Procedure for Reviewing Physician Disrespectful Behavior Incident SAFE Reports
By Medical Directors and Other Chief of Staff Designees

STEPS IN PROCEDURE:

(1) Investigation:
   a. Initially, a non-judgmental approach should be used but with a position of great concern. Do not assume the incident described in the report is entirely correct until further information is obtained.
   b. Speak with the physician involved to get his/her account of the event.
   c. Show the physician the text of the description of the incident.
   d. Speak with others as needed to clarify or add confirmatory information
   e. Receive any written or verbal response.
   f. Do not reveal the name of the person who reported the incident. (However, in recalling the event, the physician may know this.)
   g. Caution the physician that any behavior directed at the reporter that could be perceived as retaliation can lead to disciplinary action by the Medical Executive Committee.

(2) Decision:
   a. Based on the investigation, decide if the incident is an event involving physician behavioral issues
   b. The objective is NOT to determine who was “right”. This is rarely productive. Each party sees things based on his/her perceptions, experiences and interpretations. Hence, each person’s account is “real” for him/her.
   c. The focus is on learning from the incident to not have it happen again.

(3) Peer coaching:
   a. Provide feedback
   b. Invite reflection on the event by the physician
   c. Explore better ways the physician might manage similar situations involving conflict, frustration, stress, etc. in the future.

(4) Report:
   a. Send a brief account of 1-3 to the person who sent the email asking you to look into the incident
   b. Include the physician’s response to feedback, reflection and learning.
   c. Forward any system improvement issue to the operations manager of the system and to the person who sent the email asking you to look into the incident.
   d. Close the loop back to the physician on any systems process improvement, when the issue is handled locally.

TIME LINE:

The above steps should be completed within 2 weeks of receiving the incident.

Revised: 5/22/18