

AHS Managing Disruptive Behaviour Handbook for Medical Leaders

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Introduction

Creating a safe workplace

Building an environment where healthcare professionals have strong and supportive working relationships is a priority for Alberta Health Services (AHS). A workplace where Practitioners have a sense of control and influence over what happens and where they are encouraged to work supportively and professionally will create a culture of safe, compassionate and quality patient care.

AHS holds respect, accountability, transparency, engagement, safety, learning and performance as our top organizational values. With the help of the multiple programs and services offered by AHS – including this Disruptive Behaviour Handbook – we can ensure that these values are shared amongst our healthcare teams. This handbook is only one part of our overall commitment to address Disruptive behaviour.

Disruptive Behaviour

It is well known that Disruptive Behaviour is an issue in many healthcare settings; however, dealing with it can be a complex process. Disruptive Behaviour has been documented to occur among physicians, nurses, pharmacists, and all other areas in healthcare. Regardless of the source, this behavior affects morale, decreases job satisfaction, increases turnover, and can pose a threat to patient safety. That is why it is so important to properly manage Disruptive Behaviour.

As a Medical Leader within AHS, it is your responsibility to ensure that issues related to Disruptive Behaviour involving members of your Practitioner group are dealt with. This means taking the lead in promoting education and awareness of Disruptive Behaviour; implementing measures in order to prevent or mitigate Disruptive Behaviour; providing guidance to Practitioners and other Medical Leaders dealing with Disruptive Behaviour; and, if necessary, assessing and managing incidences of Disruptive Behaviour that escalate to a formal Concern.

This handbook was prepared to help support Medical Leaders in dealing with Disruptive Behaviour effectively and consistently and to improve the management of Practitioners who act in a disruptive manner. Processes for identifying, preventing and resolving Disruptive Behavior issues are included. The document also provides descriptions of acceptable and unacceptable behaviour and outlines expectations of professional conduct.

Using the information and tools alone will not successfully address all issues of Disruptive Behaviour. A shift in culture also needs to occur. To make this kind of shift takes months, and sometimes years, but the improvement in morale, work performance, patient care and safety will be worth the effort.

Defining Disruptive Behavior

For the purposes of this document, the following definition of Disruptive Behaviour has been provided by the College of Physicians and Surgeons of Alberta (CPSA):

“Disruptive Behaviour is an enduring pattern of conduct that disturbs the work environment.”

Disruptive Behaviour is demonstrated when inappropriate conduct interferes with, or has the potential to interfere with, quality health care delivery. Disruptive Behaviour may be demonstrated in a single egregious act (for example, physical assault of a co-worker) but is more often an enduring pattern of unprofessional behaviour. The gravity of Disruptive Behaviour depends on the nature of the behaviour, the context in which it arises, and the resulting consequences.

Using the above definition in relation to healthcare settings, Disruptive Behaviour can include objectionable language, uncontrolled anger and verbal or physical threats that negatively impact other Medical Staff, members of the multi-disciplinary team or patients and the delivery of safe care.

Disruptive Behaviour can also be passive in its approach and more difficult to identify. This might include repeated refusals to comply with known and accepted practice standards; chronic refusal to work collaboratively with colleagues, staff and patients; failure to respond to calls for assistance (when on-call or expected to be available); and persistent lateness.

In addition to clarifying the definition of Disruptive Behaviour, it is important to explain what it is not.

Not all instances of behavior that some might label as disruptive will actually fit the definition of Disruptive Behaviour. Whether behaviour truly disrupts the delivery of care depends not only on the nature of the behaviour, but also on the context in which it arises and the consequences following it. Some examples of behaviour that are not likely to fit within the criteria for disruptive or unprofessional behaviour include healthy criticism offered in good faith with the intention of improving patient care or facilities; making a complaint to an outside agency; testifying against a colleague; or good faith patient advocacy.

It is also important to note that not all instances of Disruptive Behaviour should result in a formal Bylaw Concern and Triggered Initial Assessment. Many cases of Disruptive Behaviour can be settled informally between the relevant healthcare professional(s) and their Medical Leaders. All cases should, however, be documented with the knowledge of the Practitioner.

Identifying Disruptive Behaviour

A single act of unprofessionalism does not necessarily equate to Disruptive Behaviour. It is understood that under certain circumstances, anyone can make an error in judgment or behave inappropriately. For clarification, the following lists provide specific examples of Disruptive Behaviour.

