

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

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# 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
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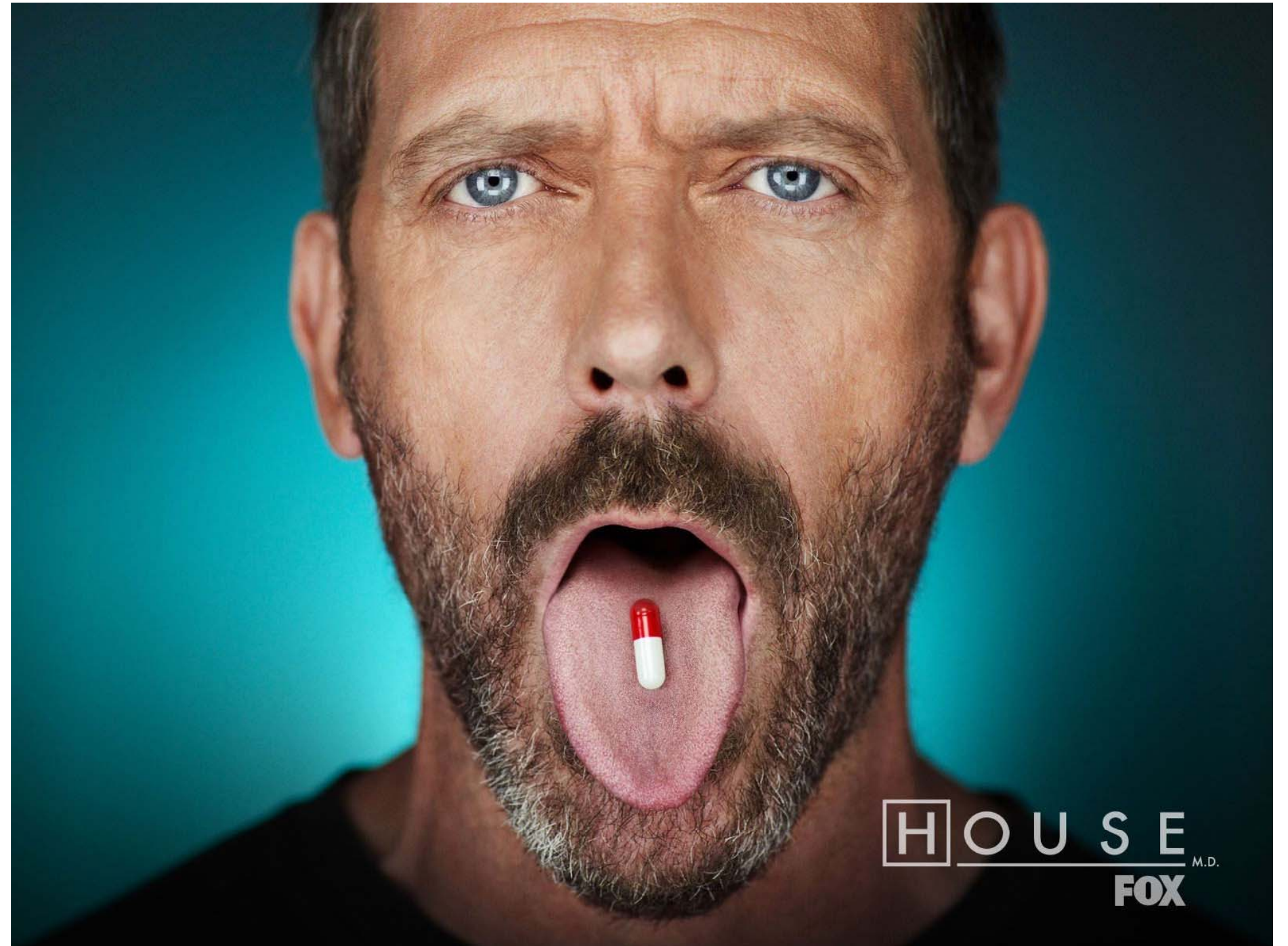












HOUSE<sup>M.D.</sup>  
FOX

# Shift in tolerance

- Medical Association Code of Ethics
- Institutional Codes of Conduct
- CanMeds 2015 Competencies
- 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

