



THE UNIVERSITY OF  
**CHICAGO**  
MEDICINE

# Professionalism Program and the Disruptive Employee

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# Disclosure Statement

- I have no affiliations or conflicts to report.



<http://search.dilbert.com/comic/Conflict%20Of%20Interest>

# Agenda

- Statistics Summary: Frequency & Impact
- Goals and Objectives of a Professionalism Program
- UCMC Overview and Implementation Pathway
  - Policy Development
  - Infrastructure
  - Accountability
- The Disruptive Employee
- Appendix: “Don’ts”

# UCM Overview

- Faculty members of the Medical Staff Organization
  - 850 physicians
  - Employees of the University of Chicago, Biological Sciences Division
- Resident Physicians
  - 940 physicians
  - Employees of the University of Chicago Medical Center
- Unionized Labor Forces
  - National Nurses United
    - Inpatient Nursing, Perioperative Services Nursing, 3 Ambulatory Clinics
  - Teamsters Union Division 743
    - EVS, Transportation, Coders, Clinic Coordinators



# What is the problem?

## Look or Sound Familiar?



“Scalpel-Throwing Surgeons Stun Anger Management Pioneer”



Police notification after a “physical” altercation with a nurse.



Inappropriate physical contact



Inappropriate yelling, swearing, gesturing



# What is the Frequency of Disruptive Behavior?

- Disruptive behavior is confined to 5% of the total population of clinicians

*(Weber, 2004; Rosenstein & O'Daniel, 2005; Linney, 1997)*

- 64% of nurses report verbal/physical abuse from a physician at least once every 2-3 months
- 23% of nurses report one instance of physical threat

*Diaz & McMillin, 1991*

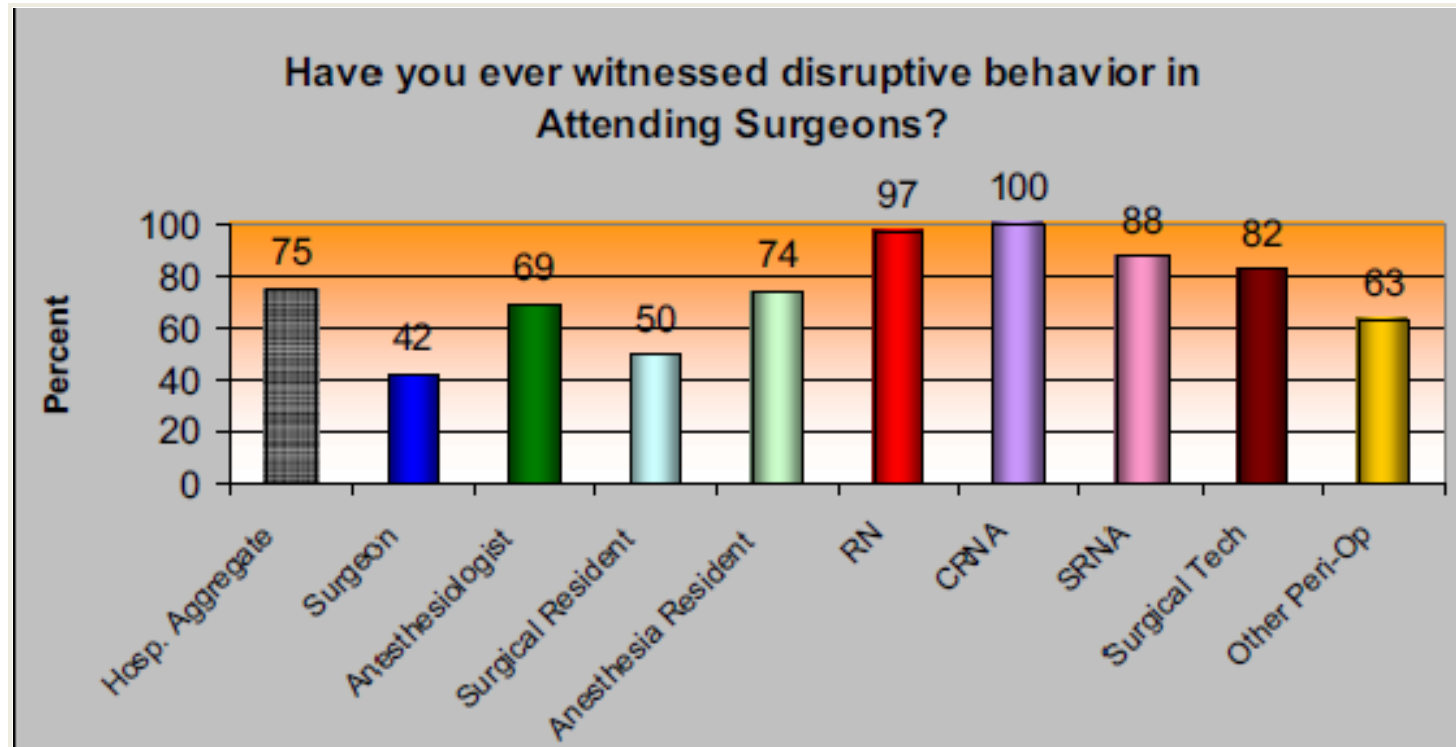
- 96% of nurses in the VHA system witnessed or experienced disruptive behavior; 68% of non nursing providers witnessed disruptive behavior by nurses

