



The Disruptive Surgeon

WHAT DO THE NEW JCAHO STANDARDS MEAN?

REALLY

T. Forcht Dagi

MD, MPH, FACS, FCCM

The Harvard-MIT Program in Health Sciences and
Technology

The Disruptive Surgeon

- This is a real problem
- Symptom, not the disease
- Phenotype, not genotype
- It's our problem
- *We can* deal with it

Potential Conflicts and Disclosures

- No conflicting financial support or subsidy
- No known conflicts of interest

“Alert aims to stop bad behavior among health care professionals”

“Health care is a high-stakes pressure packed environment that can test the limits of civility in the workplace.

A new Sentinel Event Alert issued by the Joint Commission warns that rude language and hostile behavior among health care professionals goes beyond... unpleasant and poses a serious threat to patient safety and the overall quality of care.

40% of clinicians have kept quiet or remained passive during disruptive events... rather than question a known intimidator.”

Bulletin of the American College of Surgeons, October 2008

Sentinel event alert, July 9, 2008

Behaviors that undermine a culture of safety

- Intimidation and disruption
 - Foster errors, contribute to poor patient care, increase costs
 - Discourage teamwork
- Common and historically tolerated
- Verbal outbursts, threats, or passive aggressive behavior
- Linked to stress, personality, issues of authority and autonomy, emotional pressures
- Inequitable rules let high revenue contributors slide by

Strategy

- A new standard intended to begin January 1, 2009
- Health care organizations to create a code of conduct that
 - Defines acceptable and unacceptable behavior
 - Establishes formal process for managing unacceptable behavior
- Unacceptable behavior defined as
 - Outbursts, condescending attitudes, refusal to carry out assigned duties, physical threats

Eleven specific implementation steps

- Educate all health care members about professional behavior
 - Telephone interactions
 - Etiquette
- Hold all team members accountable for implementing desirable behaviors
- Enforce code of conduct consistently and equitably

Implementation II

- Establish a comprehensive approach to addressing intimidating and disruptive behaviors
 - Zero-tolerance
 - Involve physician leadership
 - Reduce fears of retribution against whistleblowers
 - Empathize and apologize to patients and families who involved in or witness objectionable behaviors
- Determine how and when disciplinary actions should begin

Implementation III

- Develop a system to detect and receive reports of unprofessional behavior (surveillance)
- Training for leadership and management
- Organizational strategies to address intimidating and disruptive behavior within the context of an organizational commitment to the health and well-being of all staff and patients

Is this really new?

The ACS Statement on Principles

I: Qualifications of the Responsible Surgeon

A. Competencies

4. **Interpersonal and Communication Skills** that result in effective information exchange and effective interaction with patients, their families and other health care professionals

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively utilize system resources to provide care that is of optimal value.

Do we need this?

The ACS Statement on Principles

III: Interprofessional Relations

B. Discrimination or Harassment

“The ethical practice of medicine establishes and ensures an environment in which patients, staff, colleagues students, residents and all other individuals are treated with respect and tolerance.

Discrimination, harassment, or creation of a hostile working environment... is inconsistent with the ideals and principles of the American College of Surgeons.”

