



# CONDUCT COUNTS!

## Professional Judgement

### SCENARIO

Working at a hospital in The Big City, Joelle has seen a lot of strange things over the years. From piercings and punctures, to injections and implants, it's one of the things she'll never really get used to. Joelle grew up in a small rural town and the raciest thing she'd seen when she was a kid was her Grandfather's tattoo from the war. As a young, gay woman, however, the small town scene was not conducive to her lifestyle at the time so Joelle chose the city to go to school and found work here after graduation. Although there were still jokes made by her colleagues from time-to-time, Joelle generally felt accepted and had even started to bring her partner to pub nights with her coworkers.

On a recent night shift, a 53 year-old female patient arrived in Emerg who was unresponsive. Joelle was the RT available to respond and immediately noticed when assessing her that she had very large breast implants. In addition, it appeared to her when she went to intubate the patient, that the patient had had other plastic surgeries. The physician and the nurse who attended the patient also observed these 'enhancements' with the physician even stating, "would you look at the size of those?"

The team was able to stabilize the patient, but when Joelle later checked on her the physician was at the bedside looking at the vent. He asked Joelle what she thought about the how the patient was ventilating, and said that he thought the patient's inspirations were being inhibited by the weight of her implants. Joelle checked the patient's monitoring parameters and said that she didn't think the implants were impeding her inspirations. The physician insisted that, "they must be," given the size of them. To demonstrate that the weight of the implants was not an issue, Joelle lifted the patient's breasts from the sides, using the backs of her gloved hands. She and the physician watched the monitors for a few seconds while she held them off the patient's chest and saw no change.

Just as Joelle was removing her hands and the physician was saying something about "a support bra," the RN who had been with them previously pushed through the curtain. The nurse looked quite taken aback by the scene and quickly turned around. The next day, Joelle was approached by her Manager who said that the RN had sent an email suggesting that Joelle and the physician had inappropriately touched and made sexual comments about the patient.



### 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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### RESULTS

Joelle and the physician were both suspended with pay while the hospital conducted an internal investigation. In the meantime, the RN submitted complaints directly to the CRTO and CPSO.

CRTO initiated an investigation, a process that involved interviewing Joelle's Manager, the physician, and other healthcare providers who were in the ER that night; obtaining documents from the hospital including Joelle's personnel record, results of the hospital's investigation; and reviewing the standards, guidelines and policies of the profession. After completing its investigation, a panel of the Inquiries, Complaints and Reports Committee (ICRC) decided to take no action against Joelle. (The hospital also took no disciplinary action against Joelle – the physician, however, was ordered to take sensitivity training.)

### EXPECTATION

The CRTO's investigation revealed that the RN had made assumptions about what occurred with the patient as a result of a few things:

- The physician made an unprofessional comment about the size of the patient's breasts in front of the nurse and RT;
- Joelle had laughed when the physician made that comment;
- The nurse hadn't considered the possible impact of the breasts' weight on the patient's inspirations, and therefore hadn't thought there might be any need to touch the patient's breasts.

When other healthcare professionals were interviewed (to find out if they saw or heard anything on the night in question), several of them reported that the RN who complained had very conservative views and had a history of making discriminatory comments regarding gay, bisexual or transgender individuals – including Joelle. This point was further observed when the panel read the transcript from the hospital's interview of the RN wherein she stated that Joelle “probably enjoyed it.”

The ICRC panel also took into consideration that Joelle had thoroughly documented her patient interactions, explaining clearly why and how she had done a resistance and compliance test in order to demonstrate to the physician that the patient's inspirations were not being compromised.

Although the ICRC panel didn't believe that Joelle had breached the standards of practice of the profession, they did remind her that it is important to demonstrate professionalism at all times. Even when faced with unusual circumstances, Respiratory Therapists should be able to act maturely and not, for example, laugh when others make inappropriate comments.

### BOTTOM LINE

Don't let personal biases – against patients or colleagues – cloud your professional judgement

### RESOURCES

[Commitment to Ethical Practice](#)

[Standards of Practice](#)

