When a Physician

LASHES OUT

A **VITAL WorkLife** Story Series

Episode 1: The Incident

The nurses in the corridor outside O.R. 6 could hear it, and when they heard it they cringed: the voice of Dr. Cliff D. in full explosion.

"You take out the retractor because I tell you to!"

Indistinct reply.

Dr. D. again, louder: "Oh, for God's sake!"

Another reply, also indistinct.

"Gita, I run this show 'til we're done, okay?"

Then a crash.

Silence, but not a good silence.

Allen R., a nurse, looks at his colleague Karen O., shakes his head a little. Karen shakes hers. They move on, glad to have jobs to do far away from O.R. 6.

When the surgical team emerges, Dr. D. is scowling. O.R. nurse Janice L. looks frightened and attending physician Dr. Gita K. is staring at the floor as she walks away.

Next morning, HR director Joelle K. found a complaint about Dr. D's behavior in her inbox, and she spent a good part of the day connecting with, and then interviewing, the participants.

Janice L.: "We were completing the procedure and Dr. D. told me to remove a retractor. I was surprised because there was this incision in the patient's abdominal wall he hadn't sutured. I said something like, 'Doctor, I'm wondering about the incision…' and he repeated, 'Remove the retractor.' I was really concerned about the incision, but he seemed clear on what he wanted me to do. So I asked him: "So you're not going to close the incision?' I really wanted to know, you know? At which point, he raised his voice."

Dr. Gita K.: "He exploded, and I felt I needed to speak up for Janice, so I said, 'Cliff, she's got a point. We probably should suture…' and he said something like, 'Oh my God,' and removed the retractor himself. 'Cliff,' I started to say, and then he came down on me. 'Gita, I run this show,' and so on. Which is totally true—I just wanted, and I think Janice just wanted, to make sure he was sure about his procedure."

Dr. Cliff D.: "The retractor was compromising blood supply. It needed to be removed, and I needed to have my instructions followed. An O.R. is not a democracy."

It's a dilemma for Joelle and the rest of the administrative team. Cliff D. is a senior surgeon—thirty years of experience, twenty of them with their system. Not just hyper-competent, creative too—a developer and improver of procedures, with a national reputation. Oh, and chosen as one of the local city magazine's "Top Docs" five times, which did not hurt their expansion fundraising campaign.

All the same, despite his great reputation, Cliff has a bit of…a reputation. Last month he blew up at surgical tech Alan W. over the adjustment of a light and a couple of weeks earlier he had sharp words for nurse Kazue N. about what he thought were errors on a patient's EMR. It turned out Kazue hadn't made any mistakes; Cliff simply hadn't recognized the codes she entered.

And speaking of EMRs, Cliff had a hard time transitioning to them. When they were new, he would put off filling them out for days—and when someone would point it out to him, he would roll his eyes.

"I believe I trained for medicine, not to be a data entry clerk," he said. "But okay, okay, I'll fill them out by the end of the day."

The end of the day would come, and they'd still be undone.

