



MEDICAL STAFF CODE OF CONDUCT  
AGREEMENT FORM

The UMC Medical Staff has adopted a "Code of Conduct" copy of which is attached. The purpose of the policy is to identify unacceptable behavior and consequences for participating in unacceptable behavior.

**I understand my obligations under the UMC Medical Staff Code of Conduct and agree to abide by same during my appointment to the UMC Medical Staff.**

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

**UNIVERSITY MEDICAL CENTER**  
**MEDICAL STAFF CODE OF CONDUCT**

**PURPOSE:** The UMC medical staff recognizes that safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. Certain behaviors tend to undermine the culture of patient safety and quality of care that UMC supports. Reliable studies have shown that intimidating and disruptive behaviors by members of the health care team contribute to medical errors, poor patient satisfaction and preventable adverse outcomes. This in turn results in an increase in the cost of care, and causes qualified medical staff members, nurses and other providers to leave and seek new positions in more professional environments.

Intimidating and disruptive behavior stems from both individual and systemic factors. The inherent stresses of dealing with high stakes, high emotion situations can contribute to occasional intimidating or disruptive behavior, particularly in the presence of factors such as fatigue. Individual care providers who exhibit characteristics such as self-centeredness, immaturity, or defensiveness can be more prone to unprofessional behavior because they may lack interpersonal, coping or conflict management skills.

This policy is intended to

- support UMC's commitment to patient safety and quality of care; and
- Complement UMC policies for its staff on zero tolerance for threats and intimidation; anti harassment policy; and staff Code of Conduct.
- promote a healthy work environment conducive to attracting the highest level of talented, skilled and committed health care providers and support staff
- meet the standards set by the Joint Commission, which requiring leaders to create and implement a process for defining, preventing and managing disruptive and inappropriate behaviors and assess in the credentialing process interpersonal skills and professionalism; and

**POLICY:**

I. **Definition of Unprofessional Conduct.** Disruptive behavior is described as a style of interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care and that tends to cause distress among other staff and affect overall morale within the work environment, undermining productive and possible leading to high staff turnover or even resulting in ineffective or substandard care.

Examples of behaviors that are disruptive and/or intimidating include but are not limited to:

- threatening or abusive language directed at patients, nurses, Hospital personnel, Allied Health Professionals or other physicians (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies incompetence);
- degrading or demeaning comments regarding patients, families, nurses, physicians, Hospital personnel, or the Hospital;
- profanity or similarly offensive language while in the Hospital and/or while speaking with nurses or other Hospital personnel;
- inappropriate physical contact with another individual that is threatening or intimidating;
- derogatory comments about the quality of care being provided by the Hospital, another Medical Staff member, or any other individual outside of appropriate Medical Staff and/or administrative channels;
- inappropriate medical record entries impugning the quality of care being provided by the Hospital, Medical Staff member or any other individual;
- Refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Credentials Policy, and Medical Staff Rules and Regulations.
- “sexual harassment”, which is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it. Examples include, but are not limited to, the following:
  - a VERBAL: innuendos, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
  - b. VISUAL/NON-VERBAL: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;
  - c PHYSICAL: unwanted physical contact, including touching, interference with an individual’s normal work movement, and/or assault; and
  - d OTHER: making or threatening retaliation as a result of an individual’s negative response to harassing conduct.

These and similar behaviors are inappropriate and unacceptable by medical staff members towards other medical staff members, nurses, other health care providers, hospital staff, visitors and especially patients.

II. Addressing Unprofessional Conduct: All formal reports of disruptive behavior will be addressed.

*Disruptive Episode or Disruptive Practitioner:*

The following may be useful to Medical Staff leaders when evaluating whether a practitioner who is the subject of a disruptive-behavior report is truly disruptive or is responsible for a disruptive episode:

Disruptive Episode

- Infrequent occurrence
- Behavior is out of character for practitioner
- Practitioner recognizes and takes responsibility for his or her unacceptable behavior

Disruptive Practitioner

- Frequent occurrences
- Behavior is typical response for practitioner
- Practitioner does not recognize unacceptable nature of his or her behavior.

One disruptive episode from a physician who has never displayed such behavior should not be treated in the same manner as a physician who is known to have frequent or multiple disruptive episodes. Any process should be designed to rehabilitate and enlighten an individual who has a disruptive episode, not merely to punish him or her.

Progressive Process (to be used in most situations, but not required if medical staff leader believes more immediate action is needed):

1. The practitioner's Clinical Service Chief and/or Department Chairperson should discuss the incident with the individual in a non-threatening manner. The discussion will be followed up and documented with a letter summarizing the conversation. A copy of the document will be forwarded to the Chief of Staff.
2. Should the practitioner continue to behave poorly, the Chief of Staff may elect to meet with the Clinical Service Chief and/or Department Chairperson and the practitioner. The practitioner will be required to sign an agreement specifically defining the disruptive behavior and ramifications of future infractions. A letter will be delivered to the practitioner summarizing the meeting and agreement.
3. Should the second meeting prove ineffective, a formal request may be submitted to the Medical Executive Committee to intervene with possible action which may include but not limited to further investigation, limitation of privileges or summary suspension of privileges.
4. Efforts to provide the practitioner with insight, or treatment for disruptive behavior (such as meeting with the Physician Wellbeing Committee, or counseling) may be recommended or arranged at any step in the process, and will be expected after a second occurrence.

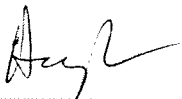
UMC encourages patients, families, medical staff members, nurses and other patient care staff, and all UMC employed and contracted staff to speak up and identify behaviors by members of the health care team that create unnecessary risk. Additional processes for managing disruptive and inappropriate behaviors include:

Anyone may report unprofessional conduct that affects or may affect patient care by filing an on-line Patient Safety Net report. All such reports are evaluated by the Quality Assurance department, which coordinates a response with the appropriate parties.

This Code of Conduct will be enforced consistently and equitably among all staff regardless of seniority or clinical discipline in a positive fashion through reinforcement as well as punishment.

III. Non-Retaliation. Any retaliation against a person reporting unprofessional conduct is prohibited, and if it occurs, it will be considered to be an instance of unprofessional conduct.

Adopted by the Medical Executive Committee on December 22, 2008.



---

John Hughes, MD, Chief of Staff