

a VITAL WorkLife article

How To Successfully Manage the Obstacles of a Disruptive Physician

By Sarah Prom, MA, LPC, ODCP



Coming up in the article:

- *The different forms disruption materializes in.*
- *How disruption interrupts standard work procedures and the impact on productivity.*
- *Steps to properly responding to a disruptive physician.*

Physicians work under tremendous pressures. On top of the substantial diagnostic and treatment challenges of practicing medicine are 21st-century stressors such as maintaining electronic medical records, meeting their organizations' productivity benchmarks, dealing with increased patient loads and a lot more.

Under these circumstances, it's not too surprising for a physician to occasionally grow short with a colleague or a patient—raise his or her voice or snap back with a testy reply. At other times, a physician may “act out” in more

passive ways—not returning a call, failing to fill out a medical record and so on.

But what happens when a physician's action crosses the line—from merely being idiosyncratic, blowing off steam or from giving necessary criticism—into disruption?

“Behavior becomes disruptive when it affects workflow in a negative way,” says V. Simon Mittal, MD and leadership-and-career-development coach. “Then it becomes a detriment to taking care of patients and it's a real concern.”

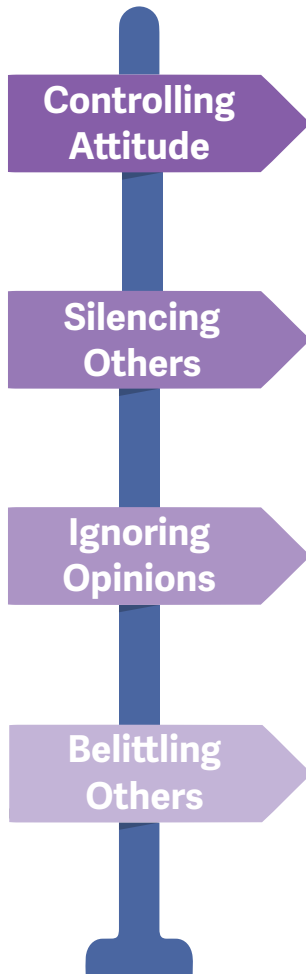
The AMA's Code of Medical Ethics puts the matter this way: “Physicians have a responsibility to address situations in which individual physicians behave disruptively, that is, speak or act in ways...negatively [affecting] patient care, including conduct that interferes with the individual's ability to work with other members of the healthcare team, or for others to work with the physician.”¹

1. “Physicians with Disruptive Behavior.” American Medical Association Code of Medical Ethics Opinion 9.4.4

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Dr. V. Simon Mittal, MD

Signs of Disruptive Behavior



The Forms Disruption Can Take

There's no hard-and-fast definition or set of criteria to determine what kind of behavior is disruptive, but according to employment attorney Judith Holmes and healthcare-business consultant Leigh Olson in an article on the Medical Group Management Association (MGMA) website,² it can include:

- Angry outbursts—berating a colleague or subordinate
- Disrespectful addresses, as when a male physician refuses to address a female physician as “doctor,” and uses “Miss” or “Ms.” instead
- Sexual harassment—suggestive comments, inappropriate jokes or physical touches
- Refusal to attend meetings or perform other duties
- Chronic lateness

Dr. Mittal adds a few other examples of disruptive behaviors:

- Being controlling
- Not letting others speak
- Ruling out other people's opinions
- Belittling others

At the same time, Norman T. Reynolds, MD, writing in the *Journal of Medical Regulation*, warns: “A single episode of disruptive behavior does not render a physician a disruptive physician....The disruptive behavior label should not be applied to the physician who has an occasional bad day or sporadic reaction that is out of character for that individual. Instead, the disruptive label should refer to a pattern of seriously inappropriate behavior that is deep-seated and **habitual**.”³

Reynolds qualifies the point, though, by adding: “Occurrences that are egregious still need to be addressed by medical staffs even if they are not part of a pattern.”

². Judith Holmes and Leigh Olson, “Dealing with disruptive physicians,” Medical Group Management Association

³. Norman T. Reynolds, MD, “Disruptive Physician Behavior: Use and Misuse of the Label,” *Journal of Medical Regulation* vol. 98 no. 1

“Disruptive behavior conveys a lack of respect for colleagues or patients and when it is a pattern of behavior, it can have a negative impact on interpersonal relationships.”



40 percent of clinicians *have kept quiet or remained passive during patient care events rather than question a known intimidator.*⁴

The Impacts of Disruption

The crux of the problem then is this—disruptive behavior conveys a lack of respect for colleagues or patients and when it is a pattern of behavior, it can have a negative impact on interpersonal relationships in the care team and the wider organization, making collegiality and cooperation difficult.

When cooperation breaks down the negative results can multiply and discussion and decision-making may suffer. “Other members of the care team can become fearful of an angry response from the disruptive physician and hesitant to bring up problems or issues they see,” says Dr. Mittal. He cites the example of a surgical tech who sees the surgeon do something seemingly out of the ordinary and is unsure if it’s an error or simply a change in procedure. His fear of an angry response may make him hesitant to say anything. A potential problem goes unaddressed and care may suffer.

