

Impactful Conversations – The Talks That Can Save Careers



PROFESSIONAL
STAFFING



CONSULTING
SOLUTIONS



PHYSICIAN
LEADERSHIP



EXTERNAL PEER REVIEW
Powered by MDRReview

Medical Staff Services • Credentialing • Provider Enrollment • Peer Review • Quality • Risk Management

Presented By:



Sharon Beckwith

President | Peer Review & Clinical Quality Consulting
MDReview, A Hardenbergh Company



Sara Cameron, CPMSM, CPCS

Director Professional Services & Senior Consultant
MDReview, A Hardenbergh Company

Troublesome

adjective

Causing difficulty or annoyance

“...any abusive conduct, including sexual or other forms of harassment, or forms of verbal or nonverbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.”

Aggressive Behaviors

- Yelling
- Foul & abusive language
- Insults
- Public criticism of coworkers/colleagues
- Physical aggression (gestures, throwing objects, assault)

Passive-Aggressive Behaviors

- Hostile avoidance (cold shoulder)
- Intentional unresponsiveness
- Condescending manner
- Impatience with questions
- Extreme sarcasm
- Implied threats
- Intentional miscommunication

Disruptive

adjective

causing or tending to cause disruption.

"Everybody knows.....but nobody speaks about" problem

If not addressed, this deals a huge blow to a culture of safety and makes creation of a culture of psychological safety nearly impossible

Negative impacts on:

- *Patient safety*
- *Employee morale*
- *Employee retention*
- *Physician collegiality*
- *Institutional reputation*
- *Team effectiveness / esprit de corps*
- *Patient satisfaction*
- *Medical errors & medicolegal risks*
- *Cost of care & Hospital finances*

Behaviors that undermine a culture of safety

Intimidating and disruptive behaviors can foster medical errors,^{1,2,3} contribute to poor patient satisfaction and to preventable adverse outcomes,^{1,4,5} increase the cost of care,^{4,5} and cause qualified clinicians, administrators and managers to seek new positions in more professional environments.^{1,6} Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.

EP 4: The hospital/organization has a **code of conduct** that defines acceptable and disruptive and inappropriate behaviors.

EP 5: Leaders create and implement a **process** for managing disruptive and inappropriate behaviors.



THE APPROACH

“Build your Toolbox”

Cultivate a team of physician peers and leaders to support each other

- *Viewed as non-judgmental*
- *Create safe spaces for struggling physicians*
- *Maintains dignity*

Medical Staff Leadership Programs

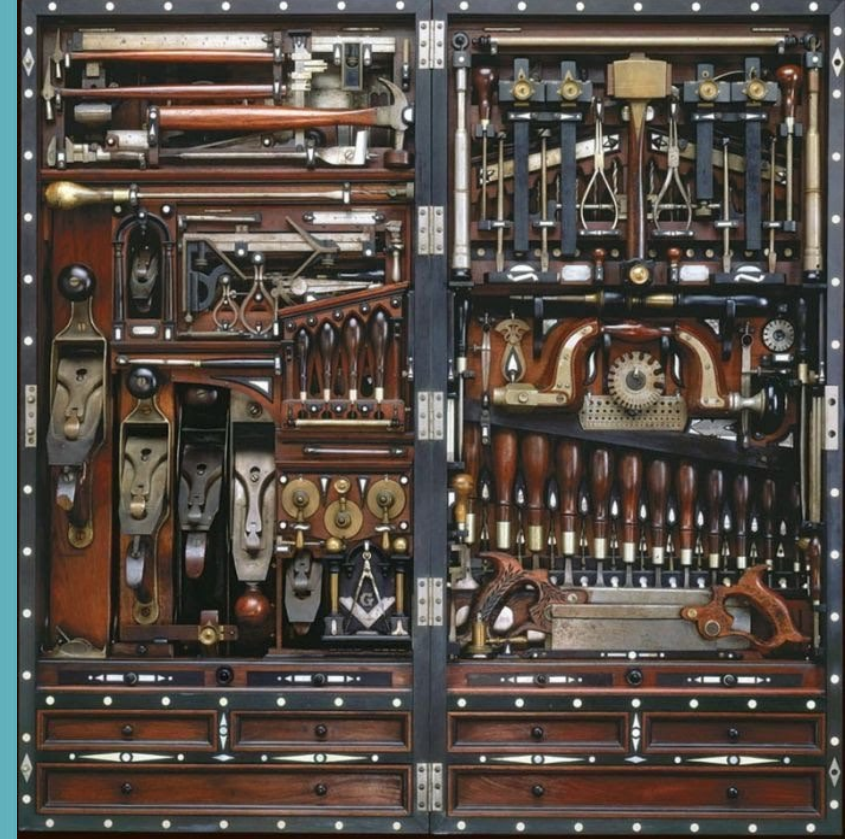
- *Peer coaching*
- *CMO Bootcamp*
- *Comprehensive Physician Leadership Program*

