Assessing and Remediating Disruptive Physician Behaviour: The First Five Years of Results from the Ontario Medical Association

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OMA
PHYSICIAN WORKPLACE SUPPORT PROGRAM

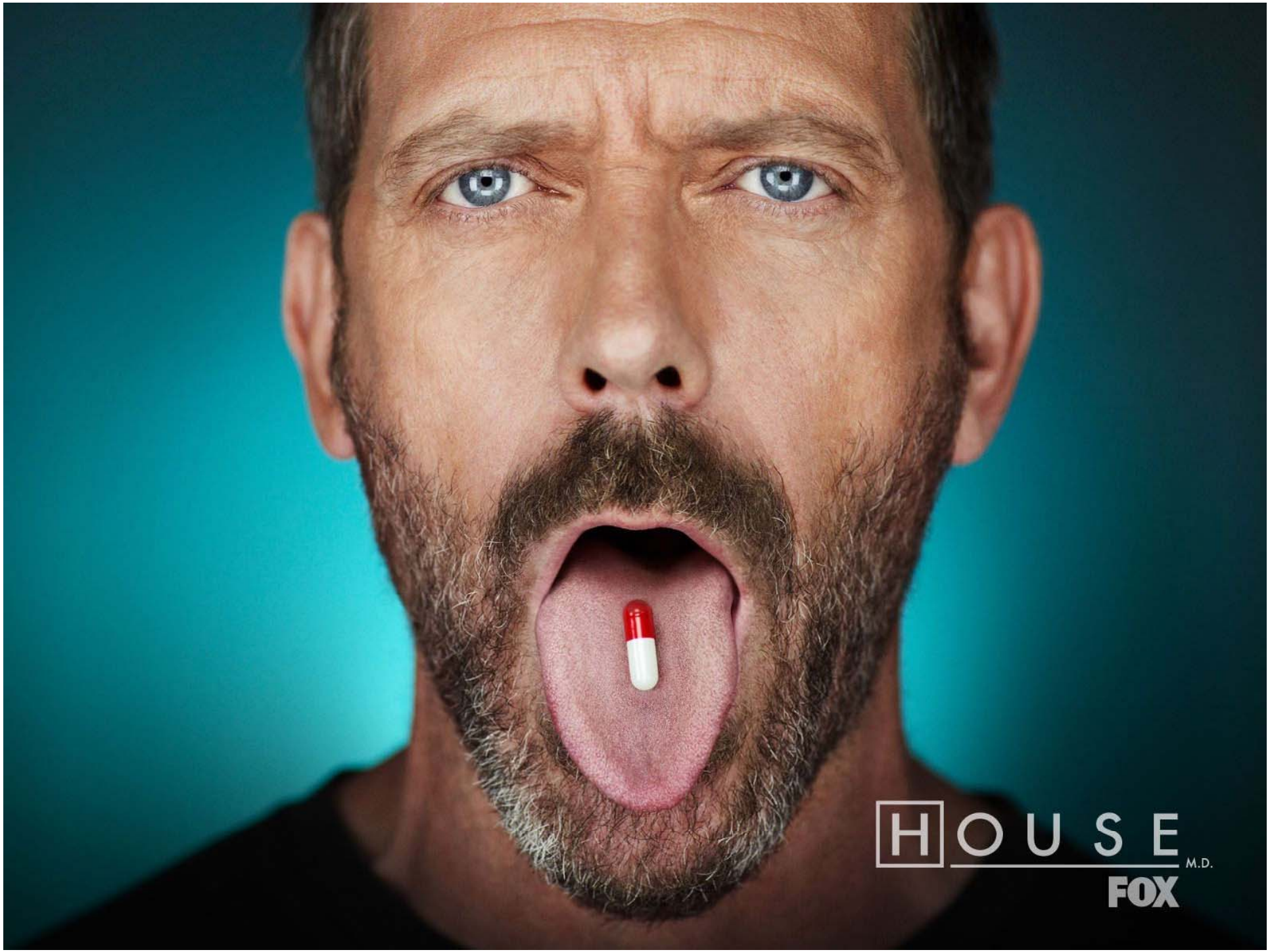
Learning objectives:

By attending this session participants will:

1. Be able to describe the key components of a model program focused on prevention, assessment, and rehabilitation of disruptive physician behaviour

2. Consider how this model may be of relevant to their own jurisdiction, including reflection of local needs, program experience, and established outcomes

3. Apply lessons learned from this program's experience to their own clinical and administrative contexts and identify where existing services may be enhanced or new services developed


HOUSE M.D.
FOX

Shift in tolerance

- Medical Association Code of Ethics
- Institutional Codes of Conduct
- CanMeds 2015Competencies
- Legislation (C-168)
- Regulatory Policies
- Other

Examples

Abusive and aggressive behaviour

- Intimidation, bullying, physically threatening, throwing objects
- Blaming, shaming, belittling language
- Unnecessary sarcasm or cynicism
- Harassment and violence

Examples

Boundary crossings

- Sexual comments or innuendoes
- Sexual harassment – unwelcome flirtation
- Inappropriate touching
- Interference with management of other doctors' patients

Examples

Passive-aggressive behaviour:

- Late or no replies to pages
- Non-compliance with policies and procedures
- Non-attendance at committee meetings
- Rigid, inflexible or non-responses to requests for cooperation
- Intentional delay or obstruction of hospital procedures

Examples

Other

- Racial, cultural slurs
- Disparaging remarks about colleagues and administrators (including hostile e-mails, notes in patient records)
- Refusing to see certain categories of patients
- Lack of respect for comfort of others

