



David Geffen
School of Medicine



OVMC GMEC Policy on Disruptive Physicians

For purposes of this policy, this includes house staff in all departments including residents, fellows and those from other sponsoring institutions rotating through Olive View.

PURPOSE

To create and maintain an environment free from intimidating, disruptive, threatening, and violent behavior.

POLICY

It is the expectation of the house staff that members behave in a courteous, cooperative, and professional manner. Disruptive behavior including verbal or physical attacks; inappropriate comments; demeaning criticism; is not permitted and will be addressed by corrective action.

A. For the purposes of this Policy, "disruptive behavior" means any conduct of behavior including, but not limited to, use of language that is profane, vulgar, sexually suggestive or explicit, degrading, or racially/ethnically/religiously slurring in any professional setting related to the care of its patients; any unwanted touching, sexually-oriented or degrading jokes or comments; obscene gestures or physical throwing of objects; oral or written threats to a person or property, whether in person, over the telephone, by email or through other means of communication.

Also included are making inappropriate comments about each other or patients, which:

1. jeopardize or are inconsistent with quality patient care or interfere with the ability of others to provide quality patient care or be involved with the educational program
2. are unethical; or
3. constitute the physical or verbal abuse of others involved with providing patient care, or educational instruction.

B. Disruptive behavior by members of the house staff, or refusal to cooperate with the procedures described in this Policy, may result in corrective action. This policy shall not preclude the application of necessary actions to ensure a safe working environment or to



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prevent unlawful conduct in the medical center. Individuals who violate this policy may be subject to corrective action up to and including dismissal.

C. Disruptive behavior occurs in varying degrees, which are classified into three levels of severity. Level I behavior is the most severe violation of this Policy. Any corrective action will be commensurate with the nature and severity of the disruptive behavior. Repeated instances of disruptive behavior will be considered cumulatively, and action taken accordingly.

D. Classification of severity shall follow these guidelines:

Level I: Physical violence or other physical abuse including sexual harassment involving physical contact. Includes credible violent verbal threats against staff, faculty or housestaff as well.

Level II: Verbal abuse such as unwarranted yelling, swearing, or cursing; threatening, humiliating, sexual or otherwise inappropriate comments directed at a person or persons, or physical violence or abuse directed in anger at an inanimate object.

Level III: Verbal abuse that is directed at-large, but has been reasonably perceived by a witness to be disruptive behavior as defined above.

E. The training programs and clinical services shall promote continuing awareness of this Policy among the house staff and the faculty, including the following efforts:

1. sponsoring or supporting educational programs on disruptive behavior to be offered to house staff members and faculty;
2. disseminating this Policy to all current members upon the adoption of the Policy and to all new members of the house staff upon joining the staff;
3. requiring that the Behavioral Wellness Center be available to assist a member of the house staff exhibiting disruptive behavior to obtain education, behavior modification, or other treatment to prevent further violations.



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PROCEDURE

Complaints about a member of the house staff regarding alleged disruptive behavior must be in writing, signed, and directed to the trainee's Program Director.

1. Level I: The Program Director or their designee, with the advice of Risk Management:

Interviews the complainant and, if possible, any witnesses within one working day of receiving the complaint and interviews the house staff member within one working day of receiving the complaint. He/she provides the trainee the opportunity to respond in writing. The Program Director, Department Chair or their designee does one or more of the following:

1. determines that no action is warranted
2. issues a warning
3. requires a written apology to the complainant
4. refers member to the Behavioral Wellness Center
5. initiates corrective action pursuant to the Housestaff Policies and Procedures.

2. Level II: The Program Director, Department Chair or designee:

Interviews the complainant and, if possible, any witnesses within 5 working days of receiving the complaint and interviews the house staff member within 5 working days. He/she provides the member the opportunity to respond in writing. The Program Director, Department Chair or designee may:

1. determine that no action is warranted
2. issue a warning
3. require a written apology to the complainant



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4. refer member to the Behavioral Wellness Center
5. initiate corrective action pursuant to the Housestaff Policies and Procedures.

3. Level III: The Program Director, Department Chair or designee:

Interviews the complainant and, if possible, any witnesses within 10 working days of receiving the complaint. He/she provides the member the opportunity to respond in writing. The Program Director, Department Chair or designee may:

1. determine that no action is warranted.
2. issue a warning
3. initiate corrective action per Program Director

CONTACT

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REVISION HISTORY

GMEC Subcommittee Review Date: 9/6/2022

APPROVED:

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APPROVAL

Graduate Medical Education Committee

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