MODEL MEDICAL STAFF CODE OF CONDUCT

To encourage a culture of safety and quality, organized medical staffs are encouraged to adopt a Code of Conduct as part of their medical staff bylaws. The medical staff bylaws, of which this Code of Conduct is a part, shall be the exclusive means for review and disciplining medical staff members for inappropriate or disruptive behavior.

I. APPLICABLE DEFINITIONS:

“Appropriate behavior” means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized medical staff, or to engage in professional practice including practice that may be in competition with the hospital. Appropriate behavior is not subject to discipline under these bylaws.

“Disruptive behavior” means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.

“Harassment” means conduct toward others based on their race, religion, gender, gender identity, sexual orientation, nationality or ethnicity, which has the purpose or direct effect of unreasonably interfering with a person’s work performance or which creates an offensive, intimidating or otherwise hostile work environment.

“Inappropriate behavior” means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as “disruptive behavior.”

“Sexual harassment” means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person’s work performance or which creates an offensive, intimidating or otherwise hostile work environment.

“Medical staff member” means physicians and others granted membership on the Medical Staff and, for purposes of this Code, includes individuals with temporary clinical privileges.

II. TYPES OF CONDUCT

A. APPROPRIATE BEHAVIOR

Medical staff members cannot be subject to discipline for appropriate behavior. Examples of appropriate behavior include, but are not limited to, the following:

- Criticism communicated in a reasonable manner and offered in good faith with the aim of improving patient care and safety;
- Encouraging clear communication;
- Expressions of concern about a patient’s care and safety;
- Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- Use of cooperative approach to problem resolution;
• Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes;
• Professional comments to any professional, managerial, supervisory, or administrative staff, or members of the Board of Directors about patient care or safety provided by others;
• Active participation in medical staff and hospital meetings (i.e., comments made during or resulting from such meetings can not be used as the basis for a complaint under this Code of Conduct, referral to the Health and Well being Committee, economic sanctions, or the filing of an action before a state or federal agency);
• Membership on other medical staffs; and
• Seeking legal advice or the initiation of legal action for cause.

B. INAPPROPRIATE BEHAVIOR
Inappropriate behavior by medical staff members is discouraged. Persistent inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as “disruptive behavior.” Examples of inappropriate behavior include, but are not limited to, the following:

• Belittling or berating statements;
• Name calling;
• Use of profanity or disrespectful language;
• Inappropriate comments written in the medical record;
• Blatant failure to respond to patient care needs or staff requests;
• Personal sarcasm or cynicism;
• Deliberate lack of cooperation without good cause;
• Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety;
• Intentionally condescending language; and
• Intentionally degrading or demeaning comments regarding patients and their families; nurses, physicians, hospital personnel and/or the hospital.

C. DISRUPTIVE BEHAVIOR
Disruptive behavior by medical staff members is prohibited. Examples of disruptive behavior include, but are not limited to, the following:

• Physically threatening language directed at any one in the hospital including physicians, nurses, other medical staff members, or any hospital employee, administrator or member of the Board of Directors;
• Physical contact with another individual that is threatening or intimidating;
• Throwing instruments, charts or other things;
• Threats of violence or retribution;
• Sexual harassment; and,
• Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation.

D. INTERVENTIONS
Interventions should initially be non-adversarial in nature, if possible, with the focus on restoring trust, placing accountability on and rehabilitating the offending medical staff member, and protecting patient care and safety. The medical staff supports tiered, non-confrontational intervention strategies, starting with informal discussion of the matter with the appropriate section chief or department
chairperson. Further interventions can include an apology directly addressing the problem, a letter of admonition, a final written warning, or corrective action pursuant to the medical staff bylaws, if the behavior is or becomes disruptive. The use of summary suspension should be considered only where the physician’s disruptive behavior presents an imminent danger to the health of any individual. At any time rehabilitation may be recommended. If there is reason to believe inappropriate or disruptive behavior is due to illness or impairment, the matter may be evaluated and managed confidentially according to the established procedures of the medical staff’s Health and Wellbeing Committee (or equivalent committee).