RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Professional Behaviour in the Workplace:

The behaviour we walk by...

1. Introduction

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Acknowledgement of country

I would like to acknowledge the Custodians of the Land on which we meet today here in Melbourne - the Wurundjeri, Boonerwrung, Taungurong, Djajawurrung and the Wathaurung groups.

I would like to pay respect to the Elders, both past and present, and extend that respect to other Aboriginal and Torres Strait Islander people who are present.

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Outline of session

Item
1. Session overview
2. Bystanders Group activity 1 - Reflection What we know about bystanders
3. Individual approaches: A hypothetical scenario Group activity 2a – Just finishing a ward round… Group activity 2b – Exploring different perspectives Panel discussion 1 – Individual approaches
BREAK
4. Organisational approaches Presentation - One organisations' approach Panel discussion 2 – Organisational approaches
5. The College's role

Session objectives

1. Provide an opportunity for participants to reflect on their own experiences
2. Clarify the role and impacts of bystanders on workplace and training environment cultures
3. Uncover different perspectives on behaviour within a hypothetical scenario
4. Explore individual approaches to responding to unprofessional behaviour
5. Provide an overview of one organisation's approach to engaging bystanders
6. Discuss organisational strategies for responding to unprofessional behaviour
7. Provide an overview of the relevant work undertaken by the College (as well as identifying further areas of work)

2. Bystanders

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Group Activity 1 - Reflection

In your table groups, introduce yourself and answer the following questions:

1. Think of a time when you walked past something an later wished you hadn't
2. What was going through your mind?
3. What would you have liked to have done differently?

Workplace behaviour and bystanders

High prevalence of disrespectful behaviour

Ignoring disrespectful behaviour creates an unsupportive culture

Negative impacts on doctor wellbeing and patient outcomes

Hierarchical relationships can discourage speaking up out of fear of reprisal

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Individual approaches – a hypothetical scenario

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

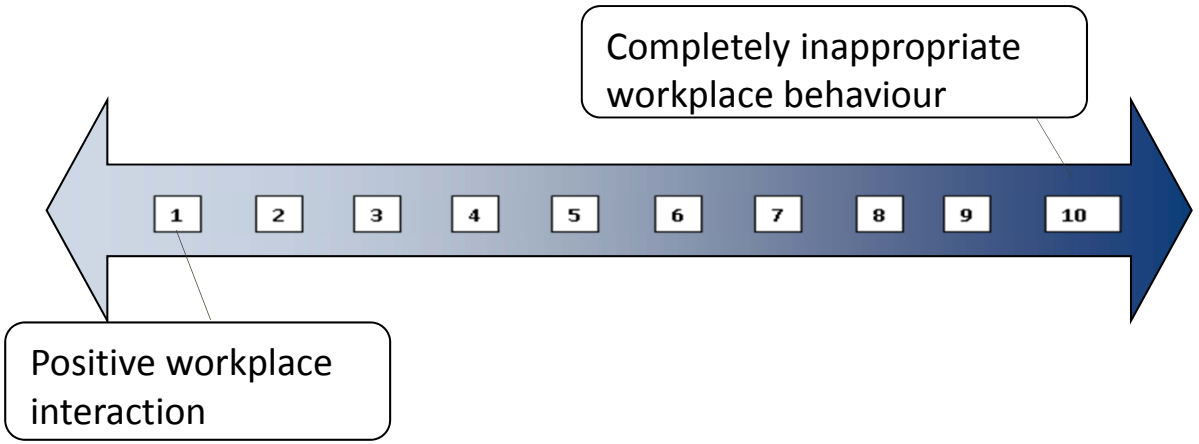
Creating a safe workplace: Responding to bullying and harassment

Part 1 - The Interaction

elearning.racp.edu.au

Group Activity 2a – Measuring behaviour

Scale the behaviour in the video using the guide below



RACP Specialists. Together
EDUCATE ADVOCATE INNOVATE

Background

Dr Gerard Tobin is a 56-year-old respiratory physician. He has a VMO appointment to the hospital as well as a busy private practice with rooms located across the road.

Dr Tobin graduated from university three decades ago. He is married with 3 adult children – two of whom are still at university, one in his final year of medicine.

Dr Tobin is a supervisor of training and holds a number of committee positions with both the College and Thoracic Society.

Dr Tobin is a committed doctor who works very long hours. He firmly believes that medicine is a vocation and sets high standards for both himself and his team.

Dr Tobin's team comprises a basic physician trainee and an intern.

