

# Physician Feedback Process Resource Toolkit for Physician Leaders



*Please be advised this is a working document. If you are printing this document, please refer to the online version for the most up to date information.*

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## Purpose

This toolkit has been designed to be a resource guide for Physician Leaders when concerns of physician behaviour/complaints arise;

Behaviours that are reported, or observed to be inappropriate and/or unprofessional, may pose potential threat to the safety of patients, the physician and/or others, or where the reported concerns may be a breach of other Hospital policies or professional standards require action and follow up;

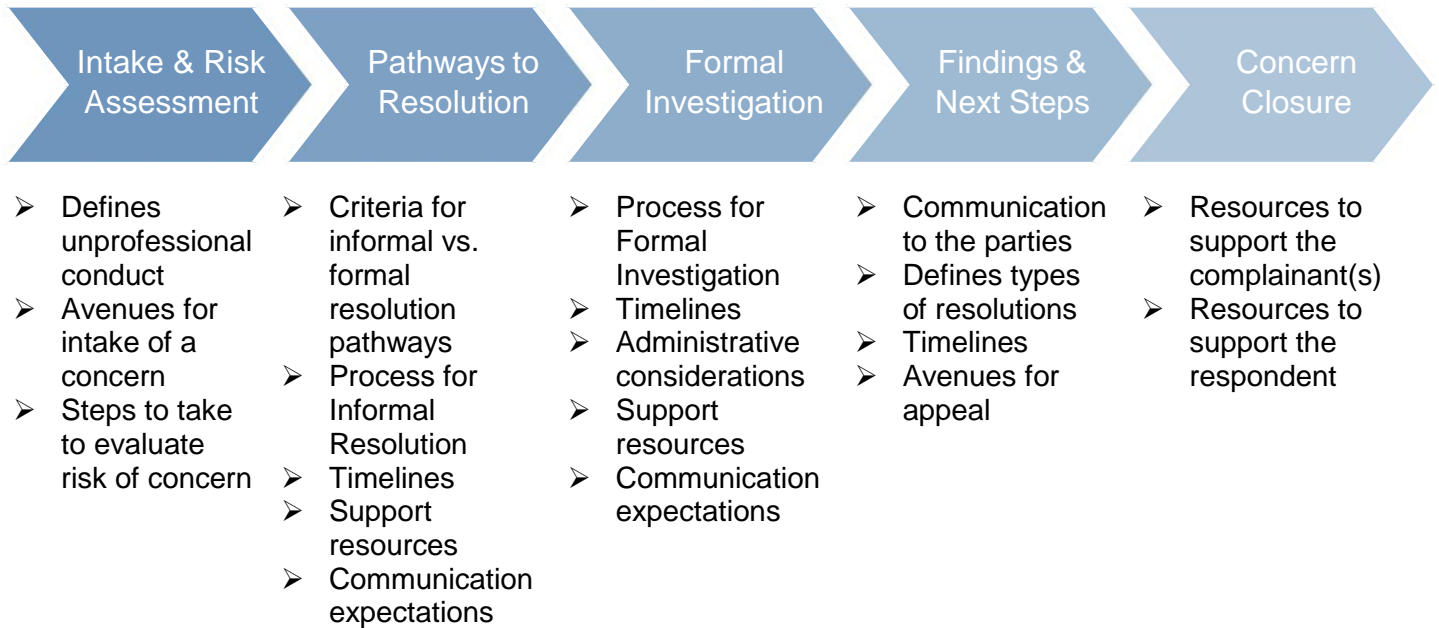
As Leaders, you must act when complaints/concerns are brought forward to you or when you observe behaviours as outlined above. You also must create a safe and supportive environment for staff to bring forward unprofessional behaviours. This toolkit outlines the process, the available resources (definitions, templates and process maps to guide decision making at HHS) to support you through the steps you need to take. Please contact your Human Resources Business Partner and/or Senior Medical Officer for support.

