

focus on Patient Safety

A NEWSLETTER FROM THE NATIONAL PATIENT SAFETY FOUNDATION®

First in a Series

Disrespectful and Abusive Behavior: The “Hidden Curriculum” of Medical School

BY THOMAS ISAAC, MD, INSTRUCTOR OF MEDICINE, BETH ISRAEL DEACONESS MEDICAL CENTER; LUCIAN LEAPE INSTITUTE FELLOW

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Unprofessional and disruptive behavior commonly occurs in the healthcare system. It’s easy to overlook the problem, as most observers are healthcare workers who may already be habituated to it. However, several studies have found this behavior can have inexcusable results.

Most medical students witness unethical behavior

A 1992 survey of more than 1,800 third- and fourth-year students at 6 medical schools found that 98% had heard physicians refer derogatorily to patients; 61% had witnessed what they believed to be unethical behavior by other medical team members, and of these students, 54% felt like accomplices.¹

Many students reported dissatisfaction with their actions and ethical development: 67% had felt bad or guilty about something they had done as clinical clerks; 62% believed that at least some of their ethical principles had been eroded or lost.¹

Students are often the target of abusive behavior

Many medical students have also been victims of disrespectful or abusive behavior. According to the Association of American Medical Colleges survey of graduating medical students, about 14% of all medical students in 2004 felt they experienced some form of abuse or disrespectful behavior during training, with non-white and female respondents reporting even higher rates.²

Disruptive behavior is self-perpetuating. Medical students assimilate the behaviors and attitudes of their colleagues and mentors, a process described as the “hidden curriculum” of medical school training.³ In a survey of third-year students, observation and participation in unprofessional behaviors increased after 5 months of medical student clerkships.⁴ After exposure, students were more likely to perceive unprofessional behaviors as acceptable.

Abusive behavior by physicians affects patient safety

Disruptive physician behavior has several ramifications,

not only for the individual practitioner but for its deleterious effect on patient safety. Every member of a healthcare team must feel safe in disclosing errors and in voicing concerns regarding a patient’s plan of care. However, this cannot occur in a culture that breeds intimidation.

“Every member of a healthcare team must feel safe in disclosing errors and in voicing concerns regarding a patient’s plan of care. However, this cannot occur in a culture that breeds intimidation.”

According to a survey from the Institute for Safe Medication Practices, 49% of clinicians have felt pressured to dispense or administer a drug despite serious and unresolved safety concerns, and 40% have kept quiet rather than question a known intimidator.⁵

Other studies have shown that recipients of abusive behavior learn to cope by avoiding the abuser, even if this means failing to call when warranted and avoiding making suggestions that might improve care.⁶ In one study, 17% reported that an adverse event occurred as a result of disruptive behavior.⁷

Abusive physician behavior exacerbates nursing shortage

Disruptive behavior also lowers worker morale and has been implicated in our national nursing shortage. A survey of more than 2,500 nurses, physicians, and executives in over 142 not-for-profit hospitals found that more than 90% of respondents had witnessed disruptive physician behavior.⁸

Thomas Isaac, MD, MBA, MPH, is an instructor of medicine at Beth Israel Deaconess Medical Center, Division of General Medicine and Primary Care. He is also the Lucian Leape Institute Fellow at the NPSF. Contact him at tisaac@npsf.org.

The most commonly witnessed behaviors were disrespect, berating colleagues, use of abusive language, and condescending behaviors. More than one-third of respondents knew of a nurse leaving an institution because of disruptive physician behavior. More than two-thirds of respondents reported that their organizations had codes of conduct in place, but less than half felt they were effective.

Substantive improvements in patient safety will not occur until the cycle of bad behavior is broken. Medical schools play a unique role in this process because they lay the foundation for attitudes and behaviors of new clinicians. While formal curricula in professionalism during medical school can help, it is more important to address the underlying hidden curriculum, the behaviors and attitudes trainees observe in their mentors and colleagues.