*Rosenstein, 2002*

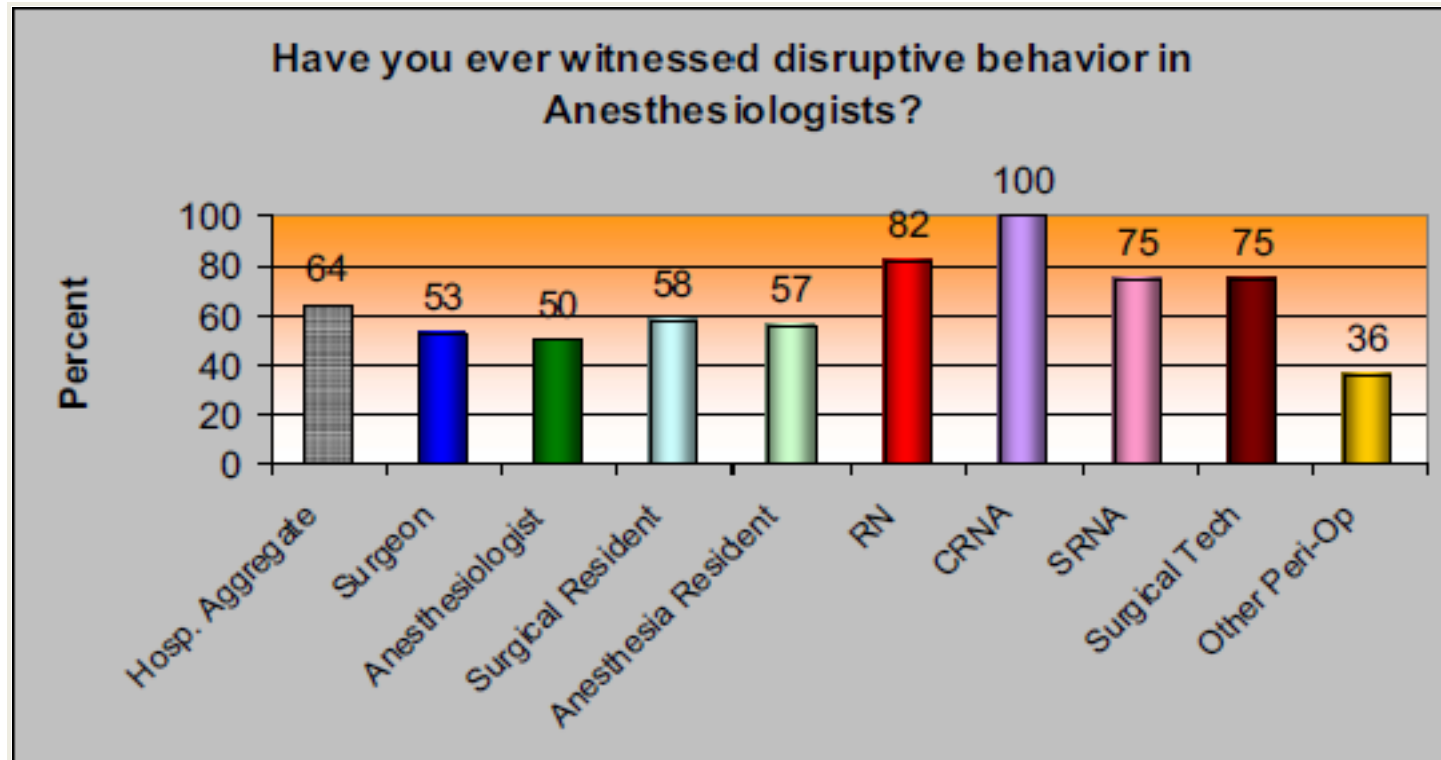
- Most common intimidation behaviors include:
  - Condescending language or intonation 88%
  - Impatience with questions 87%
  - Reluctance or refusal to answer questions or phone calls 79%
  - Strong verbal abuse 48%
  - Threatening body language 43%
  - Physical abuse 4%

