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We will begin shortly!
Presented By:

William “Marty” Martin, MA, MS, MPH, PsyD, CHES

William “Marty” Martin is director and associate professor of health at DePaul University in Chicago. As a longtime faculty member of the American College of Physician Executives, Marty has facilitated courses in managing physician performance and working together as a board at its institutes and on-site at healthcare organizations nationally and internationally. Marty has served as director of human resources at The Johns Hopkins Hospital and was responsible for global health management, workforce diversity, and clinical and operational reengineering.

Presented By:

Herdley O. Paolini, PhD, LP

Herdley O. Paolini is a licensed psychologist, teacher, and author. She has 30 years of experience in the counseling field, and for the past 10 years she has been the director of physician support services at Florida Hospital—a hospital-based practice she designed specifically to attend to the development, integration, and wellness of physicians. She holds a PhD in counseling psychology from Western Michigan University and is the author of *Inside the Mind of a Physician*, published in 2009.
“RN did not call the physician about change in patient condition because that physician had a history of being abusive when called. Patient suffered because of this.”

Definition of Disruptive Behavior

Disruptive behavior is any inappropriate behavior, confrontation, or conflict, ranging from verbal abuse to physical or sexual harassment.

Disruptive behavior causes strong psychological and emotional feelings, which can adversely affect patient care.


Disruptive Behavior ... Bullying

Source: http://1.bp.blogspot.com/-7pqhOUkU7kA/TVzMPd4Evsi/AAAAAAAAb8k/s320/mobbing_ca_poster.jpg

Same or different?
Are Any of These Examples of Disruptive Behavior?

Workplace Examples of Bullying

- Being shouted at or humiliated
- Being the target of practical jokes
- Blame without justification
- Exclusion or social isolation
- Physical intimidation (proximal)
- Excessive micro-managing
- Purposely withholding vital information
### Categories of Disruptive Behavior

<table>
<thead>
<tr>
<th>TYPE</th>
<th>MANIFESTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonverbal cues (covert and overt)</td>
<td>Raising eyebrows, rolling eyes, or making faces in reply to a question</td>
</tr>
<tr>
<td>Verbal remarks (overt)</td>
<td>Snide, rude, and demeaning comments</td>
</tr>
<tr>
<td></td>
<td>Abrupt responses to honest questions</td>
</tr>
<tr>
<td>Actions (overt)</td>
<td>Actions that undermine the victim’s ability to perform in the healthcare setting (e.g., hiding or hoarding limited patient care items from other nurses).</td>
</tr>
<tr>
<td></td>
<td>Not being available to help the other nurse with difficult care issues</td>
</tr>
<tr>
<td></td>
<td>Refusing or continually being too busy to help during difficult care issues</td>
</tr>
<tr>
<td>Withholding information (covert and overt)</td>
<td>The information can be about a patient or a procedure (e.g., deliberately not telling another nurse that a patient has limited sight on the right side, that the suction set up in an outpatient room is not working).</td>
</tr>
</tbody>
</table>

### Categories of Disruptive Behavior

| Purposefully sabotaging (overt)           | This serves to set up the other nurse for negative situations. A circulator does not tell a new nurse who is scrubbed that she knows the shunt the surgeon has selected has fallen to the floor (Anonymous, 2007). |
| Group infighting (overt)                  | Nursing cliques Excluding other staff members                                 |
| Scapegoating (overt)                      | Blaming negative outcomes on one identified nurse                            |
| Passive-aggressive behavior (overt)       | Failure to resolve conflicts directly Complaining to others about a person but not speaking directly to that person |
| Broken confidences and not respecting privacy (covert) | Also characterized as gossiping; sharing information that is meant to be private. For example, a nurse has failed the Oncology Nursing Certification and plans to sit for the test again but does not want her coworkers to know that she failed. She tells her mentor in confidence that she failed the certification test and this has caused her great pain. The mentor shares this story with coworkers during downtime on the unit. |
Where Does Disruptive Behavior Take Place?

**Table 3. Disruptive Behaviors by Care Area, May 2007 to October 2009**

<table>
<thead>
<tr>
<th>CARE AREA</th>
<th>NUMBER OF REPORTS (N = 177)</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating room</td>
<td>43</td>
<td>24%</td>
</tr>
<tr>
<td>Medical/surgical unit</td>
<td>42</td>
<td>24%</td>
</tr>
<tr>
<td>Intensive care unit</td>
<td>28</td>
<td>16%</td>
</tr>
<tr>
<td>Emergency department</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>12</td>
<td>7%</td>
</tr>
<tr>
<td>Imaging</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td>Labor and delivery, pediatric</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Laboratory</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>8%</td>
</tr>
</tbody>
</table>

35% of the U.S. workforce report being bullied at work

An estimated 53.5 million Americans

That is roughly the combined populations of Washington, Oregon, California, Nevada, Arizona and Utah.
How Common Is Disruptive Behavior?

