RECOGNIZING AND RESPONDING TO DISRUPTIVE/DISTRESSED COLLEAGUES

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Disclosures

- Dr. Merlo is the Director of Research for the Professionals Resource Network (PRN), an integral arm of the Florida Medical Association; She receives research funding and salary support from the State of Florida via PRN.

- Dr. Merlo has no other financial relationships relevant to the topic of this presentation to report.
“Impairment”

Currently defined as:

- “Any physical, mental, or behavioral disorder that interferes with ability to engage safely in professional activities” [American Medical Association (2007)]

- “The inability or impending inability of a health professional to practice his or her health profession that conforms to acceptable standards of practice because of substance abuse, chemical dependency, or mental illness” [Baldessari (2007). Crit Care Med]
Identifying Impairment

- Disruptive Behavior
- Sexual Boundary Violations
- Psychiatric/Cognitive
- Substance-Related

- In Florida, about **82%** of impaired providers are referred for substance-related problems
Disruptive Behavior

- Evaluated by a mental health expert: no accepted standard definition
- Often related to stress, burnout, personality factors, and/or underlying psychiatric disorder or substance use
- Creates a hostile work environment and negatively impacts patient safety
- Typically reported by patients/co-workers


- In Florida, about 4% of impaired providers are referred for disruptive behavior
Joint Commission Definition

- Any verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised
- Abusive conduct including sexual or other forms of harassment
- Behavior or behaviors that undermine a culture of safety
## Spectrum of Disruptive Behavior

<table>
<thead>
<tr>
<th>Aggressive</th>
<th>Passive Aggressive</th>
<th>Passive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger outbursts</td>
<td>Derogatory comments</td>
<td>Chronically late</td>
</tr>
<tr>
<td>Profane language</td>
<td>Refusing to do tasks</td>
<td>Not responding to calls</td>
</tr>
<tr>
<td>Throwing objects</td>
<td>Sarcasm</td>
<td>Work slow down</td>
</tr>
<tr>
<td>Demeaning behavior</td>
<td>Inappropriate notes</td>
<td>“Cold shoulder”</td>
</tr>
<tr>
<td>Physical aggression</td>
<td>Implied threats</td>
<td></td>
</tr>
<tr>
<td>Sexual harassment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racial/ethnic jokes</td>
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</tr>
</tbody>
</table>
Distinguishing Disruptive Behavior

- It does NOT include:
  - Constructive criticism with aim of improving care/knowledge
  - Expressions of concern about patient safety
  - Expressions of dissatisfaction with policies that are made through appropriate channels
  - A single episode
  - Occasional “out of character reaction” or “bad day”
  - Lack of perfectionism
Disruptive Behavior Leads To:

- Fear
- Confusion & uncertainty
- Vengeance against oppressors
- Hurt ego/pride
- Grief
- Apathy
- Burnout
- Unhealthy peer pressure
- Ignorance of expectations, standards, rules, protocols, chain of command, or standard of care
- Early retirement or relocation
- Errors
- Disruptive behavior begets more disruptive behavior
Patient Consequences

- In one study of 4,539 healthcare professionals:
  - 67% reported link with adverse events
  - 71% reported link with medication errors
  - 27% reported link with patient mortality

- Communication breakdown factors in 50% of OR errors
- 64% of pharmacists assumed questionable order was correct to avoid interaction with disruptive physician
- Communication failures contributed to 91% of adverse events involving residents

Workplace Consequences

- Physical/psychological symptoms among staff
- Low morale; team breakdown
- Distrust of leaders
- Staff turnover
- Stressful environment
- Tarnished public image of workplace
- Increased financial cost/litigation
Joint Commission Response

- Published a Sentinel Alert in July 2008 on disruptive behavior
  - Introduced standards for hospitals to develop code of conduct and processes for managing disruptive behavior
  - Added interpersonal skills and professionalism to list of Core Competencies of Credentialing

- In 2012, re-defined disruption to be more inclusive
Prevalence of Disruptive Behavior

- 97% of physicians and nurses have experienced disruptive behavior at work
- 77% have witnessed physician disruption
- 65% have witnessed nurse disruption
- 40% intimidated into silence regarding questionable medical practice by a disruptive physician
- 3-5% of physicians display disruptive behavior
Risk Factors for Disruptive Behavior

- Lack of emotional intelligence
- Lack of awareness
- Lack of clear boundaries
- Multiple triggers
- Slippery slope behaviors
- Overworked and isolated
- Burnout
- Unhealthy conflict resolution in family of origin
Positive Traits of Disruptive Professionals

- High achieving
- Intelligent
- Hard-working
- Highly-skilled
- Confident
- Independent
- Articulate
- Concerned about patient care
Negative Traits of Disruptive Professionals

- Intimidating
- Controlling
- Inflexible
- Self-centered
- Lacking empathy
- Rationalizing/denying bad behavior
- Lacking remorse
- Failing to self-correct behavior
- Compulsive
Compulsive Personality Traits

