

Department of Pediatrics
University of Utah
Disruptive Physician Policy

Adopted by the Faculty 5/21/98

DEFINITION:

A disruptive physician is one whose behavior interferes with orderly delivery of quality care and collegial interactions among the faculty and staff in the Department of Pediatrics. A disruptive physician shows a pattern of a consistent inability to get along with others, including nurses, other physicians or members of the health care team, co-faculty members, and staff.

It is important to identify this behavior by its signs and symptoms, institute remedial and preventive measures, and intervene as early as possible. Sexual harassment is a kind of disruptive behavior which deserves special mention.

SIGNS, SYMPTOMS, AND CHARACTERISTICS:

- Arrogance. Always right. Convinced that all others with some position of responsibility are inept, foolish or wrong.
- Discourteous, sarcastic or demeaning to others.
- No conscience, no limits, sociopathic behavior.
- States offensive behavior is done only to promote good care.
- Others refuse to work with him or her.
- Impatient. May blame stress of work or busy schedule to excuse his/her behavior.
- Uses foul language.
- Project blame on others.
- Dishonest.
- Sexual harassment of any kind. (See Below)

DISRUPTIVE VERSUS DISABLED PHYSICIAN

A disabled physician is sick; he or she is unable to effectively practice because of the physical or emotional illness. This may include impairment from addiction.

A disruptive physician may be medically competent. However, his or her behavior creates a hostile environment, which interferes with the delivery of quality care, research, and day-to-day activities of the division or department.

PREVENTION

- Delineation of unacceptable behavior. The Department of Pediatrics prohibits the following:

- Abusive language
- Physical abuse
- Impugning the character or professionalism of others
- Disruption of the orderly operations of the Department/Division/Hospital
- Sexual harassment
- Other prohibited discrimination of race, religion, age, etc.

- Breaches in decorum will be addressed quickly and fairly.

INTERVENTION

- Documentation of all meetings with the physician is required, including “informal discussions”.
- Clear communication to the physician must include:
 - Description of the offending behavior
 - Description of the effect on others
 - A clear statement of expectations
 - Other related facts and information
- Clinical privileges may be made contingent upon compliance with stated behavioral guidelines in the medical staff bylaws of the University and of Primary Children’s Medical Center, as well as the Department policy.
- Continued episodes following a warning will result in formal corrective action, which may include separation from employment.

SEXUAL HARASSMENT

There are two recognized kinds of sexual harassment.

- Quid pro quo. The instigator has promised or implies that some work-related advancement will be extended to another in exchange for sexual favors. This is illegal, regardless of mutual consent. The Department also prohibits this behavior.
- Hostile environment. Innuendo, suggestive remarks, attempts at sexual humor, references to physical characteristics, all may create an uncomfortable working environment, and as such as prohibited by law.

CONCLUSION

It is the legal and ethical duty of the Department to create an atmosphere of mutual respect and cooperation that promotes the delivery of quality health care, and collegial interactions in the department among its faculty and staff. To that end, the Department expects adherence to this policy.