*ISMP 2003*

# Frequency of Disruptive Behavior



# Frequency of Disruptive Behavior



# What is the Impact of Disruptive Behavior?

- Medical Errors
- Low Patient Satisfaction Scores
- Preventable Adverse Outcomes
- Staff Turnover
- Loss of Productivity
- Reports to External Agencies including
  - The Joint Commission
  - State Departments of Public Health
  - Office of Civil Rights
  - Local Law Enforcement

# How do we solve the problem?

## Goals & Objectives of a Professionalism Program

- Commit to Eliminate the Disruptive Behavior
- Professionalism Infrastructure
  - Policy & Procedure
  - Medical Staff Bylaws
  - Professionalism Committee
- Educate & Remediate
- Accountability
  - Consistent application of the policy is KEY
  - Zero tolerance policy for retaliation

# UCMC: Goals & Objectives

What was our end game?

- ✓ To promote and support a Medical Center community in an environment of professionalism which is free of abusive or demeaning treatment.
- ✓ To provide quality patient care in an environment of professionalism, respect, tolerance, understanding and goodwill.
- ✓ To construct an infrastructure to provide a systematic and timely means for documenting, communicating, investigating and resolving Medical Staff Member and Resident/Fellow behavioral complaint reports.
- ✓ To demonstrate measurable improvement on defined quality, safety, and experience metrics.

# UCMC Anticipated Outcomes

- Increase in Reported Number of Disruptive Events
  - ❖ Increase in Psychosocial Evaluations and Professional Coaching
    - Cost Implication
  - ❖ Long Term Metric: Decrease in Disruptive Behavior Events
- Increase in Patient Satisfaction Scores
  - ❖ Decrease in Patient Complaints
- Increase in Performance on Culture of Safety Survey

# UCMC Professionalism Program: Policy & Bylaws

- Medical Staff Organization Policy and Procedure
  - Medical Staff Bylaws
    - Article 4.8: Civil Behavior – “All Medical Staff members are expected to provide quality patient care in an environment of professionalism, respect, tolerance, understanding and goodwill.”
  - Medical Staff Organization Policy: Professionalism/Disruptive Behavior
  - UCMC and University Civility and Code of Conduct Policies
- Faculty Committee on Professionalism
  - Incorporated into the Medical Staff Bylaws as a quality committee under the Executive Committee of the Medical Staff
  - Peer Mentors

**Accountability is the KEY to success.**

# UCMC Policy Development

- Medical Staff Organization Policy
- Policy Development Committee
  - Faculty
  - Residents
  - Nursing Staff
  - Ancillary Staff
  - Legal & Human Resources
    - University of Chicago
    - University of Chicago Medical Center
  - Human Resources

# UCMC Policy Development

What is Disruptive Behavior?

- Define behavioral categories

**Most physicians will tell you:  
“I know it when I see it....”**



**Reality:**

- “Righteous Indignation”
- “Shock & Awe”
- “Well what words can I say?”
- “When did you tell us we couldn’ t touch people?”

# UCMC Policy Development

## Behavioral Definitions

- Disruptive Behavior: Personal conduct, whether verbal or physical, that affects or that potentially may affect patient care negatively. This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team.
  - Disruptive (Unprofessional/Uncivil Behavior)
  - Illegal Discrimination & Harassment
    - Retaliation
    - Hostile Environment
      - Stop the Conduct and Educate Your Staff
  - Impairment: inability to practice medicine with reasonable skill and safety due to physical or mental disabilities including aging, loss of motor skill, substance abuse or mental illness

# Question #1: Have you seen or experienced disruptive behavior?

- Examples include
  - Physically threatening language directed at someone
  - Physical contact that is threatening, intimidating or unwanted
  - Throwing instruments, charts or other things; punching a wall or similar physical acts
  - Name calling, use of profanity or disrespectful language
  - Degrading comments regarding to or about patients and their families, nurses, physicians, hospital personnel
  - Racial or ethnic jokes
  - Violation of confidentiality policies
  - Intimidating behavior

# UCMC Policy Development

- Appropriate Behavior: Criticism or expression of concern may be appropriate when communicated in good faith and in a reasonable and professional manner. Examples include:
  - Criticism offered with the aim of improving patient care and safety
  - Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication
  - Use of cooperative approach to problem resolution
  - Constructive criticism conveyed without public finger pointing or humiliation
  - Frank and rigorous discussion at departmental Morbidity & Mortality meetings and Quality Assurance meetings
  - Delivery of appropriate feedback and counseling for practices, behaviors and actions that fail to meet performance expectations

