HQCA
Health Quality Council of Alberta

MARCH 2013

Resource Toolkit

Managing Disruptive Behaviour in the Healthcare Workplace

Contents

1. OVERVIEW OF THE TOOLKIT

2. INTEGRATED MANAGEMENT STRATEGY CHECKLIST

3. SETTING EXPECTATIONS

3.1 Resources for Developing a Code of Conduct

3.2 Resources for Developing a Behaviour-related Policy

3.3 Checklist for Developing a Behaviour-related Procedure

4. PREVENTION

4.1 Could This be Harassment? A Self-test for Healthcare Workers

4.2 Is Disruptive Behaviour Threatening Your Team? A Checklist for Teams

4.3 Building a Culture of Respect – A Self-assessment Checklist for Managers

4.4 Is Your Workplace at Risk for Disruptive Behaviour? A Checklist for Employers

4.5 Useful Websites

5. RESPONSE

5.1 Personal Documentation Template

5.2 Organizational Reporting Template

5.3 Worksheet for Initial Review of a Behaviour Complaint

5.4 Behaviour Incident Investigation Checklist

5.5 Formal Investigation Report Template

5.6 Checklist for Preparing for a Meeting

5.7 Sample Phrases for a Behaviour-related Discussion

5.8 Meeting Documentation Template

5.9 Action Plan for Behaviour Change Checklist

5.10 Return to Work Checklist

5.11 Multisource Feedback Questionnaire – Example

6. REFERENCES

1. Overview of the Toolkit

The Resource Toolkit to accompany the *Managing Disruptive Behaviour in the Healthcare Workplace Provincial Framework* provides templates, checklists, tools and other sample documents that organizations or workplaces can use to develop materials to support a behaviour-related initiative.

Many of these were adapted from the College of Physician and Surgeons of Alberta *Managing Disruptive Behaviour in the Healthcare Workplace Guidance Document and Toolkit*. Others were adapted from resources developed by other organizations, incorporating information from the literature reviewed for the framework. It is important to note that these resources are provided for information and inspiration only, and the tools have not been tested or validated for use in a healthcare setting.

It is understood that organizations and workplaces will need to develop their own versions of these resources to support the unique needs of their healthcare workers and the focus of care delivery in their workplace. Feedback on experience with these resources, suggestions for improvement, or examples of additional resources that could be added to the toolkit can be sent to:

Health Quality Council of Alberta
210, 811 14 Street NW
Calgary, AB T2N 2A4
info@hqca.ca

2. Integrated Management Strategy Checklist

The *Provincial Framework for Managing Disruptive Behaviour in the Healthcare Workplace* suggests that an integrated management strategy be developed that addresses setting expectations, prevention and response. This checklist summarizes the main features of the integrated management strategy recommended in the framework.

1. SETTING EXPECTATIONS

- ☐ Executives, senior clinical leaders, managers and clinical instructors model desired behaviours
- ☐ Public support of the behaviour initiative by executives, senior leaders and champions throughout the organization
- ☐ Multi-stakeholder involvement in the behaviour initiative
- ☐ Organizational definition of disruptive behaviour
- ☐ Code of conduct that includes examples of unacceptable behaviour
- ☐ Policies and procedures related to behaviour
- ☐ Interpersonal behaviour included in recruitment, performance review and credentialing

2. PREVENTION

- ☐ Organizational culture of respect, fairness and trust
- ☐ Education about expectations of behaviour and related policies and procedures
- ☐ Communication skills training programs, including team training
- ☐ Conflict management skills training program
- ☐ Intervention skills training program for managers, leaders and executives
- ☐ Surveillance system to identify problem areas
- ☐ Risk management of psychological hazards and workplace stressors
- ☐ Support programs to address stress and burnout

3. RESPONSE

- ☐ Reporting process
- ☐ Evaluation and initial review process for all reports
- ☐ Investigation when an allegation is substantiated and further information is needed
- ☐ Progressive management approach focused on remediation
- ☐ Resolution process that considers needs of both the complainant and the respondent
- ☐ Documentation
- ☐ Support for all involved

3. Setting Expectations

3.1 RESOURCES FOR DEVELOPING A CODE OF CONDUCT

Background: A code of conduct sets overarching expectations of behaviour for all to whom it applies. To build commitment, it is best developed in a collaborative process involving wide representation from those to whom it will apply.

Suggestions for Use: Those involved in developing or revising a code of conduct can use the checklist to ensure the code is complete. Use the links provided to consult examples of some codes of conduct developed for different healthcare environments.

Checklist for Developing a Code of Conduct

Content Element	Comments
☐ Preamble	Link expectations of conduct to the underlying values of the organization.
☐ Purpose	Explicitly make the link between disruptive behaviour and its impact on the workplace and patient care.
☐ Who is covered	Specify who the code pertains to and indicate if a separate code(s) of conduct exists for some healthcare provider groups (e.g., medical staff).
☐ Definitions	Include a definition for disruptive behaviour.
☐ Examples of behaviours ☐ Expected ☐ Inappropriate and disruptive	Include expected behaviours but also behaviours considered inappropriate and disruptive to make it clear what is unacceptable.
☐ Overview of the reporting, intervention and resolution process	Details are typically provided in a separate policy and procedure related to behaviour.

Code of Conduct Examples

These codes of conduct were developed for the healthcare environment. Physician-specific codes of conduct were developed specifically in response to the disruptive behaviour issue in healthcare.

College of Physicians and Surgeons of Alberta – Code of Conduct:
http://www.cpsa.ab.ca/Resources/Code_of_Conduct.aspx

College of Physicians and Surgeons of Ontario – Physician Behaviour in the Professional Environment:
http://www.cpso.on.ca/policies/policies/default.aspx?ID=1602

American Medical Association - Model Code of Conduct:
http://www.ama-assn.org/resources/doc/omss/ama-medical-staff-code-of-conduct.pdf

A useful article on developing an effective code of conduct and related policy and procedure, "Tips for writing an effective code of conduct policy", can be found at Strategies for Nurse Managers.com:
http://www.strategiesfornursemanagers.com/ce_detail/225618.cfm

3.2 RESOURCES FOR DEVELOPING A BEHAVIOUR-RELATED POLICY

Background: Policy statements and related procedures make it clear that action will be taken to address behaviours that do not meet the code of conduct, and specify the process that will be followed. It should be clear that the policy applies to everyone regardless of their position in the organization. When there is not a separate code of conduct document, the policy should give examples of both expected behaviours and unacceptable behaviours that it addresses.