## Guiding Principles

- All staff, including physicians have the right to a workplace free of harassment and discrimination, and an environment that promotes well-being and productivity.
- When a physician is found to have fallen short of the expectations for professional behaviour, Medical Affairs supports a balanced and graduated approach to provide insight to the physician and encourage positive behaviour change, beginning with peer-based feedback.
- Physician leadership is required to intervene in situations that cannot be resolved by the individuals involved ensuring a fair, equitable and transparent process.
- A graduated intervention process will focus on restoring trust, determining accountability, and, where necessary, developing a plan for remediation and monitoring.
- Each case will be considered and handled on its own merits.
- All physicians have the right to engage in these resolution processes without reprisal or threat of reprisal.
- Physician leadership may initiate measures to correct inappropriate behaviour, even in the absence of a formal complaint.
- All parties have a right to have their issue dealt with confidentially and in as timely a manner as possible, and to be individually advised about the progress and resolution of any intervention.
- The resolution process will be consistent with principles of fairness, cooperation, equity, inclusion, and safety.

## Overview

# Physician Feedback Process Objectives



## Intake Assessment

### Intake and Triage of Complaints

Complaints may be received through multiple avenues including through the Safety Occurrence Report (SOR) System or directly to a Physician Leader.

Where the Complainant raises their complaint through the SOR system, or to a Physician Leader, those leaders will consult with their HR Business Partner or Senior Medical Officer, Wellness, Professionalism and Clinician Experience (“SMO”) to triage the complaint.

Where HR is consulted by the Complainant’s leader, HR will triage the concern(s) to determine whether the matter meets the threshold for a potential violation of the Hospital’s policies, including but not limited to the [Values Based Code of Conduct Protocol](#), [Prevention and Management of Workplace Harassment and Discrimination Protocol](#), [Prevention and Management of Workplace Violence Protocol](#), [Anti-Racism Policy](#), [Managing Reports of Abuse Towards Patients and Visitors Protocol](#) and [Privacy Policy](#).

When triaging the complaints the following will be taken into consideration:

- Are the allegations specific in nature with sufficient related examples or incidents?
- Would the allegations, if true, constitute a breach of a relevant policy
- Could the concern be addressed with appropriate support through the informal process?
- Is the allegation serious with potential criminal liability?

Where the concern(s) raised, would not meet the definition of Harassment, Sexual Harassment, Discrimination, and/or Poisoned Work Environment, a decision may be made not to formally investigate.

### What is NOT Considered Unprofessional/Inappropriate Behaviour:

- Colleagues respectfully highlighting a lack of courtesy, respect, or professionalism is acceptable in any circumstances.
- Disagreements related to decisions or courses of action when conducted in a respectful manner.

### Notes:

- A reasonable action taken by a physician leader (e.g. supervisor) related to performance management is not considered unprofessional or harassment under Hospital policies and the Ontario Occupational Health and Safety Act.
- Performance management, which may include clinical conduct may include objective, constructive feedback to help improve work performance delivered in a respectful, fair, consistent, and accountable manner. All physicians must be open to accepting such feedback.

### Time Limitations for Bringing Forward a Complaint

A complaint of Discrimination, Harassment, Sexual Harassment and/or Poisoned Work Environment will **not** be investigated if:

- The incident occurred more than one (1) year prior, **or**
- If there was a series of incidents, more than one (1) year after the last incident in the series.

Unless the Decision Makers are satisfied that there are compelling reasons and/or extenuating circumstances for the delay. Each complaint dated longer than one year will be assessed on a case by case basis

### Principles for Intake

The Hospital’s investigation process was developed with a focus on ensuring a fair and equitable process for all parties involved.

## Communication/Support to the Complainant

Following the receipt of a complaint and depending on the level of concern, the Complainant will be provided a response by their Leader, or HR. This response will advise the Complainant on the Hospital's confidentiality expectations, any existing [limits to confidentiality](#), and inform them of the role of their Leader in the investigation process. Complainants will be offered a support person. Where the complaint may be able to be resolved through the informal process, suggestions for resolution will be provided. Supporting resources and interim measures will also be offered to the Complainant. Dependent on the matter, other Protocols may be applicable i.e., Managing Reports of Abuse Towards Patients or Visitors Protocol

## Communication to the Respondent

When following up on a concern/complaint, the Respondent depending on the level of concern will receive a communication from the Hospital outlining that a complaint has been received and an investigation has been commenced, the assigned investigator(s), the Hospital's confidentiality expectations, any existing [limits to confidentiality](#), and inform them of the next steps in the investigation process. Supporting resources and direction to HHS Policy on the process will also be provided to the Respondent.

### 1. Low Severity Complaint

- While formal communication is not required, the Physician is to be informed of concerns within one (1) week during a confidential discussion and engaged in a plan to address concerns. The Physician Leader should document the conversation.

