

Promoting professionalism through authority guided intervention

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A persistent pattern of unprofessional behavior requires an accountability action plan.

This is the final installment in a series of articles on promoting professionalism. You can read the first three articles at www.americannursetoday.com/?p=26348, www.americannursetoday.com/?p=26151, and www.americannursetoday.com/?p=27844.

CONSIDER THIS SCENARIO: Over the past 12 months, Pat, an RN, has participated in two Awareness conversations with a peer member of the Professionalism Committee, but reports about unsafe and disrespectful behavior continue, including:

- She refused to assist a team member turn a patient safely.
- She didn't deal with a patient's pain during the previous shift.
- She wouldn't talk with me about my patient's status and the doctor's orders.

The first three articles in this series introduced the Promoting Professionalism Pyramid for fostering professionalism, explored *Cup of Coffee* conversations for informally discussing behaviors that seem to undermine a culture of safety and respect, and described *Awareness* conversations for sharing what appears to be a pattern of concerns. (See *Promoting Professionalism Pyramid*.)

This final article focuses on the *Guided* intervention by an authority figure (those with authority over the employee's continued relationship with the organization, such as a manager, supervisor, or other leader in the organization's chain of com-

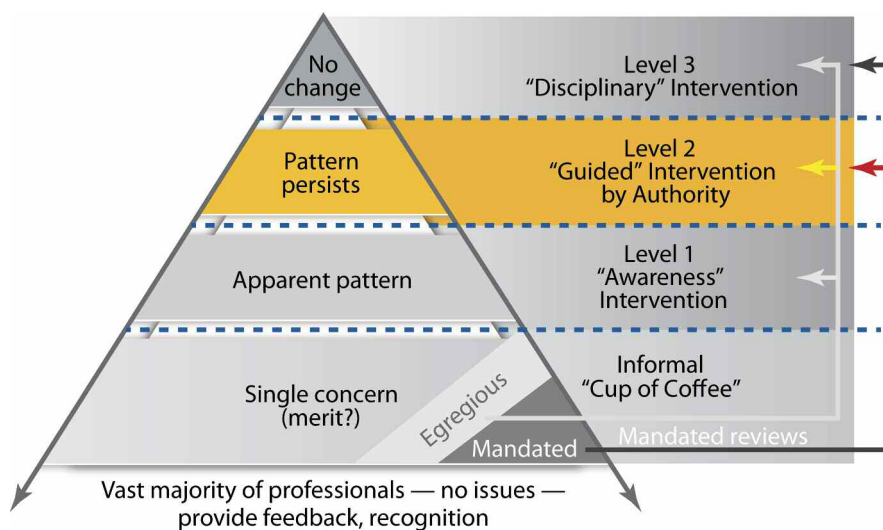
mand). We present a framework for a current or future leader to address a pattern that persists despite the professional's opportunities to reflect and self-regulate after *Cup of Coffee* and *Awareness* conversations.

What is a *Guided* intervention?

About 2% to 5% of an organization's professionals demonstrate a pattern of unprofessional conduct, and 75% to 80% of them respond to *Awareness* interventions. Generally, an individual is provided two chances to respond to *Awareness* conversations, based on policy and the rate at which meaningful data can accrue, unless perceived risk is imminent. Giving professionals the opportunity to reflect and self-regulate has integrity and is fair. At some point, however, organizations must support efforts to escalate interventions for the few individuals whose unprofessional behavior persists. This is when the authority figure moves from "pause and re-

Promoting Professionalism Pyramid

The *Guided Intervention by Authority* (highlighted below) is part of a tiered approach to addressing unprofessional behavior. The pyramid promotes personal accountability after a single event and defines next steps when patterns become apparent.



Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Acad Med*. 2007;82(11):1040-8.

flect” to an “accountability action plan” designed to facilitate improvement.

Who, what, where, when, why, and how

Here is what you need to know about a *Guided* intervention.

Who. The messenger is the receiver’s (clinician’s) manager, director, or designated authority figure in the reporting structure, not a peer as in previous intervention levels.

What. As the messenger, your goals for the *Guided* intervention are to alert the professional that a previously presented pattern has persisted (or single significant event has occurred) and to create a corrective action plan.

Where. Hold the meeting in your office to signal its importance.

When. *Guided* interventions should be scheduled as soon as there’s evidence that a pattern of unprofessional behavior has persisted, or soon after the report of an egregious or mandated event.

Why. Repeated demonstrations of disrespectful and unsafe behaviors may lead to preventable adverse outcomes, team member disengagement or burnout, staff turnover, and associated costs. Leaders demonstrate their commitment to both patients and coworkers when they address any subordinate’s persistent unsafe, unprofessional behaviors.