• Involves less than 5% of physicians (Weber, 2004)
• Reported by 98% of nurses (Rosenstein, 2002)
• 68% reported disruptive nurses (Rosenstein, 2005)

Namie (2003) found that 71% of the targets of disruptive behavior were bullied by those who outranked them in the hierarchy, and 80% of all targets were women
Consequences of Disruptive Behavior

The Business and Clinical Case

• The business case
  – A growing body of evidence suggests that achieving safety and quality is associated with a decrease in waste and a reduction in costs
  – Preventing and managing disruptive behavior is akin to designing and implementing a risk management strategy

• The clinical case
  – Numerous studies suggest that disruptive behavior has a negative impact on safety and quality among different types of health professionals in different settings

This is your wake up call
Call for Action

- **Accreditation**
  - The Joint Commission standard LD.03.01.01
- **Legal**
  - Bills introduced in state legislatures
  - Landmark workplace bullying case (Daniel H. Raess v. Joseph E. Doescher, Indiana Supreme Court)
- **Organizational**
  - Focus on staff recruitment/retention
  - Focus on organizational culture and high-reliability organizations
- **Socio-cultural**
  - Generational diversity with differing work expectations
  - Increasing emphasis on the rights of workers
  - Dissolution of the effectiveness of legitimate authority and formal power
  - Unions promoting safe workplaces resulting from bullying incidents

Legal Risks

- **Healthy Workplace Bill** – proposed in 17 states. Would make it an “unlawful employment practice” to subject an employee to an abusive work environment.
- **Other legal risks?**
  - Liability under the Occupational Safety and Health Act’s “general duty clause” to provide a safe workplace
  - Liability for negligent hiring if you knowingly hire someone who you knew (or should have known) had a propensity to bully
  - Liability for negligent referral if you fail to warn other employers of an employee’s violent tendencies
OSHA General Duty Clause: Section 5(a)(1)

• Each employer shall furnish to each of his employees employment and a place of employment which are **free from recognized hazards** that are causing or likely to cause death or serious physical harm.

Does this include workplace violence?

The Joint Commission

• **Standard LD.03.01.01**
  – Leaders create and maintain a **culture** of safety and quality throughout the organization

• **Rationale for LD.03.01.01**
  – Safety and quality **thrive** in an environment that supports teamwork and **respect** for other people, regardless of their **position** in the organization
Down Office Bully!
Embrace a certain level of incompetence

Current Approaches
Prevention and Management

Nearly two-thirds (62%) of the respondents to a survey of 7,740 adults reported that employers IGNORED the situation.
Leadership Matters!

• Your staff are more likely to take action when they believe:
  – Others would take similar action
  – Leaders will take action and protect
  – Something will happen
  – Retaliation will not occur
  – They can trust the process
  – That it is expected of them by their managers and peers

Based on research by the Ethics Resource Center Fellows Program
Five-Step Process

- Defining expected behavior
- Measuring actual behavior
- Feedback and coaching
- Managing disruptive behavior
- Caring for and protecting the victims

Leadership is not about the moment of truth. It’s about every moment.
How to Confront Disruptive Behavior

• Spot it on the spot … speak up!
• Walk away … tolerating tirades is not part of anybody’s job
• Confront the bully … calmly
• Document disruptive behavior
• If you are a witness … speak up!
• If you are a leader … PROTECT!
What Can Employees Do?

- Recognize that bullying is about control
- Realize that it’s not your fault
- Leave the division/organization
- Keep a detailed diary and paper trail

Prevention Counts!

- Create and enforce a zero-tolerance policy
- Address the bullying behavior ASAP
- Hold an awareness campaign
- Model effective professional behavior
- Use facilitation, mediation or design a group intervention/team building
Formulating a Prevention Plan

- **Begin today and go beyond The Joint Commission**
- **Enlist the support of key champions**
- **Gather data to assess current status**
- **Identify causes and drivers**
- **Navigate changes through political and cultural terrain**

- **Normalize a “new way of interacting”**
- **Observe changes toward improvement**
- **Welcome successes and address pockets of resistance**

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Policy and Procedure

**Subject:** ZERO TOLERANCE FOR ABUSE

**Effective date:**

---

**Policy:** It is the policy of ____________ (Hospital or Health Care System) to promote a work environment that is pleasant, healthful, comfortable, free from intimidation, hostility, and free of abuse, verbal or physical, that could interfere with work performance and the delivery of safe quality patient care within the ____________ (Hospital or Health Care System). The ____________ (Hospital or Health Care System) has Zero Tolerance for behavior that is verbally or physically abusive and which could interfere with work performance and the delivery of safe quality patient care.

