



The Role and Importance of Progressive Discipline

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Where we are going....

- Progressive Discipline
- Clinical Issues vs. Behavior
- Defining Disruption
- Levels of Disruption
- Advocacy v. Disruption
- Indications for Intervention
- Types of Interview
- Repeat Behaviors
- Role of Well-Being
- Actions



Peer Review Goal

Education

Remediation



Governing Documents

- Bylaws
- Rules and Regulations
- Department Rules and Regulations
- Policies and Procedures
- Code of Conduct

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Clinical, Behavioral, or Both

- Clinical
 - Wrong site surgery
 - Wrong patient
 - Unnecessary surgery
 - Failure to diagnose
 - Wrong diagnosis
 - Failure to treat
 - Wrong treatment
 - Delayed treatment

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Clinical, Behavioral, or Both

- Behavioral
 - Impact on Patient Care?
 - Violation of Code of Conduct?
 - Sexual Harassment
 - Impairment
 - Illness
 - Illegal Conduct
 - Egregious Conduct

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Progressive Discipline

- Applies in all but the most egregious cases
- Must be reasonable and warranted
- Must be the least restrictive action that will address the problem



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Steps

- Discussion
- Collegial intervention
- Committee review
- Formal Peer Review
- External Review
- Shared results
- Monitor
- Measure
- Educate
- FPPE
- Assigned Coach
- Proctoring
- Restriction
- Retraining
- Termination
- Reporting

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Disruptive Behavior Defined

- AMA - "personal conduct, verbal or physical, that has the potential to negatively affect patient care or the ability to work with other members of the healthcare team."
- TJC - "all behaviors that undermine a culture of safety."

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Disruptive Behavior – Culture of Safety

- **Culture of Safety**
- "a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment," and
- "encouragement of collaboration across ranks and disciplines to seek solutions to patient safety problems."

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Disruptive Behavior is Harmful

- **All disruptive behavior is harmful.**
- Overt or insidious, disruptive behavior poses a serious threat to patient health and safety.
- Seventy percent of health care professionals surveyed in 2008 linked such behavior to medical errors and poor quality patient care, and more than 25% linked it to the death of patients.
- More concretely, 18% of respondents said they were aware of a specific adverse event that occurred directly as a result of disruptive behaviors.

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Examples of Disruptive Behavior

- "Most nurses are afraid to call Dr. X when they need to, and frequently won't call. Their patient's medical safety is always in jeopardy because of this.
- "Disruptive behavior caused increased stress and lack of concentration, which caused a nurse to make a mistake.
- "Poor communication post-op because of a disruptive reputation, resulted in delayed treatment, aspiration, and the patient's eventual death.
- "My concern is that the new nurses are afraid to call about patient problems and issues that truly need to be addressed in a timely manner, affecting outcomes."

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Examples of Disruptive Behavior

- Sexual Harassment
- Jokes
- Touching
- Suggestive Comments
- Texting
- Bullying
- Intimidation
- Retaliation



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Examples of Disruptive Behavior

- Intimidation, Bullying
- Mocking
- Yelling
- Passive aggressive behavior
- Failure to answer calls
- Failure to work as team member
- Throwing or harming equipment
- Angry demeanor
- Profanity



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Examples of Disruptive Behavior

- Retaliation
- Ignoring, Shunning
- Actions
- Suspension
- Termination
- Performance improvement plan
- Excluded from working in certain areas
- Excluded from social activities
- False reports



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What is NOT Disruptive Behavior?

- Patient Advocacy
- Opinion
- Committee Participation



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Levels of Disruptive Behavior



- Single incident
- Periodic Incidents
- Regular incident
- Expected continuous incidents

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Causes of Disruptive Behavior

- Burnout
 - Work overload
- Stress
 - Family/personal
- Impairment
 - Chemical
- Pathology
 - Personal illness



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I am trying to protect my patients!

- [https](#)



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Dealing with Behavior -Whose Problem is It?

- Officer or Committee
- Medical Executive Committee
- Well-Being Committee
- Professionalism Committee
- Coach/Mentor - Senior Staff Member



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Medical Staff Leader



- Coffee Cup Conversation
- Formal Counseling
- Gathering Information
- Presentation to Committee
- Recommend Referral to Well-Being or Professionalism Committee
- Recommend Corrective Action to MEC

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Well-Being Committee



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Professionalism Committee

- Past Medical Staff Leaders
- Advisory to MEC
- Triages all complaints
- Determines level of intervention
- Tracks and trends all events



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Cup of Coffee Conversation

- https://www.youtube.com/watch?v=nDjbqJsz_3g



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Medical Executive Committee

- Disciplinary Committee
- MEC Interview
- Letter of Reprimand
- Behavior Contract
- Mandatory Education
- Suspension < 14 days
- Summary Suspension
- Termination
- Restriction
- Referral to _____



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Coach/Mentor

- Senior staff member
- Observes
- Feedback
- Reports to Committee
- Remediation



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Whose Problem is it?

- The Doctor's
- The Medical Staff
- The Board



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Changing Behavior

- Insight
- Understanding the behavior
- Education
- 360 review
- Periodic check-in
- Behavior Contract
- Monitoring by Well-Being or Professionalism Committee
- Fitness for Duty Assessment w/Psychiatric

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Strategies - Education

- Managing High Impact Emotions – PACE
- Communication Workshop – PACE
- Professional Boundaries – PACE
- Improving Inter-Professional Communication – CPEP
- Enhanced Patient Communication: Building Compassion, Communication, and Trust – CPEP
- Ethics and Boundaries - CPEP



Strategies – 360 Evaluation

- Physician rates him/her-self and selects 10-20 others to rate
- Specific questions asked
- Information provided to physician comparing how he/she is perceived
- Follow-up coaching
- Repeat evaluation
- <https://www.pulse360program.com/>



Strategies - Behavior Contracts

- Defined terms
- Automatic relinquishment of privileges not allowed
- Behaviors that led to contract
- Include all training requirements
- Well-being
- Monitoring
- Regular check ins



Changing Behavior

- **Coach** – senior member of the medical staff
- **Continuous contact and feedback**
 - Schedule of check ins
- **Interrupting the Cycle of bad behavior**
 - suspension or restriction
- **Coffee cup conversation**
 - must be a peer or someone respected (leader)
 - Timely
- **Fines** – foul language, anger outbursts

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Progressive Discipline

- Document, Document, Document!
- 1. Cup of Coffee Conversation
- 2. Interview with Chief of Staff, Medical Staff Officers
- 3. Called before committee
- 4. Education Requirements
- 5. Letter of Reprimand
- 6. Behavior Contract
- 7. Corrective Action

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Tools & Resources

- Bylaws
- Code of Conduct
- CMA
- TJC
- CPPPH
- Directory of Physician Assessment and Remedial Education Programs
<https://www.fsmb.org/siteassets/spex/pdfs/remedprog.pdf>

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Code of Conduct Elements

- **Purpose Statement**
 - Set conduct expectations
- **Definitions**
 - Disruptive behavior, Harassment, Sexual Harassment, Retaliation
- **Disruptive Behavior Examples**
 - Belittling or berating statements, profanity, disrespectful language, inappropriate comments, refusal to return calls, etc.
- **Consequences**
 - Corrective Action
- **Awareness of Code of Conduct**
 - Signed acknowledgement in file

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Don't Let the Tail Wag the Dog!



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Corrective Action Tenets

- Corrective action **must be taken when necessary** to protect current and future patients
- Corrective action should be **based on credible facts** capable of independent verification (e.g., documents, witness statements)
- Corrective action imposed should be the **least restrictive to the practitioner but sufficient to protect patients**

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