


Name of Policy: Professionalism and prohibited disruptive behavior regarding members of the medical staff		 Effective date: 09/01/2023 Original Effective date: 12/12/00	
Policy Number: 3364–87- 10			
Approving Officer(s): Chief of Staff Chief Executive Officer - UTMC			
Responsible Agent(s): Chief Medical Officer			
Scope: Medical Staff Members at University of Toledo Clinical Sites (<i>see</i> Scope below for further clarification)			
	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

The University of Toledo, which includes the University of Toledo Medical Center, subscribes to the Association of American Medical College’s guiding principles for promoting a positive clinical and learning environment and expects all medical staff members and faculty in the health care setting to understand and comply with those principles at all times.

(B) Purpose of Policy

To clarify expectations of professionalism and behavior for Medical Staff members who are Faculty of the University. To promulgate the University’s commitment to providing a positive clinical learning environment for our students, staff or other Faculty members. To promulgate excellence in patient care that is safe, compassionate and of the highest quality. To have a mechanism in place to report exemplary professionalism by the Faculty, as well as broadly defined unprofessional behavior or perceived abuse or mistreatment. To emphasize that persons may report their concerns without any fear of retribution and with the expectation that their concerns will be thoroughly investigated and addressed appropriately.

(C) Scope

For the purposes of this policy, “member” and “medical staff member” will include applicants to the medical staff and physicians, dentists, podiatrists, clinical psychologists with temporary clinical privileges, and any other professionals credentialed under the medical staff bylaws.

(D) Standards and Definition of Disruptive Behavior

1) General Expectations

- a. The core attributes expected of medical staff members with respect to professionalism include altruism, accountability, excellence, duty, honor and integrity, respect for others in one’s individual performance, in relationships with students, faculty, staff, patients and others and in supporting the ethical principles of the medical profession. It is expected of all medical staff members that patients are the central focus of all care provided. That the patients and their families are treated with the utmost respect and understanding. That the

medical staff member creates and supports a culture of professionalism that also enhances clinical operations. See also College of Medicine & Life Sciences Policy, *The Learning Environment and Faculty Professionalism*, 3364-81-04-018-00 for further discussion of the expectations of faculty.

- b. Medical Staff members, as clinicians and medical educators, have a duty, not only to provide the best care for their patients, but also to convey the knowledge and skills required for delivering the profession's contemporary standard of care including the values and attitudes required for preserving the medical profession's social contract across generations.
- c. Medical Staff members, as clinicians and medical educators, must be caring and understanding of patients' needs and desires, and furthermore be role models who epitomize professional values and attitudes in order to have a clinical learning environment that is suffused with integrity and in which patients receive the best care and students learn enduring lessons of professionalism.
- d. Fundamental to the ethics of medicine is respect for every individual. Mutual respect between patient and provider, staff and physicians, learners and faculty, is essential for nurturing that ethic. Given the inherently hierarchical nature of the patient/physician and also teacher/learner relationship, Medical Staff members have a special obligation to ensure that they always treat patients, staff, students, guests, and colleagues respectfully.
- e. Medical staff members should take no action that violates the public trust or threatens the physician patient relationship in any way or form.

2) Disruptive Behavior Defined. Disruptive behavior is defined as behavior, whether a single incident or a pattern of behavior, that jeopardizes or is inconsistent with quality patient care and the principles of professionalism and expectations of medical staff members as set forth above, or interferes with the ability of others to provide quality patient care; is unethical or constitutes physical, written or verbal abuse of others involved in providing effective patient care; is considered sexual, racial or other prohibited harassment or is a violation of any of the following (list is inclusive but not exhaustive):

- a. Standards of conduct policy 3364-25-01 that applies to employees, with those specific standards applied to Medical Staff Members per this policy;
University research policies, including but not limited to academic and scientific misconduct policy 02-003, financial conflict of interest for sponsored research programs policy 3364-70-01 or responsible conduct of scholarship and research policy 3364-70-02;
- b. Any other University policy or rule applicable to a medical staff member, or if such member convicted of any felony, any drug-related misdemeanor or crime involving moral turpitude or immoral conduct or engaged in activity that constitutes any such crime;
- c. A material violation of policy 3364-100-90-1 through 12 with regard to confidentiality of protected health information as required by HIPAA or applicable law; or
- d. A material violation of the Compliance Incident Reporting Policy # 3364-15-03.

Disruptive behavior by members of the medical staff, or refusal of members to cooperate with the procedures described in this Policy, may result in corrective action, which will be carried out in accordance with this policy or the medical staff bylaws, if applicable. This Policy will not preclude the application of necessary actions to ensure a safe working environment or to prevent unlawful conduct in the hospital.

(E) Procedure

- 1) Any student, patient, resident, guest, staff or other medical staff member who experiences mistreatment by a Medical Staff member or who witnesses unprofessional behavior or a violation of the code of conduct by a Medical Staff member should take the following steps: (See Section 2) below when the disruptive behavior may be serious enough to warrant potential reportable action or actions against the medical staff member's privileges):
 - i. Report, either verbally or in writing, the facts immediately to any of the following:
 1. the Chief of Staff ;
 2. the Chief Medical Officer for UTMC ("CMO"); or
 3. the Service Chief to which the Medical Staff member belongs.
 - ii. Egregious behavior should be reported immediately to the Chief Medical Officer or the Chief of Staff.
 - iii. The recipient of the report from (E)(1) i. above will provide the report to Chief of Staff and/or the Chief Medical Officer. A determination will be made by the Chief of Staff and/or the Chief Medical Officer as to whether the matter or allegations on the face of the report contain allegations sufficiently minor as to warrant only an informal discussion with the medical staff member. If the report warrants more than an informal discussion on its face, the Chief of Staff, with the approval of the Chief Medical Officer, will appoint a minimum of two (2) medical staff members to an ad hoc committee review the allegations or complaint. The Chief of Staff may appoint himself or herself and also the Chief Medical Officer. The members of the ad hoc committee ensure that an investigation is conducted. The investigation should include the gathering of facts involving those witnessing the alleged events and any objective information regarding patterns of disruptive behavior. The investigation and reports will be deemed confidential peer review protected documents with disclosure prohibited under Ohio Revised Code 2305.25
 - iv. The ad hoc committee will submit findings and recommendations to the Chief of Staff after review of the investigation no later than thirty (30) days of appointment of the ad hoc committee by the Chief of Staff.
 - v. Upon receipt of the ad hoc committees' findings and recommendation, the Chief of Staff will take the action to the Medical Staff Peer Review Committee. The Peer Review Committee will take action as the Peer Review Committee deems appropriate based on the findings and recommendations. The Peer Review Committee may invoke requests for corrective action following approval of the

