

Physicians Health Program Message

Disruptive Behavior Now a Sentinel Event: Pt. II

By Roland W. Gray, MD, TMF Medical Director

In Part I of this article series, we discussed the 2008 Sentinel Event Alert issued by the Joint Commission on disruptive behavior by healthcare professionals. In this article, we focus on the PHP's recommendation for a rehabilitative, non-disciplinary approach to behavioral problems among physicians.

Behavioral problems have not been firmly defined; they can run the gamut from condescension all the way up to physical assault. Most definitions include threatening, abusive or belittling language directed at nurses, hospital personnel or other physicians, as well as degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel or the hospital itself.

Last month we mentioned the importance of establishing a wellness committee to assist with identifying and addressing bad behavior. The ideal composition of a wellness committee would include a distinguished senior medical staff member as chair, along with a psychiatrist, an addictionologist if available, and it is also helpful to have a committee member who has personal experience with substance (drug or alcohol) recovery. This committee serves as a buffer between the administrative and disciplinary arm of the hospital.

There are several options available for corrective action, including the Program for Distressed Physicians at Vanderbilt Medical Center in Nashville, the Health for the Healer Workshop at the University of Alabama-Birmingham; Acumen Assessments and the Professional Renewal Center, both in Lawrence, KS. These all do excellent work with individual physicians.

By agreeing to enroll in these programs, doctors who've been labeled disruptive have been able to avoid sanctions and have their suspensions lifted, in effect rescuing their careers. In my experience, hospitals are more interested in rehabilitating rather than disciplining them for disruptive behavior.

Hospitals and healthcare administrators realize that addressing disruptive or intimidating behavior is not only good for patient safety and outcomes, the healthcare worker and the healthcare team, but for their own liability. There have been lawsuits filed against physicians for creating a hostile work environment and in some cases, where it is shown there were no steps taken to correct an ongoing problem, the hospital and medical groups have been brought into the lawsuit.

Often, disruptive doctors feel they are justified in their anger and that may be the case, but it is the manner in which they display their anger that ultimately gets them into trouble. They also may feel that because they practice good medicine they will not be held liable; they are wrong. The courts have decided repeatedly that individuals have the right to work in an environment in which they do not feel threatened or intimidated. A lot of this behavior has been modeled during the training years of a physician and as this behavior is no longer tolerated, in time physicians will be forced to learn other ways to cope with stressors in the workplace. The bottom line: the healthcare team wins out and patient care will improve.

There is a host of resources on the TMF Web site (www.e-tmf.org), including articles, sample wellness committee and model behavior policies, codes of conduct and

links to other helpful organizations. If you are or know a disruptive physician, contact PHP Clinical Coordinator Jeanne Breard at 615-467-6411 or jeanneb@e-tmf.org. We are always here to help! ■

To make a tax deductible contribution to the Physicians Health Program, contact TMF Administrator Mike Todd at 615-467-6411; write to the Tennessee Medical Foundation, 216 Centerview Dr., Ste. 304, Brentwood, TN 37027; or visit www.e-tmf.org.