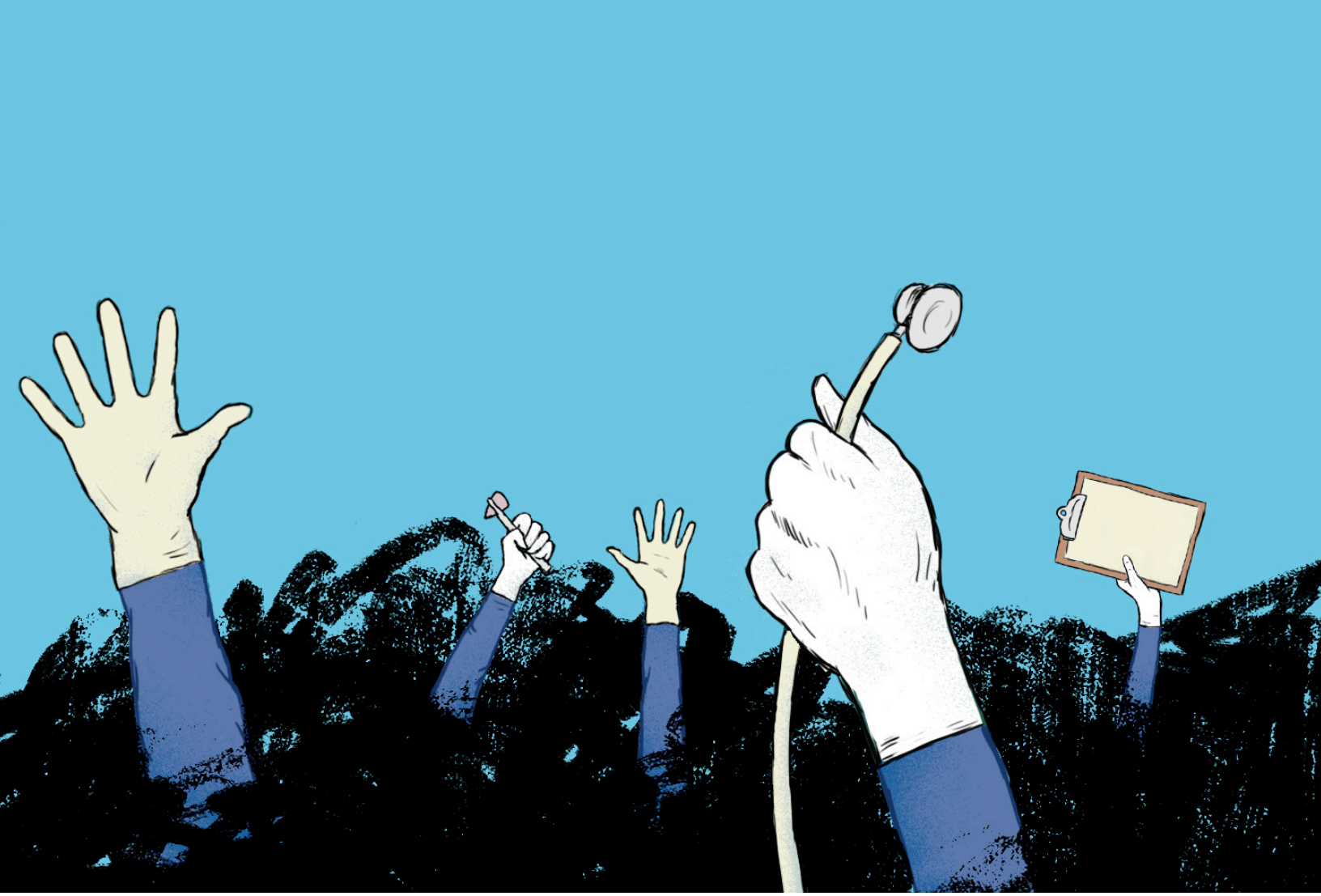
No doubt about it, Cliff has a history.

So—is this talented, experienced physician also a disruptive doctor? And if he is, what to do?

He has an ego perhaps a bit bigger than the average—what physician, and especially what surgeon, doesn't? Thousands and thousands of hours of study, practice and experience have placed him in a position of earned authority. He's used to exercising this authority in life-and-death situations, and if sometimes he exercises it with sharp words, well, it's natural to think he's earned the right.

There's more to Cliff's story. When taking a step back and examining his situation with a wider lens, it's clear he has reasons to be a little on edge. Maybe those who work with him need to cut him some slack. Nobody ever said practicing medicine was easy—on the mind, the body or the soul—and if Cliff can be tough on his colleagues, isn't that just another tough thing his colleagues should put up with as part of the profession, like long hours and exacting procedures?

Yes, Cliff can be difficult. But is he really disruptive? And if so, how?



Episode 2: Fallout on the Clinical Team

When Janice had finished telling Joelle the main facts of what happened, she took a breath and continued, speaking slowly at first.