- Restricted ability to express warmth
- Insistence that others do things "their way"
- Excessive devotion to work
- Perfectionism
- Indecisiveness/self-doubt

- 100% of MDs have some of these traits
- 80% have at least 3
- 0% have at least 4
Narcissistic Personality Traits

- Grandiose sense of self-importance
- Believes s/he is "special"
- Needs excessive admiration
- Entitled attitude
- Lacks empathy
- Arrogant
Contributors to Disruption

1. Substance use disorders
2. Psychiatric issues
3. Personality disorders
4. Poor anger management/coping skills
5. Physical illness (especially cognitive problems)
6. Poor social skills
7. Burnout or suppression of problems
Florida Update:
Disruptive Behavior Chart Review
Methods

- Chart review of 54 records from professionals referred to PRN due to disruptive behavior
  - 37 completed contracts (69%)
  - 16 active contracts (30%)
  - 1 unknown
- Assessed demographics, professional specialty, and psychiatric diagnoses
Characteristics of Disruptive Professionals

- 92.6% Male
- Ranged in age from 29-65 years
  - Mean = 46.96 years
  - Standard deviation = 8.18

- Racial/Ethnic Breakdown:

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
<td>5.6%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>18</td>
<td>33.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Unknown</td>
<td>31</td>
<td>57.4%</td>
</tr>
</tbody>
</table>
Professional Characteristics

- 52 Medical Doctors (96.3%)
- 1 Osteopathic Doctor (1.9%)
- 1 Massage Therapist (1.9%)

**Physician Specialties (N = 53)**

- Primary Care (n = 11)
- Surgeon (n = 13)
- Non-surgical Specialist (n = 24)
- Unspecified (n = 5)
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>7</td>
<td>13.2%</td>
</tr>
<tr>
<td>Family Practice or Geriatrics</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>3</td>
<td>5.7%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>6</td>
<td>11.3%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>5</td>
<td>9.4%</td>
</tr>
<tr>
<td>Neonatology/Perinatal</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>1</td>
<td>1.9%</td>
</tr>
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<td>Neurological Surgery</td>
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<td>3.8%</td>
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<td>3</td>
<td>5.7%</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>1</td>
<td>1.9%</td>
</tr>
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<td>Orthopedic Surgery</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Osteopathic Medicine</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>3</td>
<td>5.7%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1</td>
<td>1.9%</td>
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<td>Radiology</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Resident Physician</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Trauma Surgeon</td>
<td>1</td>
<td>1.9%</td>
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<tr>
<td>Surgery</td>
<td>1</td>
<td>1.9%</td>
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Note:
* = Included as “Primary Care
^ = Included as “Surgeon”
**Axis I Psychiatric Diagnoses**

*Per Evaluator Report*

- Only 13 professionals (24.1%) had **no** Axis I diagnosis.
  - Excludes V62.2 Occupational Problems

- 11 professionals (20.4%) had **multiple** Axis I diagnoses

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<thead>
<tr>
<th>Diagnosis</th>
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<tr>
<td>Mood Disorder</td>
<td>13</td>
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<tr>
<td>Anxiety Disorder</td>
<td>6</td>
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</tr>
<tr>
<td>Adjustment Disorder</td>
<td>16</td>
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<td>Impulse Control Disorder</td>
<td>16</td>
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<td>Sexual Disorder</td>
<td>1</td>
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<tr>
<td>Substance Use Disorder</td>
<td>3</td>
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<tr>
<td>Occupational Problems</td>
<td>27</td>
<td>48.5%</td>
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Axis II Personality Diagnoses
Per Evaluator Report

- Only 15 professionals (27.8%) had no Axis II diagnosis, traits, or features noted.
- 21 professionals (38.9%) had Axis II diagnoses, traits, and/or features noted for multiple personality disorder clusters.

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<td>Cluster B</td>
<td>26</td>
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<tr>
<td>Cluster C</td>
<td>27</td>
<td>50.0%</td>
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<tr>
<td>Personality Disorder NOS</td>
<td>1</td>
<td>1.9%</td>
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Psychiatric Disorders & Disruptive Behavior

- Only 2 professionals (3.7%) referred for disruptive behavior had no Axis I diagnosis (except V62.2 Occupational Problem) and no Axis II diagnosis.
- On the other hand, 27 professionals (50%) referred for disruptive behavior had both Axis I diagnosis and Axis II diagnosis, traits, and/or features noted.
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**Psychiatric Diagnoses (%)**

- Axis I Only (n = 13)
- Axis II Only (n = 12)
- Axis I & II (n = 27)
- No Diagnosis (n = 2)
Conclusions

- The overwhelming majority of healthcare professionals referred to PRN due to disruptive behavior are:
  - Physicians
  - Male

- Psychiatric disorders are highly comorbid with disruptive behavior
  - Unclear whether cause, effect, or other (more research needed)

