

# Medical Staff Professional Conduct Policy

## Providence Health Care (PHC)

The PHC Medical Staff are health-care professionals whose standards of practice, professional deportment and ethical behaviour are described and mandated by their respective Provincial Colleges and National Associations. As highly regarded professionals who are looked to for leadership in Providence Health Care members of the Medical Staff have a responsibility to lead through example by conducting themselves with a high degree of personal integrity and a high standard of professional deportment. This influence of Medical Staff conduct is more important in the academic environment of PHC because students observe, and are influenced by, the behaviour of their mentors.

The Mission and Values Statement of PHC declares that, “our staff, physicians and volunteers are dedicated to service and to the support of one another. In this environment of service, support and respect, we meet the physical, emotional, social and spiritual needs of those served through compassionate care, teaching and research”. The Values of “*Spirituality, Integrity, Stewardship, Trust, Excellence and Respect*” clearly identify the principles that govern Medical Staff behaviour in fulfilling the Mission. This is the foundation of conduct expected not only of the Medical Staff but also from staff and colleagues with whom the Medical Staff works.

The Medical Staff governs its professional actions and interactions in accordance with the PHC Medical Staff Bylaws and Rules (PHC Public Folders>Medical Staff Information), PHC’s Policy on Guidelines for Addressing Discrimination, Harassment or Inappropriate Behaviour in the Workplace (PHC Public Folders>Human Resources>Employee Services>Guidelines), the College of Physicians and Surgeons of BC guidelines and policies, the CMA Code of Ethics and the Catholic Health Association of Canada's "Health Ethics Guide".

In addition, those who are appointed to the Faculty of Medicine (including Midwifery) or Dentistry, UBC, agree to conduct based on “Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry”.

Behaviour which violates accepted rules of civil behaviour and professional etiquette or which violates legal standards of conduct or professional ethics can interfere with the cooperation and free exchange of information that is necessary for the health care team to provide safe and effective patient care. Other potential negative effects include undermining staff morale; making it difficult to recruit and retain qualified staff; harming the hospital’s reputation; and, exposing the hospital and practitioner to legal liability. In order to maintain the confidence of the community, and enable PHC to fulfill its legal obligation to provide a safe and professional work environment, it is necessary that all practitioners abide by high standards of conduct, and that PHC take reasonable actions to correct inappropriate conduct.

The members of the Medical Staff will not accept a work environment that tolerates unprofessional conduct or disruptive behaviour. Disruptive behaviour is defined as “a consistent pattern of unprofessional, uncooperative and contentious behaviour which creates a hostile working environment and interferes with the ability of others to deliver

quality patient care". Upon witnessing such behaviour the member(s) will make their expectations of appropriate conduct known directly and respectfully to each other. It is important to remember that disruptive behaviour, especially if it is out of character for the individual can often be a response to stress and initial feedback should be given privately and tactfully. The Medical Staff expect our Leaders to deal directly, consistently, fairly and effectively with unprofessional conduct or disrespectful behaviour.

The primary responsibility of the Medical Staff is, and always will be, the health and well-being of their patients. The Medical Staff must therefore be unencumbered in their ability to respectfully and constructively challenge any hospital policy that, in their view, is potentially deleterious to their patients.

Merely expressing contrary opinions is not disruptive conduct, nor is expressing constructive criticism of inappropriate policies or procedures or unacceptable performance or conditions, if it is done in good faith, in an appropriate time, place and manner, and with the aim of improving the environment of care rather than personally attacking any individual. Except as otherwise required by their legal or ethical duties, practitioners are requested to first express their concerns or constructive criticism through appropriate Medical Staff, administrative or governing board channels, and seek an internal resolution prior to publicly expressing their concerns or constructive criticism.

## **Process to Deal with Unprofessional Conduct or Disruptive Behavior**

The primary goal of this policy is to help practitioners conform their behavior to reasonably expected standards of conduct. Therefore, the initial approach should be collegial and educational. If this approach is not successful or is not appropriate based upon the nature and severity of the disruptive conduct, the hospital may take additional steps of progressive discipline including corrective action under the PHC Medical Staff Bylaws. At each step in the process, all of those involved should consider whether the disruptive conduct could possibly be caused by a medical, psychological, or substance abuse problem. If so, it may be appropriate for the physician to be referred to the Physicians' Health Program, or other medical or mental health professionals, for a "fitness for duty" evaluation, recommended follow-up, and possible monitoring agreement, with the goal of restoring the practitioner to safe and healthy practice, if possible.

