Enhancing Professionalism

Transformational Conversations

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You witness this…
What did you see?

An opportunity to:

• help a colleague

• strengthen a culture of safety

• Strengthen a culture of professionalism
What constitutes disruptive behavior?
Please draw a stick figure drawing that depicts an instance of disruptive/unprofessional behavior you witnessed or learned about.
Large income producing clinician (sacred cow)
New staff

Experienced staff

You are doing EVERYTHING wrong!!!!

We eat our young
Physicians in Hall

That patient is crazy! She needs to see a SHRINK!

Patient

I know what they think of me. They must think I cannot hear them!
Why didn't you address their disruptive behavior?

If she leaves, I lose my most senior nurse.
Disruptive behavior includes, but is not limited to, words or actions that:

• Prevent or **interfere** w/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, aggressive or violent physical actions;
But More Common:

“___ came late to the meeting, then spent remaining time on an iPhone... 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”
Why do we need this program?

**Figure 7:** Which of the following disruptive behaviors have you encountered and are most concerned about?

- Degrading comments or insults: Have encountered 51%, Most concerned about 59%
- Discriminatory behavior: Have encountered 24%, Most concerned about 31%
- Inappropriate joking: Have encountered 17%, Most concerned about 26%
- Incompetence: Have encountered 27%, Most concerned about 26%
- Physical assault: Have encountered 3%, Most concerned about 13%
- Profanity: Have encountered 13%, Most concerned about 41%
- Refusal to cooperate with other providers: Have encountered 19%, Most concerned about 54%
- Refusal to follow established protocols: Have encountered 14%, Most concerned about 52%
- Retaliation: Have encountered 13%, Most concerned about 14%
- Spreading malicious rumors: Have encountered 19%, Most concerned about 21%
- Substance abuse: Have encountered 14%, Most concerned about 23%
- Throwing Objects: Have encountered 9%, Most concerned about 14%
- Yelling: Have encountered 30%, Most concerned about 54%

Figure 8: What do you feel was the root cause of the disruptive physician behavior at the time?

- Workload: 29%
- Learned behavior (e.g., medical school): 18%
- Other members of the health care team: 14%
- Other root causes: 14%
- Non-work related causes: 11%
- Policy or procedure related: 10%
- Compensation related: 2%
- Patient compliance: 2%

MacDonald, Owen. (2011). Types of disruptive behavior [figure 8]. In Barry Silbaugh MD, Disruptive Physician Behavior. QuantiaMD.
Executive Responses – May 2011

I have leadership commitment around disruptive behavior

- Strongly Agree: 66%
- Agree: 29%
- Uncertain: 6%
- Disagree: 0%
- Strongly Disagree: 0%

Poll completed May 2011. Executives from IU Health, IU School of Medicine, IU Health Physicians, Wishard, VA, IU School of Nursing, IU School of Dentistry.
Executive Responses – May 2011

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Our team members feel free to report or refer disruptive behavior

- Strongly Agree: 10%
- Agree: 15%
- Uncertain: 26%
- Disagree: 41%
- Strongly Disagree: 8%

Poll completed May 2011. Executives from IU Health, IU School of Medicine, IU Health Physicians, Wishard, VA, IU School of Nursing, IU School of Dentistry
Vanderbilt Program

Mandated Issues

- Vast majority of professionals - no issues
- Single or isolated "unprofessional" event (merit?)
- Apparent pattern
- Pattern persists

Level 1 "Awareness" Intervention

Level 2 "Guided" Intervention by Authority

Level 3 "Disciplinary" Intervention

"Informal" Cup of Coffee Intervention

Does it really work?

- 70% of physicians show substantial improvement following awareness intervention
- 20% required a guided intervention with about half showing improvements
- 50% of Vanderbilt’s costs were associated with highest-risk physicians. Through awareness interventions, claims were reduced by 50%

*The Patient Advocacy Reporting System ®; The Tool and Process, July 2012*
IU Enhancing Professionalism Program
Why are we doing this?

- Engaged patients have better outcomes
- Learners
  Professional socialization – the imparting of values and beliefs to learners
- Healthcare is delivered by a team - 80% of serious medical errors involve miscommunication between caregivers
- The work is hard; collegial environments are more fulfilling
Continuum of Professional Behavior

Exemplars

Burnout; Lack of Spirit

Disruptive Behavior
EP - Recognition and Escalation Process

Recogniton Process
- Vast majority of professionals
- Single exemplary incident
- Apparent pattern persists
- Level 2 “Guided” Recognition by Authority
- Level 3 “Award” Nomination

Escalation Process
- Single “unprofessional” incidents
- Apparent pattern persists
- Pattern persists
- Level 1 “Awareness” Intervention
- Level 2 “Guided” Intervention by Authority
- Level 3 “Disciplinary” Intervention

How about a cup of coffee?
Principles for “Informal” Conversations

• Approach using same principles as giving bad news to patients - maintain trust and respect
• Minimize distractions (have in private or semi-private area if possible)
• Avoid tendency to downplay seriousness
• Balance empathy and objectivity
• Anticipate range of responses (push-backs) – from rage to non-response
Principles for “Informal” Conversations

• Your role: **To report an event**; To let the colleague know that the behavior/action was noticed (surveillance)

• It’s not a control contest. ("I am coming to you as a colleague…")

• Don’t expect thanks (acknowledgement)

• Know message and “stay on message”

• Know your natural default (your communication style; your “buttons”)
Opening the Conversation

• Offer appreciation (if you can): “You’re important, if you weren't, I wouldn't be here.”

• Use “I” statements: “I heard…,” “I saw…,” “I received…,” “Are you okay?”

• Review incident, provide appropriate specifics

• Ask for colleague’s view…pause…

• Respond briefly to questions, concerns…
Cup of Coffee Role Plays

• Rotate roles among your group
• Please divide yourselves into groups of three
• Each group of three is given a packet of handouts
• Each group will role play a cup of coffee conversation
• Each person should play one of the parts:
  Professional having the conversation: have a cup of coffee conversation
  Special Colleague (disruptive professional): read your role before beginning
  Observer: use the checklist provided
A “Cup of Coffee” Conversation Is Not:

• Long; 2-3 minutes is a reasonable goal
• A control contest
• A hierarchical conversation
• An enabling conversation
• An opportunity to address multiple other issues
• Psychotherapy (for the individual or yourself)
Anticipate Various Reactions

• Challenges:
  “Who anointed you?”
  “That’s not at all what happened (the report is wrong, or you didn’t understand what you heard/saw).”

• Rationalizations, explanations of behavior:
  “It’s no big deal…”
  “Sometimes you just have to do what works to be productive, right?”
  “The environment/system I have to work in is the most unsupportive…”
Anticipate Various Reactions

• Denial, anger, narcissistic hurt:
  “I do great work here. Doesn’t that count?”
  “Whoa, you are blowing this way out of proportion. This isn’t as serious as you are making it out to be…”

• Requests for help with change:
  “Will you help me? I don’t know what to do. What do you suggest?”
  “Are you going to report this to…?”

• End-around the chain of command:
  “I’m going to go talk to [higher up]…”
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A Few Pitfalls

• Seeming or being judgmental
• Responding with your problem-solving nature (‘fixer’)
• Minimizing the seriousness of the event (balance empathy with objectivity)
• Commiserating about ‘how tough things are around here’
Handy Phrases

• Are you okay?
• We just don’t do that here…
• I was not there… I just have to wonder why others had the perception…
• I’m just a colleague. If I had been observed..., I would hope you or someone else would bring it to my attention.
• You might be right…but…
• I know your commitment to excellence and to professionalism, which is why I came to you…
Bystander Bully

- Those who see or hear bullying and do not act
- Most bystanders passively accept by watching and doing nothing
- Contribute to the problem
In the end......sincerity matters the most.

Above all else, if your colleagues believe that you sincerely want to convey information for the purpose of genuinely helping them, you will be successful.
Summary

You either have culture by design or culture by default.

This is not about something as simple as “being nice.” You need to be more than nice. You need:

- To be observant
- To care about your colleagues
- To have skills *(crucial conversations)*
- To take a risk
- To be persistent
Patients, learners, and colleagues will all benefit from your willingness to enhance professionalism.

Thank you!