"The thing is, Joelle, I want to be responsible, and I want to learn," she said. "When I asked the doctor about the suture, I think I was operating on both levels. Right? I wanted to be sure he wasn't overlooking something, sure. But I know he's one of the best surgeons in the city. He's created surgical techniques that they use all over the country, hasn't he? So, I really wanted to know why he didn't want to keep that area retracted. I tried to ask him respectfully because I know he has a temper. I mean, there have been incidents, right? I don't know the details, but I've heard that he's gone off on nurses before."

Janice started speaking more quickly.

"Still, I want to be fair to him. People say he has pressures at home. I guess he thought I was questioning his judgment, but I wasn't. I wanted to know. It makes me feel like just…keeping quiet, you know?"

In the next interview, Joelle asked Dr. Gita K., the attending, to describe how Dr. D's outburst had "landed" with her.

"I respect Cliff so much," she said, "and you can learn from him when he's in a good mood. But in general, it's hard to collaborate with him, if you know what I mean. You never really know when he's going to blow up. Like the time with TK. Nobody addressed that."

"Well," said Joelle, "at the time it just seemed like…an isolated incident. In the context of this great career."

"But it wasn't, was it?"

Joelle looked at her hands for a moment before she spoke.

"No. No, it wasn't," she said. "We should have been more aware. I guess we were trying to give Cliff the benefit of the doubt, because, you know, his life's been in some turmoil for quite a while. I guess the marriage isn't great…and there's the substance abuse issue with Cliff junior."

"I get that," said Dr. K. "But we're talking about team cohesion and cooperation here. You're walking on eggshells with Cliff. And it's more than that. I mean, he blew up right in the middle of a procedure, and it broke everybody's concentration. Especially his own concentration, right? I mean, something could have happened."

"So it had an impact on the team's effectiveness?" Joelle asked.

Dr. K. nodded slowly.

"It did, and not just in that moment and not just with that procedure. I've been on surgical teams where the lead really listens to everybody, and so you get this robust set of opinions and inputs before the lead makes the decision. It feels good—it feels like the best solutions for the patient come that way."

She took a sip of water before continuing.

"But right now, to be honest, I feel like everybody who works with Cliff is going to be pretty quiet around him. So instead of the combined skill and experience of a group of people, the patient is getting—Cliff and only Cliff."

And she took another sip.

"Not that he's not amazingly competent. But we all have contributions to make, and we need to feel we can make them. That's what I think, anyway."

Later that day, Joelle met with Dr. Mohammed R., the medical director and filled him in about the incident and the interviews.

"Mo, I've got multiple concerns about Cliff's outburst the other day," she said.

"I know he's not the most good-natured guy in the world," said Dr. R. "And he's old-school, top-down medicine too. He can be kind of authoritarian."

"I think it's more than that," Joelle said. "When he loses his temper and blows up, it lands on his colleagues as disrespect—not teaching or useful criticism or grumpiness or some old-fashioned leadership protocol. They feel shut out. In fact, they feel that decision-making gets compromised because they're more and more unwilling to say anything to him that he might interpret as criticism and blow up over."

Dr. R. looked thoughtful.

"And from where I sit, I have a concern about morale and the whole retention issue, which, as you know, is my daily worry. I don't want to lose a skilled surgical nurse like Janice or a good doc like Gita. I know you don't."

"I certainly don't," said Dr. R. "and I don't want care compromised by a team that's afraid to contribute what they see and what they know. But I also want to be fair to Cliff."

"So do I," said Joelle. "But Mo, this isn't the first blowup, and the blowups aren't the only problem. There's a pattern here, and we need to take a look at it."

Dr. R. nodded and sighed.

Episode 3: The Dilemma

Joelle and Dr. Mohammed R. had to carve out some time to talk with other staffers and review multiple write-ups of Dr. D.'s difficult behavior. As busy as they were, it wasn't easy, and doing it was about as miserable a job as they could imagine—because they genuinely admired Dr. Cliff D.