Governing Documents

- *Bylaws*
- *Policies*
- *Code of Conduct*

Citizenship/professionalism committee

- *Prevents leaving all behavior issues up to the MS President or CMO*
- *Ensures documentation of interventions*
- *Creates awareness among the medical staff*



**Build an appropriately robust
infrastructure**

Consistency

Fairness

**Avoids “what did we do last
time?”**

THE APPROACH

“Toolbox of Phrases”

Opening

These situations are awkward for everyone

We are here as your advocates

We are here to understand your perspective

Redirect

These are valid concerns you should discuss with _____.
This conversation is about _____.

Conclusion

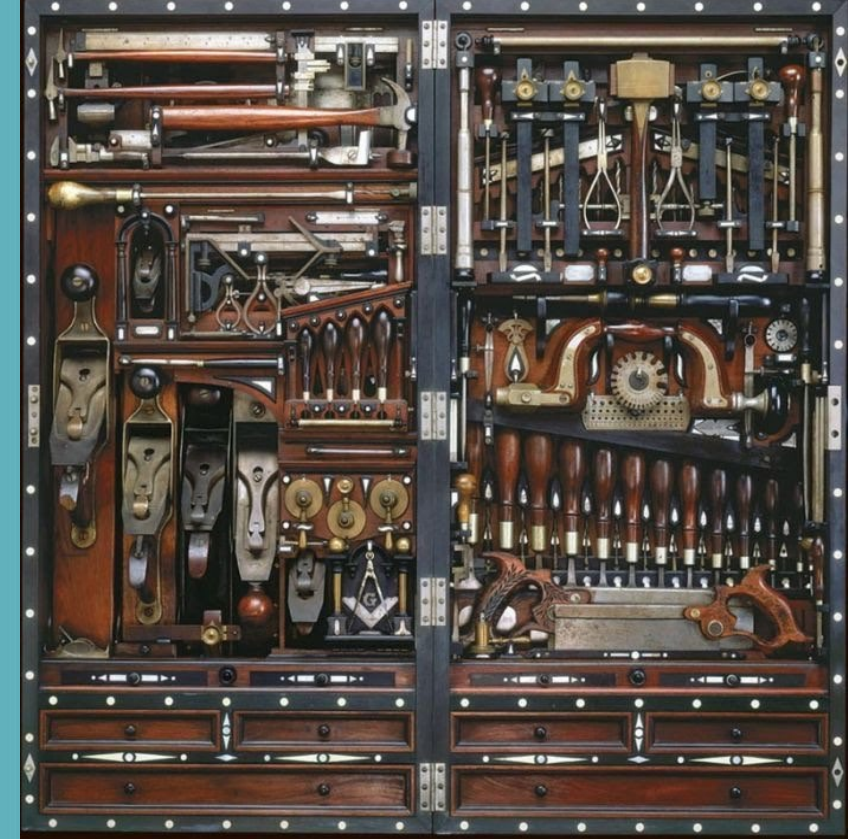
We know your time is valuable and we appreciate you meeting with us.

