The Disruptive Physician
Background

• 2000 – FSMB study articulated a problem regarding disruptive behavior (DB)

• 2009 – JCO formalizes need for institutional policy on DB

• American College of Physician Executives
  – problem MD’s
Disruptive Technology

- Most demanding use
- High quality use
- Medium quality use
- Low quality use

Performance vs. Time chart

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SUNY Downstate Medical Center
DISRUPTOR CANNON
Disruptive Physician Behavior: Use and Misuse of the Label

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ABSTRACT: Beginning in 2009, The Joint Commission (TJC) requires medical leaders to address disruptive behaviors in accreditation organizations and this includes addressing disruptive physician behaviors. The Federation of State Medical Boards (FSMB) has acknowledged the importance of addressing disruptive physician behavior as reflected in the 2000 Report of the Special Committee on Professional Conduct and Ethics and in the 2011 Policy on Physician Impairment. This article provides in-depth information about disruptive physician behavior, including discussion of the causes and contributing factors, strategies to manage such behavior, formulation of medical staff policies, and appropriate and inappropriate use of the disruptive label. Although not a diagnosis, the disruptive label is useful in screening for disruptive physician behaviors. However, the disruptive label should not be applied to physicians just because they present controversial ideas or offer criticism of the medical system.

Introduction
Beginning in 2009, The Joint Commission (TJC) created a new Leadership standard (LD.03.01.01)¹ that addresses disruptive and inappropriate Conduct and Ethics³ and in the 2011 Policy on Physician Impairment.⁴ This article provides in-depth information about disruptive physician behavior, including discussion
Definition

• Disruptive Behavior
  – practice pattern of traits that interferes with effective clinical performance
  – negatively impacts the persons with whom the physician interacts
### Table 1
#### Disruptive Behaviors

**Aggressive behaviors:**
- Yelling
- Foul and abusive language
- Threatening gestures
- **Public criticism of coworkers**
- Insults and shaming others
- Intimidation
- Invading one’s space
- Slamming down objects
- Physically aggressive or assaultive behavior
Passive-aggressive behaviors:

- Hostile avoidance or the “cold shoulder” treatment
- Intentional miscommunication
- Unavailability for professional matters, e.g., not answering pages or delays in doing so
- Speaking in a low or muffled voice
- **Condescending language or tone**
- Impatience with questions
- Malicious gossip
- Racial, gender, sexual, or religious slurs or “jokes”
- “Jokes” about a person’s personal appearance, e.g., fat, skinny, short, ugly
- Sarcasm
- Implied threats, especially retribution for making complaints
Data

- 95% of executives reported regularly encountering DB

- 70% stated that it was always the same MD’s

- MC against nurses/staff

- 80% state it is underreported for fear
Perpetuates

- Most likely experienced DB themselves
- Entitlement to act once full status
Crazy doesn’t count...

• AXIS I – not definable as DB; Needs clinical help

• BUT AXIS II...

- Paranoid (pattern of distrust and suspiciousness; such that other’s motives are interpreted as malevolent)
- Narcissistic (pattern of grandiosity, need for admiration and lack of empathy)
- Passive-aggressive (pattern of negativistic attitudes and passive resistance to demands for adequate performance in social and occupational situations)
- Borderline (pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity)
Costs

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<td>Impact of Disruptive Behavior</td>
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- Lowered staff morale
- Increased turnover of staff
- Negative reputation of the health care system
- Undermined team effectiveness
- Poor patient satisfaction
- Diminished patient care: medical errors, adverse elements
- Increased cost of care
- Lawsuits
Positive Physician Behaviors

The American College of Graduate Medical Education (ACGME) has promulgated requirements for residency programs that include interpersonal skills. Among these core competencies are the following:

- Patient care that is **compassionate, appropriate, and effective** for the treatment of health problems and the promotion of health
- **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds
- Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
Elements of a Program of Remediation

Remediation should be tailored to the needs of the individual physician based on psychiatric evaluation. Examples of program elements include the following:

Training sessions:
• Communication skills training:
  – Anger management
  – Negotiation and conflict resolution
  – Sensitivity training
  – Self-assertiveness training
  – Team building
• Impulse control training

Treatment options:
• Focused psychotherapy
• Use of psychotropic medications for select cases
• Professionally led assistance groups for physicians with disruptive behavior
• Behavioral coaching

Ongoing assessment:
• Assessment utilizing the 360-degree tool
• Periodic psychiatric re-evaluation to adjust the participant’s contract based on progress or recurrences of negative behaviors; determinations about danger to patients and coworkers, suitability to practice and limitations that may require practice restrictions (temporary or permanent) or need to terminate well-being committee assistance as ineffective and refer to medical executive committee for discipline

Oversight program resources:
• Participation in physician wellbeing committee
• Participation in state physician assistance program
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Thanks