Employees, contracted individuals, or providers with hospital privileges who report in good faith that they have experienced verbal or physical abuse will not be subject to discrimination, retaliation, or termination for reporting concerns to their supervisor or to the administration of the ____________ (Hospital or Health Care System).

Upon any report of alleged abusive behavior ____________ (Hospital or Health Care System) will work to resolve the report through its procedure for dealing with abuse allegations.
VALUES-BASED LEADERSHIP

The Bystander Effect

• Social psychological phenomenon in which individuals do not offer help in an emergency situation when others are present

Who got murdered while 38 bystanders watched?
Where’s Your Ethical Compass?

- **Ethical culture**
  - Formal and informal control systems promote ethical behavior
  - Disruptive behavior violates both formal and informal control systems
  - Disruptive behavior is identified, addressed, and actions are taken to eliminate the behavior from the organization

- **Unethical culture**
  - Disruptive behavior is tolerated or rewarded by the formal and informal control systems
  - Disruptive behavior is accepted as the way the organization operates
  - In the long run, the organization, or at least its bullying leader, fails

Is There Anything Unique to the Medical Staff?

- ABMS six core competencies for quality patient care
  1. Patient care
  2. Medical knowledge
  3. Interpersonal and communication skills
  4. Professionalism
  5. Systems-based practice
  6. Practice-based learning and improvement

- AMA definition
  - *The AMA has defined disruptive behavior as a style of interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care* (AMA H-140.918 Disruptive Physician Policy)
In Conclusion

“We can’t change the human condition, but we can change the conditions under which humans work”

— Professor James Reason
References

TO BEGIN: AMEN!!

Learning Goals

1. To understand root causes—both individual and systemic
2. To highlight the impact of physician training and the culture of medicine
3. To describe a comprehensive and holistic approach to address root causes
Begin by Understanding Root Causes, Then Understand Physicians

“There is always an easy solution to every problem – neat, plausible and wrong.”
— H. L. Mencken

Begin by Understanding Root Causes

• You cannot “fix” that which you do not understand …
  … or have not named
Begin by Understanding Root Causes

• Individual root causes
• Systemic root causes
Begin by Understanding Root Causes

- Individual root causes
- Systemic root causes
- Intertwined root causes

Then Understand Physicians

Inside the Mind of a Physician: Illuminating the Mystery of How Doctors Think, What They Feel, and Why They Do the Things They Do
Herdley Paolini, PhD, Foreword by Ben Carson, MD, Published by Florida Hospital, ©2009 Herdley Paolini
Then Understand Physicians

• Who they are

• How they are conditioned
Then Understand Physicians

- Who they are
- How they are conditioned
- The culture of medicine

So, How Do We Typically Deal With Disruptive Physician Behavior?
So, How Do We Typically Deal With Disruptive Physician Behavior?

• Badly

What’s Wrong With the Typical Approaches?
What’s Wrong With the Typical Approaches?

• Responding to dysfunction with dysfunction

• Demonstrating lack of organizational integrity
What’s Wrong With the Typical Approaches?

- Responding to dysfunction with dysfunction
- Demonstrating lack of organizational integrity
- Responses that don’t address the real problems

Systemic Issues

- Dysfunctional/broken processes
- Double and conflicting messages
- Hostile environment
- Faster and faster/more and more
- Constant change
- Uncertainty
- Mountains of paperwork
- Technology
- Less meaningful interactions
- Culture of medicine
Dealing With Systemic Issues

• Start by addressing BOTH your hospital culture and the culture of medicine in your institution
  – The problem lies within the dynamics and inter-dynamics of both cultures
    • Institutional culture
    • Culture of medicine
    = Systemic dysfunction

Individual Issues

• Competitiveness and winning as styles of living
• Lack of self-care practices
• Expertise in postponing, delayed gratification
• Often delayed developmental process
• Personality disorders
• Substance abuse/addictions
• Mood disorders
• Anger/impulse control disorders
• Lack of leadership training and skills
• Absence of forums to examine values, meaning, and purpose
Dealing With Individual Issues

- Dysfunction is contagious
- Individual issues affect personal life as much as professional life
Intertwined Issues

• No wonder six out of 10 physicians experience burnout at some point!

