



Clinical Staff Executive Committee

MEDICAL CENTER POLICY NO. 0262

- A. SUBJECT: Standards for Professional Behavior
- B. EFFECTIVE DATE: September 1, 2013 (R)
- C. POLICY:

The Standards for Professional Behavior policy applies to all Members of the Clinical Staff and GME Trainees and also applies to Allied Health Professionals who provide healthcare services within the Medical Center but are not Medical Center employees (hereinafter all are collectively referred to as “Practitioner”). All incidents exclusively involving Medical Center employees shall be managed according to [Medical Center Human Resources Policy No. 701 “Employee Standards of Performance and Conduct”](#).

The University of Virginia Medical Center maintains an environment that is free from implicit and explicit behavior which is used to adversely control, influence or affect the well-being of any member of its healthcare community. All individuals working in the Medical Center shall treat others with respect, courtesy, dignity and conduct themselves in a professional and cooperative manner. The Standards for Professional Behavior policy addresses conduct which does not meet our standard and is Unacceptable Behavior.

For purposes of this Policy, “Unacceptable Behavior” includes, but is not limited to:

- threatening or abusive language, profanity or language that is perceived by others to be demeaning, berating, rude, loud or offensive, and/or
- actual or threatened inappropriate physical contact that is unrelated to the provision of healthcare, and/or
- other forms of behavior that are perceived as intimidation or harassment by others working within the Medical Center, and/or
- behaviors perceived to be a pattern of disruptive behavior or interaction that could interfere with patient care or adversely impact the quality of care rendered to a patient, and/or
- behaviors that are not consistent with standards set out in [Medical Center Policy No. 0283 “Behavioral Code of Conduct”](#)

(SUBJECT: Standards for Professional Behavior)

D. PROCEDURE:

1. Any individual working within the Medical Center who observes, or is subjected to, Unacceptable Behavior by a Practitioner shall promptly and in writing communicate the event and shall forward this report of events to the appropriate Medical Center Administrative Manager (or Administrator on Call, PIC #1457) and Medical Director.

When a GME Trainee is involved the appropriate GME Program Director shall also be notified.

The report of the incident shall include:

- The name of the person making the report
- Date, time and location of the occurrence
- Names of involved employee/s and Practitioner/s
- Factual description of the behavior and perceived consequences of the behavior

Reports submitted anonymously shall not be acted upon under this Policy.

Formats for submitting such event reports include e-mail, Quality Reports (QRs) or through a form such as the one attached to this Policy.

If the Unacceptable Behavior creates a threat of potential harm to others, then the Administrative Manager, Administrator on Call or the Unit Medical Director shall follow the procedure outlined in [Medical Center Policy No. 0175 "Threat Assessment at the Medical Center"](#).

2. A three-tiered progressive process shall be followed upon receipt of a written report of alleged Unacceptable Behavior involving one or more Practitioners.
3. Tier One: The goal of Tier One is to resolve issues between involved individuals through collegial intervention at the local level. Tier One actions may range from counseling to referral to Tier Two review. In most instances, the steps below shall be completed within ten working days of receipt of an event report.

Resources in the Patient Safety, Clinical Staff, Graduate Medical Education, or Human Resources offices are available for consultation regarding the steps of Tier One.

Following receipt of a report, Tier One steps are:

- a. Medical Center Manager and Medical Director shall meet jointly with the involved individuals. When a GME Trainee is involved, the appropriate GME Program Director shall also be involved. If it is unclear which Medical Center Manager or which Medical Director should be involved, the Chief Medical Officer shall be notified and shall direct the resolution process.
- b. Medical Center Manager and Medical Director (and GME Program Director when appropriate) shall review findings and attempt to resolve issues.
- c. Medical Center Manager and Medical Director shall in writing notify the complaining party and the Practitioner of the resolution or inability to resolve the matter. A copy of this written notification shall be provided to the Department Chair and Division Chief, Clinical Staff

(SUBJECT: Standards for Professional Behavior)

Office and to the School of Medicine Human Resources. If the Practitioner is a Department Chair, a copy of this written notification shall be provided to the Dean of the School of Medicine. If the Practitioner is a GME trainee, a copy of this written notification shall be provided to the GME Office.