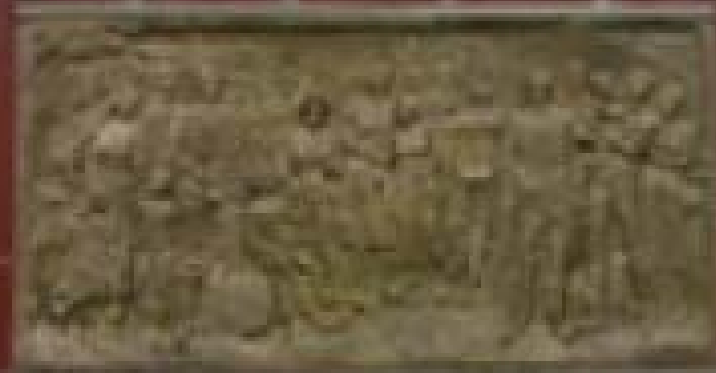
## Prevalence

- 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

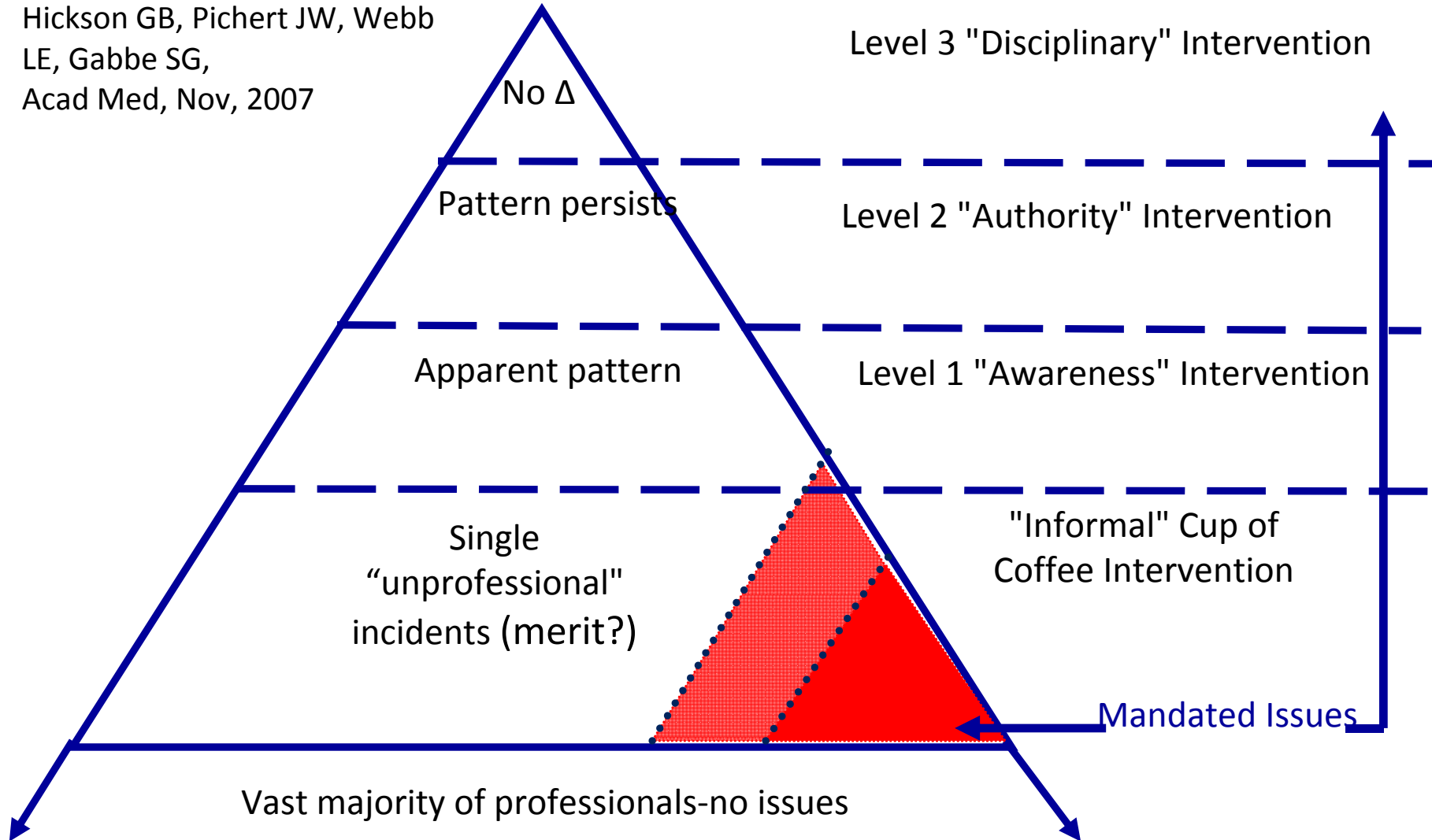
