

Dealing with Disruptive Individuals with Tact and Fortitude

Michael K. Cahalan, MD
Professor & Chair of Anesthesiology
University of Utah

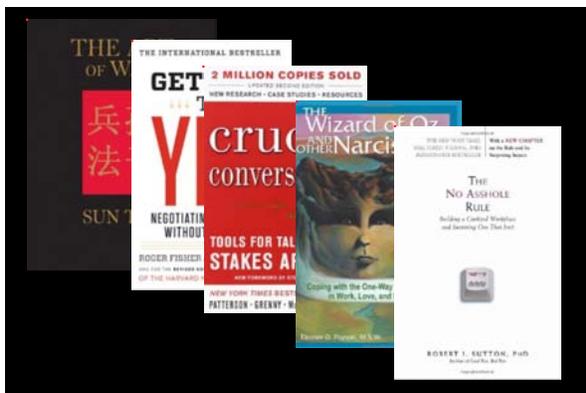
No Conflict of Interests

Outline of Presentation

- More powerful than you
- Your peer group
- Your faculty
- Your employee

Cases

- Luminary surgeon abuses OR team
- Chair of surgery bullies coordinators
- Senior faculty manipulates schedule
- CRNA sexually harasses OR nurses



Lessons from Readings

- Know thyself and thy enemy
- Stick to the facts – it's not personal
- Careful with the story you tell yourself
- Narcissists hear what they want to hear
- Some people need to go

Code of Conduct

In 2008, Joint Commission Sentinel Alert No. 40 was released (1). In this alert, disruptive behavior was linked to medical errors, poor patient satisfaction, preventable adverse outcomes, increased staff turnover, and higher costs of care, including malpractice. The Joint Commission recommended that hospitals establish a formal code of conduct. They also required leadership to create a process for reporting, evaluating, and managing disruptive behavior.

Big 5 Personality Traits

- Extraversion: excitability, sociability, talkativeness
- Agreeableness: trust, altruism, kindness
- Conscientiousness: thoughtfulness, goal directed
- Neuroticism: anxiety, moodiness, sadness
- Openness: Imagination, insight, wide interests



Symptoms Narcissism

- Grandiose sense of self-importance
- Preoccupation with success, power, brilliance
- Belief in personal specialness
- Need for excessive recognition
- Strong sense of entitlement
- Exploitative of others - lacks genuine empathy
- Arrogant, haughty behaviors or attitudes

Insight Deficits

- Rationalization
 - “I’m only trying to do what’s best for my patient”
 - “That person has it out for me”
 - “I can’t believe anyone would take offense at that”
- Denial – “I never said that”

Two Types of Offenders



Initial Check List

- What are the facts?
- Is this a pattern or a change?
- What is happening in his/her life?
- What are the system contributors?
- What is the potential impact & urgency?
- What resources do I need to intervene?

Trusted Advisors

- Vice Chairs if appointed
- If not, “Wellness Committee”
- Must have major credibility
- Must be loyal & confidential
- Should be compensated

Management

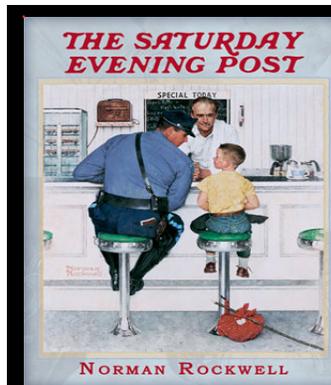
- First offenders/less severe issue
 - » One-on-one career talk
 - » Professional coaching
 - » Close mentoring & system corrections
- Frequent flyer/severe issue
 - » Seek your legal & administrative help
 - » Engage the bureaucracy!

Imbalance of Power

- You must keep confidence
- Your offender will likely not
- Your actions will seem unjustified
- They may threaten innocent bystanders
- They may unify the reactionary forces
- Be prepared with your trusted advisors

Luminary Surgeon Abuses

- Established incontrovertible facts
- Address real grievances
- Determine pattern or not
- Not: ambassador luncheon
- Pattern: engage the bureaucracy
- Minimize collateral damage



Profit
vs.
Institutional
Liability

Surgery Chair Bullies

- Underlying personal problem?
- What are the established facts?
- Are there system issue to fix?
- Pattern or not
- Can other chairs help you?
- Where does the administration stand?

Senior Faculty Manipulates

- Legitimate reasons?
- Personal problems?
- Other signs of narcissism?
 - No, fairness & reputation arguments
 - Review with trusted advisors before ...
 - Yes, brace yourself

Managing the Narcissist

- Advanced chairing in spades
- Usual arguments don't work
- Narcissist hears what he/she wants
- Very easy to offend
- Will attack you/your motives
- Behavior may be well established

Managing the Narcissist

- Established the facts
- Review with trusted advisors
- Interview with trusted advisor
- Engage legal help early
- Leave a written trail of actions
- Follow up with written expectations

Remember

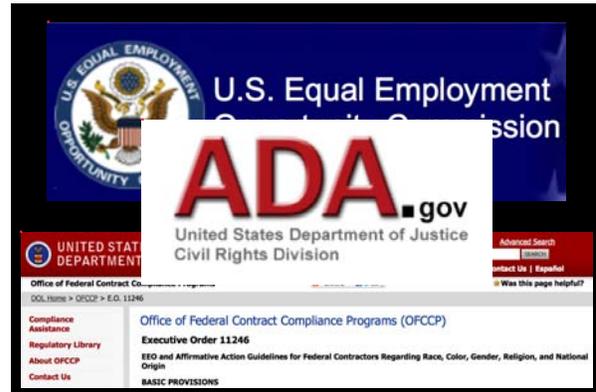
Because the true Narcissist has a deep sense of entitlement and little insight into how the rest of the world perceives him/her, you have little chance to satisfy his/her demands

CRNA Harasses RNs

- Established the facts/pattern
- Review with trusted advisors
- Interview with HR manager
- Engage legal help early
- Leave a written trail of actions
- Follow up with written expectations

Employee vs. Faculty

- Different set of rules likely
- Union or non-union?
- Different set of safeguards
- Different set of power perceptions
- Whistle blower opportunity



Prevention

- Walk the walk
- Set standards for good behavior
- Define misbehavior
- Seek input and protect the source
- Accept this responsibility personally
- Followup

Practical Tips

- Don't act until necessary
- Anything written is public
- Expecting fairness is naïve
- Being fair is essential
- Consistency is vital
- Objectivity is the best defense