4. Tier Two: If the issue remains unresolved after Tier One local review or involves physical assault, and the involved Practitioner is a Member of the Clinical Staff or an Allied Health Professional, the Practitioner's Department Chair or Division Chief shall perform a review of the incident with the involved Practitioner. If the Practitioner exhibiting the Unacceptable Behavior is a Department Chair, the Dean of the School of Medicine will take the place of the Department Chair for purposes of this Policy. If the involved Practitioner is a GME Trainee, the GME Designated Institutional Officer will take the place of the Department Chief/Chair. for purposes of this Policy.
 - a. The Department Chair/GME DIO/Dean shall perform an assessment of the incident and meet with the involved Practitioner.
 - b. The Department Chair/GME DIO/Dean shall review findings and attempt to resolve the issue.
 - c. A written statement of disposition shall be sent to the Clinical Staff Office within ten working days, unless a longer period is needed as reasonably determined by the Department Chair/GME DIO/Dean.
 - d. The Department Chair/GME DIO/Dean shall be responsible for implementing any corrective action for the Practitioner and monitoring it as appropriate.
 - e. The Department Chair/GME DIO/Dean shall be responsible to notify the appropriate Medical Center Chief, as necessary.

If the issue referred for Tier Two review involves repetitive occurrences of a similar nature on the part of the same practitioner, the Department Chair/Division Chief/Dean/DIO, as appropriate, shall inform the Clinical Staff Office and School of Medicine Human Resources of the referral.

5. Tier Three. If Tier One and Tier Two interventions have been initiated, as specified above, and have been unsuccessful in resolving issues, the Credentials Committee shall review the matter and take action as it determines to be appropriate. Such action may include, but is not limited to, referral of issues raised to the Professional Practice Evaluation Committee (PPEC), referral of the practitioner to the Physician Wellness Program or to the Employee Assistance Program or initiation of an investigation under the procedures set out in the Bylaws of the Clinical Staff.
 - a. If the matter is referred to PPEC or an investigation is initiated, the reviewing entity shall meet with the involved Practitioner, the Manager/Administrator and the Medical Director/GME DIO/Dean to review findings.
 - b. As soon as reasonably possible, and within 90 days of receipt of the referral from the Credentials Committee, the reviewing entity shall submit a report summarizing its findings and recommendations to the Credentials Committee.
 - c. Within 10 days of its receipt of the report referred to in 5.b. above, the Credentials Committee shall notify the practitioner, his/her Department Chair/Dean/GME Program Director of its recommendations for final resolution.

(SUBJECT: Standards for Professional Behavior)

6. Conduct that may constitute sexual harassment is described in [University of Virginia Human Resources Policy "Policy: Preventing and Addressing Discrimination and Harassment" HRM-009](#)". The procedures and remedies outlined in that policy apply to all individuals working within the Medical Center.

SIGNATURE:

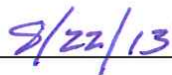


Robert S. Gibson, M.D., President, Clinical Staff



R. Edward Howell, CEO, UVA Medical Center

DATE:



Medical Center Policy No. 0262 (R)

Approved February 2005

Reviewed September 2008

Revised September 2010, September 2011, March 2013, August 2013

Approved by Credentials Committee

Approved by Clinical Staff Executive Committee

(SUBJECT: Standards for Professional Behavior)

University of Virginia Medical Center

Standards for Professional Behavior Report

This form is the official mechanism to initiate the progressive review process. The information on the form will be included in a repository for trending for institutional review on a quarterly basis. This report cannot be anonymous.

Reporter's Name:	
Name of Involved Employee(s) and Medical Staff Member:	
Date of Incident:	
Time of Incident:	
Factual Description of Incident:	
Reporter's Signature:	

For Management Documentation Only

Outcome	Tier One
Resolved Date:	
Progress to Tier Two	
Date: <i>note reason for progression</i>	
Submitted by:	
Submitted to:	
NOTES <i>List attendees</i>	