“Art Therapy”: Defining Disruptive and Unprofessional Behavior

1. Using the easel pads and markers, please create a stick figure drawing (or two) that depicts an instance of disruptive or unprofessional behavior you witnessed or learned about in the last couple of years.

2. Create a drawing that shows one of the barriers to dealing with unprofessional and disruptive behaviors in health care.

3. Post your art on the wall. Feel free to sign (and price) them, but you don’t have to.
Discouraging Disruptive Behavior
September 23-24, 2010
Waltham, MA
Physician
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Tufts University School of Medicine (TUSM), Partners Community Healthcare, Inc. and The Stoeckle Center. TUSM is accredited by the ACCME to provide continuing medical education for physicians.

TUSM designates this educational activity for a maximum of 9 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 4 hour(s) of Risk Management Credit.

Requirements for successful completion
To receive CE credit, participants must sign-in, attend the entire activity and complete and submit the activity evaluation provided in syllabus materials. Certificates/statements of credit will be mailed within 4-6 weeks after the activity.
All faculty, course directors, planning committee, content reviewers and others involved in content development are required to disclose any financial relationships with commercial interests. Any potential conflicts were resolved during the content review, prior to the beginning of the activity.

The following individuals have a relevant financial relationship with a commercial interest(s):

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<th>Name</th>
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<th>Nature of Financial Relationship</th>
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<tbody>
<tr>
<td>Presenter</td>
<td>James W. Pichert, PhD</td>
<td>StuderGroup, Inc.</td>
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Susan Edgman-Levitan, Gerald B. Hickson, MD, Kerry McBride, Paula Ricci, Karin Pearson, Lara Shew, Mirosliedy Tejeda.

*Individual faculty will disclose any discussion of off-label or unapproved uses.*
GOAL AND OBJECTIVES

Goal
The goal of this activity is to provide healthcare professionals with the proper tools and strategies to address disruptive behavior in their institutions.

Educational Objectives
At the conclusion of the activity, participants will be able to:
• Describe and discuss the relationships between unprofessional behavior and suboptimal outcomes.
• Identify a range of unprofessional behaviors and describe a "disruptive behavior pyramid."
• Articulate the essential elements of an organizational infrastructure for addressing unprofessional behavior in clinical and non-clinical staff.
• Describe the essential elements of three graduated levels of interventions for addressing unprofessional behavior.
• List pertinent legal precedents about which to be aware before taking action.
• Describe a method that may be used for identifying professionals with a pattern of unprofessional behavior.
No commercial support has been received for this activity.

Exhibitors will not be present.
Non Endorsement & TUSM OCE Policies

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The Why and How of Dealing with “Special” Colleagues: Discouraging Disruptive Behavior

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James W. Pichert, PhD

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Vanderbilt University School of Medicine
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Welcome

(Communication devices on vibrate, please)
Proceeds from this presentation go to Vanderbilt Center for Patient and Professional Advocacy, and Vanderbilt University School of Medicine for research and education purposes.
Agenda

- From your artwork: What constitutes disruptive behavior?
- Also from your artwork: Why are leaders so hesitant to act?
- Why bother dealing with disruptive behavior?
- A Case
Pictures are worth a thousand words...

Let’s look at yours...
If you agree to date me, I’ll try and get you a promotion

I wonder if she will fire me if I don’t agree...
But I’m a dr.!!

Tell it to the Judge...

Tell it to the Judge
Cath Lab

Push!

