



Physician Behaviour and Guidebook (Preliminary Consultation)

Block 1: Introduction

The [College of Physicians and Surgeons of Ontario \(CPSO\)](#) is jointly reviewing our current [Physician Behaviour in the Professional Environment \("Physician Behaviour"\)](#) policy and the current [Guidebook for Managing Disruptive Physician Behaviour \("Guidebook"\)](#).

We're inviting feedback at this preliminary stage to help inform this review.

The following survey will ask you questions related to disruptive physician behaviour:

- You can provide feedback on the policy, the *Guidebook*, or both.
- You can expect to spend **at least 20 minutes** on this survey.
- You can pause the survey and restart (on the same device that you started on) later.

If you'd like to review this survey in advance, you can download a PDF copy [here](#).

All survey responses will be reviewed and a summary of the results will be provided in the Policy Report in [CPSO's Council materials](#) after the consultation closes.

The identity of all individual respondents will be kept strictly confidential and your feedback will be anonymous.

The deadline for completing this survey is Friday, May 5, 2023.

Please feel free to reach out to [CPSO's Policy Department](#) if you have any questions about this preliminary consultation or our review process.

Are you a:

- Physician (including retired)
- Medical student

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- Member of the public
 - Other health care professional (including retired)
 - Organization
 - Prefer not to say
-

What is/are your primary practice setting(s)? Please select all that apply:

- Solo or group office practice
- Interdisciplinary team-based practice
- Hospital
- Long-term care
- Non-clinical (open-ended):

- Other (open-ended):

Please tell us which organization you are responding on behalf of:

Do you live in:

- Ontario
 - Rest of Canada
 - Outside of Canada
 - Prefer not to say
-

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Block 2: Demographics

As part of CPSO's commitment to equity, diversity, and inclusion (EDI), we are collecting demographic information about those engaging with our policy development process.

This is aligned with Ontario's [Data Standards for the Identification and Monitoring of Systemic Racism](#) which aim to establish consistent, effective practices for data collection to support evidence-based decision-making to help eliminate systemic racism and promote racial equity.

The demographic questions that follow are voluntary, anonymous, and will be kept strictly confidential. We encourage you to answer these demographic questions, however this is optional.

Would you like to complete these demographic questions?

- Yes
 - No
-

Gender refers to the gender that a person internally feels. A person's current gender may or may not differ from the sex a person was assigned at birth and may differ from what is indicated on their current legal documents. A person's gender may change over time.

What is your gender? Please select all that apply:

- Man
 - Woman
 - Non-binary:
 - Transgender
 - I prefer not to answer
-

Indigenous Peoples are those who identify as members of First Nations, Inuit, or Métis communities in Canada.

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Based on this description, do you self-identify as an Indigenous person? Please select all that apply:

- Yes, First Nations
 - Yes, Métis
 - Yes, Inuit
 - No
 - I prefer not to say
-

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.

Examples include: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

What is your ethnic or cultural origin(s)?

- Open-ended response:
 - I prefer not to say
-

In our society, people are often described by their race or racial background. For example, some people are considered "White," "Black," or "East/Southeast Asian," etc. These categories reflect how people generally understand and use race as a social descriptor in Ontario.

Which of the following represents your race(s)? Please select all that apply:

- Black (African, African-Canadian, Afro-Caribbean)
- East or Southeast Asian (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.)
- Latino (Latin-American or Hispanic descent)
- Middle Eastern (Arab, Persian, or West Asian descent, e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish, etc.)
- South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- White (European descent)

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Not listed:

I prefer not to say

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Do you consider yourself to be LGBTQ2S+?

Yes

No

I prefer not to answer

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an accident, or developed over time. Disabilities may also be permanent, temporary or episodic.

Do you identify as a person with a disability?

Yes

No

I prefer not to answer

Block 3: All Respondents

CPSO's [Physician Behaviour](#) policy outlines expectations in the professional environment and includes responsibilities to patients, other health-care professionals, and the medical profession as a whole. This policy requires physicians to take responsibility for their own behaviour and advises physicians to seek appropriate assistance, including through the [Ontario Medical Association Physician Health Program \(OMA PHP\)](#), if they are unable to do so on their own.

The [Guidebook](#) was developed in response to concerns around the behaviour of health care professionals—physicians in particular—and the impact of their behaviour on patient outcomes. This resource offers adaptable tools for those who work in educational and health-care settings.

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Both the current policy and the *Guidebook* describe **disruptive behaviour** by physicians.

When you hear the term "disruptive behaviour" in this context, what does it mean to you?

The current policy defines **disruptive behaviour** as:

"inappropriate words, actions, or inactions by a physician that interfere with (or may interfere with) the physician's ability to collaborate, the delivery of quality health care, or the safety or perceived safety of others. Disruptive behaviour may be demonstrated through a single act but will more commonly be identified through a pattern of events."

