

# *Deceptive appearances*

*– disentangling health and behaviour*



European  
Association for  
Physician Health

Fundació



GALATEA

*December 2010*

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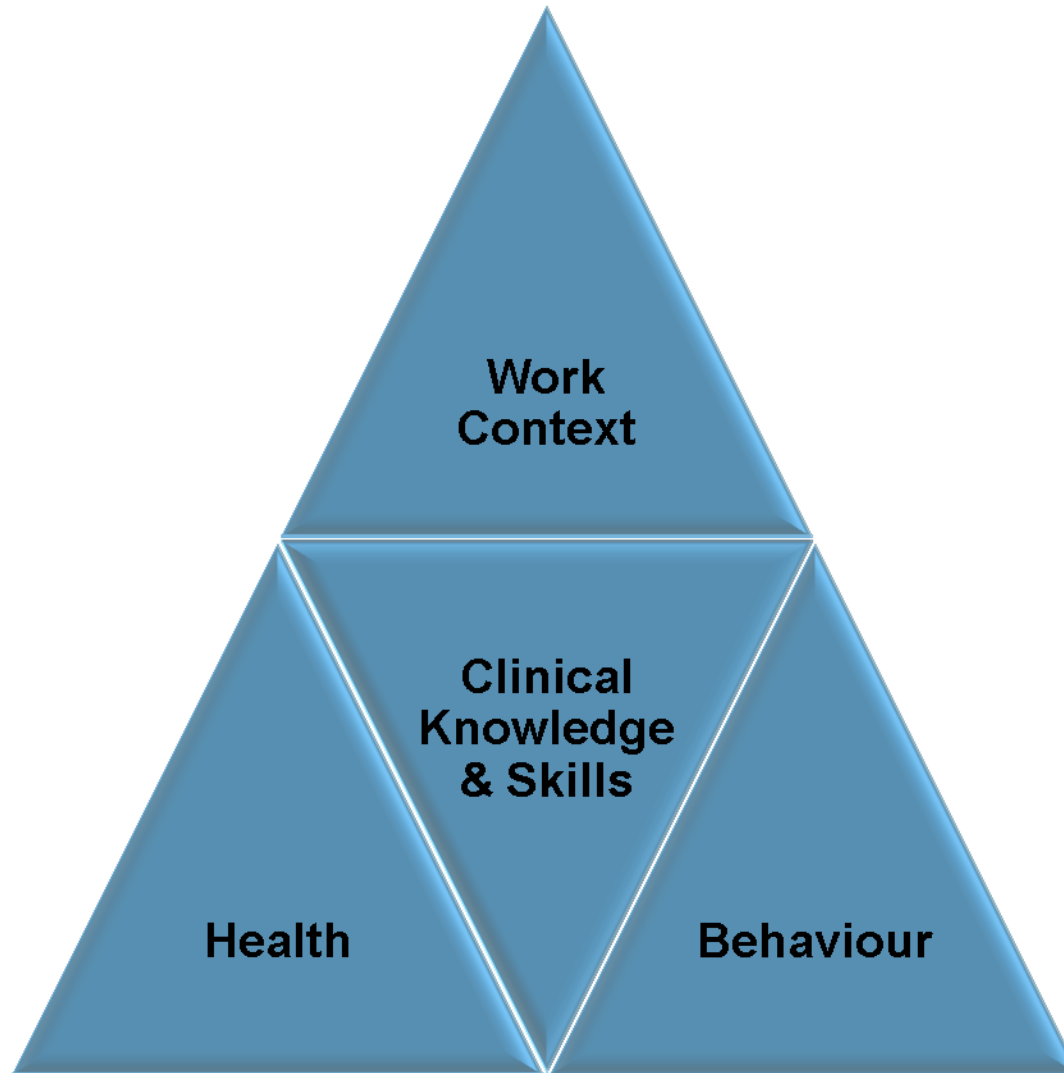
## Overview

- A brief reminder – NCAS' experience of health and behaviour in doctors
  - What NCAS does
  - What we have seen over ten years of tackling concerns about practice
- Disentangling health and behaviour
  - Typical behavioural concerns
  - Purpose and elements of a behavioural assessment
  - Personality and behaviour - analysis of personality data from over 250 NCAS behavioural assessments
  - A diagnostic framework