How. To prepare for the *Guided* intervention, review the pattern of behavior revealed in the data and reports and anticipate what resources might help the professional address performance issues. Next, review relevant governing documents, including human resources and professional conduct policies. These documents will guide you through the process and its performance-related outcome: either the professional improves or is escalated to the Pyramid’s *Disciplinary* tier.

Before the meeting, send a letter to the professional stating the need to meet, making clear that this is different from previous meetings. For example, the letter might say: *You’ve previously been made aware of concerns about unsafe and disrespectful behavior.... As your manager, I am scheduling a meeting with you because those behaviors have continued.... We need to develop an accountability plan aimed at addressing the pattern.*

Keep in mind the following strategies for success during your conversation:

- Focus on expectations and the behavior inconsistent with those expectations, not what prompted the behavior or performance.
- Concentrate on the stories and data you have in hand. Identifying themes or patterns of behavior may help formulate action plans.
- Know your message and stick to it (avoid tangents).
- Remind your colleague about previous discussions on

The EDICTS acronym

Use the EDICTS acronym as a framework for talking points and documentation when leading a *Guided* intervention.

Expectations: “These are our group’s expectations.” Ground your expectations in the organization’s values, mission statement, or professional conduct policy.

Discrepancies: “Your behavior and performance differ from our expectations.” Note that the language is no longer “appears to be,” as it is in the *Cup of Coffee* and *Awareness* conversations. With the accumulation of data and previous sharing, you now have reasonable evidence of a persistent pattern.

Intervention: “We’re here to develop an accountability action plan.” In other words, you’re intervening to stop the behavior, and you’re engaging the professional in the process, increasing a sense of ownership in the plan. However, make it clear that you have the authority to approve or modify the plan. Possible elements include obtaining skills training or continuing education, bringing in a coach to observe the nurse’s interactions with patients and staff, or referring the clinician for medical and mental health evaluations.

Consequences: Express your confidence that reports will cease, but also make clear that there may be consequences if substantial improvement isn’t seen within a stated period. Use the word “may” instead of “will” to avoid having to backtrack after a minor or ambiguous infraction. “You will...” or “You shall...” directives may reflect leader weakness; decision-making and judgment mark real leadership.

Time frame: Set a defined time frame within which performance will be tracked, and follow up with the professional at that time.

Surveillance: Advise the professional that surveillance will continue for reports of unprofessional behavior.

this topic (have documentation to handle denials).

- Remember your hope to restore the clinician to a fully functioning professional performance, but also your commitment to safety and to your organization and its patients.
- Document the conversation.

For talking points and associated documentation, we suggest using the acronym EDICTS as a guide. (See *The EDICTS acronym*.)

Follow-up and consequences

When you undertake a *Guided* intervention, you need to follow through and adhere to your stated timelines, share follow-up data, and administer outlined consequences as needed. (See *Consequence options*.)

In rare cases, the professional will fail to complete the agreed-upon plan, or the pattern will continue. In some instances, an investigation will find the assertion of

Consequence options

If substantial improvement isn't seen after a *Guided* intervention with a professional who has fallen into a pattern of unprofessional behavior, consider the following consequences and others that may help the professional return to full professional practice.

- Assessment or treatment program
- Consultation with clinical or management experts
- Feedback from a colleague or "expert" who shadows the individual
- Letter or conversation of admonition, censure, or warning
- Letter of guidance or reprimand
- Mandated continuing education and coaching
- Monitoring and review of patient health records for timeliness, quality, and changes related to any specific professionalism issues
- Monitoring and review of clinical work
- Physical and mental health evaluation as appropriate
- Retraining and use of simulation labs
- Reduction of clinical duties during training
- Shadowing or mentoring from an exemplary or respected peer
- Suspension, reduction, restriction, or modification of clinical duties, leadership positions, or career ladder opportunities

a serious allegation (mandated or egregious act) to be true. In these circumstances, organizational leaders must be prepared to advance to corrective or disciplinary action, which may lead to restrictions on the clinician's duties or a required departure from the organization.

Professionalism: A two-way street

Promoting professionalism and professional accountability depends on every healthcare professional's willingness and ability to share concerns and, if needed, accept feedback about perceptions of their own conduct. We hope this series helps you consider how best to do both and act accordingly. ★

Visit www.AmericanNurseToday.com/?p=27944 for a list of selected references.

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1. 2014 Innovative Technology by Novation, 2014 Technology and Innovation Award by MedAssets.

2. Fowler, Kathleen. Fall prevention: Applying the evidence. American Nurse Today. July 2016; Vol. 11, No. 7.