Inappropriate communication with colleagues, co-workers, patients

- Using inappropriate labels or comments when discussing patients and colleagues;
- Shaming others publicly for negative outcomes;
- Berating an individual in public or private settings;
- Exhibiting uncontrolled anger;
- Engaging in public displays of temper;
- Yelling or using foul, insulting or demeaning language;
- Threatening co-workers with retribution, litigation or violence;
- Using intimidation tactics to gain compliance or control of others; and/or
- Employing inappropriate means of conflict resolution (such as gossiping or spreading rumors about colleagues instead of addressing the issue directly).

Unethical or questionable practices

- Arbitrarily sidestepping reasonable clinical and administrative policies, such as refusing to complete forms, manage records, sign orders, etc.;
- Intimidating those with less power or status (e.g. students, residents and nurses) on a personal and/or professional level; and/or
- Attempting to exploit patients, family members or staff, in order to pursue one's own interests. For example, placing patients or families in the middle of a conflict between healthcare providers or using care issues to meet one's own agenda.

Harassment

- **Workplace Harassment** is defined as offensive or unwelcome comments and/or actions that serve no purpose in the workplace. It can be a single event or a series of incidents that belittle, demean, humiliate or embarrass the recipient.
- **Sexual Harassment** is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.
- **Personal Harassment** includes conduct in the workplace that is considered unwelcome by sensible and rational individuals, results in the recipient feeling intimidated, humiliated, or embarrassed, and creates a hostile work environment.
- **Discrimination** is any unwelcome practice, comment or behavior (intentional or not) related to the following grounds protected in legislation: age, ancestry, place of origin, color, family or marital status, physical or mental disability, political belief, source of income, race, religious belief, gender and sexual orientation.
- **Retaliation for reporting Disruptive Behaviour/acting as a witness.** All staff members must feel empowered to report Disruptive Behaviour and not fear retaliation for doing so. Taking action against someone who reports or acts as a witness to Disruptive Behaviour, is prohibited.

For more information on identifying the different types of Disruptive Behaviour, please see Appendix B – 'Guide to Assessing the Severity of Disruptive Behaviour'.

Preventing Disruptive Behaviour

All AHS Medical Leaders have a responsibility in establishing a culture in which there is zero tolerance for Disruptive Behaviour. Medical Leaders should play an important role in changing the environment in their Zones/Departments/Facilities by examining their areas for Disruptive Behaviours. Our Medical Leaders set the tone for cultural change and act as models for professional conduct and collegial relationships. There are multiple methods an AHS Medical Leader should use to promote a healthy work environment.

Practitioner Evaluations

- Leaders should do daily rounds in their facility or perform assessments at their department/Zone staff meetings to determine Practitioner needs and concerns. These methods can provide a means both for recognizing Practitioners and their contributions to patient care and for establishing development opportunities that address deficits in the care provided — it can also be a time to assess the potential for and/or presence of Disruptive Behaviour.
- Regular individual evaluations of Practitioners should be performed to ensure that their behaviour is within the expectations of AHS and their professional body. AHS has developed a standardized schedule and process for Periodic Reviews to help Medical Leaders address any potential issues with Practitioners before they can become Disruptive Behaviours. Please [contact your local Zone Medical Affairs office](#) for more information on the Periodic Review schedule and the approved Period Review forms.

Continuing Education

Adopting and promoting early and continuing education — from medical school, through residency and into practice — will ensure that Practitioners are more cognizant of their own behaviours. Familiarity with the acceptable and unacceptable behaviors can raise one's consciousness about performance. Stress is inherent in medicine. Often this stress is compounded by uncontrollable circumstances in the environment that lead to frustration and Disruptive Behaviours. Rather than acting out these frustrations, self-awareness allows the recognition and identification of emotions so that they can be redirected in a more positive manner.

- AHS has developed the [“Disruptive Behavior: A Rational Approach for Physician Leaders”](#) course in conjunction with the CMA's Physician Management Institute (PMI). The course is offered at no cost to all AHS Medical Leaders and participation is strongly encouraged. Not only will it provide Medical Leaders with the necessary skills for dealing with instances of Disruptive Behaviour, but it will also help participants better identify and mitigate Disruptive Behaviour before it escalates. View the [PMI Course schedule](#) to register for the next Disruptive Behaviour course.
- Medical Leaders need to develop the skills required to confront Disruptive Behaviour and to identify any breaches in the [AHS Code of Conduct](#) and/or [Medical Staff Bylaws](#). Practitioners who display Disruptive Behaviours may not be aware of how their behaviours are perceived by others. It is often up to the Medical Leader to meet with these Practitioners, discuss other's

perceptions of the Practitioner's behaviour, and offer help as needed to address underlying issues that may be contributing to these behaviours.