A Holistic Solution You Can Begin Building Today

• Culture change is a necessary but long-term endeavor
• Today’s solution is to enable physicians to function well in today’s working environment …
• … and to become the leaders we need for tomorrow’s healthcare system
Practical Steps Toward a Comprehensive Approach

- “Safe harbor” reporting system
- Structured (real) communications program
- Walk the talk (the only way to change culture)
- Invest in physician wellness and development
  - Provide resources for positive interventions
  - Create a holistic physician leadership program

WHAT IS A PHYSICIAN LEADERSHIP PROGRAM?
Holistic Physician Leadership Development

• Beyond management education and skills-based training
• CME curriculum focused on personal & professional growth
  – Mindfulness and resiliency training
  – Recapture the meaning in medicine
  – Integrating personal and professional lives
  – Self-care best practices
• Relationship-based developmental opportunities and leadership coaching

The Foundation Is Four Core Beliefs

1. The well-being of physicians is a matter of national health
2. Physicians are human beings before they are MDs
3. The culture of medicine as experienced within the hospital should actively support physicians to be healers
4. Physician leadership is crucial in promoting the needed changes
Key Elements of the Program

- Counseling and psychotherapy
- On-boarding interview (credentialing)
- Executive coaching & consultation
- Finding meaning in medicine
- Physician leadership retreats
- Collegiality events
- CME curriculum

Measuring Success

Physician Well-Being: A Whole-Person Approach
Florida Hospital Physician Support Services Scope and Practice
Jeffrey T. Jernigan, PhD, LPC, PMLC-R
February 8, 2013

- Counseling, psychotherapy and coaching are anchors of the program.
- However, the whole-person leadership development programs and holistic life balance and mental wellness activities offered to all members of the medical staff are what make PSS truly effective.
- The impact of PSS is reflected in more positive relationships between administration and medical staff members, healthier physicians, better working relationships among care team members, improved patient satisfaction and fewer medical errors.
Breakdown of contacts with physicians and physician family members in all services and programs provided by Physician Support Services for the two-year period January 2011 through December 2012 (total = 1,266)

- More than 50 physicians were helped through major negative life or career events.
- An extrapolation of the data conservatively suggests that more than 100 physicians are practicing medicine today who otherwise would not be so employed if not for PSS interventions over the past 10 years.
Determining a continuum for use in assessing physician functioning whether clinician-assessed or client-assessed faces the same limitations as the GAF and the SDS regarding relative comparative instruments. Further, there is no complete agreement regarding well-being assessment as to criterion to utilize consistently across all measures. The American Medical Association using a medical model specifies six areas of psycho-social impairment. The Social Security Administration using a social model has a different standard for determining impairment.

In order to minimize these limitations, the Physician Clinical Impairment Scale (right) was developed to provide more objective measure of physician well-being that takes into specific consideration those challenges faced in practicing medicine.

Physician functioning in this respect is comprised of psychological, medical, and social components that should be reflected in a similar relative comparison across a continuum. Combining the GAF scale with the categorical descriptions of the SDS suggests a useful model in this regard.

A much greater number of physicians are practicing safer, more relational and higher quality medicine to the benefit of their patients and the health system.

Both the human and financial implications of this work over the past 10 years are stunning.
• It costs Florida Hospital $200,000 to $300,000 to recruit a new or replacement physician.

• This study identified 25 interventions in 2011–2012 with physicians who remain in practice at Florida Hospital today, but who would not be on staff if not for the work of PSS.

• The associated savings to the hospital in just replacement expense is more than $5.1 million for the past two years alone.

Summary: The Keys to Success

✓ Winning trust and becoming embedded
✓ Normalizing the subject (becoming part of the culture)
✓ Using continuing medical education as the foundation for integrating the art and science
✓ Creating opportunities for personal and professional growth and for relationships to grow (both among and with physicians)
✓ Providing empathic counseling and psychotherapy interventions
Questions & Answers

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Director/Licensed Psychologist
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Submit a question:
1. Go to the Q & A box located on your screen.
2. Type in your question.
3. Click the Icon to send.

Thank you for attending!

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Orthopedics Service Line Success: Physician Engagement, Efficiency, and Quality

October 16, 2013 at 1:00 p.m. Eastern

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This concludes today’s program.

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“Reining In Disruptive Docs: Strategies to Manage Risk and Reduce Turnover”

a 90-minute webcast on
August 27, 2013

Elizabeth Petersen
Vice President
HCPro, Inc.