**Notes:** Physician Leaders should refer to the [Appendix](#) for documentation and scripting templates

### 2. Medium Severity Complaint

- Physician to be notified of the complaint within one (1) week of the intake decision being made/concerns being raised
- Physician to be informed of the assigned severity of class and directed to supporting resources and HHS Policy on the process.

### 3. High Severity Complaint

At the outset of the investigation, the Respondent is to be informed in writing within one (1) week of:

- The assigned investigators
- Confidentiality expectations and any limits to confidentiality
- The next steps in the investigation process
- Supporting Resources
- Direction to HHS literature on the Investigation process

**Notes:** The type of communication to the Respondent will be dependent on the severity level. There may be instances where Human Resources and/or Medical Affairs may communicate with the Respondent directly. In such instances, Human Resources and/or Medical Affairs will keep the Physician Leaders apprised of such steps.

Physician Leaders are required to keep records of their communications with the Respondents, please refer to the [Appendix](#) for templates.

## Effective Preliminary Inquiry:

In order to adequately assess the risk of a complaint, effective preliminary inquiry is required to gather as much information as possible from the individual raising the concern.

The details needed include, but are not limited to:

- Identifying the date(s) and time(s) when the alleged conduct/comment took place;
- Where the alleged incident(s) occurred;
- Who the individual has the concern(s) about;
- The details of what happened; and,

- The name of any witness(es).

Dependent on the severity level, the Physician Leader may share details with the HR Intake Associate, the HRBP, Decision Makers and/or most appropriate subject matter office in order to support risk assessment.

Where allegations on their face value are egregious, full details will be disclosed to the HR Intake Associate, the HRBP, Decision Makers and/or most appropriate subject matter office and discussed in order to make a determination regarding next steps.

## Three-Factor Framework to Assess Risk and Next Steps

The following [three-factor framework](#) is used to assess the level of risk associated with a complaint, and determine next steps:

1. Low severity concern / single incident of minor misconduct
2. Moderate severity concern / pattern of minor misconduct
3. High severity concern / no change from prior 1<sup>st</sup> or 2<sup>nd</sup> stage misconduct

### 1. Low severity concern

Single instance of comment(s) that are insulting, disrespectful, rude, including but not limited to:

- Profanity, offensive language;
- Degrading or demeaning comments;
- Outburst of anger with no perceived imminent threat to others;
- Minor clinical practice / performance concerns;
- Persistent lateness in responding to call, or when expected to be available;
- Interpersonal conflict; and,
- Spreading rumours/gossiping

Appropriate next steps: **Informal Resolution – [Coaching Conversation](#)**

### 2. Moderate severity concern

Ongoing pattern of minor misconduct behaviours outlined above, and arguments with patients, family members, staff or other care providers.

[Example behaviours](#) include, but are not limited to:

- Outburst of anger that pose threat to others;
- Failure to respond to calls or requests for necessary patient information;
- Privacy breach(es);
- Severe clinical practice / performance concerns, including those where there is demonstrated or unacceptable risk of patient harm
- Disruptive, unprofessional behaviour towards members of the HHS community or patients;
- Micro-aggressions;
- Repeat low severity concerns following attempt(s) to resolve at lower level (with documentation)

Appropriate next steps: **Informal Resolution – Assisted Intervention** may involve a third party to bring resolution to the matter i.e., the Senior Medical Officer, Organizational Development, Department Chief etc.