Structural measures can help curb unethical behavior

Reducing disruptive behavior requires a multifaceted approach across all healthcare settings. Several structural measures can be helpful:

- Implementing a universal code of conduct
- Ensuring adequate compliance monitoring
- Ensuring non-retaliation provisions for reporting code violations
- Firmly enforcing the code
- Creating an oversight committee
- Enacting preventive strategies⁹

The Joint Commission has also tried to help deal with disruptive behavior by establishing several standards that influence medical staff bylaws and rules and regulations, executive committee structure and function, departmental leadership, and credentialing and performance improvement processes.¹⁰ These standards serve as a useful guide to help organizations enact processes to deal with disruptive behavior, and should be adhered to closely.

David J. Rothman advocates unique strategies to help promote professional behavior in medical schools.¹¹ In addition to implementing codes of conduct and having lectures in professionalism, he recommends that medical school curricula should teach social advocacy skills. Rothman also suggests that professional and board-certifying societies implement specific public service requirements aimed at reinvigorating physicians' sense of duty to patients.

Taking a systematic approach to disruptive behavior

Patient safety thought leaders recommend approaching the problem of disruptive behavior in a structured way. The

hospital board chair, CEO, and chief of staff can help foster a healthy organizational culture and deal with disruptive behavior using a multi-step approach.¹²

“Substantive improvements in patient safety will not occur until the cycle of bad behavior is broken. Medical schools play a unique role in this process because they lay the foundation for attitudes and behaviors of new clinicians.”

- **On the first reported occurrence of disruptive behavior**, a committee consisting of several respected physicians should investigate the reported occurrence. If the committee finds evidence, the department chair should meet with the physician to discuss the behavior and provide suggestions on refraining from disruptive behavior.
- **On the second reported occurrence of disruptive behavior**, the chief of staff and CEO should evaluate the occurrence and ask a team to investigate the facts related to disruptive incidences. Documentation of the disruptive episodes should be forwarded to the physician's credentials file.
- **If a pattern of disruptive behavior continues**, the physician should be asked to seek professional psychological counseling, possibly from the state physician health program. In some cases, the medical staff may have to take corrective action to suspend or terminate the physician's privileges.

Once the healthcare system can acknowledge that a hidden curriculum exists, it can work to eliminate it. Disruptive behavior has a corrosive effect on worker morale and patient safety. It is the responsibility of all healthcare workers, hospital leaders, and medical school deans to recognize this pervasive problem and enact meaningful cultural change. [NPSF](#)

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Connecting the Dots Between Patient-Centered Care and Patient Safety

BY CARRIE BRADY, JD, MA, VICE PRESIDENT, QUALITY, PLANETREE, DERBY, CONN
AND SALLY TURNER, RN, MS, DIRECTOR, PATIENT- AND FAMILY-CENTERED CARE, AURORA SINAI MEDICAL CENTER, MILWAUKEE

The theme for Patient Safety Awareness Week 2009—A Prescription for Patient Safety: One Partnership, One Team—is a sound concept that extends well beyond patient safety.* It is widely understood that to effectively tackle patient safety challenges, providers, patients, and families must work as a team.

Organizations continue to struggle to achieve effective teamwork, not only between staff and patients and their families, but among staff in the same organization. Even patient-centered initiatives and patient safety efforts often run on parallel tracks, each with its own team, rather than working as one team with a common goal.

For 30 years, Planetree, a not-for-profit membership organization in Derby, Conn, with more than 140 member hospitals and other healthcare organizations, has worked to advance patient-centered care. Planetree was founded by a patient

who envisioned a different kind of healthcare system—one in which providers partner with patients and families to anticipate and satisfy patient needs and preferences and hospitals support their staff members in achieving professional aspirations and personal goals.¹

Patient-centered care: from radical to mainstream

Planetree's once-radical idea has become decidedly mainstream, as the Institute of Medicine has recognized patient-centered care as one of the 6 aims of a high-quality healthcare system,² the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey has been implemented, and the Centers for Medicare and Medicaid Services (CMS) has proposed using HCAHPS results in value-based purchasing.³ Patient-centered strategies are no longer considered a superficial approach to creating an outwardly more appealing patient experience; today they are embraced as fundamental to providing safe, high-quality care.