*! a3!
Conceptual Framework – Professionalism

• You have joined a profession
• Professionals commit to:
  • Confidentiality
  • Clear and effective communication
  • Modeling respect
  • Being available
• Professionalism promotes teamwork
Professionalism and Self-Regulation

Professionalism demands self-regulation

- Personal
- Discipline specific
- Group
- Systems focused

All require the skills to provide and receive feedback
Definition of Disruptive Behavior

- Disruptive behavior includes, but is not limited to, words or actions that:
  - Prevent or interfere with an individual’s or group’s work, academic performance, or ability to achieve intended outcomes (e.g. intentionally ignoring questions or not returning phone calls or pages related to matters involving patient care, or publicly criticizing other members of the team or the institution);
  - Create, or have the potential to create, an intimidating, hostile, offensive, or potentially unsafe work or academic environment (e.g. verbal abuse, sexual or other harassment, threatening or intimidating words, or words reasonably interpreted as threatening or intimidating);
  - Threaten personal or group safety, such as aggressive or violent physical actions;
  - Violate Vanderbilt University and/or VUMC policies, including those related to conflicts of interest and compliance.

Vanderbilt University and Medical Center Policy #HR-027, 2010
Disruptive Behavior

- Patient reported: “Witnessed a tense exchange between a nurse and patient...it was difficult to watch someone try to humiliate another person in need...embarrassed and made me feel vulnerable personally.”
But More Common:

“___ came late to the meeting, then spent remaining time on a Blackberry... didn’t listen to the discussion”

“___ doesn’t exactly say anything you could object to, but always rolls eyes and makes faces in meetings... not helpful...later mocks the discussion...disputes wisdom of decisions”

And Increasingly Common

“___ writes an online Blog with implied criticisms of some of our units”

“___ (resident) puts feelings about patients on Facebook—unnamed, but potentially identifiable”
Perhaps Even More Common:

- Failure to:
  - Complete documentation
  - Wash hands
  - Observe time outs
  - Other?
Categories of Disruptive Behaviors

Aggressive (more visible)
- Anger outburst, verbal threats, swearing
- Physical contact and throwing objects
- Sexual Harassment

Passive Aggressive
- Negative comments about institution, hospital, group, etc.
- Refusing to do tasks
- Jousting in social media

Passive (more common)
- Chronically late, not responding to call
- Inappropriate/inadequate chart notes, not dictating

“Behaviors that Undermine a Culture of Safety”

- Disruptive behaviors
- Intimidating behaviors
- Inappropriate behaviors
- Unprofessional behavior

For purposes of this course, these terms will be used interchangeably.

Several others appear in the literature: bullying, lateral or horizontal violence
Why We Use Disruptive Behavior

- Disruptive behavior is disruptive behavior, regardless of directionality
- We make no distinction between lateral and vertical and cross-discipline disruptive behavior. Disruptive is disruptive regardless...
- Training for dealing with one form of "disruptive/unprofessional behavior" works for another
- Often the problem behavior is not, strictly speaking, "violent" and may not even appear "hostile"
- Health care professionals need skills for dealing with any form of disruptive behavior
- Skills are just one element of a much larger infrastructure every organization must have in place for fully dealing with disruptive behavior
Why are we so hesitant to act?

Let’s review some of your art...
I think the nurses contributed to his frustration.

We can’t do anything, we’ll get sued.

Just talk to him. I’m sure he didn’t mean it.

The nurses are against him.
Barrier
Why didn't you address their disruptive behavior?

If she leaves, I lose my most senior nurse.
I know just who needs this "cup of coffee" (in their face!)
Barriers to Addressing DB

- Lack of policies to deal with disruptive behaviors: 30%
- Lack of awareness of the impact of disruptive behaviors on outcomes: 30%
- Lack of training to deal with disruptive behaviors: 48%
- Leaders don’t apply policies consistently: 69%

June 2009, Unprofessional Behavior in Healthcare Study, Studer Group and Vanderbilt Center for Patient and Professional Advocacy
Balance Beam Approach to Decisions

“Pros”

“Cons”

The Balance Beam

- Competing priorities
  - Not sure how (no training or policies)
  - Leaders “blink”
  - “Can’t change...”
- Fear of antagonizing

Do nothing

Do something

Why Might a Medical Professional Behave in Ways that are Disruptive?