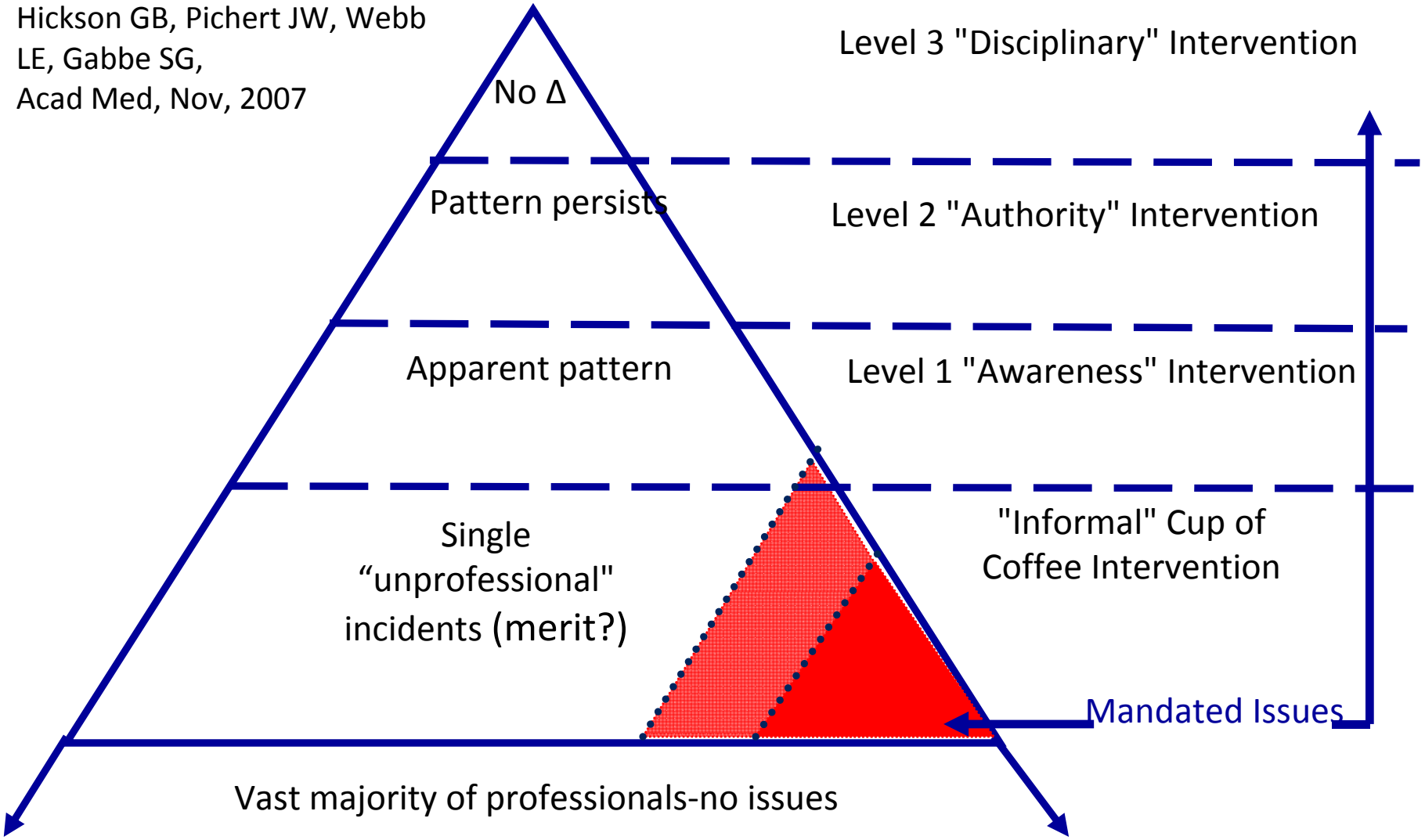
Disruptive behaviour
Prevalence

- 1%- 5% (Linney, 1997)
- 3% – 5% (Leape, 2006)
- 6% of physicians have >25 complaints on same theme in 5 years (Hickson, 2002)