- Psychological/psychiatric treatment would likely benefit most professionals referred due to disruptive behavior
Barriers to Intervention
Staff Barriers to Dealing with Disruptive Colleague

- 18% Fear reprisal or career jeopardy
- 20% Try to “cover up” for the disruptive person
- 35% Do not believe it will have a positive impact
- 46% Believe administration is not committed to addressing the problem
- 60% Believe disruptive behavior is ignored in “high value” professionals
Institutional Barriers

- Inability to recognize symptoms
- Lack of sufficient policies
- Behaviors not documented adequately
- Reluctance to harm careers
- Reluctance to anger top producers
- Desire to avoid potential litigation
Concerns About Reporting

- Health professionals have an ethical responsibility to report colleagues suspected of incompetence/impairment

- Survey of 1,891 physicians conducted (64% response rate) to assess beliefs/practices

- Less than 70% felt prepared to deal with impaired colleague

- Over 1/3 of physicians who knew of an impaired/competent colleague failed to report them
Clinical Approach to Disruption
Steps to Follow After an Incident

1. Confirm facts
2. Immediately talk with the professional; explain that what happened was not professional
3. Obtain assurances that the behavior will not recur
4. Complete a record of the incident and conversation, and place in the personnel file
5. Closely follow up and monitor behavior
6. Do not be intimidated by threats of legal action
Step-Wise Protocol: Minor Offense

- If individual displays mild, not egregious offense (e.g., routinely failing to complete records, not answering pages, chronic tardiness), it may be handled by executive committee.

- Typically refer for CME course for distressed physicians.

- Professional should receive mentoring.

- Behavior should be closely monitored by committee.
Distressed Physician CME Course

- Designed to address specific needs of professionals whose workplace conduct has become problematic, but not risen to the point of formal referral.
- Typically 3 days, with additional 1-day follow-ups at 1, 3, and 6 months.
- Developed by Dr. Andy Spickard (Vanderbilt).
- Now offered at:
  - Vanderbilt University
  - University of Florida
  - Professional Renewal Center (Kansas)
CME Course Goals

☐ Teach specific skills related to preventing disruptive behavior
☐ Promote peer accountability and support
☐ Identify risk factors and prevention strategies
☐ Help professionals understand their own behavior and how it affects others
☐ Discuss healthy boundaries and appropriate expression of emotions
☐ Help professionals understand how their training may contribute to maladaptive patterns
Step-Wise Protocol: Major Offense

- If behavior is repeated or egregious, must be addressed more formally
- Call professional health program to discuss whether formal assessment is warranted or if referral to CME course might be sufficient
  - Professionals Resource Network
  - Intervention Project for Nurses
- Develop brief contract outlining expectations/requirements to be signed by professional—include written permission to speak with CNE
INTERVENTION:
IMPAIRED PROFESSIONALS MONITORING PROGRAMS
General Characteristics

- MONITORING not TREATMENT
- “Compassionate coercion”
- Frequently confidential and separate from licensing board
- Provide weekly monitoring (groups + testing)
- 2-5 year contract for Psychiatric/Behavioral Problem
- 5 year contract for Substance Dependence
Florida’s Programs

- Professionals Resource Network, Inc. (PRN)
  - Integral arm of the Florida Medical Association
  - Provides monitoring for health professionals across most fields (41% physicians, 59% all others):
    - Physicians, Dentists, Pharmacists, Physician Assistants, Chiropractors, Psychologists, Licensed Mental Health Counselors, Physical Therapists, Social Workers, Podiatrists, Veterinarians, Occupational Therapists, Dietitians, Acupuncturists, Midwives, Massage Therapists, Respiratory Therapists, Speech-Language Pathologists, etc.

- Intervention Project for Nurses (IPN)
  - Provides monitoring for all nurses
Making a Referral

- If determined that more formal intervention needed, direct professional to contact PRN/IPN immediately

- Strongly consider suspension of privileges until PRN/IPN deems the professional safe to practice again
  - Formal evaluation
  - Typically residential evaluation & treatment recommended
Treatment for Disruptive Behavior

- Program specializing in evaluation of disruptive professionals
- Evaluations last 1 week and include:
  - Medical work-up
  - Psychiatric evaluation
  - Substance use assessment
  - Neuropsychological testing
  - Collateral information
- Recommendations may include:
  - Outpatient treatment
  - Residential treatment
  - Long-term psychotherapy
  - 360-degree evaluations
Conclusions

- Medical training cultivates many disruptive behaviors
  - Expectations
  - Modeled behavior
- Many come to training “predisposed” to having problems
- Disruptive behavior is a patient safety issue and needs to be addressed quickly
- Appropriate plan must be developed, communicated, documented, and implemented
- Important to understand systems issues related to individuals’ behavior
- Unfortunately, not everyone can be helped/saved
  referral to evaluation, education, and/or education may save
THANK YOU!

IMPORTANT NUMBERS

PRN (physicians & other providers): 1-800-888-8PRN
IPN (nurses only): 1-800-840-2720