Our expectation is, we won't need to discuss this or anything similar in the future.

If there is any way, we can support you or be a resource to you...

 Hardenbergh Group

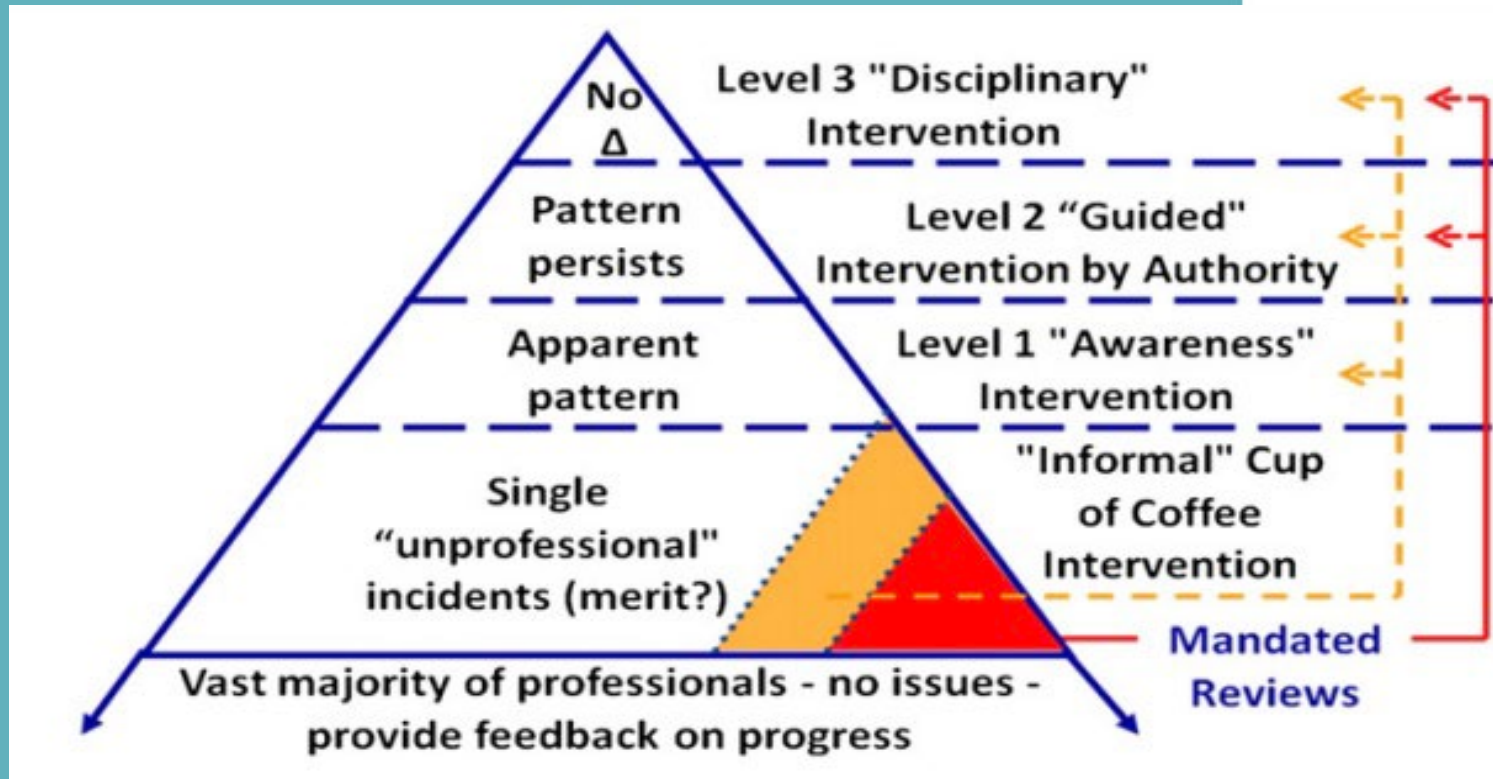
Keep an eye on your email, mailbox, etc!



