's human resources policies. Conduct that may constitute sexual harassment shall be addressed pursuant to _____ hospital's harassment policy.

In the event of any apparent or actual conflict between this policy and any other bylaws, rules, regulations, or other policies of the hospital or medical staff, the provisions of this policy supersede all others.



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POLICY STATEMENT (CONT'D)

This policy outlines collegial steps (e.g. warnings and meetings with a resident) that can be taken in an attempt to resolve complaints about inappropriate conduct. However, there may be a single incident of inappropriate conduct—or a continuation of conduct—that is so unacceptable as to necessitate immediate disciplinary action. Therefore, nothing in this policy precludes immediate referral to the executive committee and dismissal of the resident.

PROCEDURE

1. Nurses and other hospital employees who observe, or are subjected to, inappropriate conduct by a resident shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, they shall notify the chief executive officer (CEO). Any physician who observes such behavior shall notify the CEO directly.
2. The documentation shall include:
 - The date(s) and time(s) of the questionable behavior
 - Factual description of the questionable behavior
 - The name of any employee, patient, or patient's family member who was involved in the incident, including any employee, patient, or family member who witnessed the incident
 - The circumstances that precipitated the incident
 - The names of other witnesses to the incident
 - Consequences, if any, of the inappropriate conduct as it relates to patient care, personnel, or hospital operations
 - Any action taken to intervene in, or remedy, the incident.
3. The supervisor shall forward a documented report to the program director and the CEO, who shall review the report; the CEO may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident. After a determination that an incident of inappropriate conduct has occurred, the chief of staff (CS) shall proceed as set forth in Paragraph 4.
4. The CS (or his/her respective designees) shall meet with the resident:
 - This initial meeting shall be collegial. It is designed to help the resident understand that certain conduct is inappropriate and unacceptable
 - During the meeting, the resident shall be advised of the nature of the incident that was reported and shall be requested to provide his/her response and/or perspective concerning the incident



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PROCEDURE (CONT'D)

- The resident shall be advised that, if the incident occurred as reported, his/her conduct was inappropriate and inconsistent with the hospital's standards.
 - The identity of the individual preparing the report of inappropriate conduct will not be disclosed at this time. The resident shall be advised that any retaliation against the person suspected of reporting the incident will be grounds for immediate dismissal
 - The meeting will be used to educate the resident about administrative channels that are available for registering complaints or concerns about quality or services
 - Other sources of support or counseling will be identified for the resident (e.g. the state physicians health plan, personal assistance plan/employee assistance plan) can be identified for the resident, as appropriate, with a strong recommendation made to pursue assistance
5. The resident shall be advised that a summary of the meeting will be prepared and a copy provided to him/her. The resident may prepare a written response to the summary. The summary and any response that is received shall be kept in the confidential portion of the resident's credentials file. The resident shall be made aware that a "corrective action plan" will be developed for the remainder of his/her training. The plan should clearly state that a second event may result in immediate dismissal.
6. If another report of inappropriate conduct involving the resident is received, a second meeting shall be held. It is advisable that at least three people (e.g. the CS, the program director, and another unbiased and objective medical staff leader) be present to meet with the resident. The resident may be allowed an advocate, such as a faculty member or a chief resident, to attend as a support.
- At this meeting, the resident shall be informed of the nature of the incident and be advised that such conduct is unacceptable. Based on the seriousness of the issue, termination may be considered
 - The resident should be referred to employee and occupational health and/or the state physicians health plan for an evaluation
 - If not immediately terminated, the resident shall be advised that if there is a future complaint about inappropriate conduct, there will be a recommendation for termination of training/employment
 - A letter shall be sent to the resident confirming the substance of the meeting. A copy shall be kept in the confidential portion of the resident's credentials file (along with any response that he/she may submit)
 - The resident shall be required to sign the letter acknowledging receipt
7. In the event there is a third reported incident of inappropriate conduct, the program director, the CS, and another medical staff leader will initiate a formal action for termination pursuant to the medical staff bylaws. Any further action, including any hearing or appeal, shall then be conducted under the direction of the board.



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PROCEDURE (CONT'D)

8. The resident may be excluded from the hospital's facilities pending any formal investigations and any related hearing and appeal that may result. Such exclusion is not a suspension of clinical privileges, even though the effect is the same. Rather, the action is taken to protect patients, employees, physicians, and others on the hospital's premises from inappropriate conduct and to emphasize to the resident the most serious nature of the problem created by such conduct. Before any such exclusion, the resident shall be notified of the event or events precipitating the exclusion and shall be given an opportunity to respond in writing and to demonstrate that acceptable standards of conduct have not been violated. However, to ensure that there is no inappropriate delay in addressing the concerns, the resident must submit any response within three (3) days of being notified.

Recommended by the _____ Committee this _____ day of _____, 200__.

*Adapted from the policy of the:
Tennessee Medical Foundation
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Brentwood, TN 37027-3226*

Accessed 1/30/04 <http://www.e-tmf.org/sys-tmpl/modelstaffcodeofconductpolicy/>