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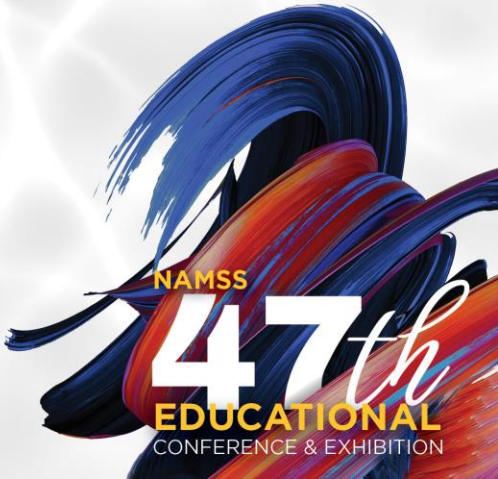
Building Better:
Setting the Foundation
for the Future of the Profession

Using a Physician Coach within the Medical Staff to Address Professionalism Issues



Introductions

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How do you define "Disruptive Behavior"?

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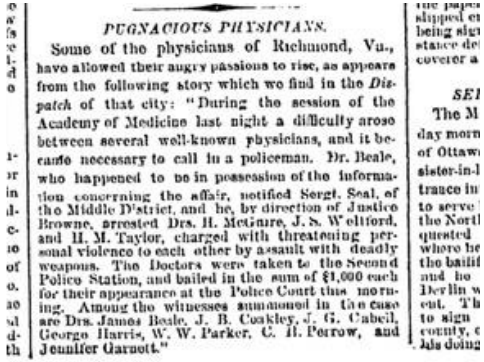
What is Disruptive Behavior?



PUGNACIOUS PHYSICIANS.

Some of the physicians of Richmond, Va., have allowed their angry passions to rise, as appears from the following story which we find in the *Dispatch* of that city: "During the session of the Academy of Medicine last night a difficulty arose between several well-known physicians, and it became necessary to call in a policeman. Dr. Beale, who happened to be in possession of the information concerning the affair, notified Sergt. Seal, of the Middle District, and he, by direction of Justice Browne, arrested Drs. H. McGuire, J. S. Wellford, and H. M. Taylor, charged with threatening personal violence to each other by assault with deadly weapons. The Doctors were taken to the Second Police Station, and bailed in the sum of $1,000 each for their appearance at the Police Court this morning. Among the witnesses summoned in the case are Drs. James Beale, J. B. Coakley, J. G. Cabell, George Harris, W. W. Parker, C. H. Perrow, and Jennifer Garnett."

It's not new!

"During a meeting of the Academy of Medicine a difficulty arose between several well- known physicians and it became necessary to call in a policemen"

We've evolved a definition...

L. Veltman, MD J. Healthcare Risk Management 15(2): 11-16

"The disruptive physician is by definition contentious, threatening, unreachable, insulting and frequently litigious. He will not or cannot play by the rules, no is he able to relate or work well with others."

Case Scenario

Dr. B is an internist with an expertise in hospital medicine and infectious disease. She's worked for your health system for nine years.

On the Saturday of her last "call week" she was frustrated by a delay in obtaining a pleural fluid sample to help manage a patient with complicated pneumonia.

Case Scenario

After rounding and between 10 am and noon Dr. B made six calls to the special procedures unit nursing team and the interventional radiology team to "speed up" the procedure. The procedure was scheduled for 3:30 pm.

She called the radiologist on call and hung up on her when the radiologist told her there were three other critical cases ahead of the planned thoracentesis. Dr. B told the radiologist "You are just useless..."

Case Scenario

Dr. B stormed into the patient's room while the charge RN was helping a new team RN hang antibiotics and said to the patient and his family "No one here will help me move your procedure time. No one here cares about anything."

Dr. B then went to the unit secretary who was assisting a medical student with an order and said "Maybe you can help shake up this backwater institution..."

Tell us what you think!

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Is this a disruptive behavior?

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What behaviors are "disruptive"?

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What is the impact of Dr. B's behavior?

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Categories of "Disruptive Behavior"

Physical or verbal threats
Verbal abuse
Physical violence
Harassment
Intimidation/Retribution
Bullying
Discrimination
Student and learner mistreatment
A pattern of aggressive or passive aggressive behavior

What are the next steps for Dr. B?