"Mo," said Joelle, looking up from a sheaf of papers and her lunch. "Do you remember the time the US Army and the British Army both adopted his procedure for microsuturing veins and arteries on reattached limbs, and we had two film crews here—one from each country?"

"Of course I do," said Dr. R. "The trouble is, I also remember the time he chewed out Kazue for EMR mistakes on that pre-surgical IC patient's record. He made some remark about 'you people,' by which I can only hope he didn't mean half-Filipina, half-Japanese people."

"It would be bad enough if he had just meant 'nurses,'" said Joelle. "And then Kazue had to explain what the codes actually meant. She was close to quitting that afternoon. Mo, this stuff gives me sleepless nights. The other people in the C-suite are as worried as I am about losing nurses in this hiring environment. It goes right on up to the CMO, I know."

"Does Bob know about the Janice and Gita incident?"

"He does. I filled him in at our last weekly. He wants a

meeting with us once we have recommendations for addressing Cliff."

Dr. R. took a sip of coffee and a bite of his sandwich. Then he frowned. "Do you think patients have heard any of Cliff's blowups?"

Joelle rolled her eyes. "No way they didn't," she said. "When he got on Mike for those medication mistakes for the woman from Wilton, remember? That was very public and very loud."

"Ugh," groaned Dr. R. "Was there a patient complaint?"

"Two," said Joelle. "But they were mild compared to the call Lainie got from the patient who had the argument with Cliff."

"Oh, yes, I was in on this one." said Dr. R. "The guy had all this Internet information and was scared about the procedure and asked all these questions. Cliff pulled rank, loudly again, as I recall. Something about his many years of medical training and surgical experience."

"We've taken HEDIS hits on patient satisfaction that are directly attributable to Cliff and two other docs I won't mention right now." said Joelle.

"But I think I know the ones you mean," said Dr. R., shaking his head slightly. "These people are all valuable, but they've got to change."

Janice started thumbing through an issue of City magazine, and her eyes widened. "Wow," she said, "I forgot this. Even in that glowing profile of Cliff in the "Best Docs" issue, it says "the senior physician is known as a workaholic hyper-perfectionist who doesn't suffer fools—or medical-mistake-makers—gladly and lets them know it at a decibel level usually reserved for the military."

"Good Lord," said Dr. R. in disbelief

"And to think I sent a PDF of this as a recruitment tool," said Joelle looking at her hands.

Dr. R. sat up straight in his chair and took a deep breath. "Okay, well, what do we have now? We have Kazue's statement, and Mike's, Janice's and Gita's."