# UCMC Infrastructure: Committee Structure

## UCMC Committee of Professionalism (The COP)

- Incorporated into the Medical Staff Bylaws as a quality committee under the Executive Committee of the Medical Staff
- Intervention Tiers
  - Immediate referral for disciplinary intervention
  - Peer to Peer counseling
    - Level 1: Isolated incident - no significant or imminent threat to safety or well being of an individual = Peer to Peer counseling
    - Level 2: Second compliant = counseling with the faculty peer and the Department Chair
    - Level 3: Significant complaint or persistent pattern; Mandated remedial action recommended by the Committee to the Department Chair

# UCMC Infrastructure: Peer Mentors

## Messenger Peer Physicians

- Nominated based on
  - Distribution among practice types
  - Clinically active
  - Respected by colleagues
  - Willingness to serve
  - Complaint scores low/satisfaction high and personal professional issues low
    - Success stories

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*Moore, Pichert, Hickson, Federspiel, Blackford. Vanderbilt Law Review, 2006*

# UCMC Accountability

- If behavior persists or if conduct is severe, the matter is referred to the Dean and to the President of the Medical Staff for initiation of corrective action under the Medical Staff ByLaws.
- If no corrective action is taken, a confidential memorandum summarizing the disposition of the complaint, along with copies of any other relevant correspondence is in the physician's file for two year
  - Expunge if no further action is pending
- Level I and Level II interventions and informal rehabilitation, a written apology, issuance of a warning as a Level III intervention, or referral to Physician Assistance Committee will not constitute corrective action.
  - No report to IDFPR

# UCMC Staff Accountability

- Union contracts typically contain management rights clauses and general expectations for professional practice.
  - Staff may be held accountable up to termination if the HR decision can be supported by documentation.
- Physicians must: Report and Document to staff managers

# Physician and Staff Interactions

- Tips for Physicians:
  - Do not engage. Walk away if possible.
  - Report & Document
  - Never touch. Patting one's shoulder to de-escalate a situation is inappropriate touching.
  - Keep it at the professional level – never make it personal.
  - Bring a witness to any counseling session
  - Excuses related to hospital operations do not justify disruptive behaviors:
    - Frustration & pressures to produce

# Patient Complaint Process – Separate & Distinct

- UCMC collaborates with the Vanderbilt Center for Professional Advocacy to review complaints
- Committee of the Medical Staff: Patient Compliant Monitoring Committee
- Complaint Categories
  - Communication
  - Care and Treatment
  - Concern for Patient/Family
  - Accessibility & Availability
  - Money or Payment Issues
  - Environment Problems
- Complaints can identify and track:
  - Liability risks
  - Patient dissatisfaction
  - System issues

# Tenets of Professionalism

- Accountability
  - MD places the needs of the patient above self interest
- Humanism
  - Foster the doctor patient relationship
- Ethical Behavior
  - Honesty and morality
- Physician Well Being
  - Recognize need for physical and mental health

# Swearing – DON’ T

- “What words can I use?”
  - The continuum of “bad words” and “really really bad words” is different for everyone.
- **General Principal:** Profanity should not be used in the work place and is incredibly offensive to some.

## Realistic Tips:

- Try to eliminate swearing from routine conversation.
- Never direct profanity towards someone.
- Refrain from incorporating religious terms in certain phrases.



# Touching – DON’ T

- Refrain from touching in good times and bad.
- Never touch during an argument or heated exchange.
  - De-escalation techniques do not include touching. It will be construed as an act of aggression.
- Respect the dignity of the patient’ s body while under sedation/anesthesia.
  - Refrain from making derogatory remarks regarding body habitus or general appearance



## Jokes – DON' T

- Maintain a professional environment.
- Most jokes can be misinterpreted.
- Never tell jokes that may be construed as ridiculing
- Avoid all jokes that reference:
  - Gender, race, and national origin
  - Body habitus
  - Religious affiliation
  - Socioeconomic status



# Acts of Aggression – DON’ T



- Refrain from pointing or using your body to gesture and display anger
- Don’ t step towards someone especially in a closed room
  - “I was cornered”
  - I was trapped in the room”
- Don’ t pound your fists on the table when addressing your staff
- Don’ t threaten someone’ s livelihood
  - “I’ ll get you fired.”
  - “You just lost that bonus you’ ve been looking forward to.”

# Questions & Comments

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