Suggestions for Use: The checklist can be used by those developing a behaviour-related policy as a supplement to the organization's internal policy and procedure format.

Checklist for Developing a Behaviour-Related Policy

- ☐ Purpose
- ☐ Policy statement
- ☐ To whom it applies
- ☐ Expected and unacceptable behaviours (if not covered by a separate code of conduct)
- ☐ Policy elements
  - Reporting – informal verbal complaint or formal report
  - Evaluation and initial review of a report
  - Investigation
  - Management approach that is progressive in nature and focused on remediation
  - Resolution and reconciliation
  - Follow-up
  - Documentation
  - Consequences for retaliation or false reports
- ☐ Definitions

Examples of behaviour-related policies and procedures

Here are some examples of behaviour-related policies and procedures in the healthcare environment that can be found online:

College of Physicians and Surgeons of Ontario – Physician Behaviour in the Professional Environment:
http://www.cpso.on.ca/policies/policies/default.aspx?ID=1602

Alberta Health Services Workplace Abuse and Harassment Policy (2009)
http://tinyurl.com/9z6b7vn

3.3 CHECKLIST FOR DEVELOPING A BEHAVIOUR-RELATED PROCEDURE

Background: The procedures for following through on a behaviour-related complaint should meet the needs of both the complainant and the respondent in a fair and just manner. It is recommended that the procedure document be succinct and set out easy-to-use processes for individuals to follow when faced with behaviour that should not be tolerated. Processes should reflect overarching management principles of fairness, consistency, clarity, transparency, confidentiality and timeliness applied to all involved in the situation.

Suggestions for Use: The checklist can be used as a supplement to the organization's internal policy and procedure format by those developing a procedure to address unacceptable behaviour.

Checklist for Developing a Procedure Related to Unacceptable Behaviour

Procedure Element	Comments
☐ Process for each person involved in an incident to follow.	Include expected actions of the complainant, respondent, supervisor, manager, executive, review team (if the situation requires one). Consider including a statement that targets of unacceptable behaviour can tell the offender in a respectful way that their behaviour is unwelcome. Acknowledge the importance of early intervention before a formal report is written.
☐ Reporting	Complaints can be verbal or written. Indicate that limited action can be taken in response to a verbal complaint.
☐ Evaluation and initial review	There should be a process to evaluate a reported incident or complaint that is separate from the investigation. The purpose of evaluation and review is to substantiate the facts and context of an incident from the perspective of both complainant and respondent.
☐ Investigation	Investigation involves collection of additional information about potential contributing factors and the respondent's current and past behaviour. Include who will do the investigation if it is different from the person who corroborates the facts in the initial review.
☐ Management approach	A staged, progressive approach to management is recommended. Minimally include management of single incidents, repeated occurrences, and serious incidents that warrant an escalated intervention. Action should be appropriate to the nature of the incident. Retaliation warrants an escalated intervention. Consider including a process for managing informal (e.g., verbal) reports.
☐ Resolution and reconciliation	The process should address the needs of both complainant and respondent. For the respondent, the goal is to enable them to change their behavior and participate effectively as part of the team. For the complainant, the goal is to enable them to move forward when a complaint is substantiated as well as when a complaint is not substantiated.
☐ Follow-up	Include follow-up with the complainant so they know that action was taken, and follow-up with the respondent related to effectiveness of the intervention. An appeals process could be included as part of follow-up.
☐ Documentation	Consider what kind of documentation is required at each stage of the evaluation, review, management and follow-up process. Documentation is kept in the supervisor's performance management file unless a written warning or report on an individual's employment record is warranted (disciplinary measure).

4. Prevention

4.1 COULD THIS BE HARASSMENT? A SELF-TEST FOR HEALTHCARE WORKERS

Background: Harassment is a pattern of ongoing, deliberate, disrespectful behaviour targeting an individual that results in the recipient feeling intimidated, demeaned, humiliated or embarrassed. Individuals who have conflicts with others in their work unit often need help to recognize if the behaviour they are experiencing is indicative of harassment.

Suggestions for Use: This is a self-test for those who think they might be the target of bullying or harassment.

Could This be Harassment? A Self-Test for Healthcare Workers

Is there an individual in your workplace who consistently:	Never	Not often	Often	Almost always/ Always
1. Ignores you ▪ does not say hello when you greet them? ▪ does not return phone calls or emails?	0	0	1	2
2. Dismisses what you're saying or "puts you down" while alone or in the presence of others?	0	1	2	3
3. Sabotages you such as by neglecting to tell you about a meeting or by placing impossible demands on you?	0	2	3	4
4. Spreads rumours, lies and half-truths about you?	0	2	3	4
5. Acts impatient with you or treats you like you are incompetent?	0	1	2	3
6. Blames and criticizes you unjustly?	0	1	2	3
7. Tries to intimidate you by interrupting, contradicting you, sighing loudly or glaring at you, or giving you the silent treatment?	0	1	2	3
8. Ridicules, insults or plays tricks on you, especially in front of others?	0	2	3	4
9. Always insists on getting their own way and never apologizes?	0	1	2	3
10. Yells, points their finger, swears, insults you, calls you names or threatens you?	0	2	3	4
Total score				

Add up the numbers to get your total score. There is a possible total score of 33. If your score is 5 or below, it doesn't look like you are a target of deliberate harassment. If your score is between 6 and 19, there are indications that you may be a target of harassment. If your score is 20 or above, you are definitely a target of harassment. As scores increase beyond 20, the severity of the harassment is escalating.

Reproduced from Bullying in the Workplace: A Handbook for the Workplace (http://www.douglas.bc.ca/__shared/assets/bullying65967.pdf), Public Services Health & Safety Association (PSHSA), 2009. Original version was adapted from Bully Free at Work (www.bullyfreeatwork.com).