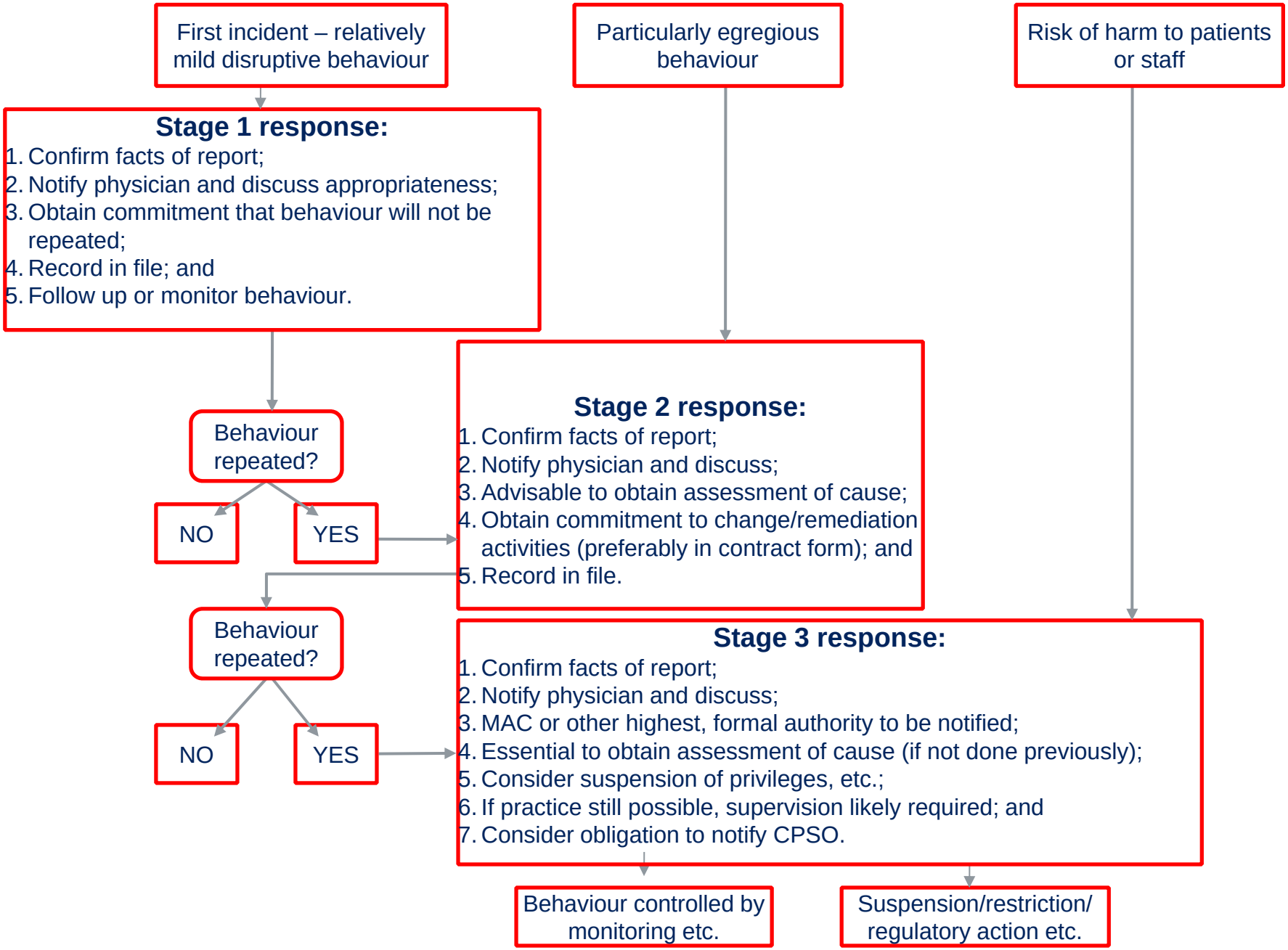

HÔTEL-DIEU GRACE
HÔPITAL
HOSPITAL

“Hickson” Framework

Hickson GB, Pichert JW, Webb LE, Gabbe SG, Acad Med, Nov, 2007



Behaviour Management Flow Chart – CPSO Paradigm



The PHP Experience:

- Ontario has 27 000 practicing physicians and 13 000 learners (UGME/PGME)
- Expect 1600 to meet criteria for DB based on research
- 30 calls a month about disruptive behaviour since 2008 launch

