PROFESSIONALISM

A Guide for Anatomical Pathology Residents Ottawa

Hospital / U Ottawa
PROFESSIONALISM

Professionalism is defined as living the values of commitment to quality, compassion (including clear, timely and empathetic communication with patients and their families), working together, and respect for the individual.

As a self-regulated profession, the public entrusts us to hold ourselves and our colleagues to high standards of behaviour. If we fail to fulfill this responsibility, we may be subject to external regulation.

As humans, we all make occasional missteps. This guide provides a non-punitive opportunity for residents for self-improvement. It provides a transparent and consistent response to those exceptional circumstances where unprofessional behaviour is repetitive or egregious.

INTERVENTIONS

Informal “Cup of Coffee”

Description: A single unprofessional incident that adversely affects patient care, team dynamics, the reputation of TOH or the reputation of the physician. For example:

- Acting out: yelling, use of profanity, throwing an object
- Failing to answer questions, return pages or phone calls, complete handoffs or documentation
- Failing to comply with policies or best practices (e.g., hand hygiene)
- Publically criticizing team members or TOH
- Inappropriate commentary in medical charts
- Nonverbal body language that can be perceived as threatening or disrespectful

Most Responsible Person: Chief Resident

How to Intervene:

Find an opportunity to draw the resident aside for a 1:1 chat (unless a patient or co-worker is at immediate risk of harm in which case prompt intervention is needed)

Make it first-hand, timely, objective: "I just heard you say ..." "I just saw you ..."
Explain the "why":
This behaviour affects the whole team and lowers our team performance
You will lose the respect of your colleagues / students / team members
This will affect your ability to be successful / undermine your reputation

Validate the individual:
I value you as a colleague
I know you are committed to your patients
I know that you would want to know

Offer support to your colleague, and others that were the affected by this incident.

**Limits: A "cup of coffee" conversation is not appropriate if:**

- The resident may be incompetent, incapacitated, or at risk to self or others; or the behaviour is egregious (see level 3). Report to the Program Director/ or delegate.
- The behaviour is repetitive, you feel threatened or fear the disruptive resident may retaliate against you. Report to the Program Director / Chair of the department or delegates.

Time Frame for Response: Immediately

Documentation: None

**Level 1 "Awareness" Intervention**

Description:
- Repeat episode of unprofessional behaviour (≥ 2 but not a persistent pattern)

Most Responsible Person: Program Director and Chief Resident or delegates

How to Intervene:
Meet with the resident and inform them of the issue in non-judgemental manner.
Allow them to respond; seek to understand their perspective & any mitigating factors.
Verify the facts. Gather supplemental evidence (e.g. interview witnesses).
Adjudicate the behaviour as unprofessional or not (see tips below). If not unprofessional, no further documentation or intervention applies.
If unprofessional, determine the appropriate level of intervention.

Meet with the resident to inform them of your decision.

For level 1:

- Explain why behaviour is unacceptable: review engagement agreement, code of conduct policy, and other policies as applicable.

- Give them a chance to amend the situation (e.g. apology, training courses, policy or best practice review).

- Offer your support (e.g. protected time and/or funding to attend training, act as an advocate to address systemic problems that contribute to the behaviour).

- Inform them that you are required to document the incident.

- Book a follow-up meeting (normally within 30 days) to ensure issue is resolved and document closure.

- Follow-up with complainant to assure them that the issue has been dealt with.

If the resident may be incompetent, incapacitated, an immediate risk to self or others, or doing something illegal that may impact their ability to practice medicine, report immediately to the Report to the Program Director / Chair of the department or delegates.

Timeframe for response: Meet with disruptive resident within 10 working days.


**Level 2 "Guided" Intervention by Authority**

Description

- Recurrence of unprofessional behaviour despite Level 1 intervention

Most Responsible Person: Program Director and Chair of the department

How to Intervene:

Meet with the resident and inform them of the issue in non-judgemental manner.

Allow them to respond. Seek to understand their perspective, identify possible mitigating factors.