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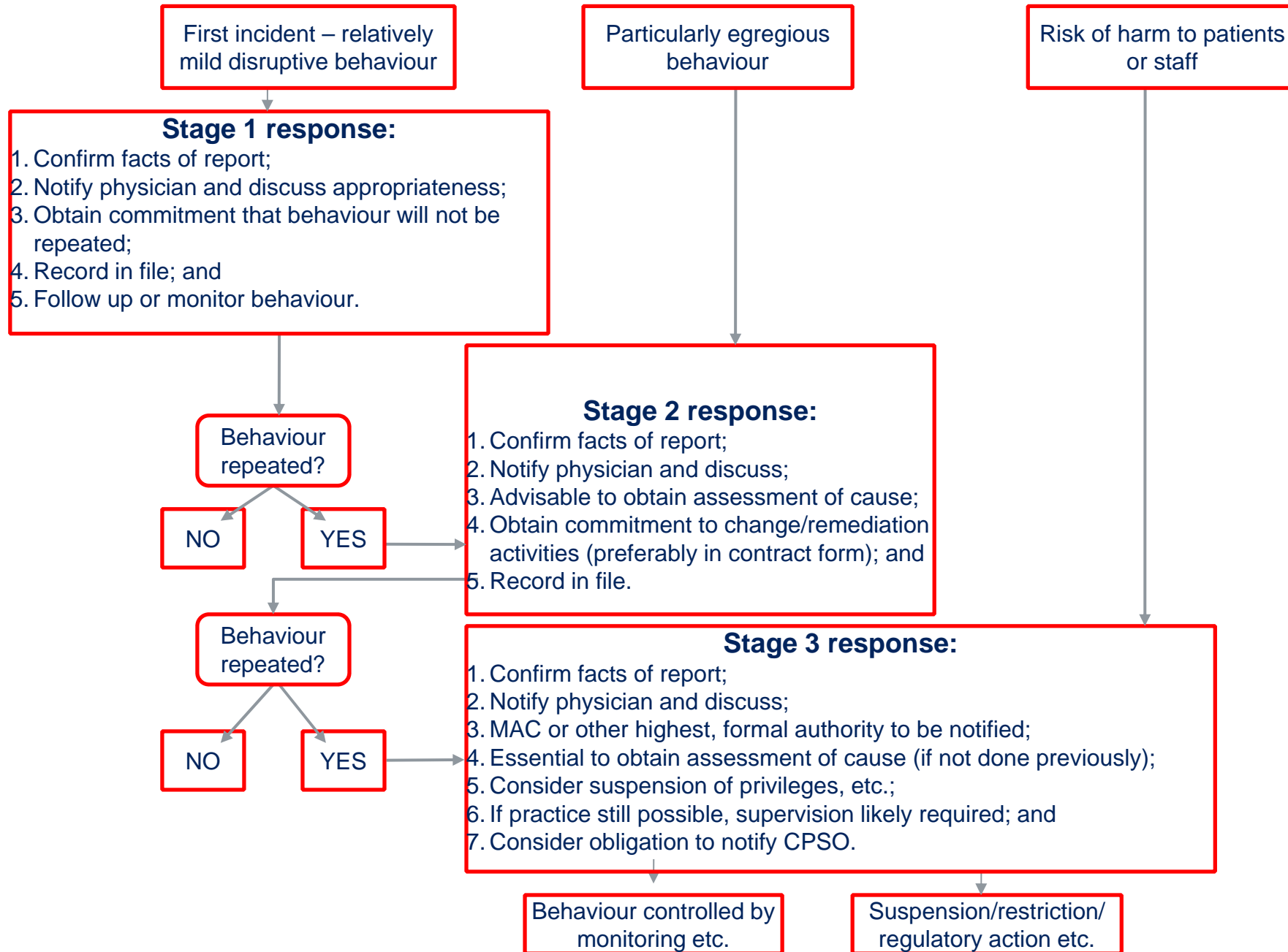
# "Hickson" Framework

