

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# UNPROFESSIONAL BEHAVIOR

**DR. KAMRAN SATTAR**

**MBBS (PAK)**

**MMed UoD ( UK )**

**FAcadMed ( UK )**

**PGD MedEd UoD ( UK )**

**Dept: of Medical Education,**

**College of Medicine**

**King Saud University**

**DR. FATMAH ALMOAYAD**

**BSC, MPH, PHD**

**Dept: of Medical Education,**

**College of Medicine**

**King Saud University**

# OBJECTIVES

*By the end of this lecture You should be able to;*

- Define unprofessional behavior
- Identify various elements of human nature that contribute to unprofessionalism
- Provide examples of such behaviors from daily life
- Avoid unprofessional behaviors.

# Professionalism:

- ❑ Attributes and behaviors that serve to maintain patient interests above physician self-interest.
- ❑ It is the unconditional caring of the patient, putting others before self.

**IT IS NOT WHAT WE DO BUT HOW WE  
DO IT THAT DEFINES MEDICAL  
PROFESSIONALISM**

# Professional Attributes (A QUICK REVIEW)

- ❑ Honesty/integrity
- ❑ Openness
- ❑ Reliability
- ❑ Responsibility
- ❑ Respect
- ❑ Presence
- ❑ Compassion/empathy
- ❑ Competence
- ❑ Commitment
- ❑ Confidentiality
- ❑ Autonomy
- ❑ Self-improvement
- ❑ Self-awareness / knowledge of limits
- ❑ Communication /collaboration
- ❑ Altruism/advocacy
- ❑ Morality and ethical conduct
- ❑ Self regulation
- ❑ Teamwork



Can you recall a similar experience such as this ?



## Scenario 1

A senior doctor, head of a high profile department, is known to bring in research dollars, to be very hard working and adept at specialized medical procedures. S/he is well known for **shouting at nurses, throwing instruments** back at them, and **humiliating junior medical staff**. S/he is often absent from department, **Complaints** are made to hospital administration from staff members; increased numbers of "critical incidents" and staff **resignations** are noted.

## Scenario 2

A general practitioner is consistently late or **absent** for pre-scheduled sessions. S/he gives no explanation, leaving the partners to fill in and make excuses. When confronted, s/he becomes **abusive** in front of office staff and patients.

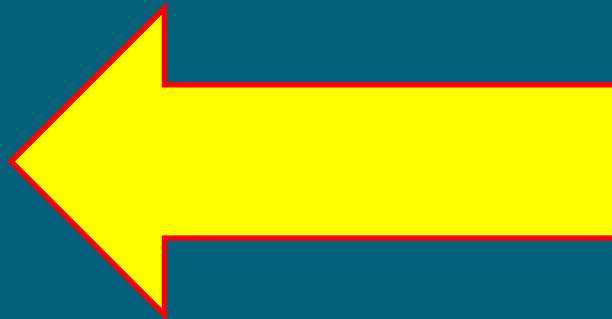
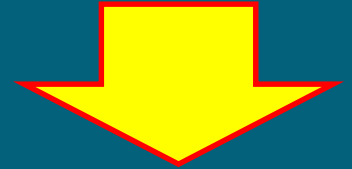


## Scenario 3

A final-year medical student has caused disruptions throughout the course by **monopolizing time** in tutorials, **behaving inappropriately** with patients and being unwilling to heed advice. Many patients refuse to be interviewed by her/him and have complained to staff. S/he has not failed any exams, but several tutors and nurses have **raised concerns** about the student's "**attitude**" and **ability** to work as an intern.

## Scenario 4

A 54 year old male patient is admitted for the fourth time in two months for complaints of severe ridicular pain following several attempts at decompressive back surgery. His pain has been sub-optimally controlled with very high-dose narcotics and other adjuvant pain-management medications. The nursing staff take his vital signs at the start of every shift but otherwise **only appear** when his medications are due or he rings the call bell. The pain waxes and wanes but is so severe at times that he cries out. The medication orders for breakthrough pain is ineffective. When he tells one nurse this, she responds, sighing, :you have had your medication and you'll just have to wait three hours for your next does. I'm going on break, so **don't bother me** by ringing the bell”



# What is Unprofessionalism?

Not pertaining to the characteristic of a profession.

# Medical Unprofessionalism:

- ❑ Do not have to wait until patient dies to determine that medical care suffered.