Build an appropriately robust infrastructure

Consistency
Fairness

Avoids “what did we do last time?”



IDENTIFY SUPPORT REHABILITATE

Root Causes

- Substance abuse, psychological issues
- Narcissism, perfectionism, or selfishness
- Spillover of chronic or acute family/ home problems
- Poorly controlled anger— especially under heightened stress
- **Bad behavior gets desired results**, behavior is rewarded
- Clinical and administrative inertia – the behavior goes unaddressed, with subsequent normalization and acceptance of the individual's behavior
(**Normalized Deviance**)

Characteristics of a Collegial Discussion

Mistakes vs. Opportunities

The single greatest impediment to error prevention in the medical industry is “that we punish people for making mistakes.”

-Dr. Lucian Leape Professor, Harvard School of Public Health Testimony before Congress on Health Care Quality Improvement

“People make errors, which lead to accidents. Accidents lead to deaths. The standard solution is to blame the people involved. If we find out who made the errors and punish them, we solve the problem, right? Wrong. The problem is seldom the fault of an individual; it is the fault of the system. Change the people without changing the system and the problems will continue.”

-Don Norman The Design of Everyday Things

Community, respect, value of peers and their work, concern for colleagues, highly valued peer interaction, and a feeling of belonging

(Austin, Sorcinelli, & McDaniels, 2007; Gappa, Austin, & Trice, 2007; Bode, 1999; Sorcinelli, 1992).

Systemic Barriers

Differentiating between spurious and serious complaints takes time and effort

Medical staff leadership turnover

Medical staff office turnover – loss of institutional historical knowledge.

This is a long-haul process

Fear of reprisal

Hospital and physician “politics” and competition

Personal Barriers

Many of the traits which make these individuals successful are those which are liabilities which reinforce poor behavior

Disruptive personalities tend to lack the insight and introspection needed to recognize that their behavior is inappropriate – viewing their behaviors as justified

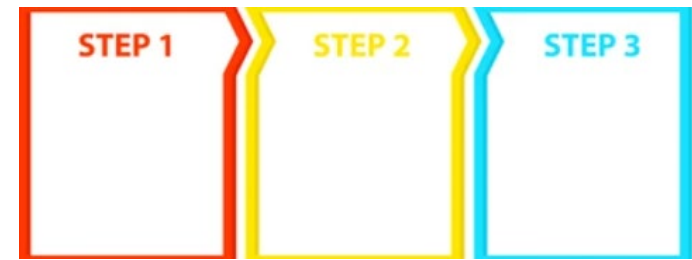
They do not collaborate in solving the issues surrounding their behavior



Having difficult conversations is not in the comfort zone of most medical staff leaders

POLICY TO ADDRESS PROFESSIONALISM

Define Progressive Steps Who, what, when and where?



E. In the case that there is a third event of validated inappropriate conduct, two MSLs, the CMO, and a representative of MSS shall meet with the provider. The purpose of this meeting is to give the provider a final warning that the continuation of such inappropriate conduct will not be tolerated. Following this meeting, a letter shall be sent to the provider summarizing the meeting and expectations. The letter shall also outline the consequences of any additional events of validated inappropriate conduct, which may include a referral to the MEC. A copy of this letter, along with any response that the provider may submit, shall be kept in the confidential portion of the provider's credentials file.

F. Additional events of validated inappropriate conduct shall be referred to MEC for determination of next steps which may include suspension of clinical privileges. The MEC shall be fully apprised of all previous validated inappropriate conduct, the warnings issued to the provider, and the actions taken to address the concerns.

