ATSU-KCOM Sponsoring Institution

POLICY		Policy No: IS-019
Subject: Disruptive Physician	Approval: June 27, 2017 Last Revision Approved: 10/27/2026	Page 1 of 3

SCOPE

This policy applies to all interns, residents, and faculty participating in Graduate Medical Education at all sites where ATSU-KCOM is the sponsoring institution.

PURPOSE

ATSU-KCOM is committed to fostering a respectful and safe learning and clinical environment in which residents, fellows, faculty, and staff can raise concerns, report errors, seek assistance, and provide feedback without fear of humiliation, intimidation, retaliation, or adverse consequences. Psychological safety promotes resident and faculty well-being, supports effective team functioning, reduces the risk of burnout, and contributes to high-quality patient care and patient safety.

1. ATSU-KCOM must ensure that its ACGME-accredited programs provide a professional, equitable, respectful, and civil environment that is free from unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion of residents, other learners, faculty members, and staff members.
2. ATSU-KCOM, in partnership with its ACGME accredited programs, must have a process for education of residents and faculty members regarding unprofessional behavior and a confidential process for reporting, investigating, monitoring, and addressing such concerns in a timely manner.

(See professionalism policy)

POLICY

I. Definitions

   A. Awareness conversation: Discussion that any person can have with another person in which the first describes an observed behavior by the latter that is not consistent with the standards and expectations for professional or ethical conduct. It is usually held for minor or first-time policy violations.
   B. Disruptive behavior: Behavior that includes, but is not limited to, words, actions, or conduct that impair communication, collaboration, mutual respect, or professionalism among team members. Such behavior may create an unsafe, hostile, or intimidating environment; negatively impact resident and faculty well-being; contribute to burnout; undermine effective team functioning; and adversely affect patient care, patient safety, or clinical operations. Disruptive behavior is inconsistent with the collegial and respectful interactions required for a safe, supportive, and productive learning environment.

II. Examples of disruptive behavior include (but are not limited to):

A. Attacks - verbal or physical that are personal, irrelevant, or beyond the bounds of fair professional conduct; includes shaming, blaming, sarcasm
B. Impertinent and inappropriate comments - made in the patient's medical records or written or verbal statements to patients or other team members impugning the quality of care given or attacking a particular team member or hospital policies
C. Non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply lack of intelligence or skill
D. Refusal to accept, or begrudging acceptance of, assignments or reasonable requests for information; delayed response to legitimate calls for assistance
E. Inappropriate touching or contact or sexual innuendo, racial, ethnic or sexual jokes or comments; foul language

III. Addressing and/or reporting disruptive behavior

A. Awareness conversation - When any resident or faculty member observes a disruptive behavior for which timely, direct feedback would likely prevent recurrence, they can, if comfortable doing so, conduct an "awareness conversation" to address the behavior. They may contact their program director, Associate DIO/DME or DIO for guidance or assistance in such discussions or request that the behavior be addressed by another person. If the individual chooses not to engage in an awareness conversation with the person engaging in disruptive behavior, that person is strongly encouraged to report his or her observations using the process below.
B. Reporting disruptive behavior
    1. All students, residents, and faculty are responsible for promptly reporting disruptive behavior, other than minor instances addressed by an awareness conversation, to their residency program director, Associate DIO/DME or the DIO. No retaliation will be taken against the person who reports disruptive behavior in good faith. Any person who believes that he or she has been subjected to retaliatory action should report their concerns immediately to the DIO or sponsoring institution, ATSU-KCOM. This may be done confidentially online on the front page of the ATSU-KCOM NCOPPE Website.
    2. The individual who is reporting disruptive behavior may remain anonymous and will be asked to provide the following:
        - Date and time of the incident
        - Name of the person exhibiting the behavior
        - Information on who was involved, including patients and the circumstances that precipitated the situation
        - A factual and objective description of the behavior
        - Identification of others who might have observed the incident
        - Any action taken to remedy the situation
    3. All reports will be treated as confidential to the greatest extent possible and consistent with applicable laws
    4. If the behavior appears to pose an immediate threat of harm to any

individual, Security should be called immediately

5. If the person who reported the incident is concerned that his or her report has not been appropriately handled, he or she should escalate the concern to the DIO of ATSU-KCOM immediately.

IV. Organizational Response

A. The Program Director, Associate DIO/DME or DIO will review each complaint of disruptive behavior promptly and conduct an appropriate investigation. To promote accountability and transparency, the following timelines will generally be observed:

1. Written acknowledgment of receipt of the report within five (5) business days.

2. Initial review and assessment within ten (10) business days.

B. Circumstances requiring additional investigation may extend these timelines; however, updates will be provided as appropriate.

C. The response to disruptive behavior may take a variety of forms depending on the severity of the behavior and whether this is a recurring event. The response could include informal counseling, formal corrective counseling with reporting to the GMEC, discontinuation of residency status or faculty status in the program, or referral for a

fitness for duty evaluation. In the case of a hospital medical staff member, disciplinary action may also be taken in accordance with the Medical Staff By-Laws.

D. Documentation of the organizational response will be provided to the person reporting the event. Copies of this letter, investigation, and subsequent action will be maintained in the GME and ATSU-KCOM offices.

V. Corrective Action

A. A single confirmed incident warrants a formal discussion with the offending practitioner by the Program Director, Associate DIO, or the DIO/ATSU-KCOM who will review the event and this policy with that person as well as hear their recollection of the event. The possible results of continued disruptive conduct will be discussed with the practitioner as well as the expectation that he/she is required to behave professionally and cooperatively. Written documentation of that meeting will be generated and forwarded to the DIO/ATSU-KCOM and Associate DIO.

B. If there is a second instance of disruptive behavior, the same process as described above shall occur with the inclusion of the DIO and Associate DIO at the investigation phase. However, this second meeting shall constitute a formal warning and potentially removal from teaching responsibilities. A letter will be sent to the practitioner following the meeting after presentation to the ATSU-KCOM GMEC. If there is a pattern of disruptive behavior (defined as three verified incidents), the matter will be referred to the ATSU-KCOM GMEC for final action and resolution of the matter. Any action or recommendation becomes a part of the resident or faculty member's permanent file. More formal action may be pursued at this juncture if warranted, such as severance from the teaching program.

C. Nothing herein shall be deemed to prohibit formal corrective action as a result of a single incident should it be determined that the seriousness of the incident justifies

such action. Temporary suspension of faculty or resident privileges may be appropriate pending the completion of this process depending on the seriousness of the reported offense. Consistent with the 2.6.d. of the ACGME common program requirements, the program director has the authority to approve or remove physicians and non-physicians as faculty members at all participating sites.

D. The ATSU-KCOM GMEC shall be fully apprised of any reports of disruptive conduct and any meetings and warnings that may pursue and determine whatever action is necessary to terminate the unacceptable conduct. They will retain all reports or meeting minutes related to the reported disruptive conduct.