Dr Rebecca Smart is a PGY3 in her first rotation as a basic physician trainee, She is bright, collegiate and gets along well with the nursing staff but is sometimes a bit disorganized and lacks time management skills. She is still very junior but clearly keen to learn.

Scenario

It is around 12.30 on a Monday in the first few weeks of the clinical year.

Dr Tobin's team has been on take over the weekend and it has been busy. There are a large number of new admissions to sort through and several of them are quite unwell.

Whilst Dr Smart is trying her best, she feels completely overwhelmed with the number of new admissions and keeps confusing patient's details. The intern is also not much help having only started a couple of weeks ago.

One of the new patients is a 60-year-old male who was admitted several hours earlier with a community-acquired pneumonia. When Dr Smart reviewed him in the Emergency Department immediately following the morning handover, he was quite unwell, hypotensive, hypoxic and confused.

Even though Dr Smart had written him up for antibiotics, Dr Tobin has just found out that that the patient was transferred to the ward without being given antibiotics and there were several hours of delay in the commencing the antibiotics.

Group Activity 2b – Exploring different perspectives

Each table group will be given a set of questions to answer to explore a different perspective in the hypothetical scenario.

RACP Specialists. Together
EDUCATE ADVOCATE INNOVATE

Panel discussion 1 – Individual approaches

Dr Helen Rhodes – Fellow/Board perspective
Prof Michael Ackland – Fellow perspective
Dr Daryl Cheng – Trainee perspective
Dr Nick Arvantitis – Wellbeing perspective
Dr Owen Bradfield – Medico-legal perspective

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Creating a safe workplace: Responding to bullying and harassment

Part 3 - Bystander intervention

elearning.racp.edu.au

BREAK

3.40pm-4.00pm

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

4. Organisational approaches

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

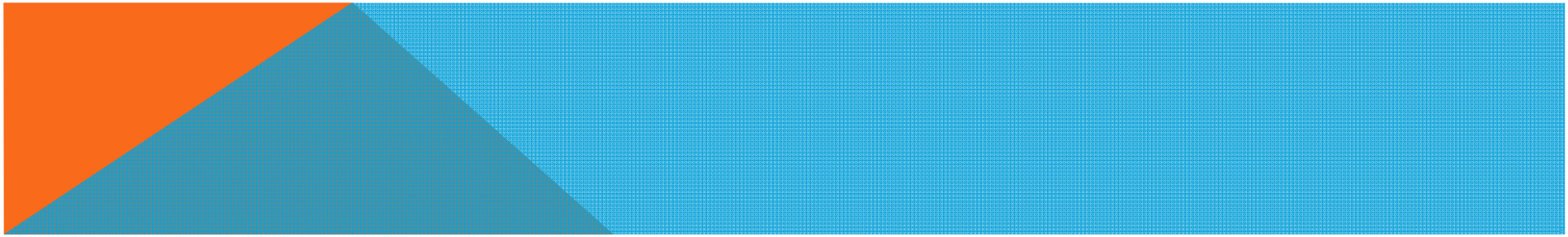
TOWARDS ZERO: ANTI BULLYING ACTION IN CONVERSATION

THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

Amanda Cattermole
Deputy Secretary
Community Services Programs and Design
Department of Health and Human Services
8 May 2017

WHAT WILL BE COVERED

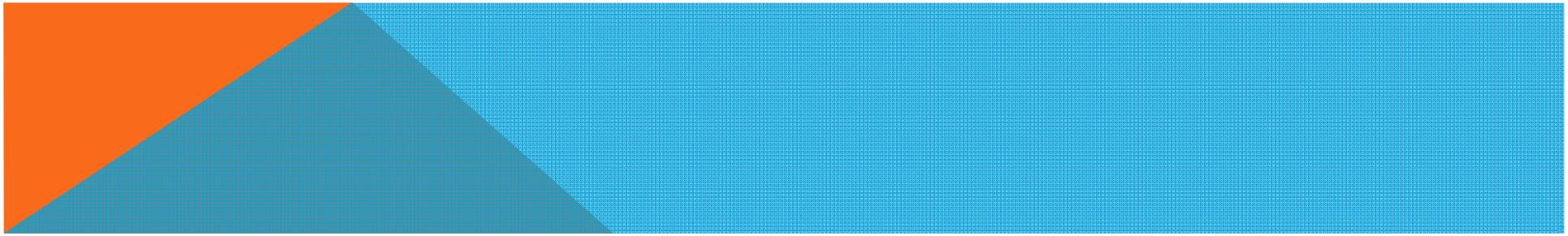
Item
1. The journey so far
2. An action plan to transform our culture: • Principles for action • Drawing a line in the sand • Example action plan
3. Questions