Does this complaint warrant further review
Does this event require further validation, i.e.,
interviews

Review the documented complaint
Review previous complaints and resolutions
Review the policy for next steps

Determine next step within policy process
based on prior complaints and actions

Determine who will complete this step



Let's Talk



- Does this complaint warrant further review
- Does this event require further validation, i.e., interviews
- Review the documented complaint
- Review previous complaints and resolutions
- Review the policy for next steps
- Determine next step within policy process based on prior complaints and actions
- Determine who will complete this step

- General Surgeon with 18 years of surgical experience and high volume.
- Good clinical outcomes with minimal complications and high patient satisfaction scores
- Reports from the OR indicate disruptive behavior towards staff and colleagues including inappropriate and belittling comments.
- Staff turnover and requests to not scrub in this surgeon's cases has brought issue to medical staff leadership

Timeline Time!



Timeline of Events Related to Provider 8675309

DATE	EVENT	GOVERNING DOCUMENT REFERENCE
01/01/2018	Event Report 90210 - Disruptive Behavior incident in the OR	
01/02/2018	Department Chair Meeting with Surgeon to discuss incident, report is shared with the provider per requirement of Medical Staff Bylaws. Provider is encouraged to respond in writing.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.1
01/02/2018	Letter sent to Surgeon Following Collegial Intervention. Provider is again encouraged to respond in writing.	
02/14/2018	Event Report 90211 – Disruptive Behavior incident in the OR	
02/15/2018	President of the Medical Staff and CMO interview complainant, witnesses and provider. The incident report is shared with the provider as required by the bylaws and he is encouraged to respond in writing.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.3
02/15/2018	President of the Medical Staff and CMO in consultation with members of MEC issue a written warning. Provider is notified via letter dated 2/15/18.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.5 ii
03/17/2018	Event Report 90212 – Disruptive Behavior incident in the OR	
03/19/2017	President of the Medical Staff and CMO interview complainant, witnesses and provider. The incident report is shared with the provider as required by the bylaws and he is encouraged to respond in writing.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.3
03/21/2018	President of the Medical Staff and CMO in consultation with members of MEC refer the provider to the Professional Wellness Committee. Provider is notified via letter dated 2/15/18.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.5 iv
03/17/2018	Event Report 90213 – Disruptive Behavior incident in the OR	
03/19/2017	President of the Medical Staff and CMO interview complainant, witnesses and provider. The incident report is shared with the provider as required by the bylaws and he is encouraged to respond in writing.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.3
03/21/2018	Timeline of incident reports and interventions is presented and reviewed at MEC. Decision is made to initiate Corrective Action pursuant to the Medical Staff Bylaws. Provider is notified via letter dated 3/23/2018.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.5 v

CONFIDENTIAL PEER REVIEW DOCUMENT, MEDICAL STAFF SERVICES

This document contains confidential information and is to be used in a manner consistent with the Illinois State Quality/Peer Review statutes.

(Protected by HCQIA 1986, RCW 70.41.200, 4.24.250)



- General Surgeon with 18 years of surgical experience and high volume.
- Good clinical outcomes with minimal complications and high patient satisfaction scores
- Reports from the OR indicate disruptive behavior towards staff and colleagues including inappropriate and belittling comments.
- Staff turnover and requests to not scrub in this surgeon's cases has brought issue to medical staff leadership

Now Casting!

A Medical Staff Professional!

With
Dr. Disrupto played by Sharon Beckwith
And
Very green, often clueless,
Dr. “I missed a meeting and got assigned to do this” Smith,
played by Sara Cameron



- General Surgeon with 18 years of surgical experience and high volume.
- Good clinical outcomes with minimal complications and high patient satisfaction scores
- Reports from the OR indicate disruptive behavior towards staff and colleagues including inappropriate and belittling comments.
- Staff turnover and requests to not scrub in this surgeon’s cases has brought issue to medical staff leadership



- Does this complaint warrant further review
- Does this event require further validation, i.e., interviews
- Review the documented complaint
- Review previous complaints and resolutions
- Review the policy for next steps
- Determine next step within policy process based on prior complaints and actions
- Determine who will complete this step



- Emergency Medicine Provider with 7 years of experience working in a level one trauma center. Good clinical outcomes with minimal complications but patient satisfaction scores are marginal to poor.
- A patient complaint is received by a patient's spouse, who overheard the physician in the nurse's station comment that the patient was probably high on drugs.
- The patient was later determined to be suffering from a serious life-threatening diagnosis of encephalitis.