Program Summary 2008-2014

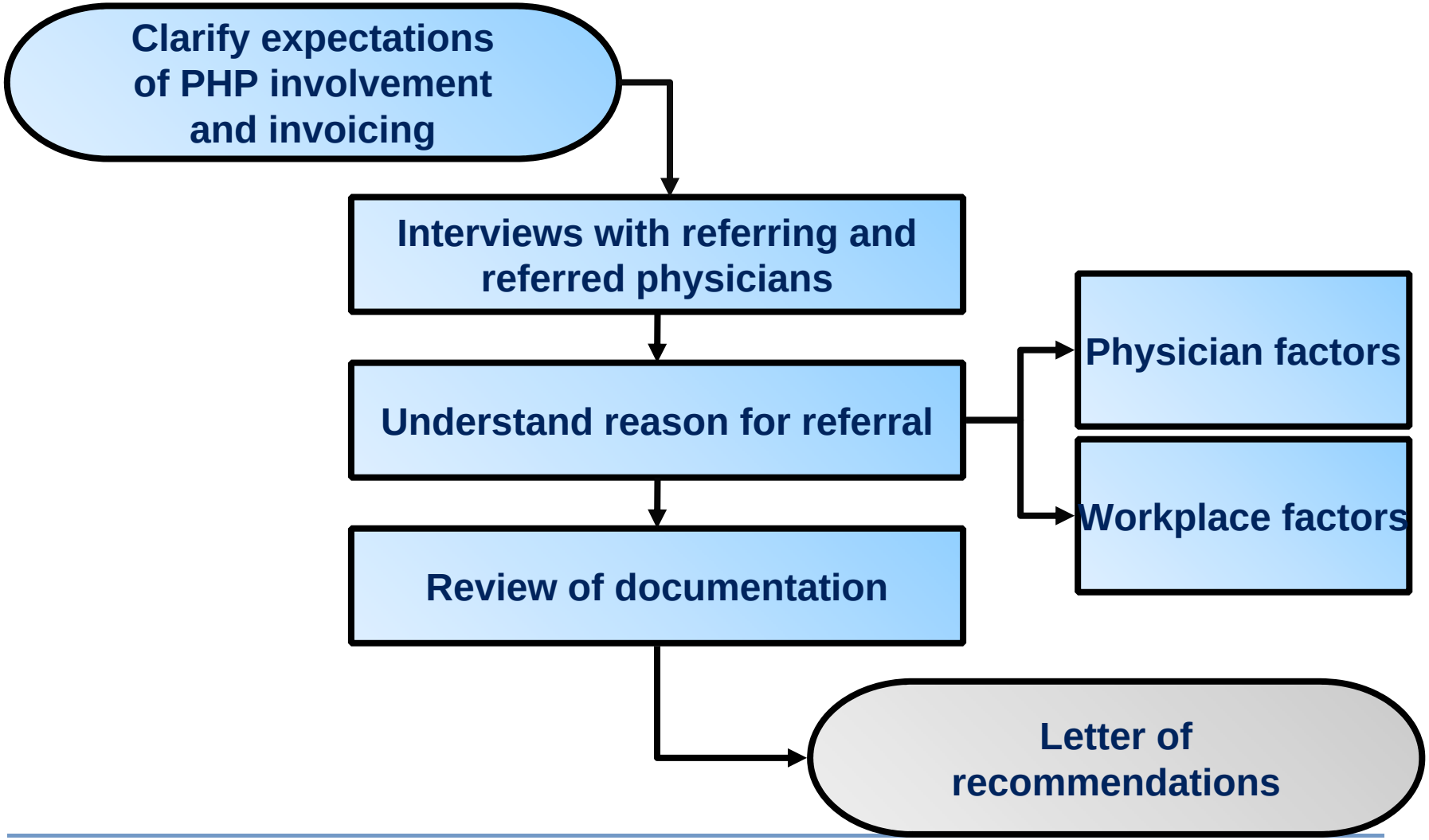
- 2008 - Medical Management Consulting Report recommended streams of activity development
  - Case Management
  - Education and Training
  - Organizational Consulting