4.2 IS DISRUPTIVE BEHAVIOUR THREATENING YOUR TEAM? A CHECKLIST FOR TEAMS

Background: Team communication, effectiveness and morale can be affected by an individual whose behaviour creates conflict with other team members. Managers and team leaders need to address these counter-productive behaviours early before patient care is affected.

Suggestions for Use: Managers, supervisors or team leads can use this checklist to determine whether someone on the team is demonstrating a pattern of behaviour that is potentially disruptive to the workplace and quality of care. Negative behaviours that seem to be directed towards a particular individual suggest harassment or bullying.

Is Disruptive Behaviour Threatening Your Team? A Checklist for Teams

Is there someone on your team who consistently:
☐ Yells or uses foul, insulting or demeaning language
☐ Is disrespectful, insults or puts down others
☐ Uses negative body language directed to others such as sighing loudly, glaring, gesturing, making faces
☐ Blames others for "errors" or shames them publicly for negative outcomes
☐ Criticizes or belittles the abilities of others
☐ Discounts and/or denies the accomplishments of others
☐ Gossips or spreads rumours about others on the team
☐ Doesn't follow agreed-upon processes or protocols
☐ Says things that are untrue
☐ Says one thing but does another or follows through incompletely
☐ Makes unreasonable job demands on certain individuals
☐ Steals credit from others
☐ Uses intimidation tactics (implied or explicit threats of consequences) to gain compliance from others
☐ Threatens others with retribution, job loss or litigation

One or two check marks: Not a huge worry. Some of the behaviours listed above are typical indicators of a stressful work environment.

More than two check marks: Several of these behaviours observed in an individual on an ongoing basis are cause for concern and need to be addressed to keep the team healthy and patient care safe.

Adapted from Bullying in the Workplace: A Handbook for the Workplace (http://www.douglas.bc.ca/__shared/assets/bullying65967.pdf), Public Services Health & Safety Association (PSHSA), 2009. Original checklist was adapted from: http://www.stopbullyingsa.com.au/documents/checklist.pdf.

4.3 BUILDING A CULTURE OF RESPECT – A SELF-ASSESSMENT CHECKLIST FOR MANAGERS

Background: A culture of respect and dignity is created through the actions of leaders at all levels of the organization who model the behaviours they expect of others.

Suggestions for Use: This self-assessment checklist can help managers identify areas where they need to do more work to build and support the organization's culture of dignity and respect. It can also be used in a multisource feedback process to check how their behaviour is perceived by others.

Building a Culture of Respect – A Self-Assessment Checklist for Managers

People Focus	Sometimes	Most of the time	Always
Do you give people personal responsibility?			
Do you actively seek out the views of others?			
Are you committed to team development?			
Do you instill confidence in others?			
Do you encourage open feedback and debate?			
Personal Integrity	**Sometimes**	**Most of the time**	**Always**
Do you do what you say you'll do?			
Do you show respect to everyone?			
Are you open and honest about your mistakes?			
Can you apologize when you've made a mistake?			
Do you learn from your mistakes?			
Are you fair in all your dealings with others?			
Visibility	**Sometimes**	**Most of the time**	**Always**
Do you actively promote an open door approach where you are readily available to those who work for you?			
Are you prepared to talk to customers and clients about the need for respect and dignity at work?			
Do you champion a culture of respect and dignity?			
Are you available to listen to the views of others?			
Have you put building a culture of dignity and respect on your main agenda?			

Building a Culture of Respect – A Self-Assessment Checklist for Managers – *continued*

Promoting standards	Sometimes	Most of the time	Always
Do you establish individual and team goals?			
Do you give personal recognition to others?			
Do you use feedback and coaching constructively?			
Do you schedule regular time for improving interpersonal relationships?			
Are you constantly looking for opportunities for improvement?			
Challenging the status quo	**Sometimes**	**Most of the time**	**Always**
Do you openly challenge unacceptable behaviour?			
Do you seek out prejudiced attitudes?			
Do you critically examine policies and procedures to make sure they're fair to everyone?			
How did you do?	**Sometimes**	**Most of the time**	**Always**
Add up the ticks in each column			
Multiply each column total by the appropriate weighting score.	0	2	5
Total score (maximum possible score is 120)			

If you scored:

0–50 You don't yet understand what is needed to create a culture of dignity and respect.
51–75 You have some awareness of requirements but significant effort is still needed.
76–100 You have reasonable skills in creating a culture of dignity and respect.
101–120 You have excellent skills in creating a culture of dignity and respect.

Now ask your team to complete the questionnaire anonymously and see how they rate you.

Reproduced from Bullying in the Workplace: A handbook for the workplace (http://www.douglas.bc.ca/__shared/assets/bullying65967.pdf), Public Services Health & Safety Association (PSHSA), 2009. Original checklist was adapted from one developed by the Chartered Institute of Personnel and Development, www.cipd.co.uk.

4.4 IS YOUR WORKPLACE AT RISK FOR DISRUPTIVE BEHAVIOUR? A CHECKLIST FOR EMPLOYERS

Background: Employers, healthcare workplaces and academic programs have an obligation to create a respectful environment in which bullying, disrespectful and disruptive behaviour is minimized.

Suggestions for Use: The following checklist is intended for use by executives to assess the potential for unacceptable interpersonal behaviours in their workplace.

Is Your Workplace at Risk for Disruptive Behaviour? A Checklist for Employers

	Yes	No
Do you have a code of conduct that establishes expectations for appropriate behaviour by everyone in the workplace?		
Do you have policies and procedures in place related to a respectful workplace or disruptive behaviour?		
During recruitment and performance reviews, are employees made aware of expectations regarding appropriate behaviours?		
Are employees made aware of workplace policies and procedures related to a respectful workplace and disruptive behaviour?		
Is there a clear process or procedure for dealing with and resolving conflict and aggression within the workplace?		
Are employees aware of the provisions of the Human Rights Code that acts of discrimination or harassment are unlawful and will not be condoned in the workplace?		
Have you put building a culture of dignity and respect on your main agenda?		

If you have answered 'No' to any of the above questions, you may need to conduct a risk assessment of your workplace and develop the appropriate policies and procedures.

