

**STONY BROOK UNIVERSITY HOSPITAL  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES**

**POLICY: DISRUPTIVE RESIDENT BEHAVIOR**

**PURPOSE:**

To establish an institutional policy regarding disruptive resident behavior

To ensure residents conduct themselves in a professional, cooperative and appropriate manner while providing services as members of the medical staff.

To encourage the prompt identification and resolution of alleged disruptive behavior by all involved or affected persons through informal, collaborative efforts at counseling and rehabilitation.

To provide a formal process for the further investigation and resolution of disruptive resident behavior that has not been appropriately modified by prior informal efforts.

To provide for the appropriate discipline of residents only after the informal efforts and formal process described in this policy have been unsuccessful in causing the resident to appropriately modify behavior in compliance with this policy.

**PROCESS:**

It is the policy of the Graduate Medical Education (GME) Committee and the Medical Staff Office of Stony Brook University Medical Center that all practitioners who are members of any resident training program at this facility shall conduct themselves in a professional, cooperative and appropriate manner, and shall not engage in disruptive behavior. It is expected that residents treat all staff and patients with courtesy and respect, show respect for patient autonomy and maintain confidentiality of patient information.

Disruptive behavior includes but is not limited to:

- Conduct that interferes with the provision of quality patient care
- Conduct that disrupts hospital operations
- Conduct that constitutes sexual harassment including sexual discussions or innuendos
- Making or threatening reprisals for reporting disruptive behavior
- Shouting or using vulgar, profane or abusive language
- Making racial or ethnic slurs
- Abusive behavior including threats of violence, retribution, or financial harm towards patients or staff
- Physical assault or inappropriate physical affection
- Behavior that is intimidating, belittling or implies incompetence
- Refusal to accept medical staff assignments or cooperate with other staff members
- Conduct that adversely affects the community's confidence in the hospital's ability to

provide quality patient care

Residents are expected to:

- Accept and incorporate feedback in a non-resistant and non-defensive manner
- Address dissatisfaction through appropriate offices
- Cooperate and communicate with all providers displaying regard for their dignity
- Be truthful in all written and verbal communication

1. Residents identified as demonstrating disruptive behavior may be at risk for the following actions,

- a.) Written warning/ letter of counseling
- b.) Probation
- c.) Suspension
- d.) Termination

A decision to terminate a resident is subject to the due processes procedure as outlined. A decision to provide a warning to the resident or place a resident on probation is not subject to the due process procedure.

2. Any written or oral report of alleged disruptive resident behavior must be sent to the program director, who shall initiate an investigation as he/she deems appropriate to identify or rule out the existence of disruptive behavior. Issues not resolved at the program director level will be forwarded to the Chair of the GME Committee for resolution.

3. During the investigation, the program director will meet with the resident to review the alleged behavior and the requirements of this policy. Both the program director and the resident may be accompanied at this meeting by other practitioners that the program director or resident feel are necessary to explain the disruptive behavior. The program director will also meet with the person(s) toward whom the disruptive behavior was directed.

4. At the completion of the investigation, the program director and department chair will make a determination as to whether the resident engaged in disruptive behavior. The written summary of the investigation will document the following:

- a.) the date and time of the questionable behavior
- b.) if the behavior affected or involved a patient, and the patient's name and medical record number
- c.) the circumstances that precipitated the behavior
- d.) a factual, objective description of the behavior
- e.) the consequences of the behavior for patient care or hospital operations
- f.) the dates, times, and participants in any meetings with the resident, staff, etc. about the behavior.
- g.) acknowledgement of receipt by resident attestation and signature

5. If the program director determines that the resident has not engaged in disruptive behavior, he/she will advise the resident and the person(s) to whom the allegedly disruptive behavior was directed of such determination, and will prepare a written report (as outlined above) to be filed in the program director's file, with a copy given to the resident.

6. If the program director and department chair determine that the resident has engaged in disruptive behavior, they will meet with the resident to counsel the resident concerning

compliance with this policy and assist the resident in identifying methods for structuring professional and working relationships and resolving problems without disruptive behavior. The program director will advise the person(s) to whom the allegedly disruptive behavior was directed of such determination. Depending on the nature of the behavior, the program director may refer the resident to the Committee on Physician Well-Being for assistance. A letter of warning will serve as an alert that this disruptive behavior has been documented and will include a plan for monitoring future compliance with and violation of this policy. This letter along with the written report (as outlined above) will be filed in the program director's file, the resident's file with a copy given to the resident.

7. Residents who have received a warning letter and have not demonstrated substantial improvement as previously outlined and communicated or incur repeat offenses shall be placed on academic or professional probation.

8. If a second report of alleged disruptive behavior is made concerning the same resident, the program director will confirm that this is a second incident of disruptive behavior and will refer the matter to the Chair of the GME Committee.

a.) The Chair will make a determination based on the documentation from the program director. Referrals for counseling (to the MSSNY committee on Physician Health, the Medical Director of the hospital, and the Committee on Physician Well-being) may also be part of this process. The determination will be documented and filed in the program director's file, the resident's file with a copy given to the resident.

b.) The Chair may also appoint an adhoc committee to further investigate the issue. This adhoc committee will meet with the resident and attempt to further assist the resident in identifying methods for structuring professional and working relationships and resolving problems without disruptive behavior. This committee will also develop a plan for monitoring future compliance with or violation of this policy. At its discretion, the committee may consult with the person(s) who was the object(s) of the disruptive behavior. The committee will send a written report to the program director and the Chair of the GMEC. The committee report shall remain in the program director's file, and the resident's file.

9. Failure of the resident to satisfactorily resolve the behavior problem will result in suspension and termination. If the resident is not satisfied with this determination, he/she can proceed with the grievance of this issue as outlined in the termination, due process and grievance policy.

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