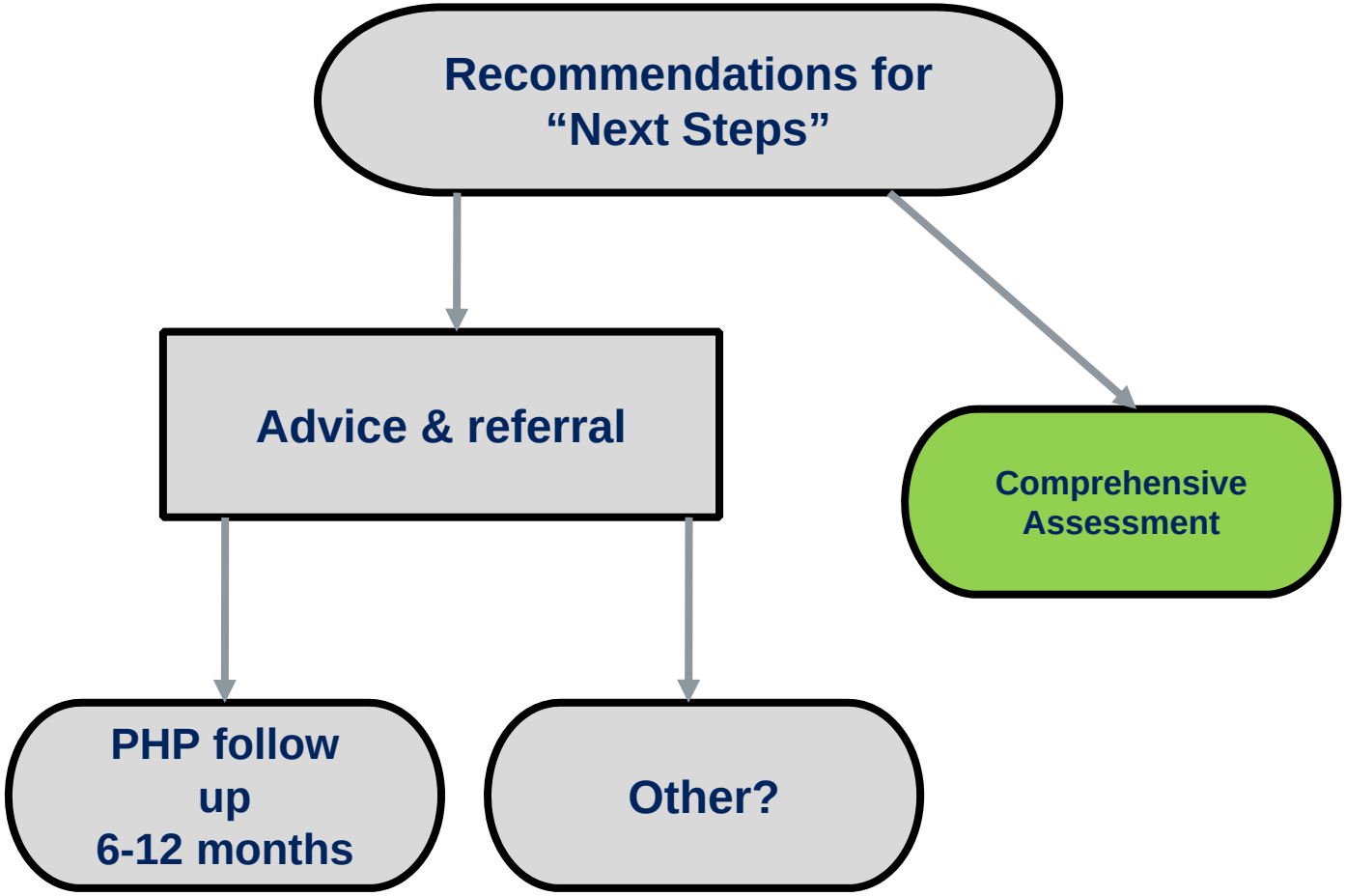
- 2009 - Communication Plan Established (MacWilliam & Reid)