# Unprofessional behavior:

- ❑ Increased workplace difficulties
- ❑ Decreased morale in other staff
- ❑ Decline in patient care



# Unprofessional behavior:

In general terms, acts that may be characterized as “unprofessional” fall into five categories:

1. Illegal or criminal acts



2. Immoral acts



3. Business related acts



4. Acts that violate acceptable medical practices



5. Plagiarism





# 1. Illegal or Criminal acts:

A physician may be disciplined and lose his medical license based solely on the fact that he was convicted for a crime or offense.



## 2. Immoral acts:



“Immoral” acts generally fall into the limited category of sexual activity with individuals that may be patients.

# :3. Business related acts



These acts are related to the operation of the business, not the quality of the care

- ❑ Obtain, maintain, or renew a license to practice medicine by bribery, fraud or misrepresentation



## 4. Negligent practices

- ❑ Failure to maintain records of a patient, relating to diagnosis, treatment and care
- ❑ Altering medical records
- ❑ Failure to make medical records available for inspection
- ❑ Medical errors.

# Categories of Medical errors

- Harmful medical errors.
- Near miss medical errors.

# A near miss medical error

An event that under slightly different circumstances could have been an accident, either because the error was detected and corrected in time or because the patient was just lucky.



# Actions to be taken

- Reporting it to the health care system
- Disclosing it to the patient involved.



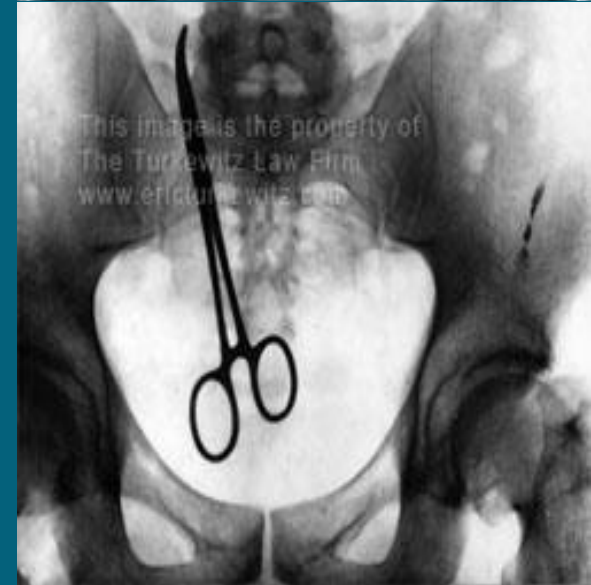
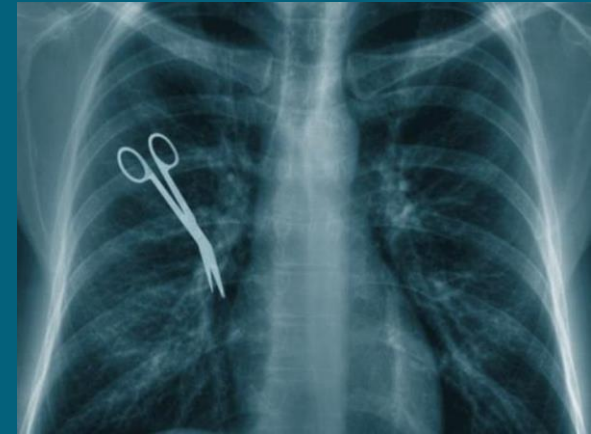
# What to report?

Report both types and labelling a near miss medical error as “near miss ME”



# Common types of medical errors

- Surgery-related such as:
  - Ob/gyn.
  - General surgery.
  - Orthopedic.
  - Cardiac.
  - Plastic surgery.





# Common types of medical errors

- Medication-related such as:
  - Mismanagement and possibly incorrect medication.
  - Wrong prescription.
  - Wrong dosage.
  - Inadequate instructions to patient.



# Common types of medical errors

- Body-fluid-related error such as:
  - Blood transfusion administered too quickly, which resulted in congestive heart failure and death.
  - Transfusion of contaminated blood.



# Common types of medical errors

- Diagnostic errors such as:
  - misdiagnosis leading to an incorrect choice of therapy.
  - Failure to order necessary diagnostic test.
  - Misinterpretation of test results
  - Failure to act on abnormal results.

# Common types of medical errors

- **Equipment failure such as:**
  - Defibrillators with dead batteries.
  - Intravenous pumps whose valves are easily dislodged bumped which cause increased doses of medication over too short a period.



# Why do we need to disclose medical errors

- Promote public trust.
- Prevent further harm to a patient and to other patients.
- Respect personal autonomy.
- Support principle of justice.
- Improve the safety of medical practice.
- Be able to trust the physicians and the system.

# Non-disclosure of errors

- Undermine efforts to improve the safety of medical practice.
- Block efforts to identify the faults and weaknesses in the health care processes and procedures.

