



# VCU Health™

## VCU Health System

### Standards of Conduct

Medical Staff Policy

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#### General Description

**Purpose:** To define standards of conduct for the VCU Health System Medical Staff and procedures for addressing allegations of behavior or behaviors that undermine a culture of safety.

**Responsibility:** Credentialed Providers  
 Medical Staff  
 Medical Staff Quality Oversight Committee

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#### Policy

- A. Medical Staff Member conduct is governed by acceptable behaviors promoting a culture of safety, these include but are not limited to:
  - A.1 The [American Medical Association Code of Medical Ethics](#)
  - A.2 The [Standards of Professional Behavior, VCU School of Medicine](#)
  - A.3 Professional courtesy and respect to peers, co-workers, patients, and guests with whom they interact.
  - A.4 Performed duties in compliance with all VCU Health System policies and procedures as well as state and federal laws and regulations.
  
- B. Disruptive behavior is not tolerated; unacceptable behaviors that undermine a culture of safety include, but are not limited to: (adopted from Porto & Luave, 2006)
  - B.1 Non-constructive criticism, addressed to its recipient in such a way as to undermine, belittle or to suggest incompetence.
  - B.2 Profane or disrespectful language.
  - B.3 Use of cultural slurs, disrespectful comments, vulgar language, ethnic "put down," harassing language or actions, etc., in verbal or nonverbal forms of communication.
  - B.4 Persistent disrespectful and troublesome behavior toward another causing distress.
  - B.5 Throwing or shoving objects around in frustration but not directed at a person.
  - B.6 Failure to take appropriate action to address potential safety issues.
  - B.7 Undermining success of team through negative talk or work barriers.

- B.8 Yelling, threatening, being verbally abusive.
- B.9 Intentional violation of policies, procedures, laws or regulations with potential to cause harm to others or damage to resources.
- C. All conduct issue information is privileged and confidential in accordance with:
  - C.1 Regulations pertaining to confidentiality and nondiscoverability based on the statutory authority of the Health Care Quality Improvement Act of 1986 42 U.S.C. 11101, et seq. and Va. Code Ann §§ 8.01-581.16 & 17.
  - C.2 The Bylaws of the Medical Staff
  - C.3 State and Federal Laws
- D. Actions may be reported to the National Practitioner Data Bank, the Virginia Department of Health Professions or other regulatory or licensing agencies as required.

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### **Procedures**

1. Gather information on allegations of unprofessional or disruptive behavior. (Refer to attached COC Process Map and COC Step by Step Process)
  - 1.1 Gather initial information
  - 1.2 Collect verified behavior event history
  - 1.3 Determine the possibility of a code of conduct concern
2. Assign a preliminary severity level to determine need for immediate response. (Refer to the [Performance Manager Decision Tree](#))
3. Discuss concerns with the individual by chair and determine next steps.
  - 3.1 Discuss concerns with the individual and provide due process.
  - 3.2 Determine the validity of code of conduct concerns.
  - 3.3 Determine the action plan based on the severity level, established policies, and legal requirements for validated concern.
  - 3.4 Provide a summary of code of conduct concerns (validated and unvalidated Code of Conduct concerns determinations of chairs).
4. Oversight is provided by the Medical Services Quality Oversight Committee (MSQOC).
  - 4.1 Review summary and related information for all validated and non-validated Code of Conduct concerns determinations of chair.
  - 4.2 Determine if the planned actions, including non-validated concerns, meet standards.
  - 4.3 Provide guidance to the chair as needed
  - 4.4 Provide a summary of Code of Conduct concerns to the Medical Executive Committee, MCV Physicians, and the School of Medicine.
5. Close Case and Document

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## Definitions

### Definitions: Code of Conduct

Expectations for work performance and workplace behavior.

### Corrective Action

Any action taken to address unprofessional conduct. Corrective Action includes action such as counseling as well as more formal action up to and including loss of privileges and/or termination of Medical Staff membership, employment or affiliation agreement.

### Counseling

Providing coaching, guidance, advice or assistance to improve performance and behavior.

### Medical Staff Member

An individual credentialed and privileged by the VCU Health System and granted privileges or scope of practice including physicians, dentists, podiatrists, nurse practitioners, physician assistants, clinical psychologists, clinical social workers, CRNAs, midwives, and all other credentialed staff.

### Standards of Conduct

Positive expectations for work performance and workplace behavior.

### Unprofessional Conduct

Behavior that is in violation of the Standards of Conduct and for which Corrective Action is warranted.

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### Related Documents & Resources

The following is a list of resources related to the current document.

#### VCU Health System Policy

HR.SC.001

[Standards of Behavior and Performance](#)

#### VCUHS Policy

HR.SC.002

[Equal Opportunity, Non-Discrimination, and Prohibition Against Harassment](#)

#### VCU Health System Policy

HR.SC.005

[Prohibition Against Workplace and Sexual Harassment](#)

#### Compliance Policy

LD.RM.002

[Compliance Reporting](#)

#### VCUHS Policy

LG.RR.004

[Excluded Individuals and Entities](#)

Other Links and [COC Conduct Process](#)

Documents

[COC Process Management](#)

[Behavior Codes and Categories](#)

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### Supporting Information

#### Regulatory/Legal Information

Code of Medical Ethics, American Medical Association, (AMA), 2006  
Bylaws of the Medical Staff of MCV Hospitals of VCUHS Authority  
VCU School of Medicine, Standards of Professional Behavior  
VCUHS Standards of Professional Conduct  
Joint Commission Standards LD.03.01.01 EP 4 & 5

"Disruptive Clinician Behavior: A Persistent Threat to Patient Safety," by Grena Porto and Richard Luave, Patient Safety & Quality Healthcare, July/August 2006.

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