### 3. High severity concern

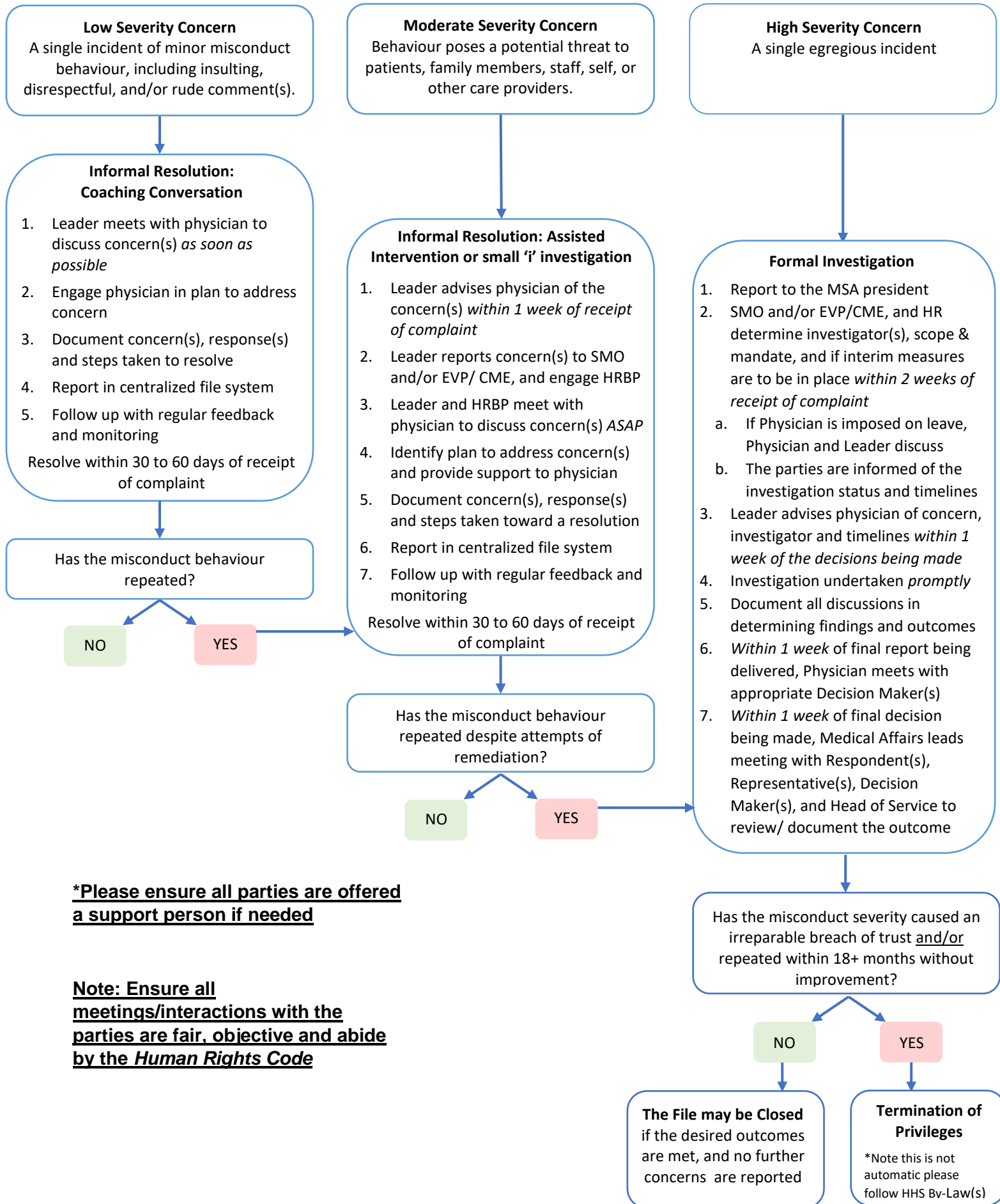
Repeated incidents of behaviour despite previous attempts to remediate or a single egregious incident including, but not limited to:

- Threats or acts of violence
- Criminal conduct or charges
- Sexual assault and/or harassment
- Discrimination
- Harassment
- Substance use at work and/or drug diversion
- Patient safety concerns
- Patient Abuse
- Research Integrity Concerns
- Refusal to comply with known practice standards that inhibit delivery of quality care
- No change following steps for resolution at low and moderate levels



Appropriate next steps: **Formal investigation is required**

## Three-Factor Framework Decision Tree



**\*Please ensure all parties are offered a support person if needed**

**Note: Ensure all meetings/interactions with the parties are fair, objective and abide by the Human Rights Code**

## Pathways to Resolution

The following are the steps to be taken following intake and risk assessment

### Criteria for Determining Interim Measures:

The following framework will assist Physician Leaders in determining what interim measures, if any, are appropriate at any resolution level:

1. Alternate reporting relationship(s) / duties – appropriate where concern(s) raised allege differential treatment by direct Leader or team member that can be mitigated with appropriate interim measure of alternate Leader and/or reduction to or alternate duties
2. Safety plan – appropriate where concern(s) raised allege concern for safety of one or more parties, but alleged conduct is low to moderate severity and can be mitigated with appropriate safety plan to allow parties to remain in the workplace during course of follow up / investigation. The Physician Leader should engage the HR Business Partner, SMO and Security Manager for the respective Hospital site to discuss and formalize the plan.
3. Physician asked to take a leave of absence – appropriate where high severity concern(s) raised allege risk to patients, staff or self-safety (i.e., abuse, emotional or physical violence, sexual assault, significant harassment and/or discrimination), as assessed by the Decision-Makers. When taking a leave, Physician Leader should request a preferred contact i.e., email, telephone number for future communication.

