**Purpose and Scope**

The purpose of this policy is to define unprofessional behavior involving UUHC Medical Staff members (Medical Staff), to establish a UUHC Professional Conduct Committee (Committee), and to outline the process for referring allegations of unprofessional behavior to the Committee and the Committee's process for handling such matters.

This policy emphasizes the need for all individuals working in UUHC to treat others with respect, courtesy, and dignity and to conduct themselves in a professional manner. Patients, visitors, students, trainees, healthcare professionals and all employees must be treated with courtesy, respect, and dignity.

Behavior by Medical Staff that generates a complaint by another Medical Staff member, any member of the patient care team including students and trainees, a patient, a patient's family or visitor, or other individuals in contact with the Medical Staff, may be responded to according to this policy and referred to the Professional Conduct Committee.

**Relationship to Existing Mechanisms for Addressing Medical Staff Conduct**

This policy is not an exclusive forum for resolving allegations of unprofessional behavior, but is supplementary to and complementary to other existing channels. This policy is complementary to the UUHC Medical Staff Bylaws and is intended to be a furtherance of the collegial process identified in Article V of the Credentialing Policy found within the UUHC Medical Staff Bylaws. The Committee’s process in receiving and processing complaints, and making appropriate referrals for further action, as necessary, are informal and collegial fact gathering matters, and do not constitute formal investigative matters.

**Policy**

UUHC does not tolerate unprofessional behavior within or related to the workplace. Unprofessional behavior means any behavior that prevents or interferes with an individual's or group's clinical/academic performance or creates a disruptive, unsafe, intimidating, hostile or offensive work environment, or which jeopardizes or is inconsistent with quality patient care or with the ability of others to provide quality patient care at the hospital. Unprofessional behavior can be active (e.g. profanity, yelling, or intimidation) or passive in nature (e.g., failing to respond to a colleague’s request for assistance). While there can be increasing levels of severity with respect to the type of unprofessional behavior, there may be incidents that rise to a more serious level, due not to their severity but, to the repetitiveness of the action in spite of previous counseling and intervention.

Unprofessional behavior falls generally into three levels of increasing severity:

- **Level I:** Includes verbal abuse which is directed at-large, but has been reasonably perceived by a witness to be disruptive behavior as defined above, and most passive disruptive behavior.

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1 Medical Staff is defined to include physicians and dentists with UUHC privileges. It does not include mid-level practitioners.

2 The process of inquiry into and response to inappropriate behavior by Medical Staff is confidential. The Committee acts under the authority of the UUHC Medical Board and reports to that body. All documents, materials, reports, notes, information and conversations related whatsoever to a complaint to the Committee, including but not limited to the Committee’s interviews of witnesses, interactions with Medical Staff, or referrals or recommendations to the UUHC Medical Board, are confidential peer review activities, governed by Utah Code Annotated Section 26-25-1 as well as the amended Utah Rules of Civil Procedure as outlined in Utah Senate Joint Resolution 15 (2012), and are not discoverable or admissible in any legal proceeding of any type.
• Level II: Includes verbal abuse of yelling, swearing or cursing; threatening, humiliating, sexual or otherwise inappropriate comments directed at a person or persons; physical violence or abuse directed in anger at an inanimate object (including throwing objects in anger); and discrimination or retaliation.

• Level III: Includes physical violence or other physical abuse which is directed at people and persistent Level II & III behavior that is unresponsive to remediation.

It is recognized that, due to circumstances, it may be necessary to exercise clear, and sometimes presumed forceful medical direction to focus on acute patient care. This, in and of itself, does not necessarily constitute inappropriate behavior. However, even in the most acute circumstances, intimidating, belittling, offensive and/or threatening behavior or language is not appropriate and can be counterproductive to obtaining the cooperation of those involved in the emergency response.

**Process for Dealing with Unprofessional Behavior**

Any Medical Staff member, UUHC employee, University of Utah student, or University of Utah trainee may refer an allegation of unprofessional behavior involving Medical Staff to the Professional Conduct Committee. This can include allegations reported by patients or visitors as well. Such a referral triggers the process outlined below:

1. Working with the relevant Division Chief or Department Chair or designee, Chief Medical Officer or designee, and/or medical director or designee, as appropriate, or through direct interaction with fact witnesses or relevant documentation, the Committee gathers facts relevant to the allegation.

