



CONDUCT COUNTS!

Mandatory Reporting Obligations

SCENARIO

John is an RT who works at Little River District Hospital's emergency department. He loves the pace of the emergency department, but most of all, he loves the people he works with. Amy, who has been an RT for over five years, had recently joined the team in the emergency department of Little River District Hospital.

John and Amy hit it off right away. They became good friends and worked well together. One day, John noticed that Amy was having difficulties with Debbie, a nurse who works in the Emergency Department. They were constantly bumping heads. A week later, Amy was setting up a ventilator for a patient when Debbie came into the room to assess the patient. Right way Amy snapped at Debbie and they began to argue. In a moment of rage Amy stopped what she was doing, called Debbie incompetent, and stormed out of the patient's room.

John, who saw this from the hallway, came in and completed the ventilator setup for Amy and told Debbie that he would talk to Amy about what had happened. As John was leaving the patient's room, he also noticed that the patient had become very uncomfortable. John asked the patient if everything was ok, to which the patient responded, "yes, but are you sure the machine is set up correctly? Do the staff assigned to me know my condition and do they know what the plan is?"

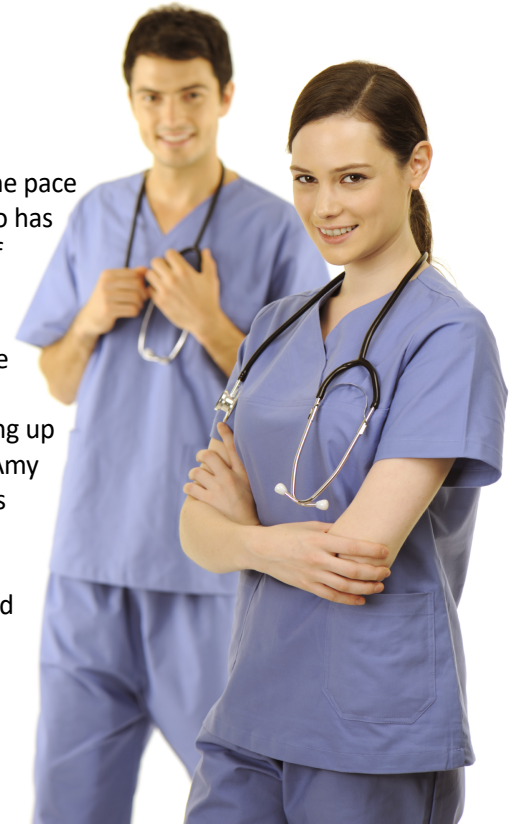
John went home, and being the amazing RT that he is, took some time to reflect on this interactions with Amy, Debbie and the patient. He realized that it must have been troubling for the patient, in such a vulnerable situation, to witness an argument between two of the people tasked with providing the patient with care. He also reflected that Amy was out of line. She had started the argument, escalated it, and left her patient mid-way through an intervention. Should he report this to his manager, or, possibly the CRTO?

Instead of reporting the information to his manager or the CRTO, he spoke to Amy about his concerns. That conversation didn't go well. Amy continued to blame Debbie for everything that went wrong, and felt that she had done nothing wrong. Amy did agree to take a calmer approach when interacting with Debbie. However, things did not change. Amy continued to engage in confrontations with Debbie. It became clear to John that Amy was the one initiating these confrontations.

About three months later, Amy and Debbie had another altercation. However, this time it was during a code. The altercation resulted in a lot of confusion by all staff attending to the patient. Sadly, the patient passed, as the emergency interventions were not successful.

The facility investigated the care the patient received during the code, and although, not directly attributed to cause of death, the facility determined that the altercation between Amy and Debbie was a contributing factor, as it caused a great deal of confusion and delayed treatment to the patient.

Amy was given a suspension and a written warning and asked to apologize to Debbie. Additionally, the Manager of the Unit reported the incidents to the CRTO.



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.



CONDUCT COUNTS!

Mandatory Reporting Obligations

RESULTS

The CROTO received a mandatory report of disciplinary action taken against Amy by her employer. Once the information was received, the CROTO determined that this was the third time that Amy had been reported by an employer for such behaviour. As such, the CROTO began an investigation into the conduct.

After reviewing the results of the investigation, a panel of the Inquires, Complaints and Reports Committee (The Panel) ordered Amy to complete a Specified Continuing Education or Remediation Program (SCERP) on professionalism in the workplace and its impact on patient care/safety. Amy was also ordered to take a course on conflict management/ conflict de-escalation. Further, Amy entered into an agreement with the CROTO to have her practice monitored for a period of two years to ensure that similar behaviour did not repeat itself.

The Panel reasoned that Amy had shown a pattern of unprofessional and disruptive behaviour over a period of five years, which, in this specific case compromised patient safety. As a result, given Amy's history of similar behaviour, the Panel had no choice but to order such remedial measures.

BOTTOM LINE

Amy's conduct was clearly unprofessional and disruptive, which resulted in patient safety being compromised. BUT, did John do anything wrong? Let's look at what the CROTO Standards of Practice has to say. According to Standard 13, a Member is obligated to "report to relevant authorities any unsafe practice, unprofessional conduct or incapacity by other healthcare team members."

Did John meet his obligations to his regulator given what he witnessed in Amy's conduct? The CROTO would assess that he did not. John witnessed an event earlier where Amy's unprofessional behaviour had already caused John to intervene and complete Amy's intervention on a patient. This should have been a trigger for John to report Amy's behaviour. As a regulated health professional, all members of the CROTO are held in a position of trust and respect by the public. As such, a member has an obligation to always ensure patient safety, and to report/advocate when there is a potential for patient safety to be compromised. If John had reported the earlier altercation between Amy and Debbie to his manager or the CROTO, the follow-up with Amy would have occurred at a much earlier point. Additionally, as Amy's regulator, the CROTO also had the benefit of knowing Amy's previous history of unprofessional conduct. Ordering Amy to engage in conflict management and professionalism remediation at an earlier point may have allowed Amy to have a second sober look at her conduct, and possibly avoid that regretful and dangerous altercation with Debbie during the Code.

The CROTO appreciates that it is difficult to report a colleague to their manager and/or regulator. However, these specific requirements are put in place for a reason. You as a colleague of someone who is violating the standards of practice may only know about one instant of such bad conduct. It's easy to dismiss the conduct as a one off and move on. However, the CROTO may have more insight into the colleague's conduct history. By reporting unsafe conduct or practice allows the CROTO to see pattern of behaviour of one of its Member, and intervene accordingly before that negative behaviour puts a patient at risk. At the end of the day, we are all on the same team. The regulator, the facility and the regulated healthcare professional work together to provide safe and ethical care to the general public. Without our membership assisting by reporting unsafe practice, unprofessional behaviour or incapacity of other healthcare team members, the CROTO can't meet its mandate to regulate the profession in the public interest. This can cause a loss in public confidence in the CROTO's ability to regulate the profession effectively, and in turn, tarnish the reputation of the profession itself.