Policies and Procedures

Policies and procedures are necessary to set the standards, guidelines, criteria and expectations for appropriate behaviour. These standards need to be incorporated and adopted as part of the standard operating procedure for AHS. Medical Leaders need to enforce the Code of Conduct and the Medical Staff Bylaws and provide follow through on code breaches.

- Defining and identifying Disruptive Behaviour clearly so all Practitioners understand what is considered unprofessional should go hand-in-hand with Continuing Education;
 - AHS has developed the [AHS Medical Staff Bylaws](#) and [Rules](#) and the [AHS Code of Conduct](#) to help familiarize Practitioners with what the organization considers to be acceptable and disruptive behaviours.
 - Knowing that an organization is seriously committed to changing the culture through action and follow up will make health care teams more responsive to these duties.

Practitioner Support

- Medical Leaders can support Practitioners who have been affected by Disruptive Behaviour. Listening to the stories of your Medical Staff will allow those who have experienced Disruptive Behaviours to express their emotions and possibly rethink the situation so that they are prepared to confront it through conversation rather than escalated action (i.e reciprocated Disruptive Behaviour or the submission of a Concern).
- Promote awareness of the various support tools available to AHS Practitioners. Whether a Practitioner is seeking support on how to deal with high stress levels or they are seeking support on how to deal with a disruptive colleague, AHS offers a variety of resources, including:
 - [Zone Medical Staff Associations](#)
 - [The Practitioner Advocacy Assistance Line](#)
 - [The AHS Safe Disclosure Policy](#)
 - [Employee Family & Assistance Program \(EFAP\)](#) (Insite link)
- There are also a variety of resources offered to Practitioners by the [CPSA](#), [AMA](#), [CMA](#), and other representative bodies.
- As an AHS Medical Leader you should encourage Practitioners to professionally and respectfully inform the individual, whether they are a Practitioner or other healthcare provider, that Disruptive Behaviour is unwelcome and/or seek informal and confidential advice from another Medical Leader, including the Zone Medical Director, to collaborate on a preemptive solution to the Disruptive Behaviour. Confronting an individual can often be a difficult experience, especially if there is a power differential or history of Disruptive Behaviour. That is why it is important to make Practitioners aware that Medical Leaders can provide this support.

- Practitioners are not the only healthcare group responsible for Disruptive Behaviour. Incidents of Disruptive Behaviour involving nurses, pharmacists, emergency medical response staff, porters and other health care workers may also occur. Medical Leaders should also encourage their Medical Staff to report incidents of Disruptive Behaviour involving other health care providers as the effects on patient care could be just as serious. However, much like incidents of Disruptive Behaviour between two Practitioners, physicians should be encouraged to respectfully resolve the incident with the other healthcare provider.
- Support for Medical Leaders may involve providing opportunities for personal skill enhancement through educational or experiential development (Crucial Conversations, PMI, and Mediation or Negotiation courses/conferences). Support may involve providing supporting expertise through AHS Provincial/Zone Medical Affairs or AHS HR services (understanding the variation between employees and contractors).

Evaluating Disruptive Behaviour

Promoting awareness of professional behaviour standards and being more informed on identifying signs of Disruptive Behaviour will not prevent all incidents. As a Medical Leader, you will be called upon to help resolve issues related to Disruptive Behaviour when they occur. Use the following process to help you prepare for and resolve these issues.

You may also refer to 'Appendix A – Disruptive Behaviour Worksheet for Medical Leaders' for more tips on managing this process.

Step 1 – Evaluate the complaint

Each report of Disruptive Behaviour should be checked for validity as soon as it is received. You should first consider whether a reasonable person would find the Practitioner's behaviour inappropriate. If the answer is yes and if the behaviour does not meet the standard set out in the AHS Medical Staff Bylaws and AHS Code of Conduct, then a discussion with the individual is required. If the behaviour does not seem to meet the definition of Disruptive Behaviour or breach the AHS Medical Staff Bylaws or Code of Conduct (ie. the individual making the complaint may have simply reacted too sensitively to constructive criticism), then you should discuss the matter further with the individual who reported the Disruptive Behaviour and attempt to resolve his or her issue without taking any further action.