## *What we do*

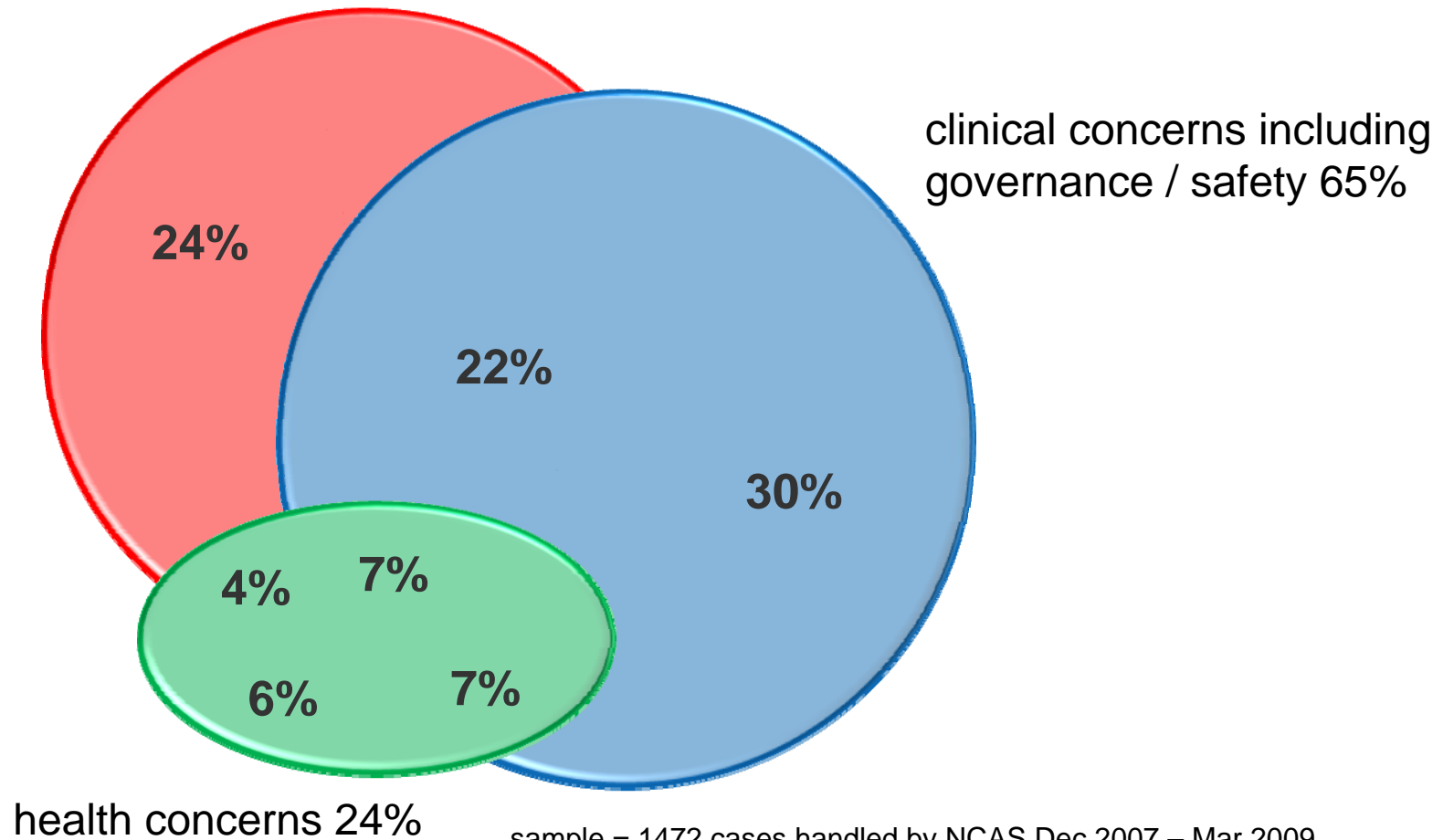
- Support to local resolution of concerns about the practice of doctors, dentists and pharmacists
  - Casework
    - Expert support – to local case management
    - Comprehensive service – from telephone call to action plan
  - Education
    - Building front-line ownership and expertise
    - Making practical tools and resources available
  - Evaluation, research and development
    - Improving our work and methods
    - Sharing our learning and experience
- Coverage
  - Across the UK and associated states
  - Public and independent sectors
  - Self-referral
  - Free at the point of delivery