THE JOURNEY SO FAR

- Bullying: what's an acceptable number?
- Lived experience at DHHS
- What does it mean?
  - Bystander culture
  - Morale issues/loss of productivity

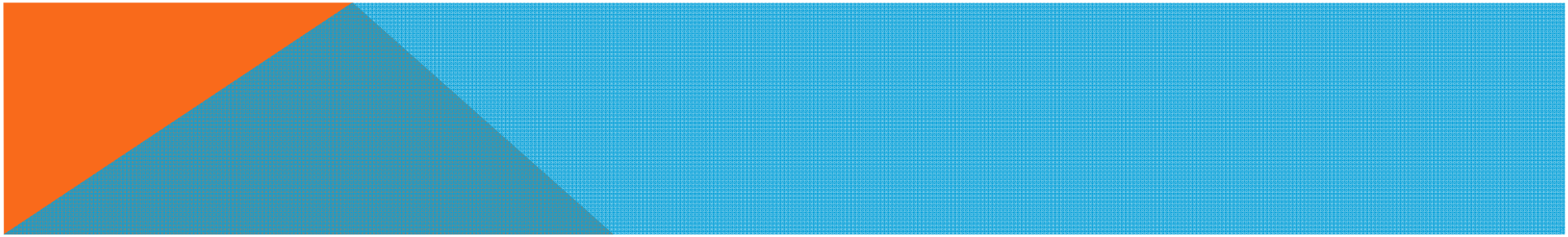
Most importantly this has a significant negative impact on the lives of our people and the culture of the place in which we work