### 1) Low severity concern/single incident of minor misconduct

Resolution: Concern appropriate for **informal resolution** – [coaching conversation](#)

#### Steps:

- Leader to meet with physician to [discuss concern](#) and provide details of the complaint in a confidential manner
- Engage physician in plan to address concern and/or behaviour and restore relationship(s) with complainant(s)
- Document concern(s), response(s) and steps taken to resolve using consistent [template](#) provided in toolkit; follow up as required to provide regular feedback and monitoring
- Report in centralized file system (connect with Medical Affairs) – **otherwise, repeat problems will go undetected or poorly justified**

### 2) Moderate severity concern / pattern of minor misconduct

Resolution: Concern(s) appropriate **for informal resolution or assisted intervention or small 'i' investigation**

#### Steps:

- Leader to report concern(s) to SMO and/or EVP/CME, and engage HR Business Partner
- Leader and HRBP to meet with physician to [discuss concern](#) and provide details of the complaint in a confidential manner
  - Responding physician may elect to respond to the concern(s) in writing and will be offered a support person
  - Even if a written response is provided, the physician is expected to participate in the investigation process
- Where appropriate, identify development plan to address concern(s) and provide support to physician
  - Plan to address concerns may include: performance improvement plan, mediation, formal coaching / education

- Document concern(s), response(s) and steps taken to resolve using [consistent template](#) provided in toolkit; follow up as required to provide regular feedback and monitoring
- Report in centralized file system

**Timelines:** Following receipt of a complaint of moderate severity, the Leader shall advise the physician of the complaint within one (1) week of the decisions made regarding the concern(s) raised.

- The physician shall have the option (should they choose) to be given up to one (1) week to provide a written response once notified;
- A meeting to discuss the concern(s) will be held as soon as reasonably possible.
- The Respondent must: be told the assigned severity class, be directed to HHS literature on the process, including definition of terms, and assistance with whom they can reach out to for support/advice.
- Where an informal resolution pathway is utilized, the process shall be completed as soon as reasonably possible, unless there are compelling reasons why a longer period for resolution is needed. All reasonable attempts shall be made to reach resolution within 30 – 60 days following receipt of a complaint.

### 3) High Severity - Formal Investigation

The following are the considerations when a formal investigation has been initiated.

A formal investigation will be conducted in situations involving high severity and/or egregious behaviour such as allegations of:

- Threats or acts of violence
- Criminal conduct
- Sexual assault and/or harassment
- Discrimination
- Harassment
- Substance use at work and/or drug diversion
- Refusal to comply with known practice standards that inhibit delivery of quality care

A formal investigation will be reported to the MSA president; A formal investigation may also be triggered in accordance with the applicable policies.

- Cross-references to [Prevention and Management of Workplace Harassment and Discrimination Protocol](#), [Managing Reports of Abuse Towards Patients and Visitors Protocol](#), and other policies as applicable.

Any incident or concern resulting in a formal investigation will be reported to the SMO and/or EVP/CME, and HR must be engaged.

SMO and/or EVP/CME in consultation with the Chief and HR will determine:

- The investigator(s)
- Scope and mandate for the investigation
- Whether any temporary restrictions to practice or service are necessary while the investigation is underway
  - Repercussions of restrictions must be [documented](#) at this stage

All decisions will be made within two (2) weeks of receipt of the complaint, and [documented within standardized templates](#) provided within the toolkit.

**Timelines:** Following receipt of a complaint of high severity, the physician shall be advised of the complaint, the investigator(s) and the anticipated timelines for meeting to discuss the concern(s) within one (1) week of the necessary decisions being made.

- The physician shall be given the opportunity to provide a written response, if they choose to do so. Even if a written response is provided, the physician is expected to participate in the investigation process. Investigations will be undertaken promptly and completed as soon as reasonably possible. There must be documentation of compelling reasons if a longer investigation is needed.

- Should an investigation extend beyond 90 days, regular reviews (biweekly), including communication with the Respondent, will be undertaken with the relevant Decision Maker(s) and the SMO and/or EVP/CME to assess progress, considering fairness to all parties, thoroughness, timeliness, and to consider any necessary next steps.
- Following such review, the parties to an investigation will be informed of the status of the investigation and anticipated timelines for completion.

