

Dealing with Difficult Physicians

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Difficult Physician=Disruptive Behavior

- **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%

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

Causes- Not Necessarily a Jerk

• External factors

- High system demand-low system support
- Behavior reinforcement by the system
- Complaints not conveyed to doctor
- Life cycle events(death,divorce, illness, etc)
- Stressors- overworked, declining skills, 'nl' stress of doctor, decrease compensation, malpractice

Causes- Not Necessarily a Jerk

• Internal factors

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

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

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.**

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

Approach to Disruptive Behavior

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

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

Confronting the Doctor

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

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

Conclusion

- Usually the disruptive behavior has unrecognized cause
- Disruptive behavior has negative ramifications for 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