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

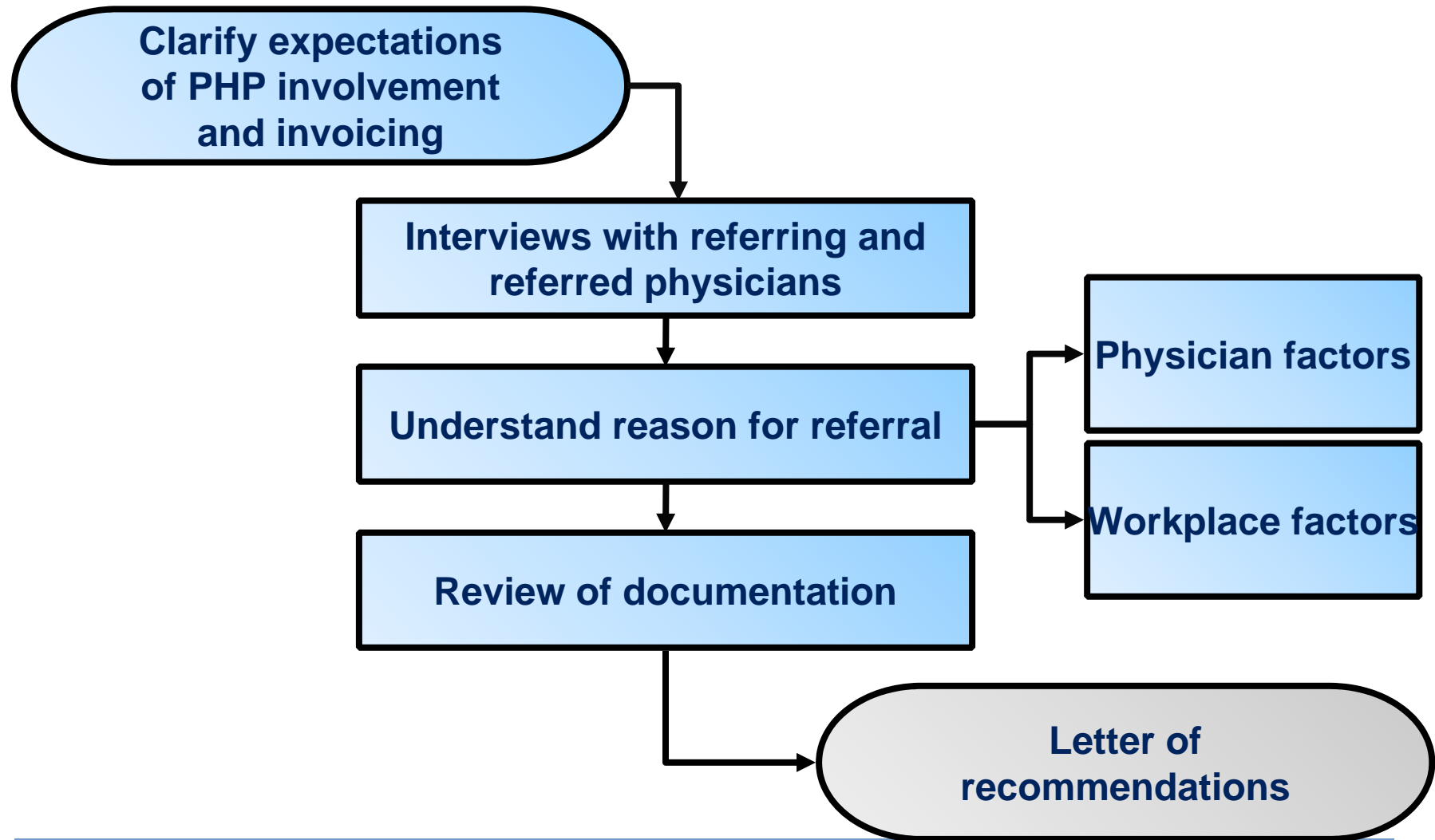
- 2008 - Medical Management Consulting Report recommended streams of activity development
  - Case Management
  - Education and Training
  - Organizational Consulting
- 2009 - Communication Plan Established (MacWilliam & Reid)