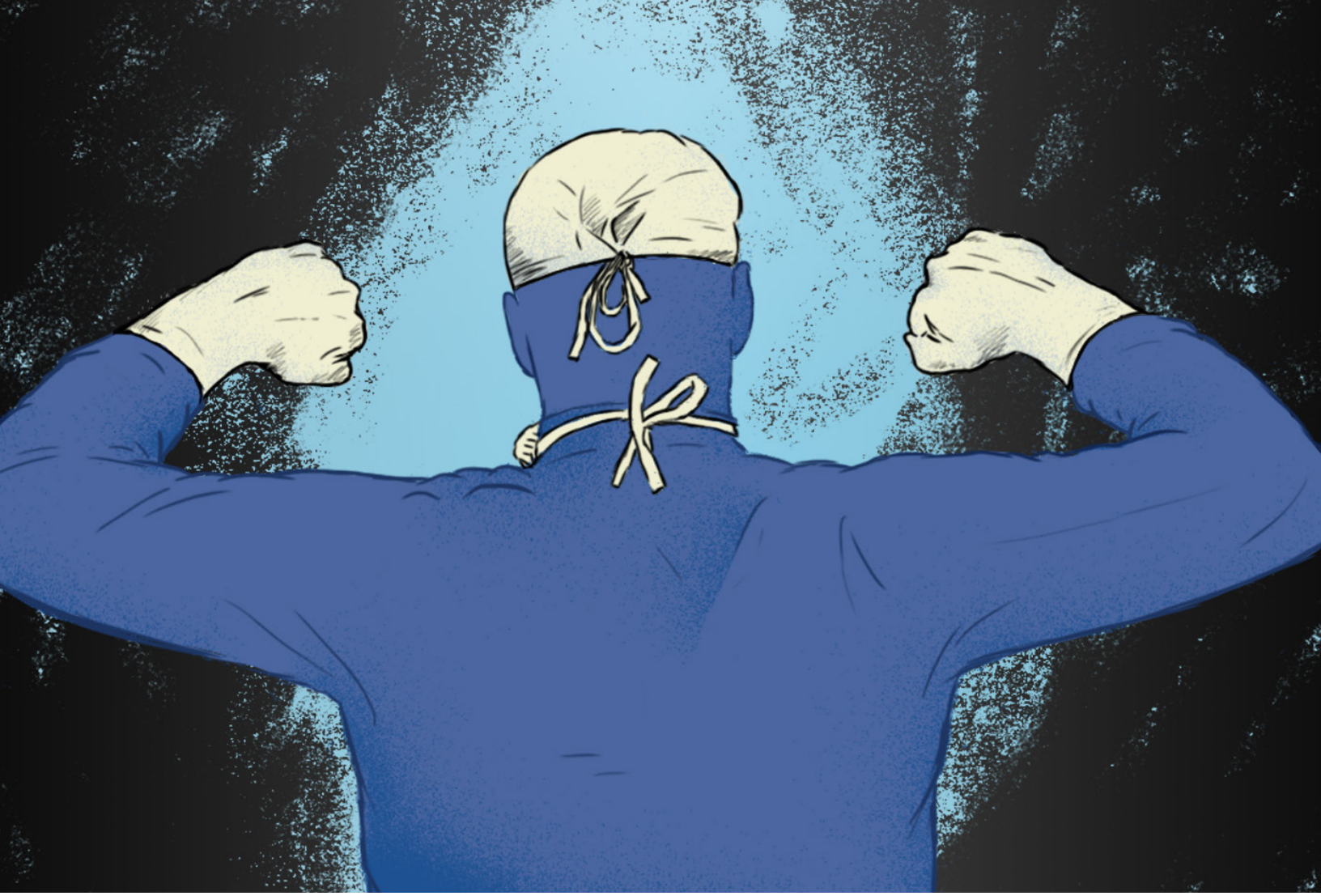
"Plus, Janice is freaked out he'll come after her."

"Well," said Dr. R., "these statements are totally confidential as far as the rest of the staff is concerned, and when we talk with Cliff, we'll lay out the consequences from the ethics appendix to the staff handbook for any retaliation. And we have Laine's account of the call and my writeup of the argument."

"It's a lot, and it makes me feel lousy," said Joelle.

"Tell me about it. The man taught me so much, and he can be totally charming. He can light up a room with his positive energy. He climbs mountains in Nepal. He flies a plane. He does community theater."

Joelle ate the last of her sandwich and shrugged a little. "But he's causing too much drama here."



Episode 4: The Confrontation

"I've spoken to Dr. F. and he's agreed to go with you to talk with Cliff," said Joelle.

"That's a relief," said Dr. Mohammed R. "Wei-Ming F. is Cliff's age, and I know they respect each other."

"They do, and Dr. F. hasn't been involved with any of the incidents," said Joelle, "so I'm pretty sure Cliff will see him as an honest broker—somebody who will be representing the system and its interests."

"And you won't be there, right?"

"Nope," said Joelle. "This needs to be doc-to-doc."

"Okay, so what's the drill exactly?" Dr. R. asked, with a look suggesting he wasn't eager to hear the answer.

"The two of you speak with Cliff to set up a formal meeting. Then you meet, lay out the issues, especially the impact of his behavior, listen to Cliff's side of the story—of the stories. Then end by letting him know you're going to draft a PIP—a performance improvement plan—and expect him to stick to it."