Use word cloud to obtain audience response?

- 8 hospitals
- 70 clinics
- ACO & Health Plan
- 6 separate medical staffs-all reporting to a central board of directors
- Approximately 3,800 medical staff

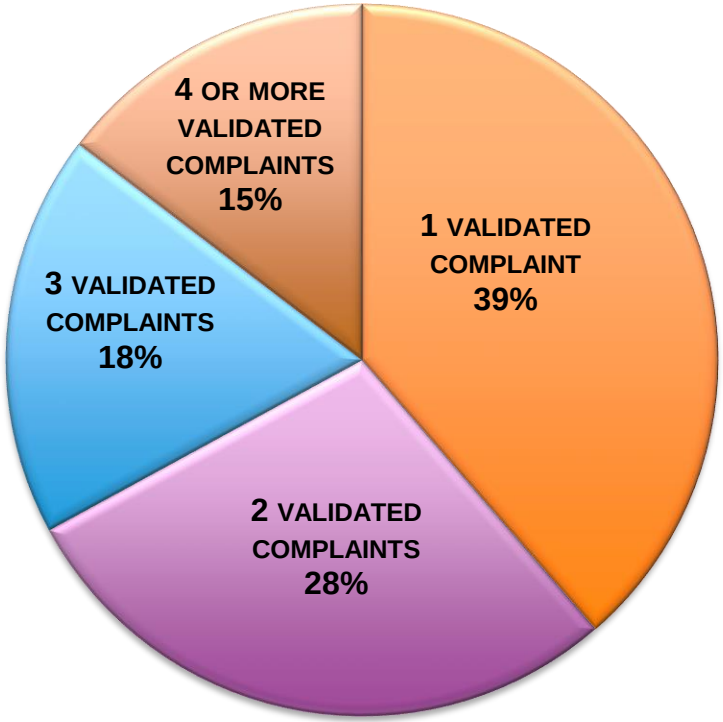
Legacy Health's Experience

- Progressive Approach towards Provider Conduct Issues
- Medical Staff Conduct Policy
- Utilized internal and external resources to approach these situations

Complaints Related to Practitioner Behavior/Professionalism

2019	2020	2021	2022
206	207	222	261

Medical Staff Complaint Related Volumes



Results & Sustainability

- Practitioners who attended a formalized program
  - 90% had sustained results after 12 months
  - 50% had no further validated complaints
  - Effectiveness waned around18 months on average for remaining providers.
    - 1-2 practitioners received a formal disciplinary action resulting in removal from medical staff annually.

Moving Towards Action

- Proposal
- Solicit Input/Buy-In
- Development of a Proforma
- Reporting Structure Development
- Recruitment

Proposal

- Solicit Input/Feedback from Medical Staff Leaders
- Review Information on success rates and likelihood of long-term success strategies
- Identification of existing resources
- Gap analysis