And there’s more. “We look at patient satisfaction a lot,” says Dr. Mittal, “but often we don’t know how to assess the real impact of a disruptive physician or nurse practitioner. When you look at some of the numbers out there, it’s quite significant. Some physicians will leave an organization because of the impact of a disruptive colleague, with all the attendant costs. Or patients won’t come back to an organization because of an experience of disruption, they publish negative reviews—and they tell their friends.”

These concerns have long been noted in the profession. In 2008, for example, the Joint Commission, a medical accrediting organization, declared, “Intimidating and disruptive behaviors 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.”⁴

4. The Joint Commission, “Behaviors that Undermine a Culture of Safety,” Sentinel Event Alert issue 40, June 9, 2008

Responding to Disruption: Principles to Honor

For Dr. Mittal, handling cases of disruption requires careful observation of a specific set of principles:

1

Show respect for everyone.

"It's important whoever approaches the individual respects them, and the response is not seen as a witch hunt or as an attempt to 'knock down' the physician who's been disruptive," says Dr. Mittal. "It needs to be carried out in the spirit of mutual respect and cooperation, implying 'we all succeed together.'"

2

Acknowledge the problem.

Ignoring or minimizing a disruptive episode runs the risk of damaging morale, patient safety and care and the reputation of the practice or organization.

3

Separate emotion from fact.

Although the disruptive physician may have expressed an intense negative emotion, and caused an intense emotional response, there may be some truth in what he or she is concerned about—and determining the element of truth is important. Dr. Mittal says, "You might say to the individual, 'I understand you're concerned right now. Let's tease out the concern so we can fix it, while realizing your emotional response to it, and your behavior, were not okay.'"

4

Hold everyone accountable.

Everyone in the organization needs to be held to a common, consistent standard of behavior and Dr. Mittal says there should be no exception for someone who has been in the organization a long time or is a big producer.

5

Understand the disrupter in context.

"The fact that physicians have acted disruptively doesn't make them 'bad,'" says Dr. Mittal. "The fact is, they may be experiencing some struggles that are contributing to their volatile emotions." For older physicians, it may be financial stresses linked to the approach of retirement, the empty nest syndrome or redefining their relationships at home. "Those stresses are significant and we should be able to offer counseling or other tools that can be helpful," he says.

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ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a national behavioral health consulting practice supporting all dimensions of well being. Our healthcare solutions are designed specifically to meet the unique needs of physicians and providers. Our team of licensed master's and doctorate level senior consultants, physician peer coaches, psychiatrists and other specialists have deep experience in issues surrounding physician performance, satisfaction and retention. Our ultimate goal is to proactively help physicians and organizations address issues before they escalate to the point of affecting performance and patient safety.



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Sarah leads the Service Delivery Team for VITAL WorkLife and serves as a Senior Consultant and Practice Lead for our organizational clients. She has more than 15 years of counseling, coaching and mediation experience. Sarah has trained nationally and interna-

tionally and has expertise in the areas of team development and facilitation, workplace stress and conflict management, relational issues and emotional intelligence.

Sarah received her Master of Arts in Counseling from the University of North Dakota, is a licensed Professional Counselor, a Certified Transformative Mediator, an Organization Development Certified Professional (ODCP) and serves on the leadership team at VITAL WorkLife.

Responding to Disruption: Steps to Take

In their MGMA article, Holmes and Olson offer a series of concrete guidelines for administrators confronting and dealing with disruptive behavior by a hypothetical "Doctor D," (who is male, but the steps taken apply to disrupters of both genders) including these key steps:

Confront the Problem

Assure your staff you take the problem seriously and will take decisive remedial action.

Enlist Help.

Partner with at least one other influential physician rather than speaking with Dr. D. one-on-one. Make it clear both you and the other physician are speaking on behalf of the practice or the organization.

Set up a meeting and conduct it in a calm and respectful manner. Explain the problem in factual terms. "Discuss the effect [the disrupter's] behavior had on staff and the potential adverse effects his actions had on his professional reputation and the reputation of the group," they write.

Allow Dr. D. to explain his view of the situation and ask for his input on how he could have handled his past situations better.

"Advise Dr. D...you will be drafting a performance improvement plan... that will require him to make immediate, permanent changes in his behavior. Make it clear that failure to comply with the terms may result in discipline, up to and including termination."²

Develop a Prevention Plan

Implement policies and protocols that will help protect your practice and assemble them in a physician handbook.

Balancing clarity and firmness with fairness is crucial in making sure disruptive behavior doesn't undermine the culture of health and safety every medical organization wants to build and maintain.

For more on how VITAL WorkLife can help you identify and respond to disruptive behavior by practitioners, contact us at 877.731.3949 or visit our [Physician Intervention page](#).

Sources:

1. [Physicians with Disruptive Behavior](#), American Medical Association Code of Medical Ethics Opinion 9.4.4
2. [Judith Holmes and Leigh Olson, "Dealing with disruptive physicians."](#) Medical Group Management Association
3. [Norman T. Reynolds, MD, "Disruptive Physician Behavior: Use and Misuse of the Label,"](#) Journal of Medical Regulation vol. 98 no. 1
4. [The Joint Commission, "Behaviors that Undermine a Culture of Safety,"](#) Sentinel Event Alert issue 40, June 9, 2008