Verify the facts. Gather supplemental evidence (e.g. interview witnesses, review prior documentation).
Adjudicate if this represents a recurrence of unprofessional behaviour. Meet with the resident to inform them of your decision.

If recurrent unprofessional behaviour (level 2):

Explain why behaviour is unacceptable: review engagement agreement, code of conduct policy, and other policies as applicable.

Develop a formal personal improvement plan with the resident, including monitoring and periodic (e.g. monthly) review of progress.

Offer support.

Inform them that you are required to document the incident.

Follow-up regularly (e.g. monthly) to ensure issue is resolved.

Follow-up with complainant to assure them that the issue has been dealt with.

Timeframe for Response: Meet with disruptive resident within 10 working days.

Documentation: Yes- Resident file

**Level 3 "Disciplinary" Intervention**

**Description**

- Persistent pattern of unprofessional behaviour despite Level 2 intervention
- Concern of incompetence: poor clinical judgement I decisions
- Concern of incapacity: limitations due to mental health, physical health (e.g. aging), substance abuse affect ability to practice
- Physician poses a risk to patients or others
- Egregious (e.g. inappropriate touch, substance abuse, harassment, discrimination)

Most Responsible Person: Program Director, Chair of the Dept. and Vice Dean PGME

How to intervene (process governed by policy and procedure on Professionalism of PGME):

Goal is to modify behaviour and restore resident to full practice where possible. Disciplinary action is a result of failure to respond to lower levels of intervention.

RPC recommends a course of action and informs PGME
Resident is informed in writing of the reasons for the recommendation and the process for appeal.

Timeframe for Response: Immediately if risk to patient safety or egregious behaviour, otherwise within 10 working days.

Documentation: Yes – resident file and notification to PGME

### DOCUMENTING DISRUPTIVE BEHAVIOUR

<table>
<thead>
<tr>
<th>Level</th>
<th>“Cup of Coffee”</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Information Recorded</td>
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<td>Written complaint or description of incident</td>
<td>Written complaint or description of incident</td>
<td>Description of issue</td>
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<td>Actions taken</td>
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<td>Completed</td>
<td>Completed</td>
<td>Individuals’ response</td>
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<td>Actions taken</td>
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<tr>
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<td>Written notification of decisions re: suspension or other actions</td>
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<tr>
<th>Where Records Kept</th>
<th>N/A</th>
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<th>Resident File and PGME</th>
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<th>To Program Director if: Persistent pattern of behaviour</th>
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<th>RPC</th>
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despite Level 2
Concern of incompetence
Concern of incapacity
Resident poses a risk to patients or others
Egregious conduct

N/A = not applicable

Frequently Asked Questions

Why the concern about unprofessional physician behaviour?

Unprofessional behaviour affects patient safety, increases the risk of medical errors and malpractice suits, results in loss of confidence in the care provided, adversely impacts the healthcare team (resulting in under-performance, lack of retention and harassment suits), and negatively affects the reputation of both the physician and the hospital.

Why do I have a responsibility to address a colleague’s unprofessional behaviour?

It is our duty, as medical professionals, to ensure high standards of behaviour are met. Most physicians lack insight regarding their unprofessional behaviour. Most will reflect and self-correct in response to an informal conversation with a colleague. If we fail to help them gain insight and hold them accountable, we steal their success.

What if confronting the individual adversely affects team dynamics? As long as patient care is not compromised, isn't it better to say nothing and keep the peace?

Failing to speak up indicates that the behaviour is acceptable, and normalizes it. Over time, the behaviour is likely to escalate, ultimately undermining patient safety and poisoning the working environment.

How do I report an instance of unprofessional physician behaviour?

If this is the first episode involving that physician, you should speak directly with him/her. A report is not necessary. If you are uncomfortable speaking directly with him/her, or the behaviour is repeated, you should submit a report to your program Director.

Where are the reports kept? Who has access to them?
These reports are stored in a secure electronic file accessible only to the program Director Department Head.