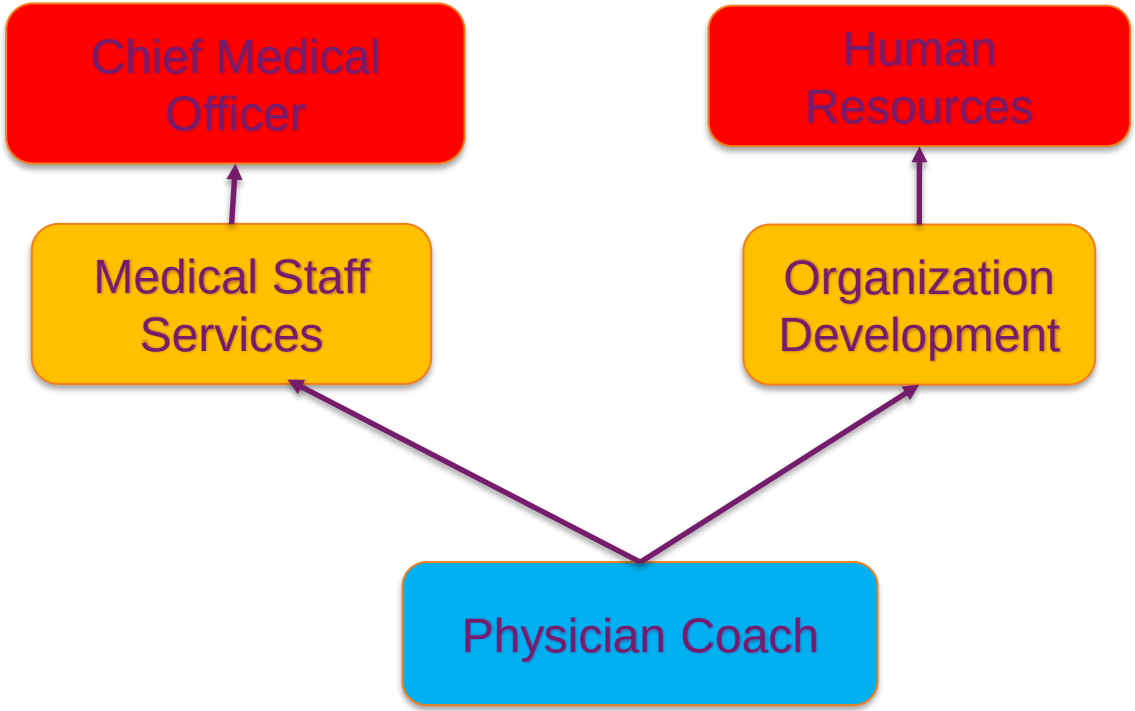
Feedback Received

- Want a non-punitive approach that would be received well by practitioners
- Peer support model
- Individualized approach towards each situation
- Wanted the coaching conversations and details to be confidential

Proforma Development

- Expenses Associated with this Program
  - Salaries
  - Benefits
  - Training/Education
  - Equipment/Tools
- Three Year Proposal

Reporting Structure



Recruitment of Coaches

- Coaching expertise
- Peer (limited to physician)
- Diversity of coaches

Legacy Physician Development Coaching

- Program Philosophy
  - The client is a highly capable and functional professional that can understand their own challenges and create their own strategies to overcome them.
  - The coach assists the client in self-awareness with the goal of maximizing their potential.
  - Discussions are CONFIDENTIAL!!!

Ideal Client

- Referred early!
- Not yet on the disciplinary tract.
- Wants to try coaching.
- Ready to listen to themselves.
- Open to listening to others.
- Can commit to taking action.

How we started out

- Softball referrals
- Limited to MEC and LMG
  - These were heavy on longstanding disciplinary problems
- Group referrals
- Leadership referrals
- Self-referrals – mainly leadership
- Referrals from all levels of leadership.

Experience to Date

Number of Referrals	35
Under Current Review	0
Determined Not to be a Candidate	4
Number of Referred Clients	31
Pending Start of Sessions	0
In Progress	22
Completed	9
Total Number of Sessions	~96

August 1, 2023

Subjective Results

- Disruptive Clients
  - Engaged and insightful = improvement
  - Duration of behavior not as much of a factor
  - We have had clients quit
  - Some will take a longer period of time

Subjective Results

- Leadership Clients
  - Generally more open to change
  - When referred for leadership coaching the challenge is similar to disruptive clients
  - We have had clients quit
  - Some will take a longer period of time
  - Some seek coaching only for specific challenges

Objective Results - Referrers

- Scale 1-5
  - Referral process was easy 5.0
  - You were able to explain your referral Yes 50%
  - You noticed improvement in your client 4.0
  - Reasonable expectations were set 5.0
  - The coaching program is worthwhile 5.0
  - You would recommend to other leaders 5.0

Objective Results - Clients

- Scale 1-5
  - Reasonable expectations 4.7
  - Sessions worked with your schedule 5.0
  - Goals were clear and meaningful 4.5
  - Coach helped you move toward goals 4.5
  - Coaching program is worthwhile 4.7
  - You would recommend to others 4.3

Other Themes

- The program was pulled toward group coaching
  - Dysfunctional groups
  - Groups facing large changes
  - Clarifying the boundaries with OD and how to work together
- We hear themes of common issues
  - How is that communicated up the chain
  - What is our role in burnout and change management

Other Themes

- The need for leadership coaching among physicians is high
  - How do they lead change?
  - Do they have power?
- We need to “normalize” coaching as a non-punitive tool
- Setting proper expectations among referrers

What's Next?

- The need for coaching as a symptom of a profession and industry in distress
- Coaching as a support for change management
- Coaching as a voice to leadership
- Coaching as a for profit off ramp for physicians
- Does coaching need rules and standards


Questions?
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