

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

CONDUCT COUNTS!

Standards of Practice

SCENARIO

Mike loves working in health care. He has been an RT for 10 years now, and feels that he provides great care to his patients. Sometimes, Mike got bored during his shifts and liked to surf the internet. Mike looked forward to his breaks where he would sit at his computer and look at what his friends were up to on Facebook. As time went on, Mike started to surf the internet outside of his break times. He would start his day by checking his emails, maybe reading a couple of newspaper articles, and then a quick check of his Facebook account. As time went on though, Mike started to surf the internet during downtime throughout his shifts. Mike told himself it wasn't a big deal; after all, it was during downtime. It's not like his patients wouldn't get the care they needed. However, as time went on, it seemed like Mike had more and more "downtime".

One day Mike was called into HR at the hospital. He was told that after an audit of his login history, it turned out he was spending close to 45% of his shifts surfing the internet. The hospital had no choice but to suspend him for his excessive use of the internet, which the hospital considered time theft.

Mike was frustrated by this decision. He believed that he had done nothing wrong. He was surfing the web during downtime. He wasn't visiting any inappropriate websites. What was the harm!?

RESULTS

The CRTO received a mandatory report of disciplinary action taken against Mike by his employer. The employer report was investigated and a panel of the Inquires, Complaints, and Reports Committee (the Panel) reviewed the case. Mike was asked to complete an essay in which he was to account for why the allegations against him represent breaches of safety according to the Standards of Practice, who was at risk of being negatively impacted by his breaches of standards, and what Mike would do in the future to ensure that similar incidents do not reoccur. In addition, the Panel asked Mike to appear before them to be cautioned.

One of the things that stood out to the Panel was the fact that Mike didn't appreciate the potential impact of his behaviour. Mike may have believed he wasn't hurting anyone when he surfed the internet, but the records showed that what he was claiming to be downtime was actually times allotted for him to prepare for his rounds and perform other tasks. His peers had to extend themselves to cover some of the duties that were Mike's responsibility. In addition, his colleagues perceived his conduct as unprofessional which reflected poorly on the profession as a whole.

The Panel believed that regardless of Mike's intent, the amount of time spent on the internet would likely have interfered with his ability to maintain a high level of professional efficacy. Further, the hospital allowed the use of the internet by staff to achieve research, teaching and health care delivery, not to see how many likes Mike's last Facebook posts received. By focusing on personal interests during periods of time allotted to perform other tasks and prepare to deliver patient care, Mike was compromising patient safety.



PROFESSIONALISM

"Professionalism" or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A "professional" is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, PT, MD, etc.). Professionals are often held to moral, ethical and legal standards because of this potential impact.

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EXPECTATION

When faced with a similar situation, consider the following standard statements from the CRTO Standard of Practice:

Standard 2: Collaboration/Interprofessional Collaboration

• RTs engage with other healthcare team members to seek information, clarify roles, obtain assistance when needed, and provide assistance as required, in order to meet patient/client healthcare needs.

Standard 3: Communication

• RTs use information communication technologies appropriately to provide safe care to patients/clients.

Standard 13: Professional Responsibilities

- RTs demonstrate integrity, objectivity, and compassion in their relationship with patients/clients, healthcare team members, students and others.
- RTs behave in a professional manner that presents a positive image of Respiratory Therapy to the community.
- RTs assume responsibility and accountability for their own actions and decisions.

Standard 14: Safety and Risk Management

• RTs recognize situations or environments involving risks to the safety of patients/clients, healthcare team members, and others.

BOTTOM LINE

If the employer had not discovered the time theft by Mike, his continued behaviour was setting the perfect conditions for patient safety to be compromised. His colleagues were over extending themselves to cover some of his duties, and their communication with Mike had changed as a result of the resentment they felt towards him. This was resulting in their patient care being subpar. Mike, in not spending his time preparing for his rounds, checking equipment or assisting colleagues was also endangering

his patients. It was just a matter of time before a serious patient safety issue occurred.

RESOURCES

CRTO Standards of Practice