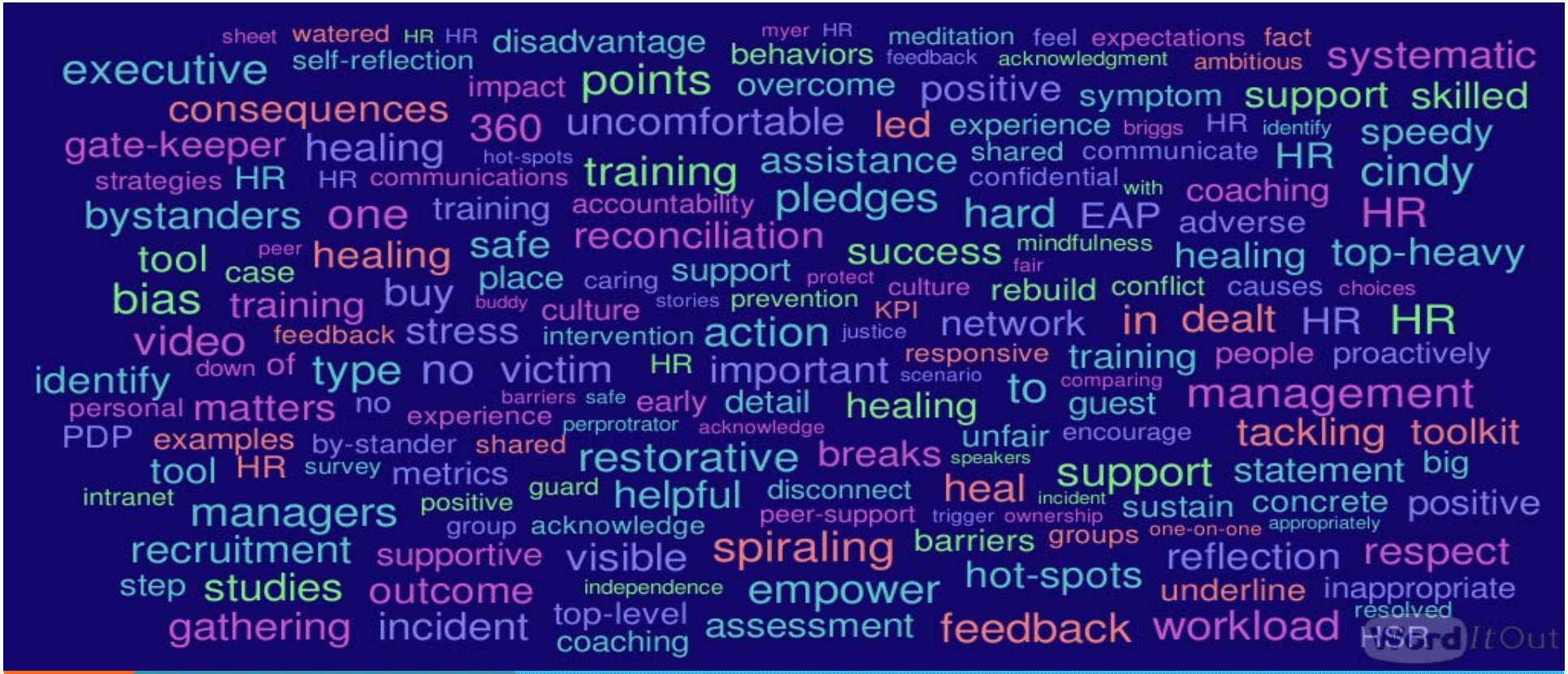
AN ACTION PLAN TO TRANSFORM CULTURE

Principles for action

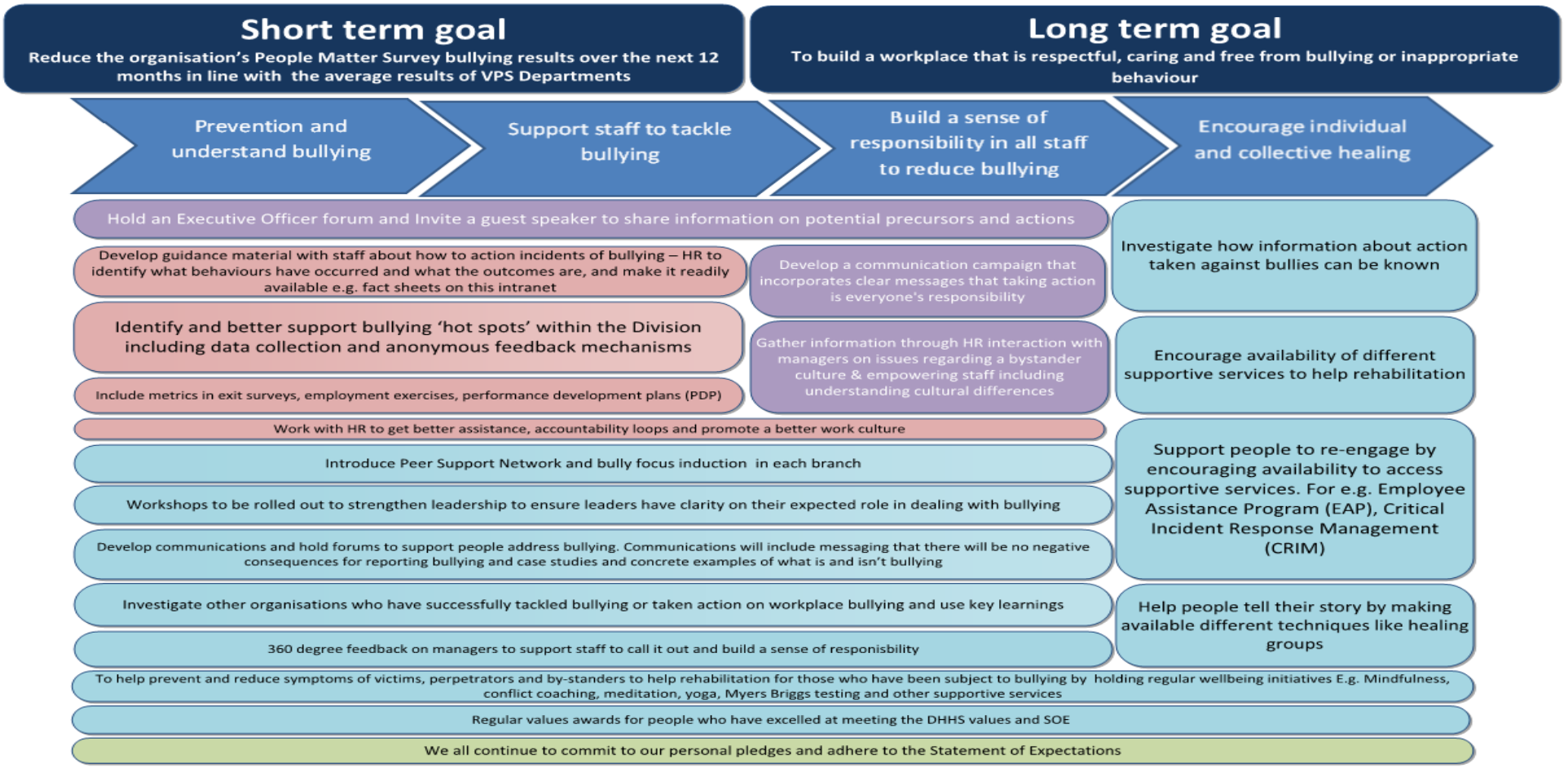
1. Not too much diagnosis
2. A line in the sand
3. Experiment and take risks
4. Tackle on many fronts
5. Visibility of action is critical



