Policies and Procedures for Medical Staffs and Medical Groups

Behaviors that Undermine a Culture of Safety

A Guideline from
California Public Protection & Physician Health

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INTRODUCTION

Disruptive behavior in physicians is the stuff of popular culture. You don't have to look further than popular television shows to see how one big personality impacts administration, colleagues, staff and patients. A Google search for "difficult doctor" returns over 250 million hits. In our professional lives, however, disruptive behavior, unlike in the made-for-TV dramas, has real-life consequences.

The Joint Commission (TJC) has noted, as have others, that disruptive behaviors may be exhibited by any person working in the healthcare setting and are not unique to physicians. The focus falls on physician behavior, however, because of the disproportionate impact physicians have on patient care and the patient care environment.

A 2004 Institute for Safe Medication Practices survey of more than 2000 health care professionals, 75% of whom were nurses, revealed that intimidating behavior was felt to come most often from physicians and had a negative impact on patient care.[1] A 2009 survey of 2,100 doctors and nurses by the American Association for Physician Leadership (formerly the American College of Physician Executives) found that nearly 98% of respondents witnessed behavior problems between doctors and nurses in the past year and 30% witnessed these behaviors weekly.[2]

It is fair to say that many authorities and many disciplines are wrestling with the topic of disruptive behavior of physicians. The effort is necessary because of its impact on patient safety, organizational culture, regulatory compliance and risk management. It is also necessary in order to help physicians remedy those behaviors that undermine a culture of safety. To side step the issues and avoid engagement with a practitioner whose behavior is raising questions does a disservice to our patients, our colleagues and our profession. It may also do disservice to the physician, because the behavior maybe a signal that he or she is suffering from a condition responsive to treatment.

In 2015, California Public Protection & Physician Health convened a workgroup consisting of physicians who are members of the CMA's Organized Medical Staff Section and the California Hospital Association's Center for Hospital Medical Executives, as well as attorneys from the law firms of Nossaman, LLP and Procopio, Cory, Hargreaves & Savitch LLP to consider the current clinical, administrative and legal context related to disruptive behavior in physicians and to prepare this guideline. It is hoped that this work will prove useful to medical staffs, medical groups, and all responsible parties involved in credentialing and peer review issues and will contribute to the establishment of a thoughtful, reference-based approach to this important topic.

[1]Institute for Safe Medication Practices. Acute Care ISMP Medication Safety Alert. Intimidation: Practitioners speak up about this unresolved problem. March 11, 2004. http://www.ismp.org/newsletters/acutecare/articles/20040311_2.asp. (Accessed February 22, 2015)
[2] Johnson, C. Bad blood: doctor-nurse behavior problems impact patient care. Physician Executive Journal. November/December 2009.

STATEMENT OF PURPOSE

This document is intended for those in medical staffs, medical groups, and other entities with responsibility for decisions related to evaluating a practitioner's behavior and/or compliance with the organization's code of conduct. It is intended to assist them in the identification of policies implementation of procedures for support of professional behavior, and effective maintenance of the culture of safety and professionalism within the medical staff and the medical center.

THE EVIDENCE ON WHICH THIS DOCUMENT IS BASED

The statements and recommendations in this document are the consensus of expert opinion.

The document was prepared by a work group comprised of persons who are members of the California Medical Association, the California Hospital Association's Center for Hospital Medical Executives, and California Public Protection & Physician Health, working with attorneys from Nossaman, LLP and Procopio, Cory, Hargreaves & Savitch LLP. The work group members participated as individuals, contributing their experience and expertise to the deliberations, but they did not represent their organizations and the final document is not the official policy of those organizations.

Drafts of the document were widely distributed to interested parties with a request for review and comments. Before the final version was adopted, all comments were considered and changes were made to the document in response to the comments. The document will be subject to periodic review and revision to incorporate new developments. If the document is revised, it will be circulated for comment again and published with a new date.

Disclaimers

The information, statements and recommendations reflected in this document shall not be attributed to any one of the individual Workgroup participants. It is a document from California Public Protection & Physician Health.

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