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8.
Why Might a Medical Professional Behave in Ways that are Disruptive?

1. Substance abuse, psych issues
2. Narcissism, perfectionism
3. Spillover of family/home problems
4. Poorly controlled anger (2° emotion)/Snaps under heightened stress, perhaps due to:
   a. Poor clinical/administrative/systems support
   b. Poor mgmt skills, dept out of control
   c. Back biters create poor practice environments
Why Might a Medical Professional Behave in Ways that are Disruptive?

5. Make others look bad - for some advantage
6. Distract from own shortcomings
7. Family of origin issues—guilt and shame
8. Well, it seems to work pretty well (Why? See #9)
9. No one addressed it earlier (Why?)

ABC Analysis

• A – Antecedents
  • Anything which precedes and sets the stage for behavior
• B – Behavior
  • An observable act
• C – Consequences
  • Anything which directly follows from the behavior

Thomas Krause, PhD
Presentation at the National Patient Safety Foundation Board of Governors Meeting June, 2007
What controls behavior?

Thomas Krause, PhD
Presentation at the National Patient Safety Foundation Board of Governors Meeting June, 2007
Consequences

- Consequences control behavior
- Antecedents influence behavior only to the extent that they predict consequences...
- Timing, consistency and significance of consequences affect their impact

Thomas Krause, PhD
Presentation at the National Patient Safety Foundation Board of Governors Meeting June, 2007
Why bother dealing with disruptive behavior?
Consequences of Disruptive Conduct: Patient Perspective

- Lawsuits
- Non adherence/noncompliance
- Drop out, leaving AMA
- Voiced Complaints
- Errors (tip of the iceberg)
- Bad-mouthing the practice to others
Consequences of Disruptive Conduct: Healthcare Professional Perspective

- Harassment suits
- (tip of the iceberg)
- Lack of retention
- Errors
- Burnout
- Jousting
- Bad-mouthing the organization in the community

Have you ever left an organization or transferred to a different department because of unprofessional behavior (check all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>% Response</th>
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<tbody>
<tr>
<td>Yes, I left a previous job</td>
<td>25.9%</td>
</tr>
<tr>
<td>Yes, I transferred to a different department at another job</td>
<td>4.8%</td>
</tr>
<tr>
<td>Yes, I transferred to a different department with my current employer</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

June 2009, Unprofessional Behavior in Healthcare Study, Studer Group and Vanderbilt Center for Patient and Professional Advocacy
Disruptive Conduct: The Bad Apple Effect

- Bad apple member: “individuals who chronically display behavior which asymmetrically impairs group functioning”

Failure to Address Disruptive Conduct

Leads To:

- Team members may adopt disruptive person’s negative mood/anger (Dimberg & Ohman, 1996)
- Lessened trust among team members can lead to lessened task performance (always monitoring disruptive person)... affects quality and pt safety (Lewicki & Bunker, 1995; Wageman, 2000)
- Withdrawal (Schroeder et al, 2003; Pearson & Porath, 2005)

BMJ: Rudeness at Work

- In a survey of OR staff, 66% said they had "received aggressive behaviour" from nurses; 53% from surgeons.\(^1\) Disagreements between surgeons and OR nurses were reported by 63% of respondents, and between OR nurses and ward nurses were reported by 58%\(^2\)
- Being the victim of rudeness can impair cognitive skills\(^3\)
- Watching rudeness between colleagues might impair team members’ thinking skills\(^4\)

“RN did not call the doctor about change in patient condition because he had a history of being abusive when called. Patient suffered because of this.”

