

PROFESSIONALISM

Lecture 11: Unprofessional behavior

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Please note that this file contains summaries and important notes only, your original source for studying is the full lectures file made by team 434, which will be revised by team 435 after each lecture. Link: [Lectures file \(revised\)](#).

Summary:

❖ Professionalism:

- **Attributes and behaviors that serve to maintain patient interests above physician self-interest.** E.g. Honesty/integrity – Openness – Reliability – Responsibility - Respect – Presence - Compassion/empathy – Competence
- **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

❖ Define unprofessional behavior:

Unprofessionalism is not pertaining to the characteristic of a profession. As:

- Increased workplace difficulties
- Decreased morale in other staff
- Decline in patient care
- Do not have to wait until patient dies to determine that medical care suffered.

❖ Categories of unprofessional behavior

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 . e.g. Obtaining a license to practice medicine by bribery, fraud or misrepresentation.

4. Acts that violate acceptable medical practices (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:**
 - Harmful medical errors.
 - **Near miss medical errors:** 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 in case of medical errors:**
 - Reporting it to the health care system. Report both types and labelling a near miss medical error as “near miss ME”
 - Disclosing it to the patient involved.
 - **Common types of medical errors**
 - **Surgery-related errors**
 - **Medication-related errors**, such as
 - Wrong prescription / dosage, Inadequate instructions to patient.
 - **Body-fluid-related errors**, such as:
 - Blood transfusion administered too quickly, which resulted in congestive heart failure and death.
 - Transfusion of contaminated blood.
 - **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.
 - **Equipment failure** such as:
 - Defibrillators with dead batteries.
 - Intravenous pumps whose valves are easily dislodged, 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 **undermines efforts to improve the safety** of medical practice, and **blocks efforts to identify the faults and weaknesses** in the health care processes and procedures.
- **Legal obligations** includes having an **efficient system for disclosures** of our own medical mistakes and those of higher authorities, as well as 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.
- **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 literacy theft, or present work as an original idea without crediting the source or stating that it is derived from an existing source.

Plagirism has 6 types:

1. 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.
2. Word switching:	Putting someone else's writing as your own by changing words without showing that you are using someone else's ideas.
3. Working with others:	<ul style="list-style-type: none"> • Copying all or part of another student's writin. • Sharing an assignmen. • Group work on individual assignment. • Writing in Arabic and asking some else to translate your work. Group assignments, discussions, and getting advice on sources of information are acceptable .
4. Concealing sources:	Hiding the sources of your work and not revealing them. This includes: <ul style="list-style-type: none"> • Putting someone else's ideas on your words without referring to them. • Using a reference more than one time, but only pointing it out once.
5. Buying assignments:	Buying an assignment is the worst kind of plagiarism and may have serious consequences.
6. 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:

Impairment means more than making incorrect diagnosis. It means:

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

➤ Dishonest

➤ Greedy

➤ Abuses power

➤ Lacks interpersonal skills

➤ Conflict of interest

➤ Self-serving

➤ 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

- The **eyes and ears of patients, visitors and healthcare team members** are considered to be the most effective **surveillance tools for detecting unprofessional behavior**.
- Formalizing a response needs **cost** and **time**.