### **General Considerations:**

- The Principle of 'Duty to Act Fairly' will be applied to maintain trust between the institution and physician(s)
- Composition and independence of investigative team – independent and representative of parties to the process (Assigned investigators will be neutral parties with relevant subject matter expertise)

### **Administrative Considerations – Physician on Leave:**

Acknowledge impact to earnings and commitment to undertake timely investigation

- Physicians must be advised of insurance available to account for these sorts of proceedings

Following the decision to impose leave, the Physician will be engaged in discussion with their Leader regarding:

- Disclosure to community partners / impact to community practice
- Supports for mental and physical wellbeing
- System access
- Notification requirements to CPSO and/or other bodies impacted by restrictions

### **Implications on Unit / Colleagues – Physician on Leave:**

- Immediate review of service delivery impacts and coverage will be undertaken, as well as plans made for patient care and other duties; (**Note:** Physicians under restriction may assist with plans for patient care coverage however it will be the Physician Leader's responsibility to ensure plans are actioned and appropriate)
- Standardized communication to team, and other interprofessional colleagues as required, balancing need for confidentiality and maintenance of quality patient care, balancing appropriate supports as required
- Standardized communication to Leaders/Residents

### **Support Resources and Communication:**

- Parties to an investigation may be accompanied by a representative or [support person](#)
- Support resources to be identified as available to both Complainants and Respondents
- Communication will take place at appropriate stages throughout the investigation process, but no less than every four (4) weeks.

## Rights and Responsibilities in the Resolution Process

### Complainant Rights

- To be heard and understood
- To report without fear of reprisal
- To expect and receive confidentiality and respect for privacy
- To be updated about the progress of the resolution process
- To consider early resolution options
- To be updated about progress of the resolution process

### Responsibilities

- To be objective, truthful, fair, and complete in reporting, focusing on the facts, and avoiding opinion, gossip, or speculation
- To fairly weigh commitments to change made by the respondent
- To maintain confidentiality and respect for privacy of everyone involved in the incident
- To refrain from any actions against anyone you believe is involved in the investigation that could be seen as retaliatory.

### Respondent Rights

To be informed of a complaint, its nature, and the content of the allegations

- To have reasonable opportunity to respond to allegations
- To be heard and understood
- To receive a fair and objective investigation that abides by the *Human Rights Code*
- To expect and receive confidentiality and respect for privacy
- To be informed of any limits to confidentiality
- To consider early resolution options
- To seek support (e.g. MSA)
- To be updated about progress of the resolution process

### Responsibilities

- To be fair, truthful, and complete in responding to allegations
- To accept responsibility for one's own actions
- To understand that others' perspectives are important
- To cooperate in the review, assessment, and follow-up of any intervention
- To be open to hearing feedback from others
- To accept referral and recommendations for assistance if needed
- To be open to consider early resolution (Level 1 Concern)
- To change behaviour if found to have been unprofessional
- To refrain from any actions against anyone you believe is involved in the investigation that could be seen as retaliatory
- To maintain confidentiality and respect for the privacy of everyone involved in the incident

## Finding and Next Steps for Formal Investigations

### Principles for Findings

- Clarity; timeliness; accountability, and; balance of transparency while maintaining appropriate level of confidentiality;
- Focus on documentation throughout the process, including a summary of all discussions that occurred during the investigation and considerations when determining findings and outcomes
- Standardized written summary of findings for complainants and Respondents, which include reminders regarding confidentiality and reprisal;
- Meeting with appropriate Decision Maker(s) to take place within seven (7) days (based on availability of parties) of the final report being delivered
- Opportunity to meet to close-out the investigation will be offered to the Complainant(s), but a meeting is not required as providing the outcome in writing is also an option;
- Meeting with Respondent(s) to be held within seven (7) days of final decision, subject to physician availability
- Meeting with Respondent is led by Medical Affairs to include Decision Maker(s), Head of Service, Respondent and their representative/support, up to a maximum of 5 attendees;
- Outcomes assessed by all parties, documented, reviewed for "quality of process" and implications of both the process and the events to the institution and the physician – continual learning; and,
- Annual report to President and to the Board of Directors.
- When determining the outcome the following will be taken into consideration:
  - whether any mitigating factors were present at the time of the disruptive behaviour that may have contributed to or caused the behaviour
  - evidence of any commitments made by the Physician outlining their intention to adjust their behaviour;
  - evidence that the consequences of continuation of disruptive behaviour have been openly and clearly outlined to the Professional Staff member;
  - evidence that regular feedback has been provided to the Physician