Dr. R. bit his lower lip. "I am so not looking forward to this."

"Of course you aren't," said Joelle quietly. "But I know how much you respect him, and I know you're going to show your respect and understanding."

Dr. R. and Dr. Wei-Ming F. spoke to Dr. D. in his office the next afternoon. The surgeon...well, the surgeon exploded.

"Who sent you?" he demanded. "Did Janice send you? Or the office people?"

"Cliff," said Dr. F., "we came on behalf of the practice, the system and the patients. The conversation we want to have with you is about your effect on your colleagues and what it means for the effectiveness of the teams you lead."

"These aren't just personal issues, they're medical issues, Cliff," said Dr. R. "We are bringing them to your professional attention."

Dr. D.'s eyes widened.

"Are you seriously suggesting the teams I lead are ineffective? Do I need to remind you what they have accomplished under my leadership?"

"Your accomplishments are a matter of record, you have every right to be proud of them, and we know who and what we have in you," said Dr. R. "What we're saying, Cliff, is your behavior has, on some occasions, put effectiveness and our entire practice at risk. An unnecessary risk. And we are in the business of reducing risk.

So are you willing to make efforts to improve or aren't you?"

Dr. D. was silent for a long moment. Then he frowned, inhaled, exhaled and folded his arms."I just don't see it," he said.

"All the more reason to meet with us so we can explain what we mean and hear from you," said Dr. F.

The three physicians met in a small conference room on the second floor of the administration building. After thanking Dr. Cliff D. for coming, the two representatives of the practice made their case: the time he complained about "you people" to an Asian nurse. The explosions patients overheard. The angry argument with a patient. The surgical blowup with nurse Janice and Dr. Gita K. The sense colleagues reported of being on edge and uncomfortable whenever they were near Dr. D.

"In every one, Cliff," said Dr. R., "your words and actions crossed a line into personal attack. As a physician you are the consummate professional. But your interpersonal behavior has not always been professional. And this is what needs to change."

"Criticism or correction on a professional level is one thing," said Dr. F. "But a personal attack demoralizes. And a demoralized team is less effective than it could or should be."And then it was time for Dr. Cliff D. to speak.

"I've heard what you have to say," he said, nodding almost imperceptibly, "and I have to agree that it holds water. In terms of morale and effectiveness, I mean. I...I have a temper. Pressures build. Sometimes I say more than I should, or I say something in a way that...ruffles feathers. But in every case you brought up, I believe I was standing up for the highest values in medicine. I will never apologize for this. I have to say that I think people who work in this field need to be tough, develop thick skins."

Dr. R. opened his mouth to speak, but Dr. F. put his hand on his forearm.

"But I guess I have to accept the fact that some of them, especially the young ones, are sensitive. And yes, I do know when the team gets along, things go better. So I can go along with what you are saying a certain distance."

There was a long pause, during which it became evident that Dr. D. was finished.

"Well, thank you, Cliff," said Dr. R., finally. "I appreciate that you can come into alignment with us to whatever degree. But I also have to say that, institutionally, we have expectations of behavior, objective expectations and we've outlined them in this performance improvement plan." He hands to Dr. D. "It's completely focused on the interpersonal. It doesn't touch your medical expertise. But we do expect you to meet it as a condition of your remaining with us." Dr. D. paled a little at that.

Then Dr. R. put his hand on his heart and said, "And Cliff, we really want you to remain with us."

Dr. R. meant what he said and followed through. The system offered Dr. D. Peer Coaching, which, after misgivings, he tried. He soon found himself talking about his worries about his marriage, his son's struggles with drugs, his impending retirement, his profound love of medicine and his upcoming roles in the local community theater.

VITAL WorkLife offers healthcare organizations a comprehensive suite of solutions designed specifically to reduce the effects of stress and burnout and improve work/life balance.

For more on how VITAL WorkLife can help you identify and respond to disruptive physician behavior, reach us at VITALWorkLife.com or by dialing 877.731.3949.

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