	Yes	No
Have grievances or complaints previously been raised by employees concerning disrespectful or disruptive behaviour in the workplace?		
Is there a pattern in absenteeism, sickness rates, or stress-related leaves that suggest disruptive behaviour may be an issue in the workplace?		
Are there unusual levels of staff turnover or requests for transfer that may be attributed to incidents or acts of disruptive behaviour?		
Are blatant incidents or acts of behaviour that a reasonable person would consider inappropriate condoned or accepted in the workplace?		
Do exit interviews or staff opinion or satisfaction surveys suggest that behaviour may be a problem in some area?		

If you have answered 'Yes' to any of the above questions, you may need to conduct a risk assessment of your workplace.

Adapted from Bullying in the Workplace: A Handbook for the Workplace (http://www.douglas.bc.ca/__shared/assets/bullying65967.pdf), Public Services Health & Safety Association (PSHSA), 2009. Includes information from Employers – What you need to know about bullying in the workplace (http://alis.alberta.ca/ep/eps/tips/tips.html?EK=11594). Checklist was originally adapted from: http://www.stopbullyingsa.com.au/documents/checklist.pdf.

4.5 USEFUL WEBSITES

While there are many websites that provide information and resources on bullying and workplace violence, the following websites reflect the Canadian and Albertan experience.

Guarding Minds @ Work
http://guardingmindsatwork.ca/info/index

Guarding Minds @ Work is a resource for employers to help them develop policies and programs to protect and promote psychological safety and health in their workplace. It provides strategies and resources to assess and address 12 psychosocial risk factors known to have an impact on organizational health, the health of individual employees and the financial health of the organization. The program includes an organizational audit, employee surveys, action tools and an evaluation template.

Guarding Minds @ Work was developed in response to current and emerging legal requirements in Canada for the protection of employee mental health and the promotion of civility and respect at work. The Great-West Life Assurance Company commissioned researchers from the Faculty of Health Sciences at Simon Fraser University to develop this resource.

Workplace Strategies for Mental Health
http://www.gwlcentreformentalhealth.com/

This website was developed by the Great-West Life Centre for Mental Health in the Workplace to provide employers across Canada with a variety of free resources to help them develop and sustain a psychologically safe workplace.

Towards a Respectful Workplace
http://www.unbf.ca/towardarespectfulworkplace/index.html

The research team on workplace violence and abuse at the University of New Brunswick in Fredricton has developed resources for both workers and organizations based on their research into bullying, intimidation, aggression and other forms of violence and abuse in the workplace. The website presents toolkits for both employees and organizations.

Canadian Centre for Occupational Health and Safety – Bullying in the Workplace
http://www.ccohs.ca/oshanswers/psychosocial/bullying.html

This webpage provides information about bullying in the workplace and tips for workers and employers.

ePhysicianHealth
http://ephysicianhealth.com

ePhysicianHealth.com is a comprehensive, online physician health and wellness resource designed to help physicians and physicians in training be resilient in their professional and personal lives. It was developed by a team of leading physician health and e-learning experts in Canada to provide cutting edge, evidence-based information and innovative, user-friendly tools for self-help and collegial support.

In addition to important physician health topics such as reliance, substance use disorders, depression, anxiety, weight and fitness, the issue of disruptive behaviour is addressed from multiple perspectives: physician leaders, medical students, residents, practising physicians and healthcare teams. Non-physician healthcare providers may find this information helpful in understanding and managing disruptive behaviour on the healthcare team.

4.5 USEFUL WEBSITES – Continued

Alberta Learning Information Service Tip Sheets

The Government of Alberta has developed tip sheets about workplace bullying for workers and employers:

Bullies at Work: What to Know, What You Can Do
http://alis.alberta.ca/ep/eps/tips/tips.html?EK=11608

Employers: What You Need to Know About Bullying in the Workplace
http://alis.alberta.ca/ep/eps/tips/tips.html?EK=11594

A tip sheet and book have been developed to provide individuals and their employers with some strategies on resolving conflict at work.

Talking It Out – Resolving Conflict at Work
http://alis.alberta.ca/ep/eps/tips/tips.html?EK=7389

Let's Talk: A Guide to Resolving Workplace Conflicts (32 pages, $6.50)
http://alis.alberta.ca/ep/careershop/showproduct.html?DisplayCode=PRODUCT&EntityKey=6768

Alberta Human Rights Commission – Human Rights in the Workplace
http://www.albertahumanrights.ab.ca/employment.asp

The Alberta Human Rights Act prohibits discrimination based on the protected grounds of race, colour, ancestry, place of origin, religious beliefs, gender, age, physical disability, mental disability, marital status, family status, source of income and sexual orientation. Employers or workers concerned about harassment that seems to be focused on one of these protected grounds can find information at this website: http://www.albertahumanrights.ab.ca/employment.asp.

Workplace Violence News
http://workplaceviolencenews.com

This Alberta-based resource provides a continuously updated selection of articles and resources on workplace violence and bullying. It references Alberta legislation but compiles resources and strategies that have been used elsewhere.

Preventing Violence and Harassment at the Workplace
http://humanservices.alberta.ca/documents/WHS-PUB-VAH001.pdf

This Alberta government Workplace Health and Safety Bulletin provides information and tools to help individuals and employers understand occupational health and safety legislation related to workplace violence and harassment. While the Occupational Health and Safety Code in Alberta specifically addresses only workplace violence (real or perceived threat of physical harm) employers and organizations are encouraged to develop policies and procedures to address both violence and harassment.

5. Intervention

5.1 PERSONAL DOCUMENTATION TEMPLATE

Background: Individuals who feel they are the target of harassment or experience a particularly distressing episode of negative interpersonal behaviour are encouraged to document the incident. Documentation can help clarify what happened and relieve stress. It can help detect a recurring pattern of subtle disrespectful behaviour that is otherwise difficult to prove.

Suggestions for Use: Anyone who feels they are the target of or witness to bullying, harassment or disruptive behaviour can use this template to record the incident. Record only the facts of the incident and avoid opinion or speculation.

Personal Documentation Template

Date:

Time:

Place:

Person whose behaviour was inappropriate:

Who else was present:

Was a patient involved: ☐ Yes ☐ No

What happened? (Focus on the facts of what happened – where it occurred, what was observed or said, what led up to the incident. Avoid opinion or speculation.):

If a patient was involved, how was the patient's care affected? (Do not record personally identifying information about the patient.)