### Types of Resolution

**Complainant-defined Resolution:** may be appropriate in low severity concerns

- Examples could include a written apology/acknowledgement, training, temporary separation of parties in the workplace (not an exhaustive list)

**Remediation-defined Resolution:** may be appropriate in low/moderate severity concerns where relationship(s) can be repaired through mediation, or trust rebuilt between physician and institution

- Mediator or Physician Leader can be available to support discussion
- May include a definition of the responsibilities of the parties, and education regarding code of conduct

- Establishing clear ways to signal conflict, should it persist, and someone to whom they can be reported early
- Physician Advocate available upon request by either party through the Office of Medical Affairs

**Accountability/Performance-defined Resolution:** behavioural expectations agreed-to in writing, training provided, and timelines for completion established

- **Termination of Privileges:** may occur in situations where the severity of event causes irreparable breach of trust between physician and institution, and/or where there are repeated events over a course of 18 months or more without improvement that is well documented and followed procedural fairness. Decision makers will meet in accordance with the Hospital By-Laws to discuss next steps should termination of privileges be considered as an outcome. Revocation of privileges will be done in accordance with the [Hospital's Professional Staff By-Laws](#) and in conjunction with the Decision Makers.

Some examples (not an exhaustive list):

- **Professional Practice:** providing sub-standard practice, refusing to perform necessary services, providing inappropriate care or advice, failing to register patients, influencing patients to take certain action or inaction for personal gain.
- **Public Safety:** action or inaction giving rise to concerns for the safety of the public or specific persons.
- **Research, Academic or Teaching Misconduct:** failing to abide by accepted research and academic practices, or to provide appropriate teaching or support to medical residents and students.
- **Rules:** failing to abide by the policies and procedures of the hospital or department or division specific rules.

## Appeals Process

If a physician is not satisfied with the process or outcome of an investigation, they should escalate the concern(s) to the appropriate senior Physician Leader.

If an adequate resolution to the physician's concerns cannot be reached, the physician may avail themselves of an appeal process through the [Professional Staff By-Laws](#), the Human Rights Tribunal or other civil avenues and in doing so must provide evidence that the investigation was improperly conducted or that significant new facts have arisen that could change the outcome of the original investigation.



## Concern Closure

### **The following are the steps to be taken following the closure of a concern**

#### Principles in Unsubstantiated Concern(s) at any level:

- Assess and remediate relationship, where possible
- Provide resources to support both the Complainant and Respondent
- Appropriate level of communication to institutional parties where individual on leave is returning to the workplace following investigation

#### Principles in Substantiated Concern(s) at any level:

- Assess and remediate relationship, where possible, with support from legal, risk, HR and/or others as required
- Interim or permanent measures may be required between parties where Respondent remains in the workplace
- Provide resources to support complainant and follow up as required to evaluate resolution(s)
- CPSO and any other reporting obligations
- Identify opportunities for professional mentoring to assist with resolution

#### Key Considerations:

- Once you know, you hold “the knowledge”
- Acknowledge the situation, don’t ignore it in the hope that it will go away on its own
- You have an obligation to assess, investigate, and address issues and complaints in a timely manner and share information with the relevant Decision-Makers
- You must engage and not ignore frustration, resulting in escalating behavior
- You have an obligation to timeliness and cannot “save up” instances that are not addressed in a timely way
- Gather all the information you can from individuals involved in the disagreement before you try to settle the dispute – you will need to understand all sides (and perspectives) of the situation
- Focus on the issues, not the individuals

#### Closing the File:

During the established monitoring period, if the desired outcomes of the corrective action have been met, and there have been no further sub-optimal behaviour concerns raised, the file may be closed.

- Have all stakeholders sign-off on the completion of any plan(s) and ensure that all case documentation is secured in one location.
- Medical Affairs will retain the file for a period of five (5) years, provided there are no further concerns reported.

## Appendix 1

### Definitions

**Complainant(s):** a person (or persons) making a verbal or written complaint. The Complainant does not need to be the target of the alleged behavior.