2. The Committee or its designee(s) meet(s) with the Medical Staff member whose behavior has been challenged to further discuss the facts and circumstances that led to the complaint.

3. If the Committee determines that unprofessional behavior occurred, the Committee will take the following actions depending on severity:
   a. Level I Response will typically include:
      i. Obtain verbal or written commitment from Medical Staff not to repeat behavior
      ii. Notify Department Chair
      iii. Develop plan for following-up or monitoring as appropriate
      iv. Maintain a record of the incident in the Committee’s file or minutes
   b. Level II Response will typically include:
      i. Written commitment from Medical Staff not to repeat behavior
      ii. Written notification to Medical Staff with copy to Department of remediation activities
      iii. Notification of CMO and/or President of Medical Staff
      iv. Mandatory follow-up
      v. Maintain a record of the incident in the Committee’s file or minutes
   c. Level III Response will typically include the steps mentioned in connection with Level II above plus:
      i. Notification of Medical Board, which then determines the appropriate courses of action

3 Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstance. Retaliation or attempted retaliation by members against complainants will give rise to corrective action pursuant to the UUHC Medical Staff Bylaws. Individuals who submit a complaint or complaints which are determined to be false shall be subject to corrective action under the UUHC Medical Staff Bylaws, UUHC employment policies, or other relevant University policies, whichever may apply to the individual.

4 Strict adherence to this process is not mandatory but is provided to outline the general manner in which the Committee will function.
There are a number of resources within the University of Utah that may be helpful in dealing with allegations of unprofessional behavior. Individual employees or team members may avail themselves of these resources when appropriate. Moreover, the Professional Conduct Committee may refer cases to these resources as appropriate or may ask complaining individuals to refer their concerns to these other resources.

- A UUHC employee, or Medical Staff member when appropriate, may attempt to resolve the concern directly with the person who has engaged in the alleged unprofessional behavior.

- If the alleged unprofessional conduct involves a UUHC or SOM employee (rather than Medical Staff), the matter may be referred to the relevant Human Resources office.

- If the alleged unprofessional conduct involves potential sexual harassment, hostile work environment based on sexual content or targeted at a particular group, or potential discrimination or retaliation, the team member should report to his/her supervisor and to the Office of Equal Opportunity, 801.581.8365, located in Park Building Room 135.

- If the team member feels patient safety is imminently jeopardized by the alleged behavior, then in addition to the foregoing options the team member should escalate the reporting to a higher level supervisor, UUHC leadership such as President of the Medical Staff or Chief Medical Officer, SOM leadership such as Department Chair or Division Chief, UUHC Risk Management, or the Office of General Counsel.

- If the concern impacted a patient or visitor, the team member may involve UUHC Customer Service or UUHC Risk Management and the team member shall, when appropriate, refer the patient or visitor to those offices.

- If there is an allegation of violation of criminal law, the team member should immediately notify UUHC security or police.

- Concerns involving medical students or residents may be referred to the Dean’s Office within the School of Medicine, or to the Director of Graduate Medical Education, or to the relevant Residency Program Director or Department Chair for the resident.

- Concerns related potentially to the health of Medical Staff are not handled through the Committee, but may be referred to the relevant SOM Department Chair and/or the Office of Equal Opportunity and Affirmative Action as necessary. The Committee may refer Medical Staff members directly to the OEO or to Employee Assistance program as necessary.

Makeup of the Professional Conduct Committee

This Committee consists of members of the UUHC Medical Staff and is chaired by a senior physician; it is supported by the Medical Staff Office and the Office of General Counsel. The Committee will be chaired by a senior physician as designated by the UUHC Medical Board, and the remaining composition of the Committee shall include the Chief Medical Officer, a designee of the Chief Nursing Officer, up to two additional physicians as determined by the remaining Committee members, the Manager of the Medical Staff Office, and a member from the Office of General Counsel, who provides legal advice to the Committee. Other UUHC personnel may serve as ad hoc members in consultant roles as needed to accomplish the business of the Committee.

Adopted by the UUHC Medical Board – 05/07/12
Policy Owner, UUHC Professional Conduct Committee, an ad hoc Committee of the UUHC Medical Board