*The Performance Triangle – our ‘take’ on the Canadian model*



## The picture now – what concerns come forward

behaviour / misconduct – 56%



## *The picture now – what we find*

- NCAS' experience in assessing practitioners
  - 82% have five or more major areas of deficit across four domains
  - 94% have significant difficulty arising from their behavioural approaches
  - 88% have major challenges arising from their working environment
- What we find is often at variance with what is notified at referral

Domain	Notified at referral	Found at assessment
Clinical skills	54%	82%
Governance and safety	35%	48%
Behaviour – conduct	33%	
Behaviour – other than conduct	29%	94%
Health	24%	28%
Organisational	11%	88%

## *Typical behavioural concerns at referral*

- Poor communication with colleagues
- Inability to manage stress
- Poor influencing/managing upwards
- Weak clinical leadership skills
- Resistance to being 'managed'
- 'Grievance and grudge' – legacy of interpersonal conflict with colleague(s)
- Poor decision-making
- Inappropriate / poor communication with patients

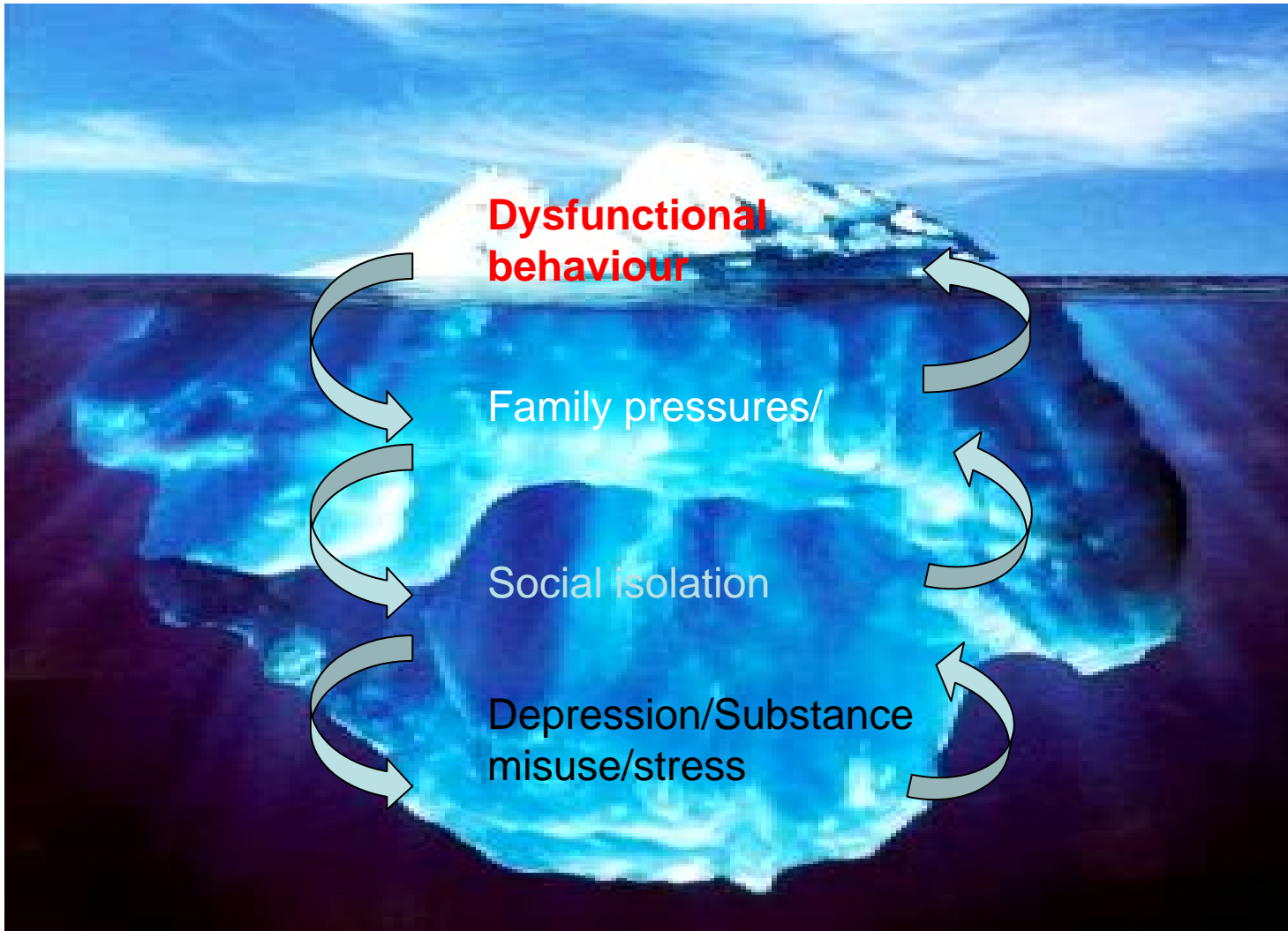
## *Influences on a doctor's performance*