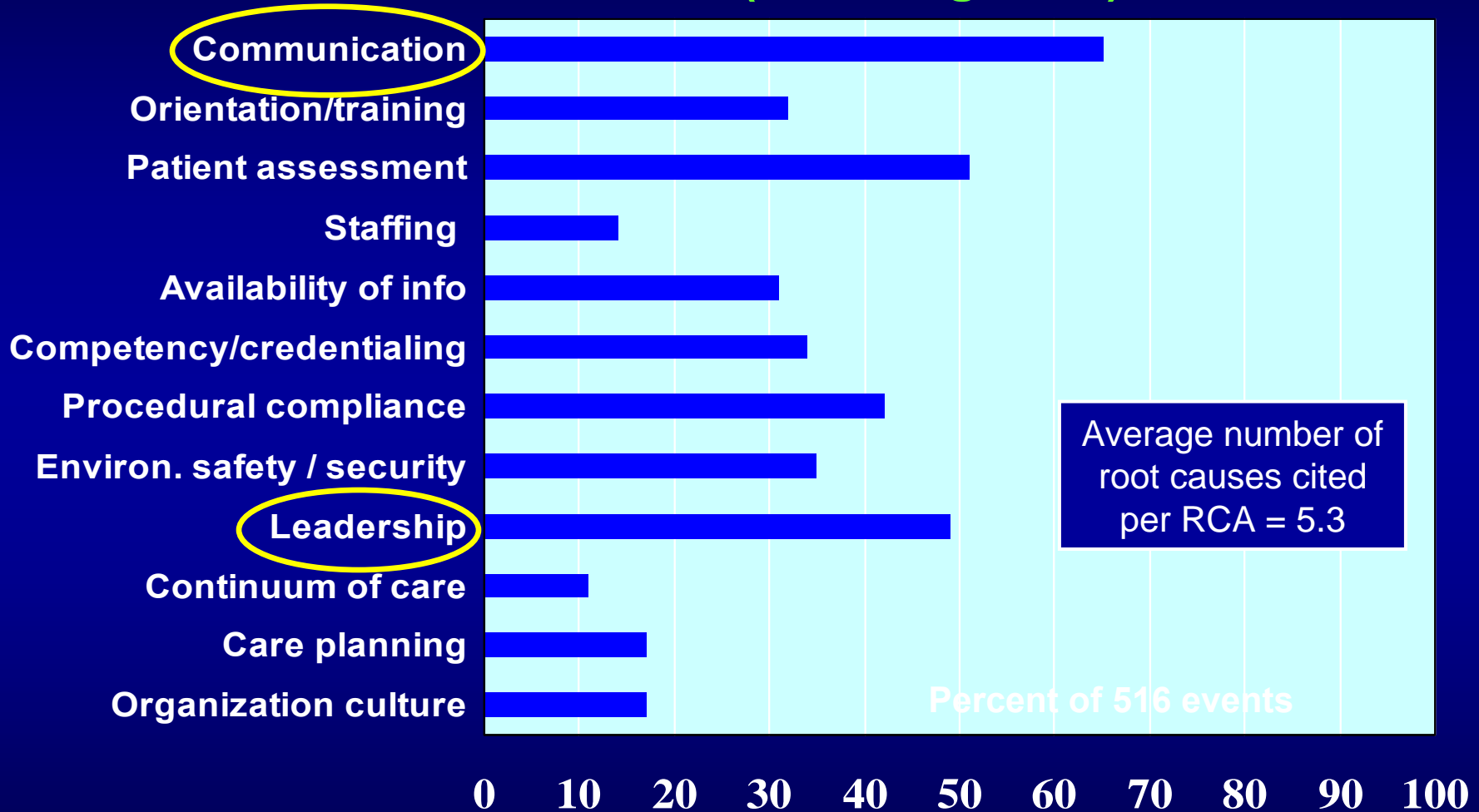
And yet...

“L’enfant terrible, M.D.”

- Physicians often fail to exercise empathy
- Communication skills not emphasized
- Overbearing behavior, even bullying, tolerated
- Quirks tolerated to retain talent

Root Causes of Sentinel Events

(All categories)



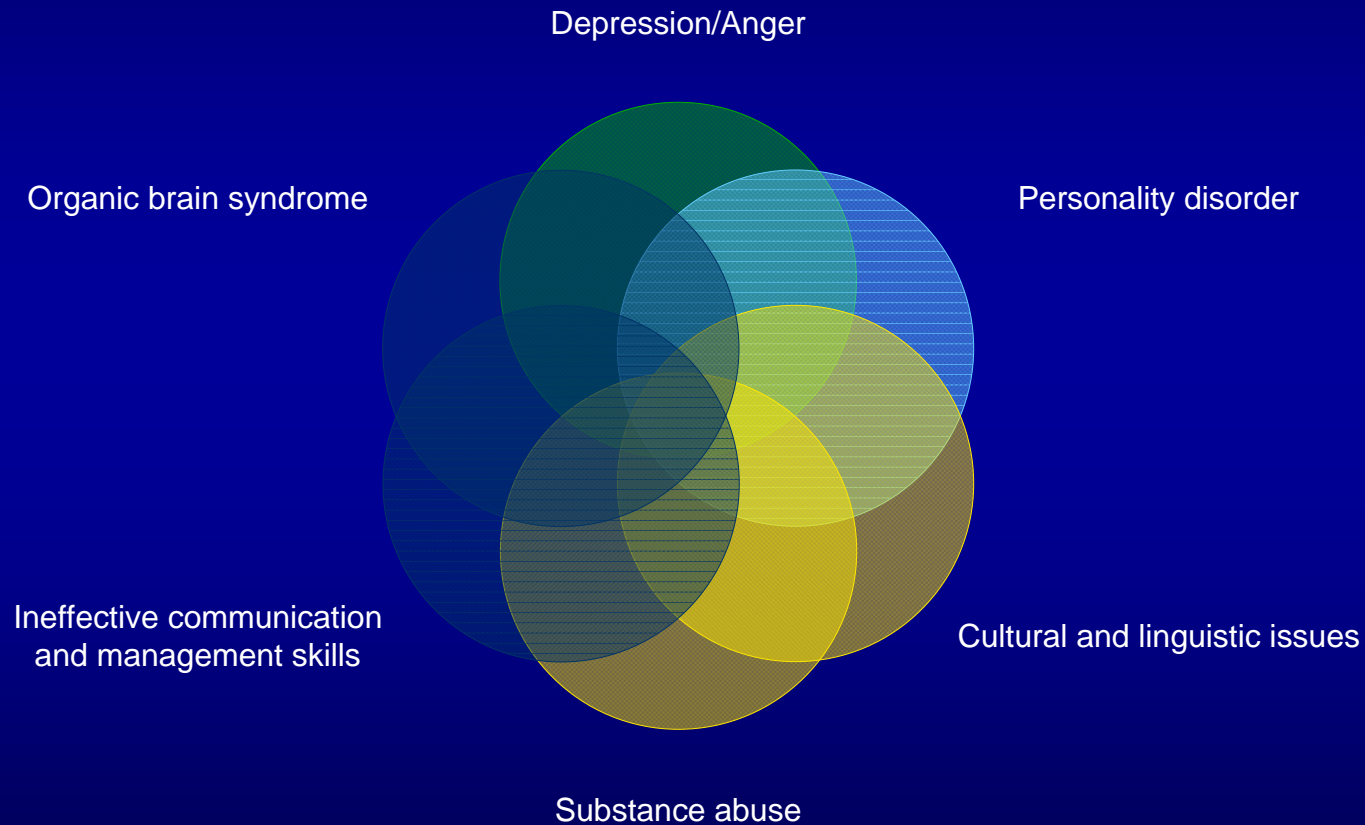
Outside of medicine

- Codes of business behavior and communication are carefully scripted
- Communication reflects purpose
 - The message
 - The medium
 - The setting
 - The time
- Apologies
 - J&J
 - Airline industry

Language and behavior are powerful tools – constructive and not

- Humor
 - George Bernard Shaw
- Disdain
 - Margaret Thatcher
- Clear communication
 - Admiral Dewey
- Leadership
 - Joshua Chamberlain, 20th Maine, Battle of Little Round Top
- The OR
 - Pickups

Roots of disruptive behavior



Principles of management

- Prior to crisis
 - Selection
 - Teach
 - Standards

At Point of crisis

- Acknowledge (something may be wrong)
- Investigate
 - Is the surgeon the cause?
 - Is the surgeon the only cause?
 - Is there a systemic problem?
 - Is the surgeon simply poorly equipped to deal with a problem not of his or her making?
 - Open, dispassionate, objective assessment

Diagnosis

- Diagnosis
 - Early
 - Comprehensive
 - Systemic as well as personal
 - Careful and creditable

Dealing with the problems

- Escalating measures
 - Develop and document a strategy, relevant goals and relevant milestones
 - Counsel - always
 - Teach - always
 - Treat – to diagnosis
- Sometimes counseling and intervention required on behalf of the entire team
- Be prepared to dismiss if remedial measures do not help
 - But don't assume everything due to one individual only

Afterwards

- Acknowledgement
- 360° analysis
- Team counseling
- Repair of damage
- Prevention – rarely is there only a single cause to a serious problem

Example: objectionable language

- Rarely is language or behavior *intended* to be objectionable
 - A way to get things done
 - Asymmetric judgements of importance or urgency
 - Pressure
 - Impatience with administrative protocol
 - Anticipation of objections
- Language patterns go very deep – easily misconstrued
- Past history, real or perceived
- Personality conflicts, real or perceived
- Differences in language and culture

How should this new sentinel initiative be construed?

- Systematic effort to prevent error
- Address problems which deal with attitudes, often *ad hominem*, and not just actions
- Address challenges of balancing standards and behavior inside of systems

Admirable goals...

- Help medical leadership and medical staff
 - Complement one another
 - *Help* one another
 - Find means to optimize behavior
- Eliminate bullying behavior, whether intentional or unintentional
- All physicians – and ultimately all staff – not just surgeons

Outweighed by legitimate concerns and grievances?

- Language
 - What *is* intimidating and disruptive behavior?
 - What *is* an abusive physician?
- Definitions
 - Is this like pornography?
 - “We know it when we see it.”
 - How subjective?
- Due process
 - Standards?
 - Anonymity?
- Easy scapegoating when the problem is systemic?
- Sanctions out of keeping with the offence

Solution

- *Surgeons should get involved*
- These concerns will not dissipate

In the short term...

- Define the problem, refine the response over time
- IRB-like institution within healthcare organizations
 - Defined functions and responsibilities
 - Respond to local needs and standards within broad guidelines
- AMA reference committee meetings Nov 2008
 - Resolution 1: Work with JCAHO to define the objectionable behavior
 - Resolution 2: Appeals process
- AMA meeting Dec 2008
 - *One-year delay/postponement* of the Joint Commission's standards requested to give hospitals' medical staffs time to get their bylaws into compliance.

In the longer term...

- An important problem *has* been identified
- Essential importance that surgeons take the lead
- What changes might this entail?
 - Selection
 - Training
 - Attitude
 - Acknowledgement
 - Management

C²M²

- Character
- Commitment
- Manners
- Methods

C²M²

- Character
 - Kindness
 - No bullying or intimidation
 - No narcissism or primary process
- Commitment
 - Team building
 - Communication
 - Insight
- Manners
 - What you fall back upon when things go wrong
 - Empathy
 - Don't offend
- Methods
 - Leadership
 - Conflict resolution
 - Negotiation
 - Crisis management

Conclusions

- Poor language around an important idea
- Legitimate expectations around manners and civility
- Behavior matters, and is part of the profession
- For the vast majority of surgeons and peri-operative physicians, no material change
- Important that we undertake leadership in improving the surgical and the medical environment
- Character, commitment, manners and method

Thank you