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Carrie Brady, JD, MA, is vice president, quality at Planetree in Derby, Conn, and was a 2005-2006 Patient Safety Leadership Fellow. Contact her at cbrady@planetree.org.

Sally Turner, RN, MS, is director of patient- and family-centered care at Aurora Sinai Medical Center in Milwaukee.

**For more information on NPSF Patient Safety Awareness Week, visit www.npsf.org*

The “Hidden Curriculum” of Medical School

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Hospitals working with Planetree have consistently reported patient safety benefits from implementing a comprehensive approach to patient-centered care; this anecdotal evidence is increasingly being supported by data.

A recent analysis comparing HCAHPS scores and results of the Agency for Healthcare Research and Quality (AHRQ) hospital survey on patient safety culture (HSOPS) demonstrated that teamwork within units, organizational learning, staffing, and patient safety grade composites on the HSOPS survey were correlated with several HCAHPS measures.⁴ Another study comparing HCAHPS performance and the AHRQ patient safety indicators "found several consistent relationships between patient experiences of care and measures of quality and safety."⁵

The Joint Commission has adopted a national patient safety goal requiring providers to involve patients in their safety.⁶ The Institute of Medicine has concluded that "[p]atient-centered care that embodies both effective communication and technical skill is necessary to achieve safety and quality of care."⁷ What the patient safety and patient-centered care movements have in common is far more powerful than what makes them distinct. Organizations that harness the power of this collective purpose optimize the effectiveness of both patient safety and patient-centered initiatives.

Recognizing every staff member as a caregiver

A core principle of the Planetree philosophy is that every staff member, irrespective of his or her role, is a caregiver. All clinical and non-clinical staff members not only play an important part in influencing the patient experience, but have a significant role in improving safety.

Aurora Sinai Medical Center in Milwaukee has integrated its patient-centered care efforts with its safety work in innovative ways. Following initial multidisciplinary retreats to sensitize staff to the patient experience and reinforce the ways each staff member contributes to the patient experience, Aurora Sinai established a patient safety work group where these concepts coalesced to improve patient safety.

Involving non-clinical staff in patient safety

Inviting work group participation by non-clinical staff who had previously not been involved in patient safety efforts has produced tremendous benefits. Example: involving transporters in reducing the incidence of nosocomial or

hospital-acquired wounds. The transporters determined that to reduce shearing injuries, they could transport patients in their beds. In the year following implementation of this policy, the incidence of nosocomial wounds decreased from 8.5% to 1.5%.⁸

Encouraged by this success, Aurora Sinai engaged the transport team in eliminating the incidence of patients appearing for tests or procedures without appropriate identification. Although such incidents were rare, the hospital was concerned about the serious safety implications and enlisted the transporters in developing a solution. The transport team developed a hard-stop approach and would refuse to transport patients without appropriate identification. In the 2 years following implementation of this approach, there have been only 3 incidents of patients being transported without identification.

“Simple changes of language in job descriptions can have powerful effects, not only on how people behave, but on how they value their work.”

The engagement of non-clinical staff in safety work at Aurora Sinai has continued to grow and recently has been instrumental in improving the handover process. Following an incident in which a non-skilled caregiver estimated oxygen flow that was insufficient for optimal patient support, an escort information sheet was developed to capture important data verbally provided by the nurse, such as fall risk, isolation precautions, oxygen setting, and restrictions on water intake. The transporter who receives the verbal instructions from the nurse now fills out the sheet and leaves it with the patient so any member of the team called to retrieve the patient has access to the information.