**What if I have reason to believe the physician will retaliate against me for calling them on an incident of bad behaviour?**

In this case, you are advised not to confront the individual directly. Report the incident to the program Director. The purpose of any intervention is to help the physician improve. Punitive action will only be taken in those rare instances where the physician is doing something egregious (e.g. sexual misconduct), or continues to act unprofessionally despite intervention (Level 3).

**Can I get training on how to respond to unprofessional behaviour?**

Yes. The University of Ottawa Faculty Development and the OMA offer training in Crucial Conversations.

**What do I do if I feel my colleague is a risk of harm to patients, co-workers or themselves?**

If patients are at immediate risk of harm, you must step in to prevent such harm. You should notify your Program Director immediately. He/she will determine what additional actions are warranted.

**What if the unprofessional behaviour occurs outside of work (e.g. inappropriate photos on Facebook)? Are physicians held to the same standard of professionalism in their private lives that we expect in the hospital?**

An unprofessional incident that could adversely affect the reputation of the organization or the reputation of the physician should be dealt with using this Model, regardless of whether it occurred within or outside of the work environment.

**How will I find the time to deal with unprofessional behaviour?**

Empowering front-line physicians to have an informal "Cup of Coffee" conversation with their colleagues is effective in most instances. Most of your time should be invested in the 97% of physicians with positive behaviour. Identifying role models that exemplify best practices and creating a culture in which unprofessional behaviour is not tolerated by peers will reduce the demands on your time.

**What do I do if the physician demands that their lawyer attends a Level 1 or 2 intervention meeting?**

Inform the physician that this is meant to be a formative, not punitive, process and that you feel they have misinterpreted the purpose of the meeting. If they insist on having their lawyer present,
inform them that they lost an opportunity to work together in a formative manner and refer the matter to the Chief of Staff.
Resources

Resources for Leaders

- Ontario Medical Association:
- CMA physician coaching service: [http://www.cma.ca/coachingconnections](http://www.cma.ca/coachingconnections)
- CMA PMI - Disruptive behaviour: [http://www.cma.ca/PMI](http://www.cma.ca/PMI)
- University of Ottawa office of Faculty Development
  - Crucial conversations: [http://www.med.uottawa.ca/facdev/eng/](http://www.med.uottawa.ca/facdev/eng/)
- Conflict resolution Workplace.calm: [http://www.workplace.calm.to/](http://www.workplace.calm.to/)
- Vanderbilt Center for Patient & Professional Advocacy: [http://www.mc.vanderbilt.edu/centers/cppa/](http://www.mc.vanderbilt.edu/centers/cppa/)

Resources for Disruptive Physicians

- OMA Physician Health Program: [https://www.oma.org/benefits/Pages/PhysicianHealthProgram.aspx](https://www.oma.org/benefits/Pages/PhysicianHealthProgram.aspx)
- University of Ottawa Faculty Wellness Program: [http://www.med.uottawa.ca/wellness/eng/](http://www.med.uottawa.ca/wellness/eng/)
- Canadian Physician Health Institute: [http://www.cma.ca/living/centrephysicianhealthwellbeing](http://www.cma.ca/living/centrephysicianhealthwellbeing)
- CMPA consultation: [http://www.cmpa-acpm.ca](http://www.cmpa-acpm.ca)
- Treatment centers (CPSO list):
- CMA physician coaching service: [http://www.cma.ca/coachingconnections](http://www.cma.ca/coachingconnections)

TOH Professionalism Focus Groups Final Report:

TOH Model for Disruptive Physician Behaviour Slide Set:

Current TOH Policies and Standards

- Physician Engagement Agreement: [http://infonet/body_template_RealizingEx.cfm?id=16002](http://infonet/body_template_RealizingEx.cfm?id=16002)
- Standards of Behaviour: [http://infonet/body_template_RealizingEx.cfm?id=14996&department=Realizing%20Excellence](http://infonet/body_template_RealizingEx.cfm?id=14996&department=Realizing%20Excellence)
External Resources

- CPSO Guidebook for Managing Disruptive Physician Behaviour:


- CMA Professionalism Policy: http://www.cma.ca/medical%20professionalism


- Royal College CanMEDS Framework: