

# Medical Professionalism: Dealing with the "Difficult" Colleague

## Disclosures

- Raydiant Oximetry (will not be part of this presentation)

Mohammed M. Minhaj, MD, MBA, FASA, FACHE  
Vice-Chair for Finance & Operations  
Associate Chair for Faculty Development  
Department of Anesthesia & Critical Care  
Vice-President, Medical Staff Organization  
University of Chicago Medicine

## Learning Objectives

**Describe the impact disruptive providers and unprofessional behavior have on health care systems**

**Identify predictive factors for unprofessional behavior**

**Describe methods to modify unprofessional behaviors**

## Why Professionalism?

October 25, 2016

### Rovenstine Lecture: Professionalism requires a lifetime commitment



David Chestnut, M.D., presented 'On the Road to Professionalism' on Monday.

In a soul-searching Emery A. Rovenstine Memorial Lecture on Monday, David Chestnut, M.D., examined the key attributes of professionalism and his own journey on the road to professionalism in anesthesiology.

"Each of us helps shape the culture of professionalism in our practice environment. Professionalism is not something that we learn once. None of us is perfectly professional at all times in all circumstances. Professionalism is both a commitment and a competency that we practice over a lifetime," said Dr. Chestnut, Professor of Anesthesiology and Chief of Obstetric Anesthesiology at Vanderbilt University, Nashville.

The key attributes of professionalism in anesthesiology include humility, leadership, self-awareness, kindness, altruism, attention to personal well-being, responsibility

# Professionalism = Organizational Culture

# Unprofessionalism

DALLAS ANESTHESIOLOGIST BEING SUED OVER DEADLY SURGERY

Anesthesiologist suspended for allegedly sexting during C-sections

Updated: 8:18 AM EDT, Jun 11, 2014

Several types of unprofessional behavior

- These carry ethical, legal and financial implications
- We are going to focus on the disruptive provider

Sections

ARTHUR ZILBERSTEIN

## Outline

- What is Disruptive Behavior?
- The Impact of Disruptive Behavior
- Dealing with the Disruptive Provider

### How Common is Disruptive Behavior?

- 1-5% of individuals in organizations may be considered disruptive, 6-18% in medicine
- What is now considered disruptive was once **lauded** in medicine

#### Letters

Belittlement and harassment of medical students: The roots of education are bitter but the fruits are sweet

BMJ 2006 ; 333 doi: <http://dx.doi.org/10.1136/bmj.333.7574.920-b> (Published 26 October 2006)  
Cite this as: BMJ 2006;333:920



### What is Disruptive Behavior?



"You ask me if I have a God complex...  
Let me tell you something: I AM God."

The Joint Commission

The Joint Commission

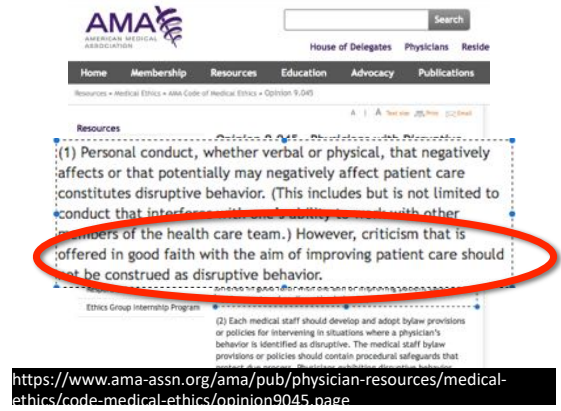
- "Overt actions such as **verbal outbursts and physical threats**, as well as **passive activities** such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities"
- "Reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions"

Intimidating and disruptive behaviors in health care organizations are **not** rare..."

majority of episodes of intimidating or disruptive behaviors. It is important that organizations recognize that it is the behaviors that threaten patient safety, irrespective of who engages in them.

The majority of health care professionals enter their chosen discipline for altruistic reasons and have a strong interest in caring for and helping other human beings. The preponderance of these individuals carry out their duties in a manner consistent with this idealism and maintain high levels of professionalism. The presence of intimidating and disruptive behaviors in an organization, however, erodes professional behavior and creates an unhealthy or even hostile work environment - one that is

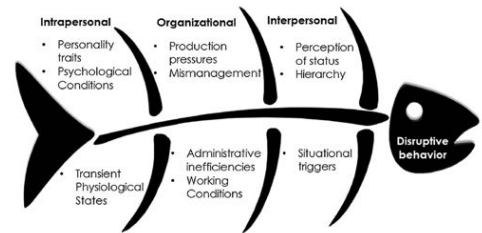
Disruptive behavior is a root cause of communication breakdowns



**What is Disruptive Behavior?**

- Raising Voice/Yelling
- Berating
- Throwing instruments
- Physical Abuse
- Passive Aggressive Behaviors too!

**Disruptive behaviour in the perioperative setting: a contemporary review**



Can J Anesth/J Can Anesth (2017) 64:128-140

**What is Disruptive Behavior?**

**Disruptive Behavior = Workplace Bullying**

**Disruptive Behavior Destroys Organizational Culture**

**THE DIRTY DOZEN**  
*Common Everyday Actions That Assholes Use*

1. Personal insults
2. Invading one's "personal territory"
3. Uninvited physical contact
4. Status degradation rituals to humiliate their victims
5. Public shaming or "status degradation" rituals
6. Rude interruptions
7. Two-faced attacks
8. Dirty looks
9. Treating people as if they are invisible

**These Behaviors Have a Tremendous Impact!!**

## Outline

What is Disruptive Behavior?

The Impact of Disruptive Behavior

Dealing with the Disruptive Provider

EDUCATION

### Impact and Implications of Disruptive Behavior in the Perioperative Arena

Alan H Rosenstein, MD, MBA, Michelle O'Daniel, MHA, MSG

- Study Design:
  - 25 question customized survey
  - Distributed in large urban academic medical center
  - Each member of OR team represented (244 completed survey total)
  - Results analyzed and compared to national research database

J Am Coll Surg 2006;203:96-105.

### How Common is Disruptive Behavior?

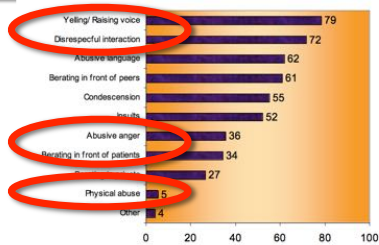


Figure 3. Types of disruptive behaviors witnessed; percent of "yes" responses.

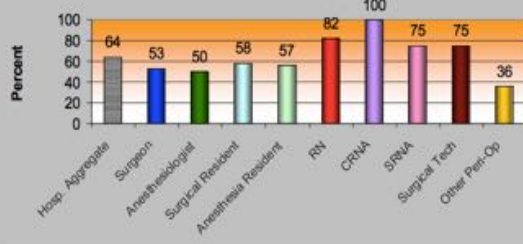
J Am Coll Surg 2006;203:96-105.

### Have you ever witnessed disruptive behavior in Attending Surgeons?



J Am Coll Surg 2006;203:96-105.

### Have you ever witnessed disruptive behavior in Anesthesiologists?



J Am Coll Surg 2006;203:96-105.

EDUCATION

### Impact and Implications of Disruptive Behavior in the Perioperative Arena

Alan H Rosenstein, MD, MBA, Michelle O'Daniel, MHA, MSG

- Conclusions:
  - Disruptive behaviors are extremely common in the perioperative setting
  - Significant **negative impact on team dynamics**
  - Significant **negative impact on communication flow among the team**

J Am Coll Surg 2006;203:96-105.

PATIENT SAFETY SERIES

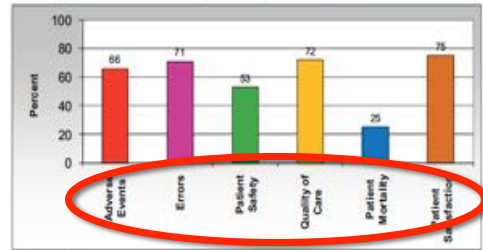
**Managing disruptive behaviors in the health care setting: focus on obstetrics services**

Alan H. Rosenstein, MD, MBA

- Survey to nurses, physicians and administrators
- A similar incidence of nurse and physician disruptive behavior
- Physician behavior more direct, overt and directed to nurses
- Nurse behavior more passive-aggressive; directed to nurses

MARCH 2011 American Journal of Obstetrics & Gynecology

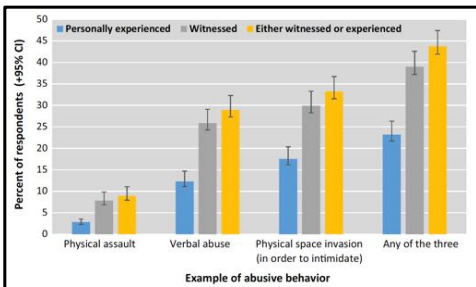
FIGURE 2  
Linkage of disruptive behavior to undesirable clinical outcomes that occur "sometimes," "frequently," and "constantly"



Rosenstein. Managing disruptive behaviors in obstetrics services. Am J Obstet Gynecol 2011.

Հոտաներու կառավարման վարչարարութեան 10 օրուան արտոյտ: Վտ | Հոտան Հոտան 2011

**Abusive behaviour in Canadian and US operating rooms**  
Comportements abusifs dans les salles d'opération canadiennes et américaines



Can J Anesth/J Can Anesth (2019) 66:795-802

How do Others See the Disruptive Provider?

- Arrogant
- Entitled
- Bully
- Morale Killer

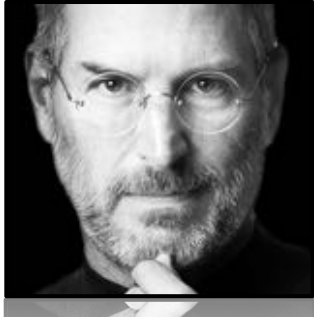
How do the Disruptive Providers See Themselves?

Usually view of themselves as the point of belief for others.

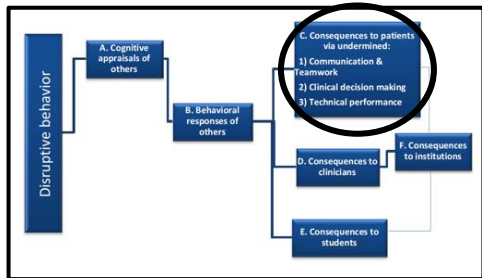
**'I'm the only one who cares.'**  
— Swan song of the disruptive physician

THE PHYSICIAN EXECUTIVE JANUARY/FEBRUARY 2002

Why are individuals disruptive?



### Disruptive behaviour in the perioperative setting: a contemporary review



Can J Anesth/J Can Anesth (2017) 64:128-140

### The Impact of Disruptive Behavior

- 12 % of staff members leave hospitals because of disruptive behavior
- 70% of 840 physicians reported witnessing disruptive behavior at least monthly. 10% reported seeing it daily.
- 7% of medication errors may be attributed to dysfunctional behavior
- Estimated cost of \$1,000,000/year for a 400 bed hospital

Disruptive Physician Behavior, ACPE Report 2011

### The Impact of Disruptive Behavior

- Physician disruptive behavior decreases nurse satisfaction and retention (Am J Nurs 2002;102:26-34)
- Negative effects on patient outcomes (Am J Nurs 2005;105:54-64)
- Reduces morale amongst other workers if behavior does not change--? Punishment (Academic Radiology vol 20;9 2013)
- Decreases respect for physicians and changes career paths for students (J Am Coll Surg 2006;203:96-105.)

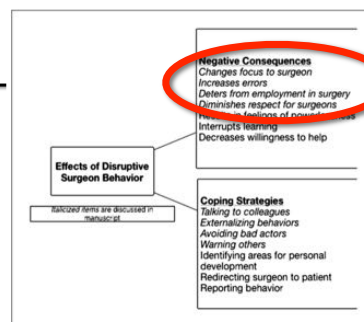
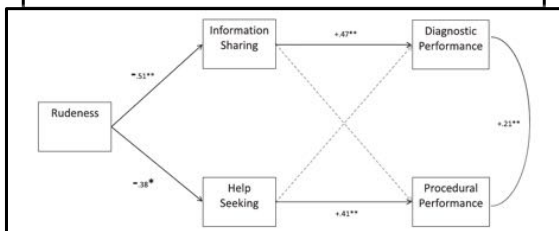


Figure 1 Effects of disruptive surgeon behavior.

FIGURE 1 EFFECTS OF DISRUPTIVE SURGEON BEHAVIOR

### The Impact of Rudeness on Medical Team Performance: A Randomized Trial

Arish Riskin, MD, MBA<sup>1,2</sup>, Amir Erez, PhD<sup>1</sup>, Trevor A. Fouk, BBA<sup>1</sup>, Amir Kugelman, MD<sup>1</sup>, Ayala Gover, MD<sup>1</sup>, Init Shoris, RN, BA<sup>1</sup>, Kinniret S. Riskin<sup>1</sup>, Peter A. Bamberger, PhD<sup>1</sup>



PEDIATRICS Volume 136, number 3, September 2015

### The Impact of Rudeness on Medical Team Performance: A Randomized Trial

Arish Riskin, MD, MBA<sup>1,2</sup>, Amir Erez, PhD<sup>1</sup>, Trevor A. Fouk, BBA<sup>1</sup>, Amir Kugelman, MD<sup>1</sup>, Ayala Gover, MD<sup>1</sup>, Init Shoris, RN, BA<sup>1</sup>, Kinniret S. Riskin<sup>1</sup>, Peter A. Bamberger, PhD<sup>1</sup>

- Adversely affects procedural and diagnostic performance
- Greater impact than sleep deprivation

PEDIATRICS Volume 136, number 3, September 2015

## What about the impact on Medical Students?

### Experiences of belittlement and harassment and their correlates among medical students in the United States: longitudinal survey

Erica Frank, Jennifer S Carrera, Terry Stratton, Janet Bickel, Lois Margaret Nora

BMA, doi:10.1136/bmj.38924.722037.7C (published 6 September 2006)

## Experiences of belittlement and harassment and their correlates among medical students in the United States: longitudinal survey

Erica Frank, Jennifer S Carrera, Terry Stratton, Janet Bickel, Lois Margaret Nora

### What this study adds

Most medical students in the United States report having been harassed or belittled during their training

Poor mental health and low career satisfaction are significantly associated with being harassed or belittled

BMA, doi:10.1136/bmj.38924.722037.7C (published 6 September 2006)

## What about the impact on Medical Students?

### Lessons Learned From Comics Produced by Medical Students Art of Darkness

ART OF DARKNESS

JAMA December 8, 2015 Volume 314, Number 22



## Demand AAMC and ACGME Take Action to Prevent Medical Student and Resident Suicides

The fact is we enter medicine with our mental health on par with or better than our peers. **Medical training can be dehumanizing. Fear-based teaching methods often prevail. Public humiliation, bullying, and sleep deprivation are commonplace.** Those who seek help often risk punishment and loss of their careers. Mental health is stigmatized within the medical profession to the detriment of all.

It comes to caring for us. **Please sign this petition to urge the AAMC and ACGME to track medical student and physician suicides, to enact policy requiring medical training programs to take concrete actions to combat the culture of abuse, and to offer routine and confidential on-the-job psychological support to all medical students and physicians.**

<http://www.thepetitionsite.com/869/066/029/demand-aamc-and-acgme-put-an-end-to-medical-student-and-resident-suicide/>

## Outline

What is Disruptive Behavior?

The Impact of Disruptive Behavior

Dealing with the Disruptive Provider

### Professionalism in Anesthesiology

"What Is It?" or "I Know It When I See It"


*Editor's Note:* This is the fourth in a four-part editorial series on the topic of excellence in anesthesia, which includes how it is designed, how it is measured, and how interventions to improve it might be assessed.

James C. Eisenach, M.D., Editor-in-Chief

**Rule #1: Create and Model the Culture you Expect**

THE  
**NO ASSHOLE**  
RULE

*Building a Civilized Workplace  
and Surviving One That Isn't*



**Rule #2: Don't Hire Them if You Know They are Disruptive**

- "Arrogance and pride are self-destructive."
- "Key attributes of professionalism include:
  - Humility
  - Leadership
  - Self-awareness
  - Kindness
  - Altruism..."



David Chestnut, M.D., presented 'On the Road to Professionalism' on Monday.

### The Past can Predict the Future

THE NEW ENGLAND JOURNAL OF MEDICINE

SPECIAL ARTICLE

#### Disciplinary Action by Medical Boards and Prior Behavior in Medical School

Maxine A. Papadakis, M.D., Arianne Teherani, Ph.D., Mary A. Banach, Ph.D., M.P.H., Timothy R. Knottler, M.B.A., Susan L. Rattner, M.D., David T. Stern, M.D., Ph.D., J. Jon Veloski, M.S., and Carol S. Hodgson, Ph.D.

Papadakis MA, Teherani A, Banach M, et al. Disciplinary Action by Medical Boards and Prior Behavior in Medical School. *N Engl J Med* 2005; 353:2673-2682

### Physician Behavior

## AN INTERVIEW TOOL TO PREDICT DISRUPTIVE PHYSICIAN BEHAVIOR

Edward A. Sandy, II, MD, MBA, Richard H. Beigi, MD, MSc, Clifford Cohen, LSW, and Kenneth C. Nash, MD, MMM

### Sutton Model of Dealing with Disruptive Employees

- Say the rule, write it down and act on it
- Power breeds nastiness—don't promote them!
- Disruptive providers will hire other disruptive providers
- Get rid of them fast or keep 1-2?
  - Treat them as incompetent
- Model and teach **constructive** confrontation

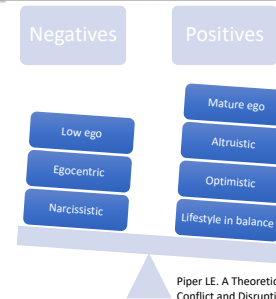
## Managing the Disruptive Provider- A Theoretical Model



Figure 1. Theoretical Model.