# Legal obligations

- Having an efficient system for disclosures of our own medical mistakes, and those of higher authorities.
- Having written policies and procedures that fully support patients and their rights.

# What do we disclose to patients

- Full disclosures of all the errors that result in harm
- What has happened and why.
- How the problem occurred.
- Implications.
- How to prevent it happening again.



# How to disclose medical errors:

Using the (Practical Disclosure Approach) which is an approach to the practical prevention of errors.



# Practical Disclosure Approach

- Disclosure should be at the right time and setting, when the patient is medically stable enough to absorb the information.
- A physician should take the lead in disclosing errors to patients and their families
- They should avoid being defensive or evasive, but rather explain what happened in an objective and narrative way
- Avoid reacting to the response that such disclosure might generate.
- A proper acknowledgement and empathy accompanied by apology may be appreciated by the patient. Thus it may strengthen, rather than undermine, the physician-patient relationship.
- Support should be provided.

## 5. Plagiarism



Is an unethical, dishonest act whereby an individual uses the work of another, commit literary theft, or present work as an original idea without crediting the source or stating that it is derived from an existing source.

# Types of Plagiarism

1. Direct copying.
2. Word switching.
3. Working with others.
4. Concealing sources.
5. Buying assignments.
6. Self plagiarism.

# Direct copying

Copying someone else's work using the exact words and putting it as your own. This is the most common type of plagiarism.

# Word switching

Putting someone else's writing as your own by changing words without showing that you are using someone else's ideas.

# Working with others

- Copying all or part of another student's writing is plagiarism.
- Sharing an assignment is plagiarism.
- Group work on individual assignment is plagiarism.
- Writing in Arabic and asking some else to translate your work is plagiarism.

# What is acceptable when working with others

- Group assignments.
- Discussing your work and ideas with other students.
- Getting advice on sources of information from other students, lecturers or professionals.



# Concealing sources

Hiding the sources of your work and not revealing them.

This includes:

1. Putting someone else's ideas on your words without referring to them.
2. Using a reference more than one time, but only pointing it out once.

# Buying assignments

Buying an assignment is the worst kind of plagiarism and may have serious consequences.

# Self plagiarism

Re-using all or part of an assignment or a project that you have used before without making it clear is considered as plagiarism.

# Unprofessional physician

- Impaired
- Disruptive behavior
- Dishonest
- Greedy
- Abuses power
- Lacks interpersonal skills
- Conflict of interest
- Self-serving



# Impairment:

Impairment means more than making incorrect diagnosis.

1. Avoidance of patients and their psychological needs
2. Dehumanized care
3. Inappropriate treatment



# Disruptive behavior

Include repeated episodes of:

- Sexual harassment
- Racial or ethnic slurs
- Intimidation and abusive language
- Persistent lateness in responding to calls at work

# Early warning signs

- Late or incomplete charting
- Delayed or no responses to call or pagers
- Abusive treatment of staff
- Unkempt appearance and dress
- Inability to accept criticism
- Gender or Religious bias bias

