Strategies for Identifying and Addressing Unprofessional Physician Behavior

William H. Swiggart, MS
Assistant in Medicine
Vanderbilt Department of Medicine
Co-Director, Center for Professional Health
Vanderbilt University Medical Center
Nashville, TN

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Disclosure

I have no financial relationships to disclose.
Goals

- Describe the Center for Professional Health Program for Distressed Physicians professional development course and lessons learned.
- Explore specific approaches to remediation and skill building.
- Identify resources.
Objectives

► Describe the etiology of unprofessional behavior.
► Complete one self-assessment tool and evaluate the results.
► Practice at least two grounding techniques.
► State the “8:1” ratio.
► Define “flooding”
# Participants in CPH Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>N</th>
<th>Years</th>
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<tbody>
<tr>
<td>Maintaining Proper Boundaries</td>
<td>970</td>
<td>2000-2016</td>
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<td>Program for Distressed Physicians</td>
<td>226</td>
<td>2004-2016</td>
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<tr>
<td>Proper Prescribing of Controlled Prescription Drugs</td>
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<td>1994-2016</td>
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<tr>
<td>Proper Prescribing of Controlled Prescription Drugs for APRNs</td>
<td>16</td>
<td>2015-2016</td>
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<td><strong>TOTAL</strong></td>
<td><strong>2458</strong></td>
<td><strong>1998-2016</strong></td>
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Disruptive/Distressed Physicians
<table>
<thead>
<tr>
<th>Site</th>
<th>Dates</th>
<th>Participants</th>
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</thead>
<tbody>
<tr>
<td>Vanderbilt University Medical Center Center for Professional Health Nashville, TN William H. Swiggart, M.S. <a href="http://www.mc.vanderbilt.edu/cph">www.mc.vanderbilt.edu/cph</a></td>
<td>2004-2016</td>
<td>226</td>
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<td>University of Florida College of Medicine Gainesville, FL Dr. Martha Brown <a href="http://www.drmarthabrown.com">www.drmarthabrown.com</a></td>
<td>2011-2016</td>
<td>142</td>
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<td>Rush/Professional Renewal Center Chicago, IL and Lawrence, KS Drs. Betsy and Michael Williams <a href="http://prckansas.org/cme/the-program-for-distressed-physicians-cme-course-overview">http://prckansas.org/cme/the-program-for-distressed-physicians-cme-course-overview</a></td>
<td>2015-2016</td>
<td>74</td>
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<td>University of Virginia Charlottesville, VA Dr. John Schorling and Dr. Kim Penberthy <a href="https://med.virginia.edu/psychiatry/patients/eccs/eccs-course-description/">https://med.virginia.edu/psychiatry/patients/eccs/eccs-course-description/</a></td>
<td>2011-2015</td>
<td>46</td>
</tr>
</tbody>
</table>
“We judge ourselves by our motives, others judge us by our behavior.”

- AA quote
Behaviors that Undermine a Culture of Safety

“Intimidating and unprofessional behavior can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments.”


► Misprescribing

► Boundary issues sexual and other

Spectrum of Disruptive Behaviors

**Aggressive**
- Anger Outbursts
- Profane/Disrespectful Language
- Throwing Objects
- Demeaning Behavior
- Physical Aggression
- Sexual Comments or Harassment
- Racial/Ethnic Jokes

**Passive Aggressive**
- Derogatory comments about institution, hospital, group, etc.
- Refusing to do tasks

**Passive**
- Chronically late
- Not responding to calls
- Inappropriate or inadequate chart notes

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Two Systems Interact

The external system
Functional & nurturing

Hospital/Clinic

“The Perfect Storm”

Physician

The internal system
Good skills

Dysfunctional

Poor skills

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Etiologies

- Institutional Factors*
  - Scapegoats
  - System reinforces behavior
  - Individual pathology may overshadow institutional pathology.

* Williams and Williams, 2004
Etiologies

- Individual Factors
  - Predisposing Psychological Factors\(^1\)
    - Alcohol and Drug Family History
    - Trauma History
    - Religious Fundamentalism
    - Familial High Achievement
  - Personality Traits\(^2\)
    - Narcissism
    - Obsessive/Compulsive
  - Physician Burnout\(^3\)
  - Clinical Skills Satisfactory or Above Average\(^4\)
    1. Valliant, 1972
    2. Gabbard, 1985
    3. Spickard and Gabbe, 2002

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“This means you feel so stressed that you become emotionally and physically overwhelmed…”

“Pounding heart, sweaty hands, and shallow breathing.”

“When you’re in this state of mind…you are not capable of hearing new information or accepting influence.”

Flooding Test

See handouts

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**Scoring:** If you answered “yes” to more than eight statements, this is a strong sign that you are prone to feeling flooded during conflict. Because this state can be harmful to you, it’s important to let others know how you are feeling. The antidote to flooding is to practice soothing yourself.
Flooding*

“This means you feel so stressed that you become emotionally and physically overwhelmed…”

“Pounding heart, sweaty hands, and shallow breathing.”

“When you’re in this state of mind…you are not capable of hearing new information or accepting influence.”

SKILLS TO USE WHEN FLOODING

GROUNDING

- Categories exercise
- Judge versus describe
- Breathe
SKILLS TO USE WHEN FLOODING

SPECIFIC PHRASES

- You may be right.
- Give me a minute, I’ll get right back to you.
- I know this may be frustrating, I want to address your concerns.
- Tell me how I can help you.
- Glad you are here.
Myths about distressed MDs

- Cannot change their behavior.
- Do not care about others.
- Enjoy conflict.
- Being a good surgeon excuses poor communication.
When “a little chat” doesn't work

Mr. Bangsiding felt (and wrongly so) that a little chat would be enough to stop Bob’s disruptive behavior.
Lessons learned

► Distressed physicians lack the skills to be effective.
► Sometimes unprofessional behavior may be directly linked to the work environment.
► Distressed physicians often carry the concerns of their colleagues alone and fail to get consensus when dealing with administration.

► Physicians noted as “most helpful:”
  ○ Role play
  ○ Grounding skills
  ○ Follow-up small groups and genogram
Lessons learned

- Distressed physicians are often introverted in nature which can lead to poor communication.
- Distressed physicians don’t understand the “8:1” positive-to-negative ratio.
- Physicians may not ask enough questions when taking a new leadership position. (Orthopedic surgeon story)
Lessons learned

- Distressed physicians often come from families that were rigid and disengaged.
- Change takes time and feedback (B-29© survey).
- Distressed physicians tend to speed up under stress.
- Distressed physicians tend to flood and fail to recognize their own flooding as well as flooding in others.
Potential Resources for Healthy Coping

- Courses
- Coaches, counselors
- Comprehensive evals
- 360° Evaluations
- Physician Wellness

- State BME
- Professional Societies
- QI Officers
- EAP
- State Physician Health Programs

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Vanderbilt Center for Professional Health

Professional Development Courses

Today’s slides can be found on our website below

www.mc.vanderbilt.edu/cph

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Questions