Piper LE. A Theoretical Model to Address Organizational Human Conflict and Disruptive Behavior in Health Care Organizations

## Managing the Disruptive Provider- A Theoretical Model: **Personality** Attributes



Piper LE. A Theoretical Model to Address Organizational Human Conflict and Disruptive Behavior in Health Care Organizations

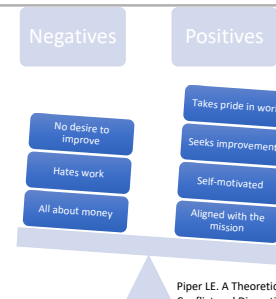
## Managing the Disruptive Provider- A Theoretical Model



Figure 1. Theoretical Model.

Piper LE. A Theoretical Model to Address Organizational Human Conflict and Disruptive Behavior in Health Care Organizations

## Managing the Disruptive Provider- A Theoretical Model: **Motivation** Attributes



Piper LE. A Theoretical Model to Address Organizational Human Conflict and Disruptive Behavior in Health Care Organizations

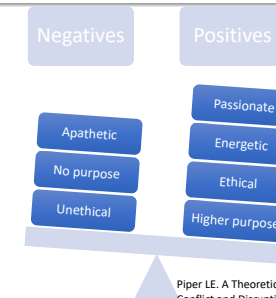
## Managing the Disruptive Provider- A Theoretical Model



Figure 1. Theoretical Model.

Piper LE. A Theoretical Model to Address Organizational Human Conflict and Disruptive Behavior in Health Care Organizations

## Managing the Disruptive Provider- A Theoretical Model: **Soul** Attributes



Piper LE. A Theoretical Model to Address Organizational Human Conflict and Disruptive Behavior in Health Care Organizations

## Managing the Disruptive Provider—A Theoretical Model

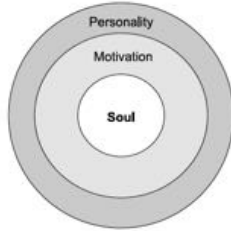


Figure 1. Theoretical Model.

Piper LE. A Theoretical Model to Address Organizational Human Conflict and Disruptive Behavior in Health Care Organizations

## Managing the Disruptive Provider—A Theoretical Model

- Confront employees with conflict issues and apply the model to educate their understanding of their conflict behavior
- Renew leadership commitment to understand and address conflict in the workplace
- Provide inservice to leadership on organizational conflict dynamics
- Hire people with positive characteristics in soul, motivation, and personality
- **Let go of those with negative characteristics in these areas**

## Managing the Disruptive Provider

- Have a clear policy on disruptive behavior (Joint Commission requirement)
- Mechanism for individuals to file anonymous complaints
- Collegial Intervention
- Formal Investigation
- Meeting with the Provider
  - Don't let the provider set the agenda
  - Document the meeting
  - Focus on behavior not personality or its cause
  - Do not send mixed messages

## Disruptive behaviour in the perioperative setting: a contemporary review

Table 3 Guidelines for civil behaviour

John Hopkins Rules of Civility that are applicable to the operating room <sup>132</sup>	The Ontario Medical Association's fundamentals of civility <sup>133</sup>
<ul style="list-style-type: none"> <li>• Acknowledge others: their presence, worth and effort</li> <li>• Respect others' opinions, time, space (physical &amp; emotional)</li> <li>• Speak kindly</li> <li>• Respectfully assert yourself</li> <li>• Don't blame</li> <li>• Keep it down</li> </ul>	<ul style="list-style-type: none"> <li>• Respect others and yourself</li> <li>• Be aware</li> <li>• Communicate effectively</li> <li>• Take good care of yourself</li> <li>• Be responsible</li> </ul>

Can J Anesth/Can Anesth (2017) 64:128–140

Our

- Com
- Ri
- Se
- Anon
- Inter

### Are you a Reporter of Patient Safety Events?

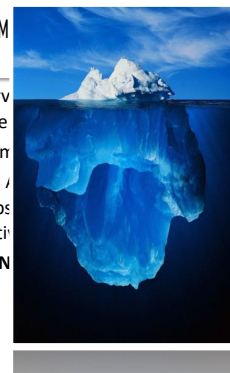
**Reporting methods:**  
 - Event Reporting System at Quick Links on UCMC Intranet homepage  
 - Email: [safety@uchicago.edu](mailto:safety@uchicago.edu)  
 - Fax: Tools menu  
 - Hotline ext. 2-5544  
 - Risk Manager On-Call pager 188-5241; ext 4-9473

<ul style="list-style-type: none"> <li>◆ Activation of Dr. Cart/PET/RT</li> <li>◆ Admitting/Bed Assignment Concerns</li> <li>◆ Adverse Drug Reaction</li> <li>◆ Any Transfusion Reaction</li> <li>◆ Bedside Procedure Complications</li> <li>◆ Breach of Patient Confidentiality</li> <li>◆ Care rendered that deviates from standard of care</li> <li>◆ Communication &amp; Hand-off Issues</li> <li>◆ Delay in Treatment Due to...                             <ul style="list-style-type: none"> <li>◆ Lack of equipment</li> <li>◆ Lack of order</li> <li>◆ Lack of lab result</li> <li>◆ Physician, RN, RT, etc.</li> <li>◆ Transportation</li> </ul> </li> <li>◆ Employee Work-related illness or injury                              Also call (877) 443-3888 (TUMC) or your manager (UC)</li> <li>◆ Environmental Hazards</li> <li>◆ Falls &amp; Fall Related Injuries</li> </ul>	<ul style="list-style-type: none"> <li>◆ Hospital Acquired Conditions</li> <li>◆ Laboratory/ Specimen related issues</li> <li>◆ Medical Order Errors</li> <li>◆ Medication Dispensing Errors</li> <li>◆ Medication Administration Errors</li> <li>◆ Near miss errors</li> <li>◆ Non-compliance with Hand Hygiene and Isolation Policies &amp; Procedures</li> <li>◆ Patient/Family Complaints</li> <li>◆ Patient/Family/Visitor Disruption</li> <li>◆ Retained Foreign Body (i.e. guidewire, sponges, etc.)</li> <li>◆ Sedation Events/Sedation Medication Reactions</li> <li>◆ Transportation Delay</li> <li>◆ Unprofessional Behavior (Staff and MD)</li> <li>◆ Unexpected Patient Death or Iatrogenic Injury</li> <li>◆ Visitor Injuries</li> </ul>
---	--

Department of Risk Management/Patient Safety Dec. 14, 2015

M

- Peer interv
- Pick the
- Keep risk n
- Employee /
- Neurops
- Disrupti
- **DOCUMENT**



## Managing the Disruptive Provider—Additional Resources

- Professional Renewal Center, Lawrence KS
- Vanderbilt Comprehensive Assessment Program for Professional
- LifeWings:  
<http://www.saferpatients.com/services/disruptive-behavior/>

## Managing the Disruptive Provider: Are There Potential Repercussions?

- Multiple lawsuits have upheld disruptive behavior as a legitimate reason to revoke or refuse renewal of staff privileges
- Federal Healthcare Quality Improvement Act of 1986
  - Courts defer to hospitals peer review process
  - Supported by the AMA
- ADA—'The disabilities act forbids discriminating because of physical or mental disability **BUT** the law does not require affirmative action for the mentally ill, nor are employers expected to tolerate drug abuse, disruptive behavior, or violence.'

Let go of those with negative characteristics

The New York Times  
SMALL-BUSINESS GUIDE  
*The Long Odds of Reforming an Employee Who Is a 'Destructive Hero'*

Oct. 29, 2014

1980s--celebrated



Tennis Podcast: ATP hands Nick Kyrgios a suspended ban - but why did it take so long? 2019



## Outline

What is Disruptive Behavior?

The Impact of Disruptive Behavior

Dealing with the Disruptive Provider

## Summary

- Disruptive behavior can adversely impact patient care and safety
- Disruptive behavior also has financial, social, and morale implications—it **destroys** culture
- Creating a culture of 'zero tolerance' is not only an admirable goal, but a Joint Commission requirement
- Model '**constructive confrontation**'
- Modifying behaviors with disruptive providers can be difficult but not impossible that requires a multifaceted approach
- Intervene early, outsource as appropriate, and if behaviors cannot be modified **move on**