### **Step 1: Informal Conversation**

Wherever possible, a member of the Medical Staff who has been the recipient of, or who has witnessed, unprofessional or disruptive behaviour from another member of the Medical Staff or employee of Providence Health Care is encouraged to engage directly in a respectful, informal conversation with that person in an effort to resolve the issue.

Members of the Medical Staff who are the objects of these informal conversations, whether from other members of the Medical Staff or Providence Health Care employees, should attempt to receive the criticisms objectively and respond in a way to achieve resolution of the conflict.

If the member of the Medical Staff has been the recipient of, or has witnessed, unprofessional or disruptive behaviour in a Medical Staff Leader and is unable to have this conversation directly with the Leader, they should contact the person to whom that Leader directly reports. This person would facilitate the conversation between the parties and should consider attending the meeting.

### **Step 2: Division or Department Head Involvement**

If concerns cannot be resolved informally, the matter should be referred to the appropriate Division or Department Head(s) for resolution. The Division or Department Head(s) should take the following steps:

1. Meet separately with the individuals involved to review the concern.
2. Meet together with the individuals involved to facilitate the conversation between them with the aim of clarifying and resolving the issue.
3. With reference to this policy, review the expectations of professional conduct of the Medical Staff.
4. Seek a commitment from the involved Medical Staff member that their conduct will be above reproach in the future.
5. Follow up and monitor the conduct of the involved Medical Staff member to ensure that this commitment is being honoured.
6. Document the steps taken in trying to achieve a resolution.

### **Step 3: Formal Resolution**

If a resolution cannot be achieved through Steps 1 and 2, the Medical Staff member who has been the recipient of, or who has witnessed, unprofessional or disruptive behaviour in another member of the Medical Staff may seek a formal resolution of the issue. This will require a written complaint to the appropriate Division or Department Head. The complaint should include the following information:

1. When and where the incident occurred
2. The name(s) of the individual(s) involved.
3. An outline of the complaint.
4. The names of any witnesses to the incident.
5. How the incident may have impacted patient care or the complainant's well-being.

The process will proceed as follows:

1. A Division Head upon receiving a formal complaint will involve the appropriate Department Head.

2. A Department Head, who receives the complaint directly or from a Division Head, will investigate the complaint through interview of the parties involved and any known witnesses. This process may be delegated to the appropriate Division Head.
3. The Department Head will document the findings of this investigation.
4. The Department Head may involve the Vice President Medical Affairs at any point in this process.
5. The Department Head, upon review of the findings of the investigation, will determine whether this policy has been breached.
6. The determination will be documented in a written summary, a copy of which will be made available to the parties involved.
  - a. The Department Head will keep a copy of the documentation in case further steps in this process are required.
  - b. If the Department Head determines that the member of the Medical Staff has committed a breach of this policy, a copy of the documentation will be forwarded to the Vice President Medical Affairs who will place it in the Medical Staff member's personal file.
  - c. Upon the determination that a breach of this policy has been committed, the Department Head will write to the involved Medical Staff member expressing the expectation of compliance with the policy by the Medical Staff member and a plan outlining the follow-up necessary to assure that compliance has been obtained.
  - d. The Department Head will request that the Medical Staff member sign the copy of the letter and return it to the Department Head signifying agreement with the expectation of compliance with the policy and the follow-up plan. This letter will be placed in the Medical Staff member's personal file. The Department Head may request the assistance of the Vice President Medical Affairs in the drafting of this letter requiring compliance with this policy and appropriate follow up.
  - e. Follow up plans may include strategies to help the Medical Staff member such as a referral to the *Physician Health Program of BC* or other appropriate agencies.
  - f. The involved Medical Staff member may appeal the outcome of this process to the *Providence Health Care Medical Advisory Committee (MAC)*.
  - g. If the involved Medical Staff member respondent fails to comply with the follow-up plan or the requirement that professional conduct and behaviour be beyond reproach, the matter will be referred to the *Medical Advisory Committee* for further action.

- h. Complaints referred to the MAC regarding the professional conduct or disruptive behaviour of a member of the Medical Staff will be investigated and managed in accordance with the PHC Medical Staff Bylaws and Rules.

At any time during this process the member of the Medical Staff may seek assistance and advice from the Medical Staff Executive Committee.

If mediation is necessary, a mediator who is acceptable to both the member of the Medical Staff and the administration of Providence Health Care may be asked to enter the process of conflict resolution. The mediator could be a respected member of the medical staff or an outside appointee. The cost of such mediation will be borne by Providence Health Care.

The member of the Medical Staff is free to ask any individual or agency of their choosing to participate in the process.