

Dealing with the Difficult Physician

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Doctors can be difficult



In the tight-knit community of an ambulatory surgery center, the difficult physician is immediately recognizable

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Difficult Physician



Definition: AMA defines as a style of interaction with physicians, hospital, personnel, patients, family members that interferes with patient care.

Prevalence: most studies 3-6%



The Difficult Physician

He yells and screams, speaks rudely to surgical team members and may even throw instruments.

He is constantly making exorbitant demands, taking up many hours to get his point across and not giving an inch on scheduling.

He demands specific scrub techs and makes the rest feel like second-class citizens.

Because of his behavior, this physician has made it difficult for surgical staff and others to do their jobs.



Spectrum of Disruptive Behavior

Aggressive

- Anger
- Threats
- Throwing things
- Yelling

Passive aggressive

- Complaining about Center
- Derogatory comments
- Inappropriate joking
- Sexual harassment

Passive

- Chronically late
- Failure to return calls
- Inappropriate chart notes



Characteristics of the Difficult Physician

Failure to explain
 Rudeness
 Disrespect
 Condescension
 Ordering instead of requesting or consulting
 Undermining other team members
 Blaming others publicly
 Not listening or taking colleagues seriously
 Indulging in temper outbursts
 Failure to say, **Thank you**



How many of the Physician types do you recognize?*

The Negative Physician
 The Selfish Physician
 The Unreasonable Physician
 The Whining Physician
 The Disorganized Physician
 The Immature Physician

* K.L. Stewart, MD



How many of the Physician types do you recognize?*

The Angry Physician
 The Abusive Physician
 The Dishonest Physician
 The Arrogant Physician
 The Pot-Stirring Physician

* K.L. Stewart, MD



How many of the Physician types do you recognize?*

The Marginal Physician
 The Impaired Physician
 The Incompetent Physician
 The Distracted Physician
 The Overwhelmed Physician

* K.L. Stewart, MD



Causes

▶ External factors

- Behavior reinforcement by the system
- Complaints not conveyed to doctor
- Life cycle events (death, divorce, illness, etc)
- Stressors– overworked, declining skills, stress of practice, decrease compensation, malpractice



Causes

▶ Internal factors

- ETOH/Drugs
- Compulsive behavior(gambling, sex, eating, work)
- No leadership, conflict resolution, or communication skills
- Psychiatric disorder



Approach to Disruptive Behavior

- 1) Best resolution is to never recruit the doctor to Center in first place
- 2) Make sure there is a clear policy for disruptive behavior
- 3) Make sure every one is informed
- 4) Investigate each incident carefully before acting
 - Interview all parties
 - get staff observations in writing
- 5) Follow Bylaws, act in good faith, be consistent
- 6) Confront physician
 - Ideal to have a physician champion for confrontation



Taking Action?

Easier to turn a blind eye

Downsides to addressing the problem

Requires significant time and effort on physician leadership, administrator, staff, and medical executive committee
 Angers the disruptive doctor - 'poking the bear'
 Loss of cases from a potentially high producer
 Legal threats for false accusations
 Increased stress to the staff during and after the investigation



Why Get Involved?

Ethical obligation to protect the patients
 Ethical responsibility to protect teammates
 Besides protecting the Center, may actually save the doctor's career or life.



Why Get Involved?

Destructive consequences

- Destroys morale
- Increased workplace stress
- Dysfunctional teams
- Increased risk of litigation
- Decreased quality of care
- Increased turn over of staff

Legal and regulatory requirements

Joint Commission (2008) – must have a code of conduct defined, monitoring system in place, and leaders to implement and enforce

OSHA – employers must provide employees with a place free from recognizable hazards

Civil Rights Act Title VII – ensure a nonhostile work environment

AMA – should develop bylaw provisions and policies to intervene when disruptive behavior is identified



Confronting the Doctor

Initial confrontation technique

- Letter vs. direct conversation
- Single incident vs. recurrent problem
- Balance of sending clear message vs. being obnoxious
- Group vs. individual approach
- Positive vs. negative reinforcement approach



This is a process!



This is a process!



This is a process!

**Suggested steps for dealing
with this issue**



Pick up on his body language

You can tell when someone is very upset by non-verbal behavior, such as huffing and puffing, pursed lips, stamping a foot or standing with arms folded. Don't ignore these signs Tell him: 'You seem to be really upset. Do you want to talk about it?'



Don't be heavy-handed

Take a step back before aggressively confronting him. If you say, "This is not going to be tolerated," you are just creating more resistance. **"Take your own pulse first,"** "Make certain you're not worked up, too. You have to be calm."



Put yourself in his/her shoes

Try to understand motivations behind the behavior. When people act out, they want to be noticed. Maybe they don't feel important. Some things the physician is upset about may have some legitimacy. There may be some things going on that he has a right to be upset about.

[illegible]

Tell him how others feel around him

Let the surgeon know how staff members feel when they are yelled at. Tell him that screaming at the surgical tech is not creating a positive environment. It is not getting what you want in terms of a reaction.



Engage in a dialog with him

Repeat back to him what you hear him saying: "I think what you are saying is..." Ask him to help you find a solution and generally encourage him to improve his behavior.



Fellow physicians are often most effective

Administrators and head nurses often encounter a great deal of resistance when trying to work things out with a difficult physician. Bringing in **the medical director or a physician champion** is often more successful. "The difficult physician may feel that talking to anyone other than a colleague is diminishing the importance of his problems,"



Why a Physician Champion?

Leadership is so important for the Center
Involved MD gives the Staff confidence to report issues
Disruptive behavior less likely with consistent leadership oversight
Confrontation profoundly more successful when delivered by MD
Pattern of addressing issues is deterrent especially if consistent



Help him find a way for him to talk to staff

If he is ready and staff members are willing, ask him to sit down with them. He should be encouraged to discuss any concerns he has with staff in a low-key way. Then he won't need to yell and scream,"



Support your staff

The problems with a disruptive physician should reach a resolution within a few weeks. "If things don't work out, you need to **stand up for your staff**. If you cannot resolve the situation and it drags on, the message to them is, 'Your feelings are not important.' "



Confrontation Not Successful

Behavior continues– pattern developing

Group discussion in discipline committee or MEC
Formal letter of reprimand
Document, Document, Document
Group meeting with the doctor and Center leadership
Engage attorney for guidance as progresses to privilege issues
Physician health professional evaluation
Privilege restriction – remember this is reportable



Take home points

Often the disruptive behavior has unrecognized cause
 Disruptive behavior effects all health care delivery
 Significant support for no tolerance policy
 Policies/bylaws must be clear and follow them exactly
 Procure and utilize a physician champion
 Be fair and consistent for all episodes
 Persistently follow through until behavior resolved or
 physician removed



Take home points

You need to speak up!