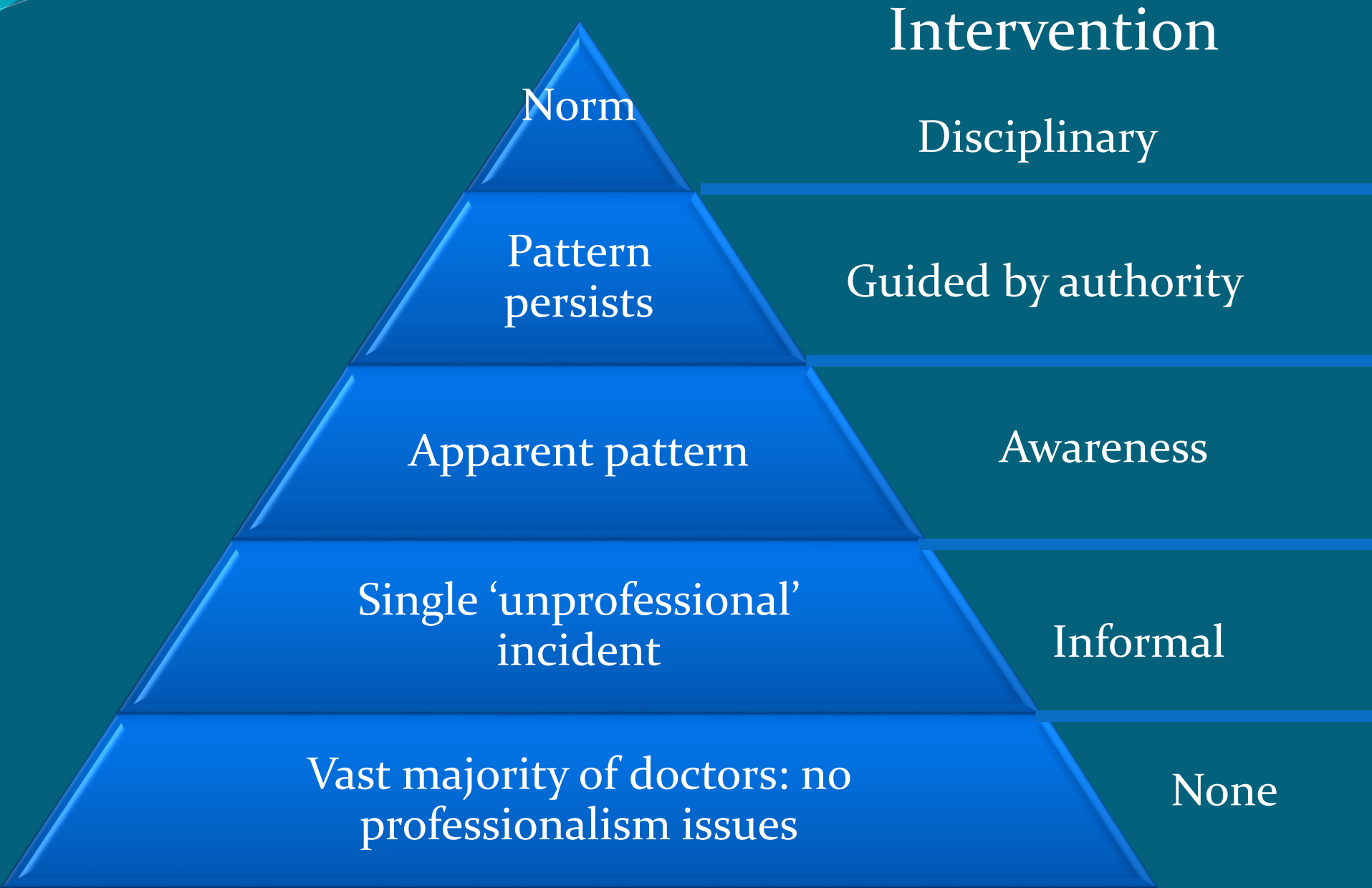
# Complaints as indicators of unprofessional behavior

- ❑ 20–25% apparently disappoint their patients
- ❑ More than 2/3 of physicians never or very rarely generate patient complaints (Hickson et al. 2002, 2007a, 2007b).
- ❑ A total of 6% of doctors, however, received 25 or more complaints over a 6-year period
- ❑ Nurse surveys suggest that 4–5% of physicians display such behavior  
(Diaz & McMillin 1991; Rosenstein and O'Daniel 2005a)