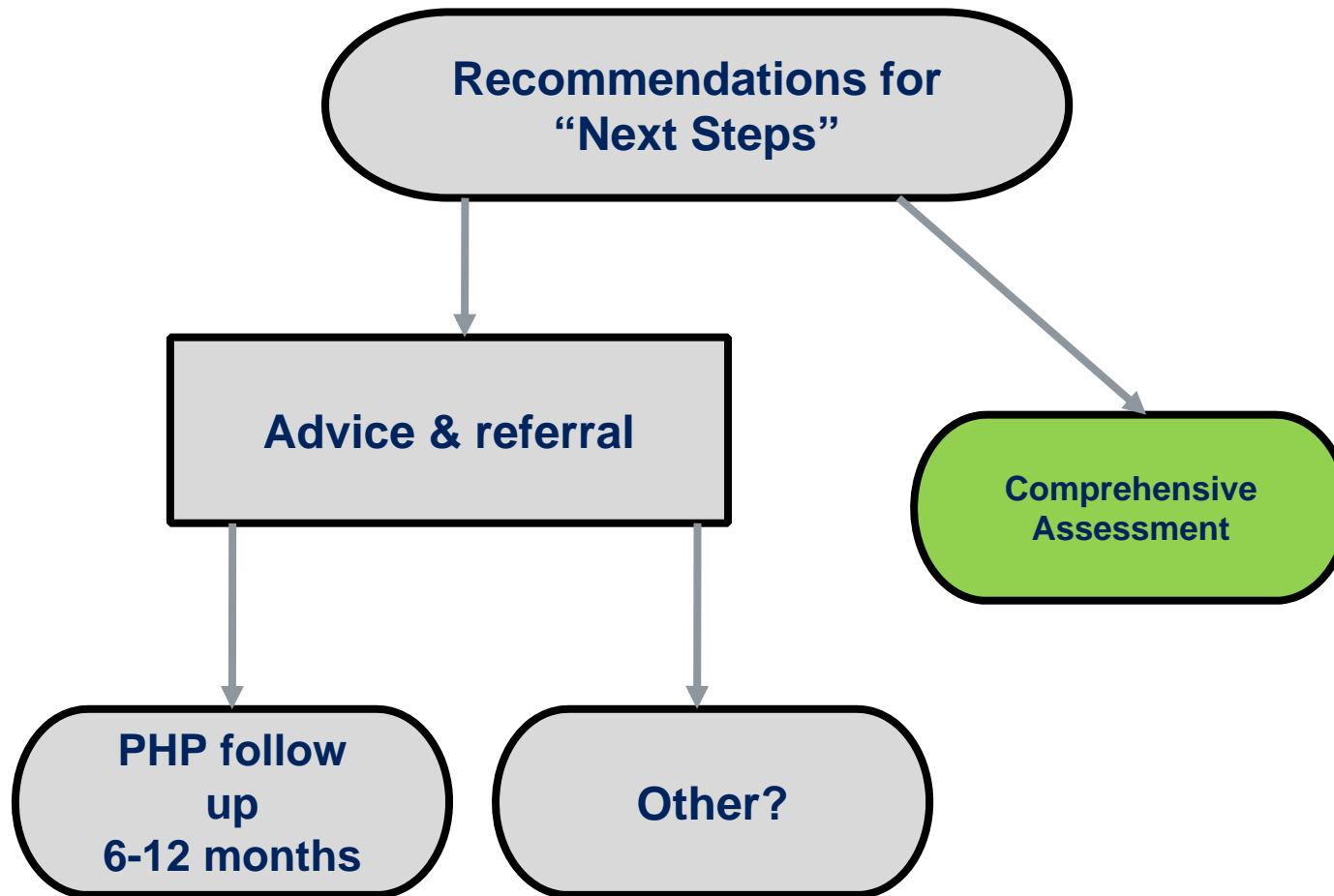


# PHP Assessment Services

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

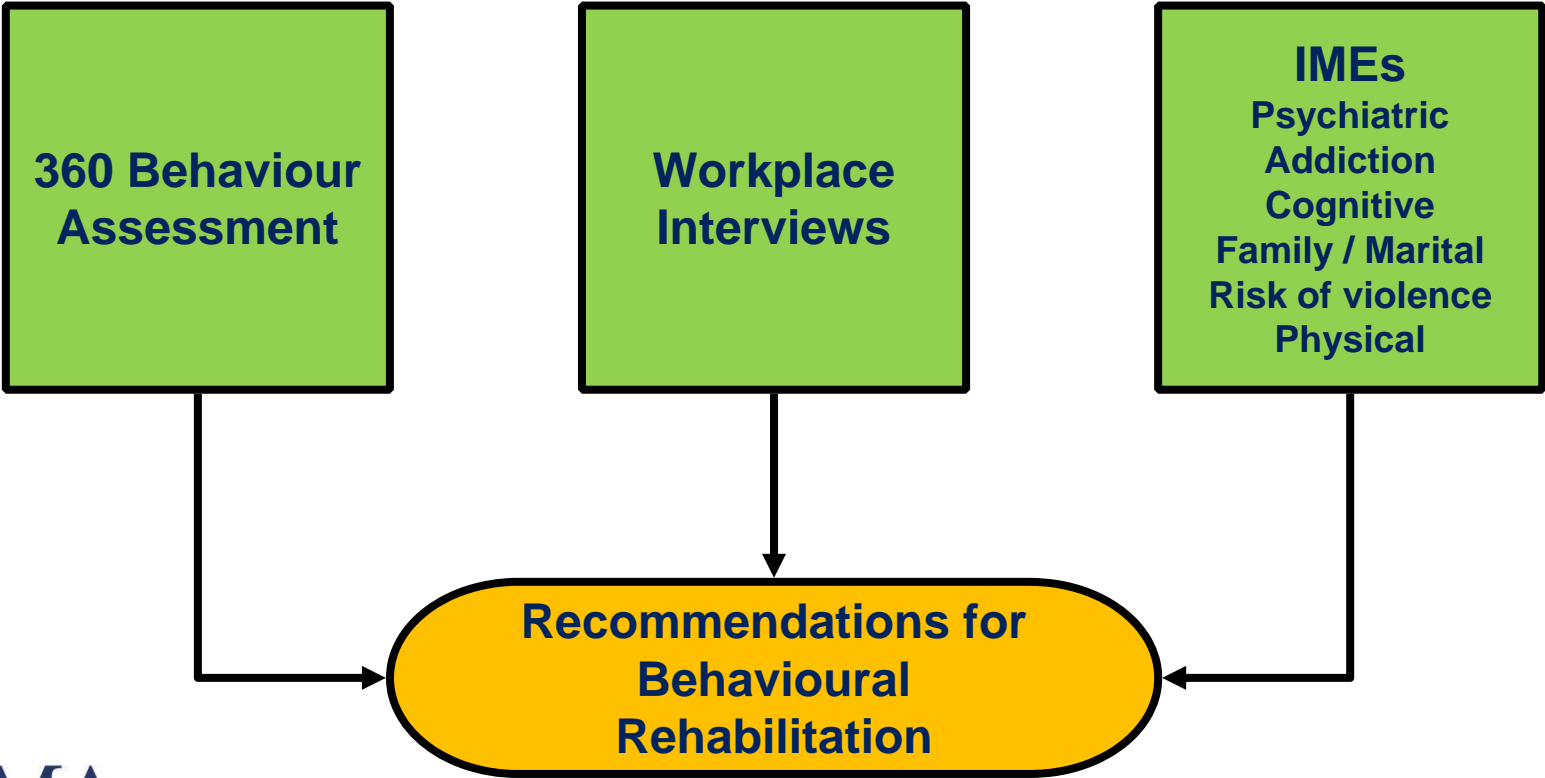
# Preliminary Assessment Interview





**Comprehensive Assessment**

any or all the following may be recommended:



# 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
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# 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
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# 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