DRAWING A LINE IN THE SAND



EXAMPLE ANTI-BULLING ACTION PLAN

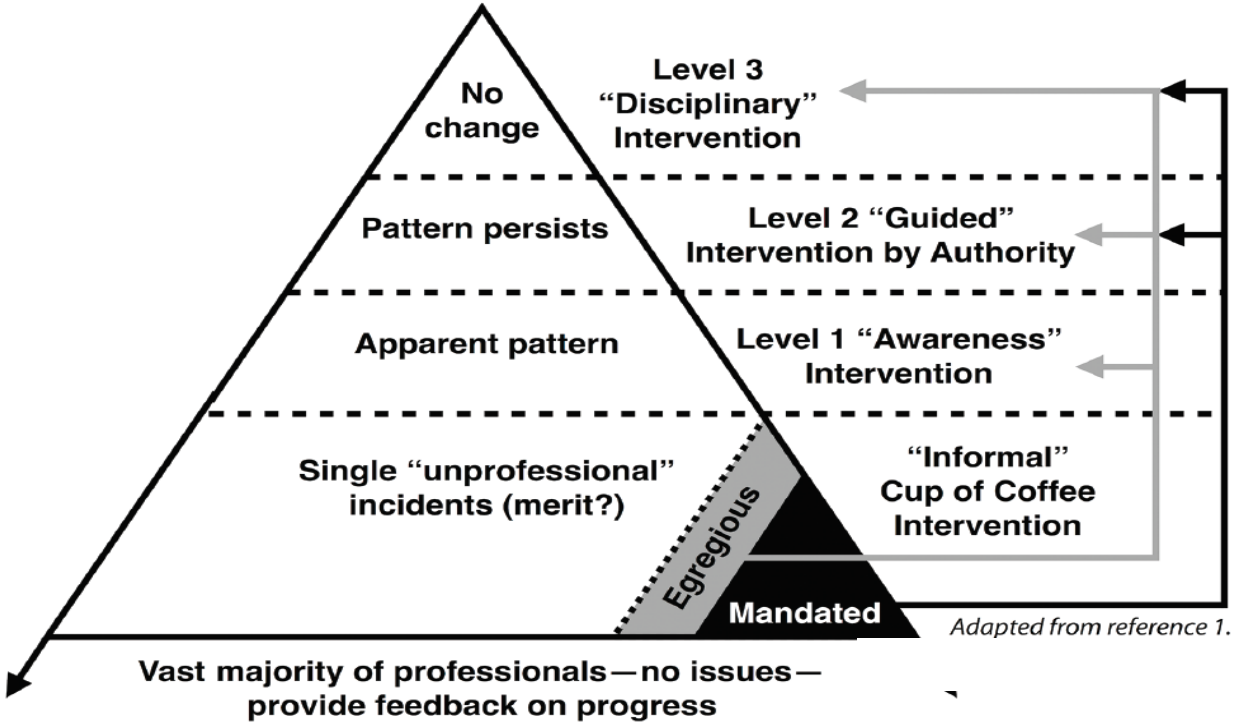


Panel discussion 2 – Organisational approaches

Dr Helen Rhodes - Fellow/Board perspective
Ms Linda Smith – College perspective
Ms Amanda Cattermole – Organisational perspective
Dr Owen Bradfield – Medico legal perspective
Dr Hong Wu – Trainee perspective

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Vanderbilt model



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

5. The College's role and closing remarks

Professional behaviour in context

Physician/Trainee

- Wellbeing and self - care
- Self awareness
- Social network/support
- Professional development

Workplace

- Service delivery
- Site of training
- Performance management

College

- Professional standards
- Site accreditation
- Supporting quality training and supervision

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

What are my obligations?

- **Legal obligation** not to bully, harass or discriminate in the workplace
- **Contractual obligation** to comply with law and employer's policies
- Meet **professional standards** and abide by the **College Code of Conduct**

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

College update

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE