Poll question –
When I say disruptive physician, what one word comes to mind?
Quotes from House MD

I have to act like a decent human being, and you know what a strain that puts on me...

If nobody hates you, you’re doing something wrong

I’m pretty sure I’m not gonna like you. It’s nothing personal, I just don’t like anybody

Do I get a bonus if I act like I care?

How do we define disruptive behavior?

- Behaviors that undermine medical teams and increase the chances of negative patient outcomes (Joint Commission)
- These behaviors can fall into three categories:
  - Aggressive
  - Passive-Aggressive
  - Passive

Behaviors That Undermine Teams

Aggressive
- Verbal outbursts
- Yelling
- Throwing things
- Demeaning and condescending language
- Threats
- Swearing
- Demanding
- Sexual innuendos and off-color comments

Passive-Aggressive
- “Stirring the pot”
- Intentionally not communicating
- Degrading colleagues in medical charts
- Not attending huddles then complaining about patient flow
- Bad-mouthing facility, CMO, colleagues, team members, patients

Passive
- Requesting to work with only certain nurses, surgical techs
- Not responding to email, pages
- Refusing requests
- Chronically late
- Questioning colleagues decisions in medical charts
- Refusing to engage with EMR
- Refusing to participate in team meetings/events
Poll question – How often does “disruptive behavior” by physicians come up in your organization?

1. Weekly
2. Once or twice a month
3. Once or twice a quarter
4. Once or twice a year
5. I am not aware of any such behavior

Persistent Problem – 30 years and counting

- The Disruptive Physician
  Horty; Action-Kit for Hospital Law 1984
- Managing the Unmanageable: The Disruptive Physician
  Pfifferline; Family Practice Management Nov/Dec 1997
- Physicians and Disruptive Behavior – AMA July 2004
- Dealing with Disruptive Physicians
  Holmes, MGMA Connection magazine May 2016

Impact on Patient Care

2008 survey of 4,500+ physicians/nurses/others in 102 hospitals

- 77% reported witnessing disruptive behavior in physicians and 65% witnessed disruptive behavior in nurses
- How often is disruptive behavior linked to clinical outcomes
  - 67% agreed that this behavior was linked to adverse events
  - 71% linked this behavior to medical errors and quality of care issues
  - 51% felt it was linked to compromises in patient safety

“Most nurses are afraid to call Dr. X when they need to, and frequently won’t call. Their patient’s medical safety is always in jeopardy because of this.”

Intimidating and disruptive behavior on medical teams can
» Foster medical errors
» Contribute to poor patient satisfaction
» Lead to preventable adverse outcomes
» Increase the cost of care
» Lead to excessive staff turnover

Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment

Joint Commission Sentinel Event Alert 2008
Behaviors that Undermine A Culture of Safety

New leadership standard effective Jan 1, 2009
» EP 4: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors
» EP 5: Leaders create and implement a process for managing disruptive and inappropriate behaviors

"All intimidating and disruptive behaviors are unprofessional and should not be tolerated."

Poll question – Which of the following best describes your organization’s current experience with disruptive behavior?

A. Rarely an issue; we’ve got it under control
B. Occasional issue; when it happens we can generally handle it
C. Pressing issue; we are struggling to figure out an effective way to address it
Disruptive Behavior Still Prevalent

*2011 survey – 523 physician leaders and 321 staff physicians – various healthcare settings*

- 71% reported witnessing disruptive behavior in the past month
  - Degrading comments or insults
  - Refusal to cooperate with others
  - Raised voice/"Yelling"

- Incidence higher in surgical, anesthesia, and OB/GYN specialties
  - Also higher in stressful and intensive areas of the operating room, ICU, and ED settings


Impact on Staff

*2015 survey of physicians in 3 hospitals regarding RDA communication*

- Rude, dismissive and aggressive behavior common
  - 31% of doctors personally subject to it multiple times/week

- Respondents unlikely to recognize themselves as perpetrators
  - 86% said they never or rarely did it