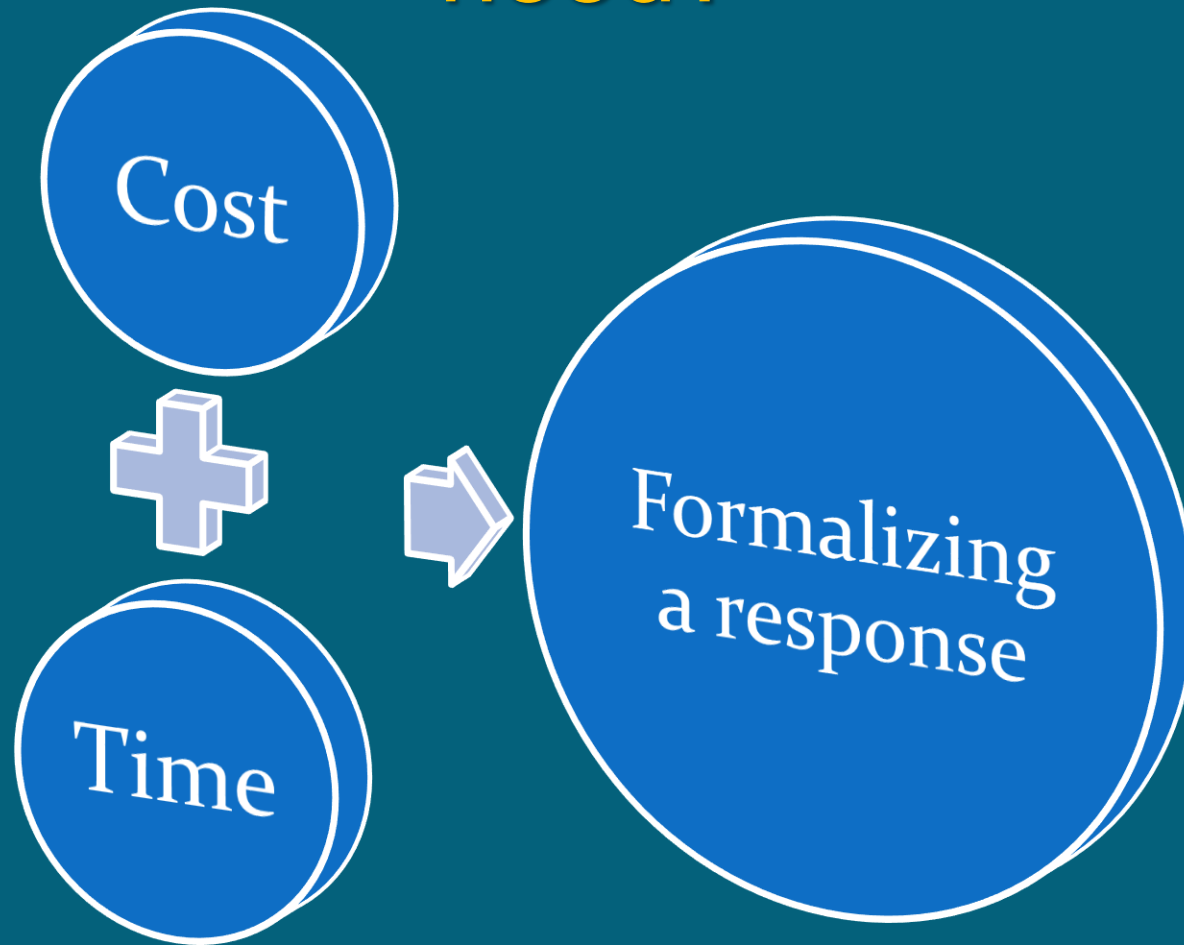


The eyes and ears of patients,  
visitors and healthcare team  
members are considered to be  
the most effective surveillance  
tools for detecting  
unprofessional behavior.

# Disruptive behavior pyramid



# What does formalizing a response need?



عن أبي تميم بن أوس رضي الله عنه ، أن النبي صلى الله عليه وسلم قال : ( الدين النصيحة ، قلنا : لمن يا رسول الله ؟ قال : (الله ، وكتابه ، ورسوله ، ولأئمة المسلمين وعامتهم رواه البخاري ومسلم

Abu Tameem ibn Aws may Allah be pleased with him, that the Prophet peace be upon him said:

(Debt advice, we say: To whom, O Messenger of God? Said: (Allah and His Book, His Messenger, the leaders of the Muslims and their common folk

Ruhalboukhara and Muslim

# Summary

- ❑ Not pertaining to the characteristic of a profession.
- ❑ Unprofessional behavior fall into five categories:
  - ❑ Illegal or criminal acts
  - ❑ Immoral acts
  - ❑ Business related acts
  - ❑ Acts that violate acceptable medical practices
  - ❑ Plagiarism
- ❑ Do not have to wait until patient dies to determine that medical care suffered.

# FOR YOUR READING

## **Unprofessional Behavior among Medical Students**

<http://www.nejm.org/doi/full/10.1056/NEJMc060089>

## **Unprofessional physicians**

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1237990/pdf/westjmed00257-0121.pdf>

## **Unprofessional or Disruptive Conduct by Physicians**

<http://macmedlaw.hubpages.com/hub/Unprofessional-or-Disruptive-Conduct-by-Physicians>

## **The Unprofessional Student Objectives Professionalism**

[web1.aapa.org/10ACSyllabi/1509UnprofessionalStudent.pdf](http://web1.aapa.org/10ACSyllabi/1509UnprofessionalStudent.pdf)

## **Plagiarism**

<http://www.bradford.ac.uk/library/help/plagiarism/what-is-plagiarism/>

<http://owll.massey.ac.nz/referencing/referencing-styles.php>

## **Medical Errors:**

Hussein GM, Alkabba AF, Kasule OH. Professionalism and Ethics Handbook for Residents (PEHR): A Practical Guide. Ware J, Kattan T (eds). 1st Edition. Riyadh, Saudi Arabia: Saudi Commission for Health Specialties, 2015. MODULE 6 - MEDICAL MALPRACTICE AND MEDICAL ERRORS

TOUGH TIMES  
DONT LAST  
TOUGH PEOPLE  
DO



TOUGH TIMES  
DONT LAST  
TOUGH PEOPLE  
DO

SEARCHQUOTES.COM

# THANK YOU VERY MUCH