Another strategy to focus non-clinical staff on both patient safety and patient-centered care is to reframe all staff members' job descriptions to describe their effect on the patient. For example, rather than listing specific tasks, one

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Hospital Uses PPECA “Train the Trainer” Program to Help Community Groups Empower Patients

BY RONDA L REIMER, RN, PELLA REGIONAL HEALTH CENTER, PELLA, IOWA, AND CHRIS CHILDS, UNIVERSITY OF IOWA HARDIN LIBRARY FOR THE HEALTH SCIENCES, IOWA CITY, IOWA

In 2008, Pella Regional Health Center, a 25-bed critical access hospital in Pella, Iowa, sponsored a community train-the-trainer event in collaboration with the second phase of the federally funded Partnering for Patient Empowerment through Community Awareness (PPECA) to help patients understand the importance of safety awareness.

Working together for patient safety

Pella's involvement in PPECA II's train-the-trainer program sparked a relationship between the hospital and the local librarian. Together, they planned the event based on the model PPECA I consumer awareness program launched in 2005, funded by the National Library of Medicine, National Institutes of Health, Department of Health and Human

Services.¹ PPECA II's train-the-trainer event aimed to find ways for local partners to work together to get patient safety information from PPECA I to the community. Project team members believed that knowledge gained from the PPECA I program would benefit the community by improving awareness about patient safety and healthcare information resources.

Informed patients make better healthcare consumers

If patients more fully understand the importance of the information they receive from caregivers and the complexity of the healthcare environment, they may directly affect their own safety. Better-informed patients feel more empowered and are thus more likely to accept an active role in health care.²

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Ronda L. Reimer, RN, is special projects/magnet/Joint Commission coordinator for Pella Regional Health Center, Pella, Iowa. Contact her at rreimer@pella-health.org.

Chris Childs is an education and outreach librarian at the University of Iowa Hardin Library for the Health Sciences in Iowa City, Iowa.

Connecting the Dots

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job of housekeeping staff can be described as preventing nosocomial infections. Simple changes of language in job descriptions can have powerful effects, not only on how people behave, but on how they value their work.

Engaging patients in quality and safety programs

There are many ways in which patient-centered hospitals engage patients and families in quality improvement and patient safety efforts. Focus groups provide an opportunity to obtain candid feedback from patients and families about their experiences, both positive and negative. This feedback can be used to guide new initiatives or refine existing ones. Patient stories can be a powerful motivator on their own, as well as a window into understanding hospital data.

Patient and family advisory councils have become increasingly common; some organizations have created patient and family advisory committees focused specifically on patient safety issues.

Another innovative approach to engaging patients in safety strategies is to enlist patients to track hand hygiene, response time, or other information. At one hospital, the infection control coordinator asks selected inpatients to observe and track whether staff members cleanse their hands each time they enter the room. Although staff

members know the information is being gathered, they do not know which patients have been selected to participate.

Aligning patient-centered care and patient safety initiatives

An effective patient-centered hospital engages patients and families as partners and makes providers better partners as well. Patient-centered hospitals create a firm foundation on which to build effective partnerships to improve quality and patient safety through:

- Focusing on improving human interactions and communication
- Providing patient education and access to information
- Involving patients' families and friends
- Promoting community partnerships
- Developing structures and processes that support patient involvement
- Maintaining a patient-centered approach when things go wrong

In a patient-centered culture, traditional hierarchies can be reformed into a circle with the patient in the center. By expanding the circle and blending patient safety and patient-centered care initiatives into one team, organizations can move closer to achieving their goals. **NPSF**

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A key component of the PPECA II event was addressing the importance of health literacy and its impact on patient safety and empowerment. Health literacy is the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.³

“As a result of the PPECA II program, Pella’s hospital staff is better able to access consumer health information and distribute it to patients.”

Pella’s PPECA II event discussed the importance of patients obtaining health information from resources suited to their health literacy level. An academic medical center librarian from the project team demonstrated how to find health information using MedlinePlus, and attendees participated in a group exercise on creating a more patient-friendly brochure on patient safety.^{4,5}

Pella’s March 2008 PPECA II workshop drew 23 attendees, including community and facility members and public librarians from nearby counties. All attendees received a facilitator’s guide as a reference tool.²

The event strengthened relationships among the attendees and helped form ongoing connections between the local librarians and the PPECA team. As a result of the PPECA II program, Pella’s hospital staff is better able to access consumer health information and distribute it to patients.

Building on a unique partnership experience

Pella hospital staff were also visited by librarians from the University of Iowa Hardin Library for the Health Sciences and the State Library of Iowa, who gave a presentation on their institutions’ free electronic resources. The staff learned about several new clinical and consumer health resources and discovered that Pella was needlessly paying subscriptions for staff access to some of them. By cancelling these unnecessary subscriptions, the hospital is saving

money that can be used for patient care. Pella staff now call a state librarian when they need help in searching for clinical or consumer health information.

Since the PPECA II program, Pella staff have been involved in community outreach efforts to help improve consumers’ understanding of patient safety. The local public librarian as well as hospital staff members including nurses, physical therapy department personnel, public relations team members, and physicians have volunteered services to reach the community. Healthcare information booths were set up during a summer community festival.

The librarian provided a consumer-based resource tool as recommended by the PPECA I program. Offering patient safety brochures and tools at a community event reached patients and families who otherwise might not have had access to that information. Community members were invited to visit the booth to learn how to increase their safety and health awareness. Brochures were made available on various topics including advance directives and medication safety, and a wallet card and “Speak Up” brochures from the Joint Commission were distributed.

Community members expressed appreciation for this information. Patients now arrive in the medical imaging department, emergency room, and outpatient surgery areas with a better understanding of their home medications. Those who receive care at Pella are offered a medication safety brochure, “Know it, Show it, Tell it,” sponsored by the Iowa Healthcare Collaborative.⁶ More patients also have advance directives when they arrive for care. The Pella team attributes the increase in patient awareness and involvement to its public outreach efforts.

Another method for reaching consumers is through the Journeys program, a free service provided by the Hospice of Pella.⁷ The Journeys coordinator connects with community members in need, works to keep people safe in their homes, and offers ongoing support.

Safety education is a key part of the Journeys program, including information about fall risks in the home and the need for handrails or tub safety measures. The program helps people find assistance with personal care, daily chores, medication set-up and management, and transportation to and from appointments.

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Plan Now to Attend the 2009 NPSF Patient Safety Congress

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Lucian Leape Institute Town Hall Plenary: IOM Report Retrospective and the Decade Ahead—with members of the Lucian Leape Institute and Janet Corrigan • Thursday, May 21

Distinguished members of the Lucian Leape Institute at the NPSF, including several co-authors of *To Err Is Human: Building a Safer Health System*, will discuss the state of patient safety 10 years after this pivotal publication. The discussion will be moderated by Janet Corrigan, president and CEO of the National Quality Forum and former Senior Board Director, IOM.

Patient Safety: Reaching for Transformational Change in Challenging Times—with Alan Aviles, President, New York City Health and Hospitals Corporation • Friday, May 22

New York City Health and Hospitals Corporation (HHC) was a recipient of the 2008 John M. Eisenberg Patient Safety and Quality Award. HHC's Aviles will discuss how the largest municipal hospital and healthcare system in the US has been transformed by implementing a clear plan to deliver safe, efficient, effective, and patient-centered care.

Rediscovering Play—Bringing Fun and Passion to Your Work...and Life—with Kevin Carroll • Thursday, May 21

Kevin Carroll, author of *Rules of the Red Rubber Ball*, uses his masterful storytelling skills to inspire audiences to rediscover joy and meaning in their work. Carroll will impart lessons from the spirit and dynamics of play that help people understand how to enliven and enrich their work lives, enhance innovation, and improve team dynamics and interpersonal communication.