Now Casting!

A Medical Staff
Professional!

A Medical Staff
Leader!

With

Dr. Disrupto played by Sara Cameron

And

CEO, “I just need that waiting room empty and patient satisfaction scores in the 133 %tile”, played by Sharon Beckwith



Emergency Medicine Provider with 7 years of experience working in a level one trauma center. Good clinical outcomes with minimal complications but patient satisfaction scores are marginal to poor.

A patient complaint is received by a patient's spouse, who overheard the physician in the nurse's station comment that the patient was probably high on drugs.

The patient was later determined to be suffering from a serious life-threatening diagnosis of encephalitis.



Does this complaint warrant further review
Does this event require further validation, i.e.,
interviews

Review the documented complaint
Review previous complaints and resolutions
Review the policy for next steps

Determine next step within policy process
based on prior complaints and actions

Determine who will complete this step



A nurse on the surgical care team has made a complaint regarding a general surgeon. Her complaint states:

This surgeon is a super nice guy, but he tries to impress the staff in the case by using cautery tools to write our names on the patient's tissue. This is not causing harm to the patient, and he means it innocently, but I don't know if this is appropriate. I'd rather he not know I made anyone aware.

Now Casting!

Doctor Syrano Disrupto

Experience MSP who took this course
played by Sara Cameron

And

Well respected, experienced, medical staff leader who was trained
by an MSP who attended this course, played by Sharon Beckwith



A nurse on the surgical care team has made a complaint regarding a general surgeon. Her complaint states:

This surgeon is a super nice guy, but he tries to impress the staff in the case by using cautery tools to write our names on the patient's tissue. This is not causing harm to the patient, and he means it innocently, but I don't know if this is appropriate. I'd rather he not know I made anyone aware.



Does this complaint warrant further review
Does this event require further validation, i.e.,
interviews

Review the documented complaint
Review previous complaints and resolutions
Review the policy for next steps

Determine next step within policy process
based on prior complaints and actions

Determine who will complete this step



A nurse on the surgical care team has made a complaint regarding a general surgeon. Her complaint states:

This surgeon is a super nice guy, but he tries to impress the staff in the case by using cautery tools to write our names on the patient's tissue. This is not causing harm to the patient, and he means it innocently, but I don't know if this is appropriate. I'd rather he not know I made anyone aware.

Now Casting!

Dr. Gregory House

Dr. Lisa Cuddy
Chief Medical Officer

Dr. James Wilson
President of the Medical Staff



A patient satisfaction survey is received that states the physician this patient saw in the ER was a good doctor, but the bedside manner was terrible. In fact, the patient said the physician brought her to tears.

The provider's Peer Review Confidential file is reviewed, and this provider received a patient complaint four months ago of the same nature. Additionally, there is a report filed by staff that this provider often makes patients cry.

Medical Staff Professionals Role

Complete documentation

- *“The whole (hi)story”*
- Demonstrate timeline & interventions as outlined by bylaws

Availability of HR and Legal teams as required

Ensure accountability



Outside Resources

- PHP Programs
- Physician Education Programs
- CPEP (*Center for Personalized Education for Professionals*)
- PACE (*UCSD*)
- Major medical society programs



Mariano Rivera
NY Yankees Closer
1995 - 2013

Thank You!

Sharon Beckwith
sbeckwith@MD-Review.com

Sara Cameron
scameron@MD-Review.com



PROFESSIONAL
STAFFING

CONSULTING
SOLUTIONS

PHYSICIAN
LEADERSHIP

EXTERNAL PEER REVIEW
Powered by MDReview

Medical Staff Services • Credentialing • Provider Enrollment • Peer Review • Quality • Risk Management