

December 2008

CPSA Disruptive Behavior Initiative

Earlier this fall, the College introduced the topic of disruptive behavior at our regional tour presentations. Our intent was to advise physicians that we were preparing to launch a new initiative to help individuals and the healthcare system deal with disruptive behavior, and to advise that we were seeking input on our draft proposal.

There has been a high level of interest in this topic, but some concerns have also been raised regarding the overall purpose of the program, the College's involvement in such an initiative, and whether the focus of the program was appropriate.

I'd like to take this opportunity to provide some background on the disruptive behavior initiative, to clarify the purpose of the program, to identify the various players involved, and to outline our consultation plans for the coming months.

Background

The issue of disruptive behavior is not new and the reasons for it are varied. Systemic and situational factors are major contributors but individual personalities can also play a role. Unfortunately, no matter what the cause, disruptive behavior negatively affects patients, families, colleagues, co-workers, organizations and the healthcare system.

Without the guidance of specific policies, disruptive behavior by physicians has been addressed in varying degrees from being ignored completely, to being handled on an ad-hoc basis to a more systematic approach. We identified the need to ensure a common, principle-based approach that could be used at all venues within the healthcare system.

In January 2007, the College launched a working group to help address these issues. The group included representatives from the following:

- Alberta Medical Association: Professional Affairs and Physician Family Support Program (PFSP),
- Urban and rural regional health authorities,
- Alberta Health and Wellness,
- Medical Faculties at the University of Alberta and University of Calgary,
- Public,
- CMPA and other legal organizations, and
- Other professional associations and colleges.

In September 2008, a plan of action was approved in principle by the planning and working groups and by College Council. A consultation process is now underway.

Plan/Purpose

Although the draft plan covers many areas, it is based on the premise that disrespectful, abusive and assaultive language, gestures and behaviors are unprofessional and will not be tolerated.

Using this principle as a foundation, the working group developed a systematic approach that can be used by various groups to address disruptive behavior in a consistent, fair and balanced manner. The plan allows for immediate action when necessary, but also ensures a physician is aware of concerns, and gives him/her the opportunity to address those concerns.

Focusing on supportive and collegial interactions, the draft plan includes step-by-step instructions for coworkers, colleagues, medical leaders and administrators on how to deal with disruptive behavior. The College will generally become involved only when all other options have been exhausted.

A **Code of Conduct** and **Resource Toolkit**, are also part of the draft document.

- The **Code of Conduct** will clearly state consistent, province-wide expectations of professional and unprofessional behavior by physicians in the health care workplace, while allowing Regional Health Authorities (or the newly formed Superboard), Regulatory Colleges and others, to adapt the program for their respective jurisdictions.
- The **Resource Toolkit** will provide quick access for administrators to reporting forms, process checklists and related information.

Next Steps

The draft plan is currently being circulated to various healthcare organizations including:

- Alberta Medical Association,
- Regional Health Authorities and Alberta Health Services,
- Other regulatory authorities (in various health care disciplines),
- Canadian Medical Protective Association,
- Alberta Health and Wellness, and
- Health Quality Council of Alberta.

In addition to circulating the draft document, presentations are being made to various groups and associations, including the AMA, PARA and medical students at the University of Alberta and the University of Calgary.

Our plan is to complete the consultation process by summer of 2009 and submit a final proposal to College Council in September that same year.

If you would like a copy of the draft plan, or are interested in a detailed presentation on the disruptive behavior initiative, please contact CPSA Assistant Registrar Dr. Janet L. Wright at jlwright@cpsa.ab.ca.



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