- Behavior had marked adverse effect on respondents
  - 40% said it moderately/severely affected their day


Poll question – What is a barrier to addressing “disruptive behavior” effectively in your organization? (pick one best answer)

1. No one knows what to do
2. Do not have effective resources to address
3. Leadership lacks willingness to address
4. Expectations for physician behavior are not clear
5. Lack of follow through by administration
6. Lack of education around how to best address
Case Study: Failure to follow-through

- New CMO states in an interview that disruptive behavior will not be tolerated
- Rude, dismissive surgeon with on-going pattern of behavioral complaints as well as quality issues
- New CMO never addresses issue with physician
- Behavior continued and staff stopped reporting

Undermining A Culture of Safety:
Silence Kills

Institute for Safe Medication Practices found that 40% of surveyed clinicians had kept quiet or remained passive during patient care events rather than question a known intimidator

Undermining A Culture of Safety:
Silence Kills

Why don’t team members confront?

- Not their job (culture)
- Believe it will not have an impact (culture)
- Don’t feel competent (skills)
This is what we hear.....

- Money speaks louder than policies
- Different standard for doctors vs. staff
- Lack or clear codes of conduct and response plan/ownership
- Replacing specialty doctors is difficult and costly
- Nothing happens if reported
- Make excuses for behavior
- Inconsistent enforcement of policies and lack of follow-through
- Changes in practice environment and practice demands causing higher stress, increased burnout

Poll question – Do you feel there are systems in place/resources available in your organization to address “disruptive behavior” effectively?
Yes or No

“Physicians are a precious resource.”
Alan Rosenstein, MD, MBA
Physician Perspective

**Reasons or Excuses**
- Culture
- Lack of support
- Personalities/Physician mindset
- Patient safety
- Hierarchy
- Workload /lack of time
- Style/Personality/Generational differences

*Sticks and Stones: investigating rude, dismissive and aggressive communication between doctors. Bradley et. al. Clinical Medicine 2015*

Impact of Stress

“Physicians underestimate the effect of chronic emotional stress, and they certainly underestimate the effect acute stress has on their ability to give good care.”

*Dr. Jo Shapiro, Brigham and Women’s – Archives of Surgery, March 2014*

Time to Intervene

**You hear/believe:**
- Team members are avoiding/unwilling to approach other team members
- Team members/colleagues are unwilling to “page” a physician
- Team members are requesting to not work with a provider
- Staff members are leaving department/organization

**Questions to ask:**
- What is the cause of people “working around”/avoiding a team member/physician?
- Do you believe patient care has been impacted?
Steps to Address Inappropriate Behavior

- Make expectations explicit by having a code of conduct supported by appropriate policies
- Policies for physicians and non-physicians should be complementary; addressed at onboarding
- Ensure robust Board support for clinical leaders in implementation
- Support and train leaders to respond and implement policies
- Develop proactive surveillance systems


Steps...(continued)

- Deal consistently and transparently with infringements
- Deal with lower level difficult behavior early
- Have graduated set of responses (Informal, Formal, Disciplinary)
- Make resources available to help those displaying inappropriate behavior


Polling Question: How is your organization doing?
On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate your organization’s response to the Sentinel Alert?
Internal Processes

- Address system issues (staff meetings, scheduling, huddles, resilience)
- Staff Training
  - Educate all staff in expectations regarding behavior
  - Training on team dynamics/communication
  - Team building programs – TeamSTEPPS
- Mentor/accountability partner
- “Cup of Coffee” → Formal follow through

Huddle Guidelines

When done consistently and effectively

- Allows for questions and clarification
- Builds collaboration, open communication and trust
- Provides common language for team
- All hear same information at same time
- Avoids duplication of work
- Provides opportunity for new team members to meet
- Allows for physician/lead to identify potential problems during procedure

Adapted from: AMA/NIH

Just Culture

- Balances accountability for both individuals and the organization responsible for systems in the workplace
- All employees held responsible for the quality of their choices
- Change in focus from errors to system design and management of behavior choices of employees
- Same expectations apply to everyone on staff
- Move from reactive to proactive; objective evaluation of individual choices and system