What action did you take at the time?

How did this incident affect you?

5.2 ORGANIZATIONAL REPORTING TEMPLATE

Background: A written report is preferred to ensure proper documentation throughout the intervention process. Reports submitted verbally (e.g., in a serious incident where timely action is needed) should be followed up with a written report before a review can take place.

Suggestions for Use: Organizations can use this template to develop a reporting form for unacceptable behaviour.

Organizational Reporting Template

Organization Name: _____

Work Unit, Area, or Department: _____

Reported

Date: _____

To: _____

By: _____

About: _____

Witness: _____ Witness: _____

Description of the Incident

Date: _____ Time: _____

Place: _____

Did the incident involve or affect a patient: ☐ Yes ☐ No

Nature of the Incident: (describe behaviour observed as factually and objectively as possible)

_____

_____

Circumstances/Context: (describe what was happening at the time)

_____

_____

Effect/Impact of the Behaviour: (describe the effect of the behaviour on individuals present at the time including any patient involved, or on facility/program operations)

_____

_____

Patient Care and Safety Issues: (describe patient care or safety issues arising from the incident)

_____

_____

Signature: _____ Witness Signature: _____

5.3 WORKSHEET FOR INITIAL REVIEW OF A BEHAVIOUR COMPLAINT

Background: When a report of disruptive behaviour is received and evaluation determines that more information is required, an initial review to corroborate the facts of the allegation should begin as soon as possible. It is usually conducted by a supervisor or equivalent in the work area as close as possible to the time and location where the incident occurred.

Suggestions for Use: The reviewer can use the worksheet to document information gathered from each person interviewed or from document review. The worksheet can also be used to summarize all the information gathered in the initial review.

Worksheet for Initial Review of a Behaviour Complaint

History of the incident as reported by: (check one) ☐ Complainant ☐ Respondent

☐ Witness - specify: _____

☐ Patient or family member – specify: _____

☐ Other – specify: _____

☐ Document review – specify documents reviewed: _____

_____

Details of the incident or allegation: (record only facts and observed behaviour, not opinion or feelings)

_____

_____

Where did it occur?

_____

_____

When did it happen? (specify date and time)

_____

_____

What else was happening at the time?

_____

_____

What reason was given for the behaviour (e.g., at the time, by the respondent)?

_____

_____

Was anyone harmed as a result of the behaviour or is there a concern about safety of patients or others (e.g., staff, colleagues)?

_____

_____

5.3 WORKSHEET FOR INITIAL REVIEW OF A BEHAVIOUR COMPLAINT – Continued

Are any immediate actions required? If there are concerns about the safety of patients or others does the individual need to be removed from the workplace (e.g., administrative leave) pending the outcome of an investigation?

For the complainant only

Did the complainant report the incident elsewhere?

What resolution is the complainant seeking?

Additional Comments:

Adapted from the Managing Disruptive Behaviour Toolkit with permission of the College of Physicians and Surgeons of Alberta.

5.4 BEHAVIOUR INCIDENT INVESTIGATION CHECKLIST

Background: All of the information gathered through both the initial review and investigation should be summarized to serve as a basis for making an appropriate management plan.

Suggestions for Use: Managers or those involved in investigating a complaint can use the checklist to summarize the information gathered through the review and investigation process and document the action taken.

Behaviour Incident Investigation Checklist

Part 1: Investigation		
	Completed ✔ or Date	Notes
Formal report received		
Interviews completed:		
Reporter/complainant		
Respondent		
Patient(s)		
Witness(es)		
Colleagues		
Documents reviewed: (List all reviewed including reports of previous incidents.)		
▪		
▪		
▪		
▪		
Risk assessment:		
Patient or patient care		
Complainant		
Respondent		
Others (specify)		
Contributing factors/context: (As determined during the review and investigation.)		
Work context		
Personal context		
Other		(Consider other factors such as cultural misunderstanding, possibility of false report or 'mobbing'.)

5.4 BEHAVIOUR INCIDENT INVESTIGATION CHECKLIST – Continued

Part 2: Investigation		
	Completed ✔ or Date	Notes
Allegation confirmed, warranting additional action		(If allegation not confirmed, explain why not.)
Confidentiality addressed		(Complainant, respondent and witnesses advised to maintain confidentiality.)
Investigation process and timeline reviewed		(Review with both complainant and respondent.)
Critical incident stress considered		(Complainant, respondent, others involved assessed for signs of critical incident stress.)
Need for removal from workplace due to safety issues considered		
Support services available		(Complainant and respondent informed of optional support services available e.g., Occupational Health and Safety, spiritual care, Employee & Family Assistance Program, Human Resource Services, union or professional organization, social services, other as appropriate.)
Notification:		(Note who has been informed per policy.)
▪		
▪		
▪		
Intervention (Summarize interventions chosen, both for the respondent and the work unit if appropriate.)		
▪		
▪		
▪		
▪		
Follow-up with respondent:		
Follow-up with complainant:		
Resolution: (Note outcome of follow-up and whether expectations were met.)		

Adapted with permission of Covenant Health.

5.5 FORMAL INVESTIGATION REPORT TEMPLATE

Background: In a situation where a formal investigation is warranted and conducted, it is strongly recommended that the investigation process, findings and outcomes be documented.

Suggestions for Use: Those involved in conducting a formal investigation of a behaviour-related complaint (often a senior manager and/or human resource professional) can use this template to ensure that all relevant information about the investigation is captured in the report.

Formal Investigation Report Template

1. **Executive Summary**
2. **Background**
   - 2.1 Brief description of allegation(s) or complaint(s)
   - 2.2 Where the incident(s) occurred
   - 2.3 Date reported
   - 2.4 Date(s) when the incident(s) occurred
   - 2.5 Investigation requested or initiated by
   - 2.6 Investigation lead and team members
   - 2.7 Relevant policies, laws or other guiding documents (if known)
   - 2.8 Scope of the investigation
   - 2.9 Emergency steps taken prior to commencing investigation, if any
3. **Information Sources**
   - 3.1 Persons interviewed, title, workplace role; role in the incident
   - 3.2 Documents reviewed (if applicable)
4. **Investigation**

   This investigation included a number of interviews of persons with knowledge of the event(s) or issue(s) in question. The following presents a synopsis of the interviews:

   4.1 For each person interviewed:

   Name

   Date and time of interview

   Location of interview

   Name of interviewer

   Persons attending interview

   Documents provided by interviewee

   Documents reviewed by interviewee

   Summary of interview

5.5 FORMAL INVESTIGATION REPORT TEMPLATE – Continued

4. Investigation – continued

(If applicable) This investigation included a review of a number of documents relevant to the event(s) or issue(s) in question. The following presents a synopsis of the documents reviewed.