Source *"Understanding Doctors' Performance"* (Eds) Cox, King, Hutchinson and McAvoy, 2006



# When health and behaviour overlap: submerged health problems



## *Purpose of a behavioural assessment*

- Identify any underlying personality traits that may be influencing the practitioner's behaviour at work
- Identify any further possible contributory factors
- Offer some judgements about the likelihood of successfully addressing the concerns
- Make some recommendations about how to address the concerns
- Sometimes the process can bring health concerns to the surface

## *Elements of a behavioural assessment*

- Competency-based interview based on validated work used for selection into speciality training
- Uses 'critical incident' and behavioural event interviewing
- Psychometric tests
- Direct feedback to the trainee
- Written report for NCAS summarising findings, diagnosis, prognosis and behavioural recommendations

## *Recognising when health is influencing behaviour*

- A serious mental or physical health problem affecting performance, e.g. clinical depression; head injury
- A suspected personality disorder, e.g. paranoid behaviour; obsessive-compulsive; sociopathy
- Recognised learning or social difficulties, e.g. dyslexia; Asperger's / higher level autism
- A serious health problem may mean that a behavioural assessment is inappropriate

## ***Competencies being assessed***

- Empathy and Sensitivity
- Personal Organisation
- Communication and Influencing
- Leading and Managing Others
- Teamworking
- Coping with Pressure
- Openness, Learning and Self-Awareness
- Organisational Engagement
- Decision-making

## *Personality at work – the ‘Big Five’*

- Neuroticism
  - How emotionally reactive?
- Extraversion
  - How extraverted or introverted?
- Openness
  - How open to new experiences of various kinds?
- Agreeableness
  - How easy to get on with?
- Conscientiousness
  - How diligent?

Source: Costa and Macrae, 1982

## Dysfunctional behaviour under stress

<b>Under stress and pressure</b>	<b>Moving away from others</b>	Enthusiastic	→	Volatile
		Shrewd	→	Mistrustful
		Careful	→	Cautious
		Independent	→	Detached
	<b>Moving against others</b>	Focussed	→	Passive Aggressive
		Confident	→	Arrogant
		Charming	→	Manipulative
		Vivacious	→	Dramatic
		Imaginative	→	Eccentric
	<b>Moving towards others</b>	Diligent	→	Perfectionist
		Dutiful	→	Dependent

Source: Hogan and Hogan 1997

## *Analysis of doctors referred to NCAS: Personality profiles*

<b>What we expected</b>	<b>What we found</b>
More emotionally reactive	Somewhat more reactive
More introverted	More introverted
Less open	Less open
Less agreeable	Much MORE agreeable
Less conscientious	Similar to the working population
More arrogant	More perfectionist and more dependent

Analysis of 279 doctors referred to NCAS 2002-2009; Norm group - UK working population



## CLADA – a diagnostic framework where health plays a part

Factor	What is it?	Resolution
<b>Capacity</b>	A fundamental limitation that is unlikely to change	Change job, specialty, or career
<b>Learning</b>	A deficit of knowledge, skills or experience	Training (adapted to learning style); feedback (e.g. 360°) change trainer
<b>Arousal (Motivation)</b>	Boredom ; stress; burn-out; low morale	Coaching, counselling, mentoring; new project or role; new trainer
<b>Distraction (including Health)</b>	A problem elsewhere causing a problem here	Discuss referral to appropriate source of help; Set limits/make "reasonable" adjustments
<b>Alienation</b>	Deep rooted anger/mistrust leading to sabotage	Move OUT!

Developed by the Edgecumbe Consulting Group

## *Disentangling health and behaviour – key messages*

- Problem behaviours have several underlying causes
- Health problems can manifest in behaviour – and *vice versa*
- But ... beware the temptation to excuse behaviour on the grounds of health
- Separate health from behaviour – and address them separately
- Health problems warrant support – but bad behaviour is not acceptable and compromises patient safety
- Soft on health – tough on behaviour!

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