Resource: TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety)
Accountability Partner

Someone:
- The physician works with/knows the physician
- The physician trusts
- Who has the communication skills
- Who is empowered (non-disciplinary)
- Who is willing

Healthcare settings need to be ready to address disruptive behavior on multiple levels

Cup of Coffee
Chat
Meeting with CMO/MD

More Formal Process

Vanderbilt Center for Patient and Professional Advocacy – PARS program

Intervention Pyramid

- Level 3: Disciplinary Intervention
- Level 2: Authority Intervention
- Level 1: Awareness Intervention
- Informal Intervention
- Inattention

External Intervention

- Intensive inter-professional communication/behavior seminars
- Observation/consultation by outside expert
- Professional coaching
- Physician Health Programs
  - Psychiatric and health evaluation

Choose intervention that addresses concerns

Intensive Seminars

- Limited enrollment/interactive
- Live in-person
- Personalized to the physician’s specific situation
- Longer duration (2-3 days)
- Faculty report or recommendations post class
- Options for follow-up if needed

Intensive Seminars

- Provide awareness raising, education and skill building needed to employ professional and effective communication and behavior change

- Help physician address issues such as
  - Owning their behavior/personal accountability
  - Improving communication techniques
  - Emotional Intelligence
  - Repairing damaged relationships
  - More effective stress management
  - Increased resiliency and improved tolerance for frustration
  - Sustained change
Sample Action Plan

Action Plan for Sustained Change

[Table and text]

Inter-professional Communication Seminar

Professionals who struggle in their communication and interaction with colleagues – Negatively impacting team function and potentially patient outcomes

- When notified of case coming from ER, yells at nurses, doctors, and staff to get ready!
- Had talk with CMO ...
  “It won’t happen again...”
- Yelled at one of the medical staff officers
- Referred to Inter-Professional Communication Seminar

Inter-professional Communication Seminar

- Attended communication seminar
- Learned about personality profiles, emotional intelligence, team dynamics, stress management
- Developed action plan
- Received a written report from faculty
  » Follow-up coaching recommended

Doctor shared with CMO that his perspective had changed...
Partners called to say he was easier to work with
Wife called to thank them!
Observation/Consultation by Outside Expert

- Trained consultant with expertise in communication, interpersonal skills, conflict
- Often has background in healthcare
- Empowered by administration, and ideally colleagues
- Initially collects relevant background information
- Injects self into day to day process (may require permission forms)
- Provides real time feedback to physician and medical team
- Provides summary and recommendations at exit

Coaching

- Look for certification – ICF/CCF; or, Physician Coach
- Various specialties – EI, communication, wellness
- Delivery of coaching services – (convenience)
- Releases signed so able to communicate with organization
- Behavioral/personality assessments
- 8-12 session commitment
- Consider physician paying all/portion of cost

Case Study: Multiple-faceted approach
Coaching Testimonial

"Once I opened myself up to being coached the change came quite easily. A coach is not going to let me get away with things - pushing me to hold myself to a higher standard while offering objective feedback and support. My coach held me accountable in ways that others have not been able or willing to do in the past and it has been very valuable. I wish I would have made these changes twenty years ago. I would have been a much happier and healthier person."

Steve, Physician/Internist

Physician Health Programs

- Provide peer assistance services
- Aid individuals who have health or mental health problems that could affect ability to practice
- Offer assessment, referral, monitoring and support services
  - Including mental health/substance related evaluations
- Are non-disciplinary and confidential; in place of Board referral
- Are available in most states – scope of services provided varies
  
  http://www.fsphp.org/State_Programs.html

Resources

Organizational Training
  - TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety)
    
    https://www.ahrq.gov/teamstepps

Physician Health Programs
  
  http://www.fsphp.org/State_Programs.html

Intensive Courses
  
Thank You

If you have questions, contact us at
303-577-3232
or
email bkorinek@cpepdoc.org