4.2 For each document or set of documents reviewed:

Name or short description of document

Summary of information relevant to the allegation or incident

5. Investigation Analysis and Findings

6. Aggravating and Mitigating Factors Identified in the Investigation

7. Process Recommendations

Investigation Report Completed By:

The contents of this Investigation Report were reviewed and agreed to by:

Date:

Adapted with permission of Alberta Health Services.

5.6 CHECKLIST FOR PREPARING FOR A MEETING

Background: Preparation for a behaviour-related discussion with an individual who is the subject of a disruptive behaviour complaint is recommended. If possible, the meeting should convey positive, constructive intention. Create a meeting plan to ensure the meeting is focused and all issues are addressed. 'Scripting' some of the phrases to use can help keep the meeting on track and convey key messages.

Suggestions for Use: Supervisors, managers or leaders who have the responsibility of meeting with someone to discuss concerns about their behaviour can use this checklist when preparing for the meeting.

Checklist for Preparing for a Meeting

☐ **Create a written narrative of the incident and related facts gathered through the review to:**

- Clarify thinking
- Ensure adequacy and quality of data
- Be consistent (will be invaluable if there is a legal challenge)

☐ **Plan content for the meeting:**

- Focus on behaviour
- Use objective, non-judgmental, respectful language
- Avoid references to motives or speculation – never refer to a medical diagnosis or the respondent's character
- Include as many examples of the unacceptable behaviour as possible
- Include the date, time and location of events
- Refer to facts from witness statements
- Include other relevant circumstances and context
- Include the reasons the behaviour is unacceptable

☐ **Prepare a script or a few select phrases that will:**

- Convey your positive intent
- Describe what was observed
- Describe the impact of the behaviour on others
- Ask for a response
- Focus the dialogue on solutions
- Clarify expectations and consequences
- Express your support for the individual – be hard on the behaviour but soft on the individual
- Create a plan for follow-up

5.6 CHECKLIST FOR PREPARING FOR A MEETING – Continued

☐ **Plan logistics for the meeting:**

- Determine if someone else should be present as a witness with input from the respondent e.g., neutral peer, union representative
- Set out the goals for the meeting and inform the respondent well in advance of the meeting
- Choose a suitable site for the meeting that is private and safe should there be an escalation in behaviour (the meeting should not occur in a corridor or public space)
- Negotiate a time with the respondent and keep the meeting to a maximum of one hour
- Prepare a draft action plan for behaviour change before the meeting
  - Determine which items are negotiable and which are not

☐ **During the intervention meeting:**

- Always be respectful – thank the individual for participating
- Set out the rules of engagement – speak first and allow the individual time to respond; get their agreement before proceeding
- Clearly explain the purpose and goals of the meeting
- Acknowledge the individual's worth and identify good attributes
- Review the written narrative of facts related to the incident or events
- Follow scripted and planned content and try not to deviate from what you prepared
- Speak slowly and carefully
- Refocus the discussion on behaviour if the individual tries to divert the issues; offer to discuss those matters at a separate meeting
- Stop and repeat information regularly to prevent misunderstandings; paraphrase and ask the individual to repeat what he or she understands from your statement
- Conclude with acknowledgement of your confidence in the individual's good intentions and expectations of cooperation for improved conduct in the future

Adapted from the Managing Disruptive Behaviour Toolkit with material from the Physician Management Institute course "Disruptive Behaviour: a Rational Approach for Physician Leaders" with permission from the College of Physicians and Surgeons of Alberta and Dr. Paul Farnan.

5.7 SAMPLE PHRASES FOR A BEHAVIOUR-RELATED DISCUSSION

Background: Behaviour-related discussions are always difficult for both the manager or leader and the person whose behaviour is not meeting expectations. In preparing for the meeting, it can help to script some key phrases to get the meeting started, convey positive intent, and keep the meeting focused on the behaviour in question and finding solutions. When preparing for the meeting, think about what can be said to:

- Convey positive intent
- Describe what behaviour was observed
- Describe the impact of the behaviour on others and on patient care, if applicable
- Ask for a response
- Focus the dialogue on solutions
- Clarify expectations and consequences
- Express support for the individual
- Create a plan for follow-up

Suggestions for Use: Managers or leaders preparing for a behaviour-related discussion can use some of these ideas to develop some key phrases they will use in the meeting. Select the phrases that are most appropriate to the situation and healthcare worker group, and modify as necessary. Note that for more serious behaviour-related issues and higher level interventions, depending on the healthcare worker group, someone with expertise in dealing with these situations (e.g., human resource professional) or someone at a more senior level in the organization will often be involved in these discussions.

Sample Phrases for a Behaviour-Related Discussion

Convey positive intent…

This is not about your competency or the quality of your work or care that you provide. It is about some of your behaviours that are causing difficulty for people you work with and that may be negatively impacting care and the work environment without you realizing it.

You have worked here since… and we value you as a (profession or job). However there are some specific issues that have been brought to my attention that I can't ignore. We need to talk about these and resolve them.

Your work and (professional) behaviour have always been excellent up until… Since then we've been observing behaviours and performance that are not typical of you and we are becoming increasingly concerned about your behaviour, as well as your health and wellbeing.

We are confused and really worried about what we are seeing in your behaviour lately.

Describe what behaviour was observed…

Specific examples of what I'm concerned about are as follows:… On *(specific day or date)*, you *(describe observed behaviour)*…

Your colleagues/other members of the team/other staff report that over the last few months you have… *(summarize behaviours documented by others)*. While each incident might seem relatively minor on its own, together they reveal a pattern of behaviour that is a concern. It is creating problems for others and interfering with smooth functioning of this team/unit/department.

