A ‘civility and respect’ policy for surgery

When an orthopedic surgeon threw a pair of scissors in the OR last summer at North Shore Medical Center’s Salem Hospital, a policy was in place to address the incident.

Introducing a “civility and respect” policy was one of the first things Marc Rubin, MD, did when becoming chief of surgery in 2005.

The policy was invoked to address the scissors incident. The surgeon was disciplined, and there have been no incidents with this surgeon since, Dr Rubin said.

The policy, in streamlined form, has now been adopted by the entire medical center, a trauma facility based in Salem, Massachusetts, with 2 campuses and 23 ORs.

“The policy is part of my personal philosophy about what is important in the workplace. Non-negotiable mutual respect is something I think is essential,” Dr Rubin told OR Manager.

The policy defines the conduct expected (sidebar) and outlines a 2-level process for addressing disruptive behavior.

Level 1

Level 1 of the process focuses on de-escalating the conflict.

“The first level is to put the people involved in a room together, try to get the facts, and encourage them to understand each other’s point of view and understand better what happened,” Dr Rubin says.

“The vast majority of these incidents can be handled in the department and de-escalated.”

The Level 1 goal is for the parties to understand that certain behaviors are unacceptable and to part holding no grudges.

“People can see the effects of their uncivil behavior, why it is unacceptable, what it does to their peers, and how it makes our OR less safe for our patients and less of a good place to work,” he says.

If an informal discussion does not resolve the situation, a more formal meeting is held, still at Level 1, attended by the people involved and their immediate superiors.

The person filing the complaint must submit a written account of the incident, and the policy specifies a timeframe for investigating and addressing the complaint.

Level 2

Conflicts that can’t be resolved at Level 1 go to Level 2. For physicians, the complaint goes to the Physician Professional Conduct Committee. For nurses and other employees, complaints are handled under the human resources policy.

Egregious incidents such as physical abuse go straight to Level 2—“there is no discussion,” Dr Rubin says. If an offense is the third such incident by a physician, it also goes directly to the conduct committee.

The conduct committee reports its findings to the Medical Executive Committee, which follows the medical staff bylaws in deciding what action to take.

Creating a culture of safety

The civility and respect policy is part of an agenda to develop a culture of safety and quality for perioperative services.

“It’s all about communicating better with one another and putting layers of safeguards in place,” Dr Rubin says. “Basically, your coworker has your back all of the time.”
Like many health care leaders, he is taking a cue from aviation. Cockpit crews have taken a number of steps since the 1970s that have made crashes rare. The premise is that many errors result from failures in communication and teamwork. The airlines now teach crew resource management (CRM) to build in situational awareness, communication, and teamwork across disciplines.

Dr Rubin learned about CRM from his own reading and a session given by pilots at the American College of Surgeons conference.

“It’s about including everyone, ensuring the plan is clear, and making everyone understand it’s OK to speak up if something goes wrong,” he explains.

“After each case, we hold a debriefing where we discuss what went well, what didn’t go well, and what we can do better next time. Then we take those suggestions and find ways to make improvements, so we have a continuous quality improvement environment.”

Dr Rubin first sold the idea of teamwork training to the surgical division chiefs. He then got the administration’s approval to close the ORs for 2 half days for the training and make attendance mandatory. Most of the staff except for an emergency crew attended, as did about 60 surgeons. The ORs are now introducing briefings and debriefings.

Asked how the heightened focus on civility has been received, Dr Rubin says, “It’s a work in progress. Cultural shifts like this take time. People are responding as people normally do. The early adopters immediately embraced the change. A middle group took more of a wait-and-see approach. A few are waiting for the last minute to change behavior. But we’ll get there. I’m very encouraged.”

Disruptive behavior defined

The definition from the North Shore Medical Center (NMSC) Medical Staff Policy:

Civility and respect

“Personal conduct, whether verbal physical, or written, that negatively affects individuals or that potentially may negatively affect patient care constitutes disruptive behavior (AMA Code of Medical Ethics, E-9.045). This includes, but is not limited to, conduct that interferes with one’s ability to work with other NSMC staff and/or physicians.

“Disruptive behavior may include, but is not limited to, behaviors such as:

- Verbal abuse (including demeaning or disrespectful comments, particularly in front of other staff or employees)
- Inappropriate, loud, or obscene verbalization and/or physical behavior
- Physical behavior including misuse of medical or surgical instruments or equipment
- Inappropriate or unprofessional physical contact or gestures
- Offensive comments based upon an individual’s gender, race, ethnicity, religion, disability, or sexual orientation.

“Unless constituting disruptive behavior, constructive criticism is acceptable as long as it is offered in good faith with the aim of improving performance, service, and/or patient care and, in most cases, should first be directed to the appropriate manager.”