Step 2 – Defuse the situation

If the incident of reported Disruptive Behaviour is valid, your first step as a Medical Leader should be to speak to the individual who reported the Disruptive Behaviour to confirm the details of the incident. Next, you should meet with the individual reported to have acted

disruptively to discuss why their behavior was inappropriate and what actions need to be taken to make sure the Disruptive Behaviour will not occur again.

Step 3 – Make a Recommendation

In many cases, it will be difficult to assess the severity of the behaviour and to gauge the appropriate action. Ask the following questions to help you collect enough data to evaluate the incident and make an informed recommendation:

- Did this incident represent a change in the Practitioner's previous behaviour pattern?
- Does the potentially Disruptive Behaviour appear to be increasing in intensity and frequency?
- Did the behaviour come accompanied with an inappropriate degree of emotion?
- Does the behaviour appear to be broadening in scope over time?

Is there any evidence or suspicion that the Practitioner is:

- Neglecting his or her own personal, intellectual, physical, emotional, and spiritual needs?
- Launching or defending himself or herself in repeated workplace or class grievances?
- Abusing alcohol or drugs?
- Suffering from a mood disorder or other metabolic condition that may be affecting their state of mind?
- Arriving late or unprepared for work with concerning frequency?
- Demonstrating a pattern of degradation in academic or clinical performance?
- Guilty of violent acts in the past?

In your recommendation, factor in circumstances that may mitigate or dismiss the seriousness of the behaviour, such as:

- Eccentric behaviour or behaviour which is culturally different as long as it is not directed in a threatening or abusive way towards others;
- Occasional non-confrontational disagreements with colleagues;
- One-time situational frustrations; and/or
- Occasional demands for special attention/consideration coming from those having legitimate special needs.

There will be times when patient safety is directly threatened by a Practitioner's behaviour. In such circumstances, the Practitioner should be immediately removed from the situation. The Practitioner should be informed that this action is not definitive and that the incident and its repercussions will be subject to a more formal review once the crisis has passed. Addressing immediate danger almost always compromises due process to some extent.

Examples where crisis intervention is required might include instances when:

- The Practitioner is so distressed or out of control that he or she poses a safety risk to other workers in the environment;
- The Practitioner threatens to physically harm him or herself or others;
- The behaviour appears to create unacceptable legal liability; and/or
- The behaviour poses an immediate threat to patient care.

Based on the evaluation of the incident, the designated Medical Leader may recommend:

- That the issue be dismissed as unfounded and that no further action is required;
- That the Practitioner(s) involved in the incident come to an agreeable outcome (i.e. a simple apology or enrollment in the PMI Disruptive Behaviour course);
- Mutually agreed upon changes to the Practitioner's practice situation (i.e. scheduling changes or a temporary leave of absence);
- That the matter be escalated to a formal Concern; and/or
- That the CPSA be made aware of the incident, particularly if it involves patient safety.

While AHS does maintain a zero-tolerance approach to Disruptive Behaviour and while immediate action may be taken in severe cases, that action may not necessarily reflect final disposition of the case. Further investigations may take place.

For additional assistance or support in reaching a recommendation on Disruptive Behaviour, consult a senior Medical Leader, such as your Zone Medical Director.

Education and Awareness

Every instance of Disruptive Behaviour may be different but is important for AHS Medical Leaders to promote positive awareness and recognition of professional behavior and to know how to manage Disruptive Behaviour in the healthcare workplace, should it arise.

All Medical Leaders are encouraged to take the PMI [“Disruptive Behavior: A Rational Approach for Physician Leaders”](#) course to learn more about Disruptive Behaviour.

Conclusion and Acknowledgements

Successful management of Disruptive Behaviour will result in a decrease in such behaviours. Under continued observation or in their annual Periodic Reviews, individuals who have displayed Disruptive Behaviours in the past may show signs of demonstrable change that can also be used to measure success of your management methods. For example, the disruptive Practitioner:

- Remains approachable even when under stress;
- Treats team members with respect;

- Handles difficult team members effectively;
- Remains open to suggestions;
- Responds to conflict by working out solutions; and
- Adapts well to changing policies and procedures.