5.7 SAMPLE PHRASES FOR A BEHAVIOUR-RELATED DISCUSSION - Continued

Describe the impact of the behaviour on others and on patient care, if applicable…

Because of your behaviour, your colleagues/other members of the team/other staff. . . *(give examples of how the behaviour has affected others e.g., are reluctant to call you to clarify orders / have been requesting shift changes or call in sick so they don't have to work with you / avoid including you in meetings / delay taking action to avoid having to discuss a problem with you / do not communicate concerns about a patient's care with you)*

When you said you would do this… but instead did this… this is what happened…

Your colleagues/other members of the team/other staff have reported feeling… when they have to work with you.

Your colleagues value you as a co-worker and are also concerned. Your behaviours are impacting them and the work environment and are affecting the quality of care/work the unit provides.

Ask for a response…

Tell me what happened.

Help me understand what was happening when…

What were you thinking/feeling when…

If applicable (e.g., ongoing behaviour-related issues): We discussed these concerns/behaviours when we met on *(specify date of last meeting)* and you agreed that you would change your behaviour. This hasn't happened. Can you help me understand why the behaviours have continued? Can you help me understand what is going on?

Focus the dialogue on solutions…

For situations appropriate to first-level interventions:

We have a responsibility to provide a safe and respectful workplace for everyone who works here. What do you think you can and will do to change your behaviour? How can we support you in that?

You mentioned some workplace issues that you believe contributed to the incident. I will look into these.

The individual(s) involved in this incident would appreciate that you apologize for your behaviour that day. Are you willing to do this? How do you think we should handle this? Do you want me to arrange a meeting with them?
(Note: In-person apologies may be perceived as more genuine than a written apology. If a written apology is provided, it is strongly recommended that the manager or a human resources professional review it prior to it being provided to the individual(s).)

Here are some resources that you might a find helpful in *(e.g., coping with stress, anger management, cultural sensitivity, team communication; describe resources offered by the organization or professional body)*.

For situations requiring higher level interventions:

I am concerned that you have been unable to change your behaviour on your own. We have spoken about and discussed these issues at length previously. We have provided you with resources and supports, however the behaviours have not changed.

We recommend that you have a confidential, independent assessment by an expert in this area who can recommend appropriate treatment and follow-up. We suggest you call. . . *(Refer to appropriate resource: Workplace Health and Safety, Employee Family Assistance Program or equivalent for regulated healthcare professionals, or other specialized program as appropriate to the situation.)* We won't need to know the details of your situation but we will need to know that you have followed through with this assessment.

5.7 SAMPLE PHRASES FOR A BEHAVIOUR-RELATED DISCUSSION - Continued

Clarify expectations and consequences…

I need you to STOP doing… KEEP doing… START doing…

I'll be sending you a letter to summarize today's meeting. This is not a disciplinary letter, however it will outline our expectations and what we have agreed to today as a plan of action.

You are responsible for your behaviour and we will continue to hold you accountable in that regard. If this happens again then we'll have to consider further steps including the possibility of discipline.

Express support for the individual…

You are an important member of this team/department/organization.

The quality of your work is excellent and we value you as a member of the team.

I am concerned about you and your health and wellbeing.

Create a plan for follow-up…

Let's meet again in *(set a time period e.g., 2 weeks)* to discuss how things are going.

I expect to see progress by…

I'll follow-up next week with *(the individual(s) involved in the incident)* about the apology you promised.

Adapted from "Disruptive Behaviour: A Rational Approach for Physician Leaders" with permission of Dr. Paul Farnan.

5.8 MEETING DOCUMENTATION TEMPLATE

Background: Any meeting with an individual about their behaviour should be documented and kept in the supervisor or manager's performance management file. When a formal disciplinary note or letter is required, follow the organization's guideline or template for this document. Similar information will likely be required for a formal note or letter.

Suggestions for Use: Supervisors, managers or leaders who meet with an individual to discuss behavioural concerns can use this template for documentation that is kept in the supervisor's performance management file.

Meeting Documentation Template

Date: Meeting with:

Re:

Summary of behaviour-related concerns discussed:

Summary of behavioural expectations discussed:

Summary of what the individual agreed to do:

Consequences for not following through:

Summary of what the manager or leader agreed to do:

Expected timeline for action and follow-up:

5.9 ACTION PLAN FOR BEHAVIOUR CHANGE CHECKLIST

Background: A written action plan for behaviour change can be useful to document the expectations, timeline and consequences discussed in a behaviour-focused meeting. This will make it clear what was agreed to during the meeting, and can help get commitment from the individual to follow through.

Suggestions for Use: Supervisors, managers or leaders can use this checklist to document an action plan that is shared with the individual but not placed on the individual's employment record. The individual should sign the document to show that they agree to the actions discussed. (If a formal disciplinary letter is required, the content and format will be determined by organizational policy.)

Action Plan for Behaviour Change Checklist

- ☐ Summary of facts related to the disruptive behaviour incident(s) and contributing factors as determined through the review/investigation process
- ☐ Specific behaviour issues identified that need to be addressed
- ☐ Expectations for target behaviour(s), referencing supporting documents if possible (e.g., Code of Conduct)
- ☐ Summary of recommendations made (optional actions for the individual to take, if appropriate to the situation)
- ☐ Summary of actions the individual is required to take
- ☐ Summary of actions the manager will take to address contributing work-related factors (if applicable)
- ☐ Timeline, including date of follow-up
- ☐ Consequences (what will happen if the individual does not follow through)

Adapted from the Managing Disruptive Behaviour Toolkit with permission of the College of Physicians and Surgeons of Alberta.

5.10 RETURN TO WORK CHECKLIST

Background: When an individual has to be removed temporarily from the workplace as an intervention strategy for serious behaviour issues, a plan is needed for re-integration of the individual back into their work unit. Return to work will be difficult for both the individual and those they work with, especially when there have been multiple complaints or ongoing issues related to behaviour. There are likely to be hostile feelings on all sides that need to be dealt with openly. Premature return to work or return to work without adequate supports in place can result in relapse.

Suggestions for Use: Managers and human resource professionals who are working with an individual to support their behaviour change efforts can use this checklist to develop a return to work plan.

