Dealing with Disruptive Behavior

Find and fix the triggers that set off the untoward behavior and then set expectations **By Susan Reynolds, MD, PhD**

WHENEVER I ask my health care audiences if they can think of anyone with "disruptive behavior," all of the hands go up. If I ask them if they can think of two people, most hands stay up. And if I ask if they are losing sleep over these people, again most hands stay up. Disruptive behavior can be seen in non-physicians as well as physicians, but my coaching work focuses on difficult physician behaviors, so that will be the focus of this month's column.

It appears that disruptive behavior among our physician colleagues is on the rise. However, it may be that the 2008 "Zero Tolerance" policy from The Joint Commission focused more attention on undesirable behavior and caused more reporting of what has been a long-standing issue.

Code of Conduct Policies

According to the Joint Commission, disruptive behavior is behavior that interferes with quality patient care. Hospitals and medical staffs now must have Code of Conduct policies that include a definition of disruptive behavior and a process to deal with it. These policies often include most, if not all, of the following in the definition:

- Conduct that interferes with quality patient care
- Sexual harassment.
- Personal attacks on medical staff members or hospital employees.
- Vulgar, profane, abusive language.
- Physical assault.
- Harsh criticism that belittles, or implies stupidity or incompetence.
- Threats of reprisal for reporting disruptive behavior.
- Refusal to accept medical staff assignments.
- Inappropriate medical record entries concerning quality of care.
- Imposing onerous requirements on the nursing staff.
- Public criticism or defamation.

There are two key strategies I use in dealing effectively with disruptive behavior. These strategies include: 1) finding and fixing the triggers that set off the untoward behavior; and 2) teaching behavior expectations. When asked to coach a disruptive physician, I always go onsite first to do a 360-degree assessment of the situation. I look for triggers that cause the undesirable behavior.

Several excellent anger management programs are available for physicians around the country, but if the triggers are not dealt with and fixed while new behaviors are being learned, the bad behavior will reappear before long.

Also I often find that the bad behavior has been tolerated for a very long time, perhaps even dating back to when the physician was a resident. It is very important to set expectations for what is acceptable behavior and what is definitely not. Many of these physicians know that they are disruptive, but they have gotten away with it in the past because no one set limits for them.

Carrots and Sticks as Motivators

After setting a clear expectation, I typically ask for a 30-day time-out or truce in which the physician I am coaching refrains from bad behavior. Most physicians can control themselves for 30 days while the triggers are being addressed. I also use "carrots and sticks" as motivators for change: rewards for good behavior and potential financial penalties or punitive action if the bad behavior persists or recurs.

It is important to remember that it takes six months for a new behavior to become a habit. Therefore any coaching done in-house or by a professional coach should be done on a weekly or bi-weekly basis for the first six to eight weeks, and then use brief check-ups at three months, six months, nine months, and even 12 months, to make sure no back-sliding has occurred. A sample coaching protocol could look like this:

- Six to 12 months of coaching.
- Get buy-in from disruptive physician for the coaching process—set expectations.
- Weekly or biweekly meetings for first six to eight weeks.
- Call a truce for 30 days (ask for no flare ups)—begin to address triggers.
- Quarterly checkups at three, six, nine, and 12 months.
- Some telephone coaching possible in between in-person coaching.
- If no sustained improvement at six, nine, or 12 month checkup, refer for formal peer review action.

The goal of coaching disruptive physicians should always be to rehabilitate them so they become respected members of the medical staff who demonstrate professional conduct to their colleagues and co-workers on a sustained basis.

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