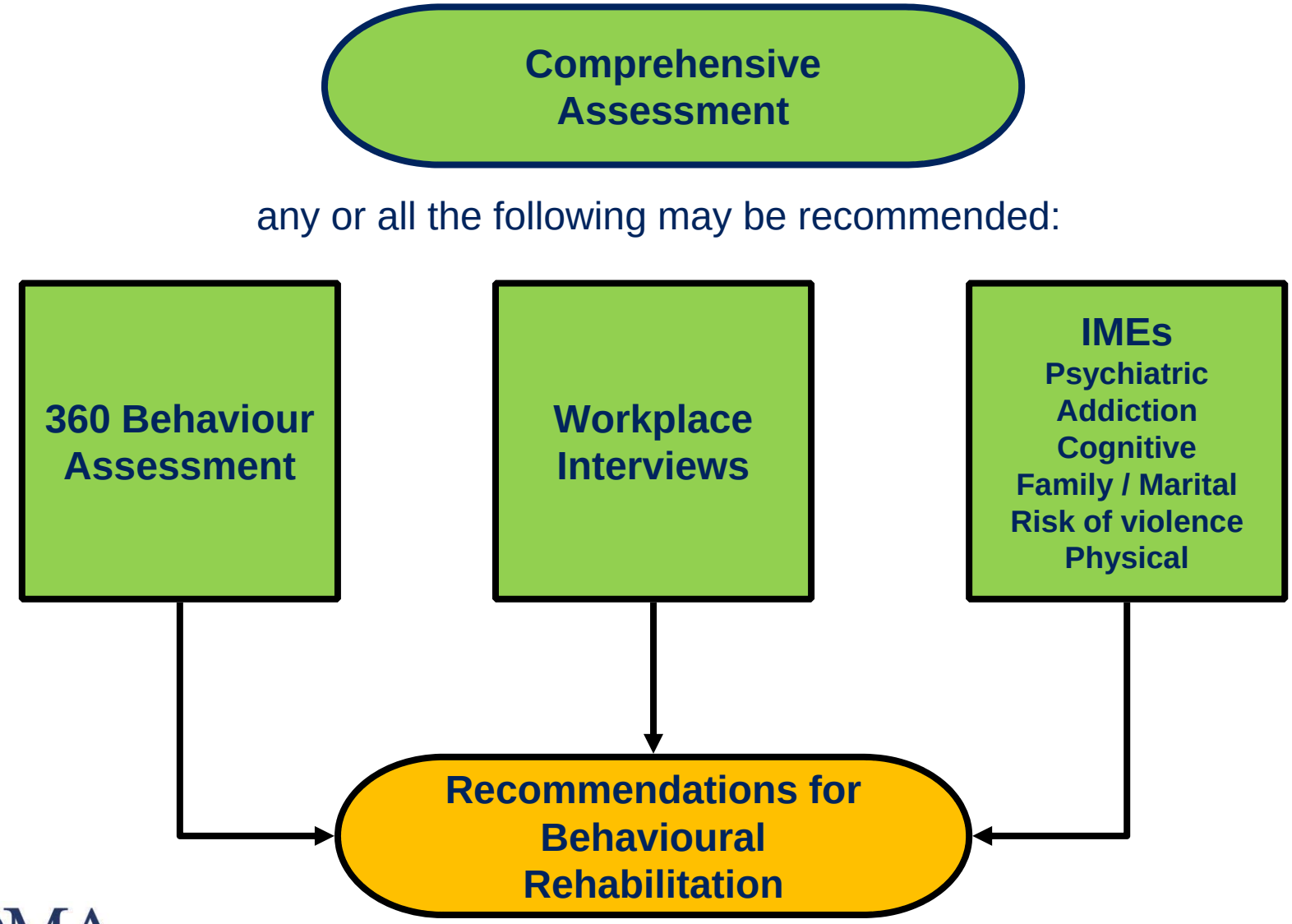
PHP Assessment Services

- For referred physicians
- Phased Approach
  - Preliminary Intake Assessment; all referrals start here
  - Comprehensive Assessment
  - Rehabilitation and Monitoring
  - Long term follow up

Preliminary Assessment Interview




Recommendations for
“Next Steps”
Advice & referral
Comprehensive
Assessment
PHP follow
up
6-12 months
Other?



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Activity: Case Management

- 106 physicians referred; 18 did not proceed with service (17%)
- 12 completed PWSP assessments prior to PA/CA/BM model
- 65 preliminary assessments completed
- 42 comprehensive assessments recommended (65%)
- 39 comprehensive assessments completed or in final-process of completion
- 34 behavioural monitoring contracts recommended (81%)
- 9 behavioural monitoring contracts established or in final-phase of establishment (27%)

Activity: Education & Training

- 29 Crucial Conversations courses completed (12 open enrolment, 16 in-house sessions) serving 557 learners
- 2 Crucial Accountability courses completed (in house) serving 17 learners
- 20 courses planned for 2015; 6 in-house proposals under review

- 25 other workshops offered: Managing Disruptive Behaviour, Coaching, Effective Communication, Behavioural Interviewing, Giving and Receiving Feedback
- These served approximately 400 learners across Ontario and Canada

Lessons Learned

- Everyone cries
- Money is a serious barrier
- Two-client model promotes adversarial aspects of assessment and management
- Legal involvement helpful (not)
- Timelines problematic (long)
- Motivations hidden by most parties
- Perception of impartiality clouded

2015 - Shift in Model

- Assessment Service
  - Integrated into PHP work ($, stigma, accessibility)
  - Physician-centric (non-adversarial)
  - Nimble (time)
- Self or institutional referral
- Intake interview and document review
- Proposal for assessment
- High-level reporting to physician client
- Behavioural rehabilitation implementation

Since Implementation - January

- 8 assessment referrals per month; increasing monthly
- 30 calls per month
- Timelines 30-90 days (were, on average, 120 for preliminary, 300 for comprehensive)
- Costs down ($6K/$15K to $7K)
- Evaluation Processes embedded in model