Disruptive Behavior Creates

- Fear
- Confusion or uncertainty
- Vengeance vs. those who oppose/oppress them
- Hurt ego/pride
- Grief (denial, anger, bargaining)
- Apathy
- Burnout
- Unhealthy peer pressures

- Ignorance (expectations, behavior standards, rules, protocols, chain of command, standards of care)
- Distrust of leaders
- Dropout: early retirement or relocation
- Errors
- disruptive behavior begets disruptive behavior

Vanderbilt University and Medical Center Policy #HR-027
The Balance Beam

- Competing priorities
  - Not sure how lack tools, training
  - Leaders “blink”
  - “Can’t change...”
- Fear of antagonizing

- Staff satisfaction and retention
- Reputation
- Patient safety, clinical outcomes
- Liability, risk mgmt costs

Do nothing

Do something

Guiding Principles for Action*

• **Justice** – Fairness for all

• **Certainty** that the “egregious” event in question or pattern of “evidence” shows that the physician in this case (or other professional in other cases) stands out from peers

• **Insight** into causes is the first, short-term goal

• “**Redemption,**” “**Restoration**” or problem resolution is the 2nd goal

*Charles Reiter, III, General Counsel, Loyola University Medical Center
A Case of
A Deteriorating Patient
Case: A Deteriorating Patient

- CI, 28 y/o primagravida.
- SROM at 0800, completely dilated by 1030. CI pushed for 3 ½ hours, C/S w/o difficulty for CPD. Infant to nl nursery. Est. blood loss = 600 ccs.
- First 2 hrs post delivery “normal” including unremarkable vitals, good pain control with PCA pump.
Case: A Deteriorating Patient


- OB left CI to tend to other pt. Over next 30 min nurse changed bed linens 3 times due to blood loss, CI began to complain of low back pain, cold hands and feet.

- Nurse pages OB again. A CBC ordered earlier indicated that CI’s Hgb had fallen from 14.1 to 6.4.
Case: A Deteriorating Patient

- OB ordered 4 units PRBCs, left to attend other pt. While blood was infusing CI became more tachycardic, BP=82/22. Nurse started 2nd IV, called for OB & Anesth. When Anesth arrived CI said she felt lightheaded.
- When Dr. OB arrived Dr. Anesth still at bed-side. Dr. OB seemed irritated.
- Vigorous discussion ensued in CI spouse’s presence...
• Anesth asserted CI was bleeding out, needed stat surgery.
• OB insisted “long differential, including a PE.”
• Anesth: “Well, you don’t treat PE with blood, so if you believe it might be a PE, why did you order 4 Units PRBCs...?” And so it continued...
• CI arrested, CPR initiated. Nurse escorted husband to private waiting room.
How do we get to this point?

Were there opportunities...and what can we really do?
Failure to Address Disruptive Conduct

Leads To:

- Perceptions of inequality when members of the team compare their contributions to those of the disruptive member (Kulik & Ambrose, 1992)
- Some team members will decrease their contributions, withdraw (Schroeder et al, 2003; Pearson & Porath, 2005)

Failure to Address Disruptive Conduct

Leads To:

• High turnover
  • Pearson et al, 2000 found that 50% of people who were targets of disruptive behavior thought about leaving their jobs
  • Found that 12% of people actually quit
  • These results indicate a negative effect on return on investment

DB May Occur in Many Areas

- Legal, corporate compliance
- HIPAA office
- Billing practices
- Conflicts of interest
- Referral practices
- Patient care
- Routine team meetings and other interactions

Vanderbilt University and Medical Center Policy #HR-027; Rosenstein, Am J Nurs 2002; 102:26-34
Communication Problems are associated with or factored in:

- OR errors 50% of the time
- 30% of adverse events in OBGYN
- 91% of adverse events involving residents

“A [provider] wanted to do something that put the patient in an unsafe situation, violated State and Federal laws and regulations, and JCAHO standards. When I informed the [provider] he couldn't do this and that it put the patient at risk, he told me I couldn't do that and he would have me fired if I didn't comply...was yelling and using many expletives....”

June 2009, Unprofessional Behavior in Healthcare Study, Studer Group and Vanderbilt Center for Patient and Professional Advocacy
Nice sweater if you know what I mean...

Your evaluation session is next week.”