Return to Work Checklist

Readiness for return to work

- ☐ Return to work is recommended by the treatment centre, program or other professional the individual has been working with
- ☐ Clinical treatment has been appropriate and response demonstrated (as reported by the professional the individual has been working with)
- ☐ Individual agrees that they are ready to return to work

Applicable 'paperwork' has been addressed

- ☐ Disability insurance issues
- ☐ Reactivation of license
- ☐ Reapplication for privileges approved

Individual is prepared for return to work

- ☐ Meeting between the individual returning to work and the senior person in the work unit to discuss how to manage return to work
  - When the individual will be returning
  - Work restrictions, if needed
  - Whether a meeting with the staff is advisable – the individual returning to work should be given (but not required) a chance to speak directly to those in the work unit and ask for their support through this difficult time
- ☐ Documented expectations of behaviour and consequences
  - Remediation agreement will likely be in place
- ☐ Expectations for handling conflict with staff
- ☐ Method of gathering information or feedback on how the individual is doing
  - Consider 360 degree (multisource) feedback process to gather input from colleagues and others in the workplace
  - Consider need for a monitor – a person specifically assigned to observe and document behaviour if there is no one with authority in the work unit to oversee the individual's behaviour
- ☐ Expectations for follow-up
  - Regular meetings with a manager, supervisor (or monitor, if applicable) to review progress and address concerns – specify frequency
  - Timeline, including when monitoring and follow-up will no longer be required

5.10 RETURN TO WORK CHECKLIST – Continued

- ☐ Commitment to looking at systemic factors that might be contributing e.g., workload, staffing, lack of resources
- ☐ Support for the individual returning to work – someone they can discuss difficulties with, ongoing treatment if required, etc.
  - May be arranged through an employee or health professional support program

Staff in the work unit are prepared for the individual's return to work

- ☐ When the individual will be returning
- ☐ Work restrictions, if applicable
- ☐ Expectations of behaviour of the individual
- ☐ Expectations of the staff in contributing to assessment of behaviour e.g., participation in a 360 degree feedback process, reporting ongoing behaviour issues
- ☐ Expectations of the staff in managing conflict
- ☐ Meeting with the individual returning to work, if applicable

5.11 MULTISOURCE FEEDBACK QUESTIONNAIRE - EXAMPLE

Background: A behaviour-focused questionnaire can be a useful tool to gather information about an individual's behaviour from others they encounter in their daily work as part of a remediation contract or return-to-work plan. The questions should be tailored to the role of the individual, the specific behavioural issues of concern and desired outcomes.

Suggestions for Use: Managers, human resource professionals, or health profession regulators may find this to be a useful tool in selected situations.

Interpersonal Behaviour Feedback Questionnaire

Date: _____

Re (Name): _____

Completed by: _____

This questionnaire is part of a 360 degree feedback process. Please complete the questionnaire by reflecting on the previous two weeks only. Once it is completed, put it in the envelope provided and seal the envelope. All questionnaires will be summarized and the anonymous summary results provided to the individual. Your identity will not be revealed.

1. I am comfortable with this person

0 – don't know | 1 – never | 2 – rarely | 3 – sometimes | 4 – frequently | 5 – always

2. Behaves consistently from day-to-day

0 – don't know | 1 – never | 2 – rarely | 3 – sometimes | 4 – frequently | 5 – always

3. Is courteous and caring towards patients

0 – don't know | 1 – never | 2 – rarely | 3 – sometimes | 4 – frequently | 5 – always

4. Is courteous towards colleagues

0 – don't know | 1 – never | 2 – rarely | 3 – sometimes | 4 – frequently | 5 – always

5. Is courteous towards other staff

0 – don't know | 1 – never | 2 – rarely | 3 – sometimes | 4 – frequently | 5 – always

6. Is able to agreeably resolve issues with others

0 – don't know | 1 – never | 2 – rarely | 3 – sometimes | 4 – frequently | 5 – always

7. Listens to suggestions from me

0 – don't know | 1 – never | 2 – rarely | 3 – sometimes | 4 – frequently | 5 – always

8. I receive appropriate feedback

0 – don't know | 1 – never | 2 – rarely | 3 – sometimes | 4 – frequently | 5 – always

Adapted with permission of the College of Physicians and Surgeons of Alberta

6. References

1. College of Physicians and Surgeons of Alberta. Managing disruptive behavior in the healthcare workplace – guidance document and toolkit. Edmonton, AB: College of Physicians and Surgeons of Alberta; 2010 [cited June 5, 2012]. Available from: http://www.cpsa.ab.ca/Resources/managingdisruptivebehavior.aspx

2. Strategies for Nurse Managers.com [Internet]. Danvers, MA: HCPro Inc.; c2012. Tips for writing an effective code of conduct policy; [cited June 5, 2012]. Available from: http://www.strategiesfornursemanagers.com/ce_detail/225618.cfm.

3. AMA: disruptive behavior [Internet]. Chicago: American Medical Association; c1995-2012. Model medical staff code of conduct; 2010 May 24 [cited 2012 June 5]. Available from: http://www.ama-assn.org/resources/doc/omss/ama-medical-staff-code-of-conduct.pdf

4. Public Services Health & Safety Association (PSHSA). Bullying in the workplace: A handbook for the workplace. Toronto: Public Services Health & Safety Association (PSHSA). 2009 [cited August 20, 2012]. Available from: http://www.douglas.bc.ca/__shared/assets/bullying65967.pdf

5. Alberta Learning Information Service Tip Sheets [Internet]. Edmonton, AB: Government of Alberta; c2001-2012. Employers: What you need to know about bullying in the workplace [cited 2012 June 5]. Available from: http://alis.alberta.ca/ep/eps/tips/tips.html?EK=11594

6. Farnan P, Yates M. Disruptive behaviour: A rational approach for physician leaders (Physician Management Institute Workshop). Ottawa, ON: Canadian Medical Association; 2012.

210, 811 – 14 Street NW, Calgary, Alberta T2N 2A4
P: 403.297.8162 F: 403.297.8258 **www.hqca.ca**

PROMOTING AND IMPROVING PATIENT SAFETY AND HEALTH SERVICE QUALITY ACROSS ALBERTA