AHS would like to acknowledge the College of Physicians and Surgeons of Alberta for permitting AHS to use their Toolkit in the compilation of this Handbook.

Appendix A – Disruptive Behaviour Worksheet for Medical Leaders

Use this checklist to help determine the severity of and what factors may have contributed to the Disruptive Behaviour. This form should be completed only after you have interviewed all relevant parties.

Name of Practitioner:

Location of Incident:

Date of Incident:

Does the incident pose a significant risk to patient/Practitioner/workplace safety?

Yes* , Please Explain No

*If 'Yes', the Practitioner should be temporarily removed from practice while the incident is investigated.

What reason(s) did the Practitioner give for the Disruptive Behaviour?

CONFIRMATION OF ALLEGATIONS

Were the allegations confirmed by witnesses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the Practitioner admit to the alleged behaviours?	Yes <input type="checkbox"/> No <input type="checkbox"/>

HISTORY

Are there prior incidents regarding the Practitioner?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how were the prior incidents resolved?:	
Does the individual who made the initial complaint have a history of Disruptive Behaviour complaints?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what were the nature of these complaints and how were the prior incidents resolved?	

CONSIDERATIONS

What is the Practitioner's current work load? How many days per week, hours per day are they working? Are they frequently on call? Is there a lack of resources available to this Practitioner?

What has been the quality of the Practitioner's work over the past several months and immediately prior to the incident?

How is the Practitioner regarded by colleagues (including peers, non-Practitioner healthcare staff, and administration)?

How long has the Practitioner been in their current position? Has there been a recent change in status? If there has been a change, what was the nature of the change (ie. promotion)?

Are there any other contributing factors?

This final section should be completed only when the incident has been resolved.

CONCLUSION

Summary of final resolution and/or formal discipline by Medical Leader:	
Future corrective actions (if any):	

Appendix B – Guide to Assessing Disruptive Behavior Severity

Use this guide to help determine the severity of and recommended action(s) required to address the incidence of Disruptive Behaviour. This form should be used only after confirming the allegations of the original report.

ACCEPTABLE BEHAVIOUR

Behaviours	Recommended Response
Respectfully challenging or questioning authority or decisions	Formal discipline is not required in these instances. There is no action required.

UNACCEPTABLE BEHAVIOUR

Behaviours	Recommended Response
Bullying	These types of behaviours may be less serious; however, they are still unacceptable in the healthcare workplace. Typically, unacceptable behaviour can be corrected quickly with a discussion between the Practitioner and their Medical Leader. If the Practitioner was acting out of character or was simply uninformed on policies or procedures, the matter may even be handled with an apology and a promise to not repeat the behaviour. However, to ensure that the behaviour is not/does not become chronic, attention must be given to personal and professional issues to help determine whether any counseling or further actions are required and the incident should be logged with the knowledge of the Practitioner.
Disrespecting others	
Not adhering to appropriate codes of conduct or Medical Staff Bylaws and Rules	

ABUSIVE BEHAVIOUR

Behaviours	Recommended Response
Harassing others	Whether it is aggressive or passive, abusive behaviour is very serious and could pose a risk to the safety and function of a healthcare team. If the accusation of abusive behavior is found to be substantiated, intervention from the Medical Leader directly responsible for the Practitioner or even the Zone Medical Director is encouraged. However, if the Practitioner continues to act disruptively following warnings, a formal Concern with the goal of Consensual Resolution may be considered. There are often
Physical/sexual interference	
Threatening or intimidating others	
Failure to respond to calls for assistance	

Persistent lateness	external factors that influence the Practitioner’s behaviour, therefore the Medical Leader may choose to refer the Practitioner to the Alberta Medical Association’s Physician & Family Support Program (PFSP) and or Case Coordination Service before initiating a formal Concern. The Practitioner can also be referred to AHS’s Employee & Family Assistance Program (EFAP).
Chronic refusal to work collaboratively	

CRITICAL BEHAVIOUR

Behaviours	Recommended Response
Violence to coworkers	In cases where danger is an imminent possibility or a crisis has already taken place, the disruptive Practitioner should be immediately removed from his/her practice. This action may not be definitive and the incident (and its repercussions) will be subject to a more formal review once the situation has been assessed. When the personal safety of self and/or others is threatened, a formal Concern should be initiated. Critical behaviours may also require legal intervention.
Violence to self	
Violence to patients	
Sexual Assault	