Please indicate the extent to which you agree that this definition captures what disruptive behaviour is to you:

- Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
-

Optional: Please feel free to expand on the answer you provided above. For example, if you think that there's something missing, tell us here:

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What is considered disruptive behaviour will almost always be dependent on context and setting. However, examples of behaviour that could be considered disruptive are listed in the current policy, including the following:

- Rude, profane, disrespectful, insulting, demeaning, threatening, bullying, or abusive language, tone, innuendos, and behaviour;
- Arguments or outbursts of anger including throwing or breaking things;
- Use, attempted use, or threat of violence or physical force with patients, colleagues, and others involved in the provision of health care;
- Comments or actions that may be perceived as harassing or may contribute to a poisoned professional environment;
- Mocking, shaming, disparaging or censuring patients, colleagues, and others involved in the provision of health care;
- epeated failure to promptly respond to calls or requests for information or assistance when on call or when expected to be available; and
- Failure to work collaboratively or cooperatively with others.

Optional: Are there any examples of disruptive behaviour listed above that you think should be removed?

Optional: Are there other examples of disruptive behaviour by physicians that aren't captured here?

The current policy sets out responsibilities of physicians to patients, other health-care professionals, and the medical profession.

Please indicate how important is it that the policy continues to set out physicians' responsibilities to:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health-care professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The medical profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Are there any groups not captured above that should be? If so, which groups do physicians have responsibilities to and what are those responsibilities?

The current policy requires physicians to uphold the standards of the medical profession by modelling appropriate behaviour for other members of the health-care team, in particular trainees, and fostering a culture of respect within their practice setting or workplace.

Optional: What practices should physicians be undertaking to foster a culture of respect within their practice setting or workplace?

Optional: What kind of strategies or tools can a workplace use to help prevent disruptive behaviour on a day-to-day basis?

CPSO has [made a commitment](#) to examine how we can better fulfill our mandate through bringing equity, diversity, and inclusion (EDI) to our work.

It's clear that behaviour that is discriminatory (e.g., behaviour that is racist, sexist, ableist, etc.) is inappropriate and could be considered disruptive, having an impact on the safety or perceived safety of the individual the behaviour is directed towards.

The current policy *does not* contain expectations specifically regarding discriminatory behaviour.

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Please indicate how important you think it is that guidance around professional physician behaviour address or consider behaviour that could be considered discriminatory:

- Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
-

***Optional:* Please feel free to expand on the answer that you provided above. What kind of expectations do you feel the policy should include in relation to discriminatory behaviour from physicians?**

Advocacy

Advocacy for patients and for an improved health care system is an important component of the physician's role. However, in the course of such advocacy, physicians may find themselves in conflict with colleagues or the administration of the institution in which they work.

Please indicate the extent to which you think it is appropriate for a physician to advocate for issues related to health care institutions and the health care system in a public forum:

- Extremely appropriate
- Somewhat appropriate
- Neither appropriate nor inappropriate

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- Somewhat inappropriate
- Extremely inappropriate

Optional: Please feel free to elaborate on your answer above:

Does your answer change if the advocacy that a physician undertakes puts them in conflict with their colleagues or the administration of the institution where they work?

- Yes
- No
- Not sure

Optional: Please feel free to elaborate on your answer above. Why does your answer change or not change? How can physicians appropriately engage in advocacy to ensure that such advocacy does not become disruptive behaviour?

Causes of disruptive behaviour

The current policy acknowledges that there may be various reasons for disruptive behaviour – whether personal, professional, or situational. In order to understand how to best address

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and change disruptive behaviour, there must be an understanding of what is causing or contributing to the behaviour.

When thinking about disruptive physician behaviour, how important is it that guidance in this area address the potential causes and how these could impact physician behaviour (e.g., physician burnout, mental health concerns, or stress)?

- Extremely important
 - Very important
 - Moderately important
 - Slightly important
 - Not at all important
-

***Optional:* What causes do you think can be responsible for disruptive physician behaviour?**

Physician burnout

Increasingly there has been more acknowledgement that physician burnout is an issue for the healthcare system and the physicians working within it. Physician burnout can sometimes result in disruptive behaviour if it's not addressed or dealt with appropriately.

Please indicate the extent to which it is important for guidance around professional physician behaviour to address physician burnout as a potential cause of disruptive behaviour:

- Extremely important
- Very important

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- Moderately important
 - Slightly important
 - Not at all important
-

Optional: Please feel free to elaborate on your answer above. For example, how do you think physician burnout does (or doesn't) affect physician behaviour? What can be done to ensure it does not manifest in disruptive behaviour?

Mental health

CPSO has a duty to protect the public interest, which includes ensuring that members (i.e., physicians) are healthy enough to practise safely and not pose any risk to their patients. But that duty goes together with a goal of ensuring physicians can get the help they need.

CPSO and the OMA's Physician Health Program (PHP) recognize that mental health concerns and substance use disorders deserve treatment and care and ensuring a safe pathway to help is critical. CPSO also has a relationship with the PHP which encourages a therapeutic approach to behavioural issues whose root cause is health-related.

