Citing a history of tolerance and indifference to intimidating and disruptive behaviors in health care, the Joint Commission on Accreditation of Health Care Organizations (Joint Commission) issued Sentinel Event Alert 40—Behaviors that undermine a culture of safety (SEA 40) on July 9, 2008. SEA 40 alerted more than 15,000 accredited health care organizations that they will soon be obligated to comply with a new leadership standard (LD.03.01.01). The standard requires the adoption of a code of conduct that defines unacceptable, inappropriate, and disruptive behaviors and a formal process for managing such behaviors. Interpersonal skills and professionalism were also included in the medical staff standard core competencies to be addressed in the credentialing process. The new standard took effect January 1, 2009.

SEA 40 cited studies demonstrating that intimidating and disruptive behaviors can foster medical errors; contribute to poor patient satisfaction and preventable adverse outcomes; increase the cost of care; and prompt qualified clinicians, administrators, and managers to seek new positions in more professional environments. SEA 40 noted that the safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, the Joint Commission believes that health care organizations must address behaviors that threaten the performance of the health care team. SEA 40 recognized the importance of holding all team members accountable for modeling desirable behaviors and noted that medical staff policies regarding intimidating and/or disruptive behaviors of physicians within a health care organization should be complementary and supportive of the organization’s existing policies for non-physician staff.

Concerns of Organized Medicine

Immediately after SEA 40 was issued, physicians expressed concern about the proposed new leadership standard and pointed out that vague definitions of “disruptive behavior” could be subject to misuse by hospitals. They argued that disruptive behavior policies, which can cover everything from criminal assaults to condescension, may be used against a physician a hospital wants to remove from its medical staff for other reasons (eg, physician holds opinions that differ from the hospital administration’s, or has an ownership interest in a competitive specialty hospital or ambulatory surgical center). For example, a medical staff bylaws provision that broadly prohibits activities that are “disruptive to hospital operations” may be interpreted to block legitimate medical staff concerns about poor patient care or hospital conditions.

Physicians also raised concerns that medical staff, in a desire to maintain the hospital’s accreditation and avoid future issues related to credentialing, would agree to vague codes of conduct. Vague codes of conduct could stifle patient advocacy, staff members’ attempts to highlight deficiencies in patient care, and other behaviors that actually seek to improve safety and quality of care. Additionally, physicians were apprehensive about the erosion of the medical staff’s authority to determine when and how disruptive behavior should be handled.

Defining Disruptive and Inappropriate Behavior

As noted earlier, 1 of the key concerns regarding SEA 40 and the new leadership standard involved defining disruptive and inappropriate behavior. The Joint Commission’s description of such behavior in SEA 40 provides guidance for understanding the new leadership standard:

Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform

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assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions. Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients. All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

Though the Joint Commission has described disruptive and inappropriate behavior, it has not established a mandatory definition of such behaviors for inclusion in the code of conduct required under the new leadership standard. As a result, hospitals and medical staffs are able to construct definitions that meet their needs, fostering a culture of safety while safeguarding the rights of the medical staff.

**Model Medical Staff Code of Conduct**

In response to the Joint Commission’s issuance of SEA 40 and adoption of the new leadership standard, the American Medical Association (AMA) adopted policy H-225.956, Behaviors That Undermine Safety, which calls for medical staffs to develop and implement their own code of conduct in the medical staff bylaws. It also instructs hospitals to have a code of conduct applicable to members of the board, management and all employees. To assist medical staffs with the implementation of a code of conduct, the AMA Organized Medical Staff Section (AMA-OMSS) worked with the AMA’s Office of the General Counsel to develop a model medical staff code of conduct. The purpose of the model code of conduct is to encourage a culture of safety and quality. It should serve as the exclusive means for review and disciplining medical staff members for inappropriate or disruptive behavior.5 The Model code of conduct is available at www.ama-assn.org/ama1/x-ama/upload/mm/21/medicalstaffcodeofconduct.pdf.

The AMA model code of conduct defines disruptive and inappropriate behaviors in a relatively less expansive manner than the Joint Commission, which may be of interest to medical staff. It defines “disruptive behavior” as any abusive conduct, including sexual harassment and/or other forms of harassment, or other forms of verbal or non-verbal conduct that harm or intimidate others to the extent that quality of care or patient safety could be compromised. “Inappropriate behavior” is defined as conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive and subject to treatment as “disruptive behavior.”6

**Summary**

Regardless of physician concerns, hospitals and other organizations accredited by the Joint Commission are required to comply with the new leadership standard and define acceptable, disruptive, and inappropriate behaviors in a code of conduct. The new standard also requires them to implement a process for managing disruptive and inappropriate behaviors. Rules and standards can be very effective ways to promote safety and quality, but at the same time may be subject to abuse if not properly monitored. As a result, physicians should continue to monitor how hospitals have implemented the new leadership standard and raise concerns about any vague definitions, encroachment on physician rights, and misuse of the code of conduct.

**References**


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