Health Policy Reform: The Unfinished Business of the Baby Boom Generation—with John Kitzhaber, MD, of the Foundation for Medical Excellence, and former governor of Oregon • Friday, May 22

To realize the potential of the new administration's focus on healthcare reform, a common set of policy objectives and an accurate diagnosis of the underlying problems are essential. This plenary will explore shifting the emphasis of national debate from how we pay for health care to the quality, organization, and delivery of care, and our return on investment in terms of health. [NPSF](#)

Hospital Uses PPECA "Train the Trainer" Program

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The Journeys coordinator encourages people to use community services such as Meals on Wheels and public transit, and helps them write advance directives for end-of-life decisions.

Pella Hospital is committed to educating consumers on the importance of safe care. The staff continues to collaborate and share information from both PPECA programs to ensure that patients have the information they need to understand their right to receive safe care.⁸ The PPECA II program

helped facilitate collaboration between teams to reach a greater number of people in need. Joining forces helped ignite efforts dedicated to providing the education necessary for increased safety awareness for patients and families.

All of the efforts described have positively affected safety awareness at the local level. The hospital will continue to promote healthcare and patient safety awareness in the community using collaborative models such as PPECA. [NPSF](#)

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Lucian Leape Institute Presents Article Series on 5 Concepts to Improve Patient Safety

The Lucian Leape Institute (LLI), a think tank founded by NPSF in 2007 to provide thought leadership and a strategic vision for patient safety, has identified 5 transformative concepts requiring system-level attention and action: reforming medical education; enhancing consumer engagement in care; providing fully transparent care; integrating care across healthcare organizations and delivery systems; and restoring pride, meaning, and joy in professional work.

1. Reforming medical education

The medical education system has focused primarily on clinical skills rather than on teaching students how to behave professionally, how to work in complex systems of care, and how to identify and resolve patient safety problems. Several pertinent topics and behaviors, such as good communication, teamwork, and systems theory, require greater attention during medical training.

2. Enhancing consumer engagement in care

Involving patients and their families in care is crucial to improve patients' satisfaction, understanding of illness, and outcomes. Patients must be empowered through a shared decision-making process for all treatment choices, and information must flow freely between patient and provider. The voice of patients and families should be heard in management and policy arenas through representation in healthcare organization boardrooms and via advocacy groups.

3. Providing Fully Transparent Care

Transparency is the free, uninhibited sharing of information—the most important attribute of a safe culture. Organizations have been reluctant to become truly transparent, though they must learn to share information in all dimensions: among caregivers, between caregivers and patients, between organizations, and with the public.

4. Integrating care across the system

The healthcare system requires restructuring and integration to better address community health and the needs of patients with chronic illnesses. Healthcare administrators and practitioners can learn much from how other industries standardize processes, which will lead to more coordinated and cost-effective care.

5. Restoring pride, meaning, and joy

Morale among healthcare workers is very low. The industry will not be able to meet the challenge of making health care safe unless workers feel valued and find joy and meaning in their work. Addressing these issues may require major national policy changes, though healthcare organizations must work with resolve to create better working environments.

The LLI, its leaders, and NPSF seek to explore these concepts over time by facilitating expert dialogue. The initial focus of the LLI effort will be on medical education. A series of reform recommendations will be suggested in white papers to be developed and distributed widely.

Article series premieres in this issue of Focus

Beginning with this issue of *Focus*, a series of articles will appear to speed dissemination of the LLI white papers. These features will help create awareness of specific issues and promote dialogue in the patient safety community.

This issue's feature, beginning on page 1, looks at disrespectful behavior as one area of emphasis for change. Other topics in the series will promote conversation on detailed investigations of critical elements of the medical education reform to enhance patient safety. [NPSF](#)

NPSF Announces Universal Patient Compact

In a concerted, nationwide effort to encourage and strengthen collaboration among patients, families, and their healthcare providers, NPSF has introduced The Universal Patient Compact: Principles for Partnership™.

The Compact is intended to create a clear understanding between the patient and the entire healthcare team about how they will work together. It defines principles integral

to providing a care process that is patient- and family-centered. Publication of the compact marked the culmination of a year-long development process and coincided with NPSF's celebration of Patient Safety Awareness Week.

For more information and to download the Compact, go to www.npsf.org/paf/compact.php. [NPSF](#)