Please indicate the extent to which it is important for guidance around professional physician behaviour to address mental health concerns as a potential cause of disruptive behaviour:

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

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Optional: Please feel free to elaborate on your answer above. For example, how can workplaces support physicians to take care of their mental health and seek help where needed?

Block 4: Policy

Physician Behaviour

We want to know if the current [Physician Behaviour](#) policy is clear, comprehensive, and reasonable. Your feedback will help us determine where updates may be necessary.

If you haven't read the current policy or if you don't want to provide feedback, you'll be skipped to the next section; however, your answers to all previous questions will still be submitted.

[Click here to read the current *Physician Behaviour* policy.](#)

Have you read the current *Physician Behaviour* policy?

- Yes
- No

Would you like to provide feedback on this policy?

- Yes
- No

For review only. Surveys must be completed and submitted online.

Please indicate the extent to which the information you found in the [current policy](#) was helpful in setting out expectations related to physician behaviour in the professional environment:

- Extremely helpful
- Very helpful
- Moderately helpful
- Slightly helpful
- Not at all helpful

Optional: Please feel free to elaborate on your answers above:

Please indicate the extent to which you agree or disagree with each of the following statements about the current policy:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The policy is clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is comprehensive and addresses all of the relevant and important issues related to physician behaviour.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy sets out reasonable expectations for physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers. For example, how could the policy be clearer? Are there any issues not addressed that should be?

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Optional: Does the policy contain any content that you feel is unnecessary and should be removed?

Block 5: Guidebook

Guidebook

We want your feedback on the current [Guidebook](#) to understand whether it is comprehensive, and whether the information and tools it offers are helpful for those who work in a variety of educational and health care delivery settings.

If you haven't read the *Guidebook* or if you don't want to provide feedback, you'll be skipped to the next section; however, your answers to all previous questions will still be submitted.

[Click here to read the current *Guidebook*.](#)

Have you read the *Guidebook*?

- Yes
- No

For review only. Surveys must be completed and submitted online.

Would you like to provide feedback on the *Guidebook*?

- Yes
- No

Have you used the [Guidebook](#) in your professional practice?

- Yes
- No

How or why did you use the *Guidebook*?

Please indicate how helpful the information you found in the *Guidebook* was in addressing the issue that you were seeking guidance on:

- Extremely helpful
- Very helpful
- Moderately helpful
- Slightly helpful
- Not at all helpful

Please elaborate on your answer above and why the *Guidebook* was helpful (or unhelpful) to you:

Please indicate the extent to which you agree or disagree with each of the following statements about the [Guidebook](#):

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The <i>Guidebook</i> is clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The purpose of the <i>Guidebook</i> is clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The <i>Guidebook</i> is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The <i>Guidebook</i> is easy to navigate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The level of detail and information provided in the <i>Guidebook</i> is appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers above. For example, are there any issues not addressed in the *Guidebook* that should be or any areas you do not feel are sufficiently addressed?

Optional: Does the *Guidebook* contain content that you feel is unnecessary and should be removed? If so, what is unnecessary and should be removed?

For review only. Surveys must be completed and submitted online.

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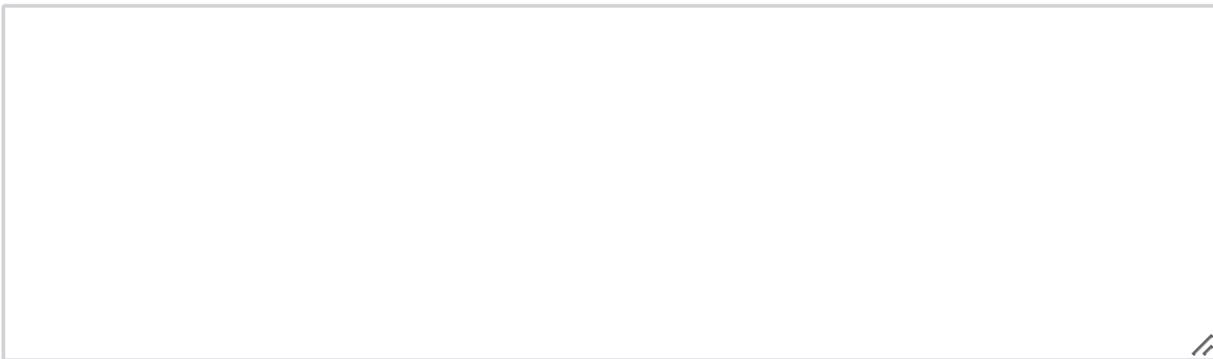
Block 6: End

Survey End

Thank you for your feedback on CPSO's current [Physician Behaviour](#) policy and [Guidebook](#)!

Your comments will be carefully reviewed and used to help us evaluate updates. [CPSO Council](#) will ultimately determine what revisions will be made when finalizing and approving.

Optional: If you have any additional comments that you have not yet provided, please provide them below, by [email](#), or through our [online discussion forum](#):

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