**Decision Makers:** it is recommended that a committee of representative members, including but not limited to, the Chief, SMO, HRBP and Equity, Diversity & Inclusion Offices, be brought together in order to assess risk and identify interim measures

**Discrimination:** An unjust or prejudicial form of unequal treatment, whether imposing extra burdens or denying benefit, based on any of the Protected Grounds defined in this Protocol and articulated in the Ontario Human Rights Code. It may be intentional or unintentional. It may involve direct actions that are discriminatory on their face, or it may involve rules, practices or procedures that appear neutral, but disadvantage certain groups of people (systemic discrimination). Even if there are many factors affecting a decision or action, if Discrimination is one factor, then that is a violation of this protocol.

**Disruptive/Unprofessional Behaviour:** inappropriate words, actions, or inactions by a physician that interfere with (or may interfere with) the physician's ability to collaborate, the delivery of quality health care, or the safety or perceived safety of others. Disruptive behaviour may be demonstrated through a single act, but will more commonly be identified through a pattern of events

**Inappropriate Behaviour:** behaviour that is inconsistent with the Values-Based Code of Conduct and includes behaviour that is harassing or discriminatory. Inappropriate behaviour may be written, verbal or behavioural. Examples of potentially inappropriate behaviour includes:

- Comments that are insulting, hurtful, disrespectful, or rude
- Comments intended to provoke a negative reaction
- Degrading or demeaning comments
- Profanity or similar offensive language
- Breaching confidentiality with respect to workplace conduct, concerns and conflict
- Passive/aggressive behaviour

**Harassment:** engaging in course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome. Harassment includes Sexual and/or Gender-Based Harassment and Workplace Sexual Harassment. If a person does not explicitly object to harassing behaviour, or appears to be going along with it, this behaviour could still be harassment under the Ontario *Human Rights Code*. Depending on the circumstances, a single incident could be severe enough to constitute harassment.

**Micro-aggression:** subtle verbal or nonverbal insults that convey derogatory and negative messages to and about people who belong to oppressed groups (Sharda S, et al. Microaggressions in Anesthesiology and Critical Care: Individual and Institutional Approaches to Change. *Canadian Journal of Anaesthesia*, 70(6), 1026–1034).

**Privacy Breach:** any collection, use or disclosure of PHI that is not in compliance with PHIPA and its regulation, including:

- The collection, use and disclosure of PHI that is not in compliance with PHIPA or its regulations;
- Circumstances where PHI is stolen, lost or subject to unauthorized use or disclosure or where records of PHI are subject to unauthorized copying, modification or disposal;
- A contravention of one or more of HHS's privacy policies, procedures or practices of HHS involving the collection, use or disclosure of PHI; and
- A contravention of privacy provisions of agreements entered into by HHS, including research agreements, confidentiality agreements and agreements with third party service providers, and data sharing agreements retained by the HHS.

**Respondent(s):** those about whom allegations have been made in a complaint process.

**Retaliation/Reprisal:** A real or implied action or inaction that is intended as retaliation for claiming or enforcing a right under this protocol, by an individual that may detrimentally affect another who has participated in the complaints process outlined in this protocol

**Sexual Harassment:** means engaging in a course of vexatious comment or conduct against an individual because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or making a sexual solicitation or advance to an individual where the person making the solicitation or advance or in a position to confer, grant or deny a benefit or advancement to the individual and the person knows or ought reasonably to know that the solicitation or advance is unwelcome. If a person does not explicitly object to harassing behaviour, or appears to be going along with it, this behaviour could still be sexual harassment under the *Ontario Human Rights Code*. Depending on the circumstances, a single incident could be severe enough to constitute sexual harassment.

**Supervisors:** are those given responsibilities over a group of individuals or organization (such as Chiefs, site leads, medical directors, department/division heads, etc.) and/or who direct the work of others.

**Support Person:** a person of the individual's choice who acts in a supportive role, but is not connected to the workplace in which the complaint process has arisen and/or is not an active participant in the process (i.e., a friend, immediate family member, Elder, religious advisor).

## Sources

[CPSO](#)

[OHA](#)

[Professional Staff Credentialing Toolkit SECOND EDITION SEPTEMBER 2021](#)

[GUIDEBOOK FOR MANAGING DISRUPTIVE PHYSICIAN BEHAVIOUR, College of Physicians and Surgeons of Ontario and the Ontario Hospital Association](#)

[Managing Disruptive Behaviour in the Healthcare Workplace – Resource Toolkit \(2013\)](#)[CMA](#)