AMERICAN PSYCHIATRIC ASSOCIATION

Medical leadership for mind, brain and body.

# 5307 - RESTORING PROFESSIONALISM:

## INTEGRATING MIND, BRAIN AND BODY FOR DISTRESSED PHYSICIANS

Part 3 Swiggart, William H. MS

APA Annual Meeting | Atlanta 2016

© 2016 American Psychiatric Association. All rights reserved.

# Agenda

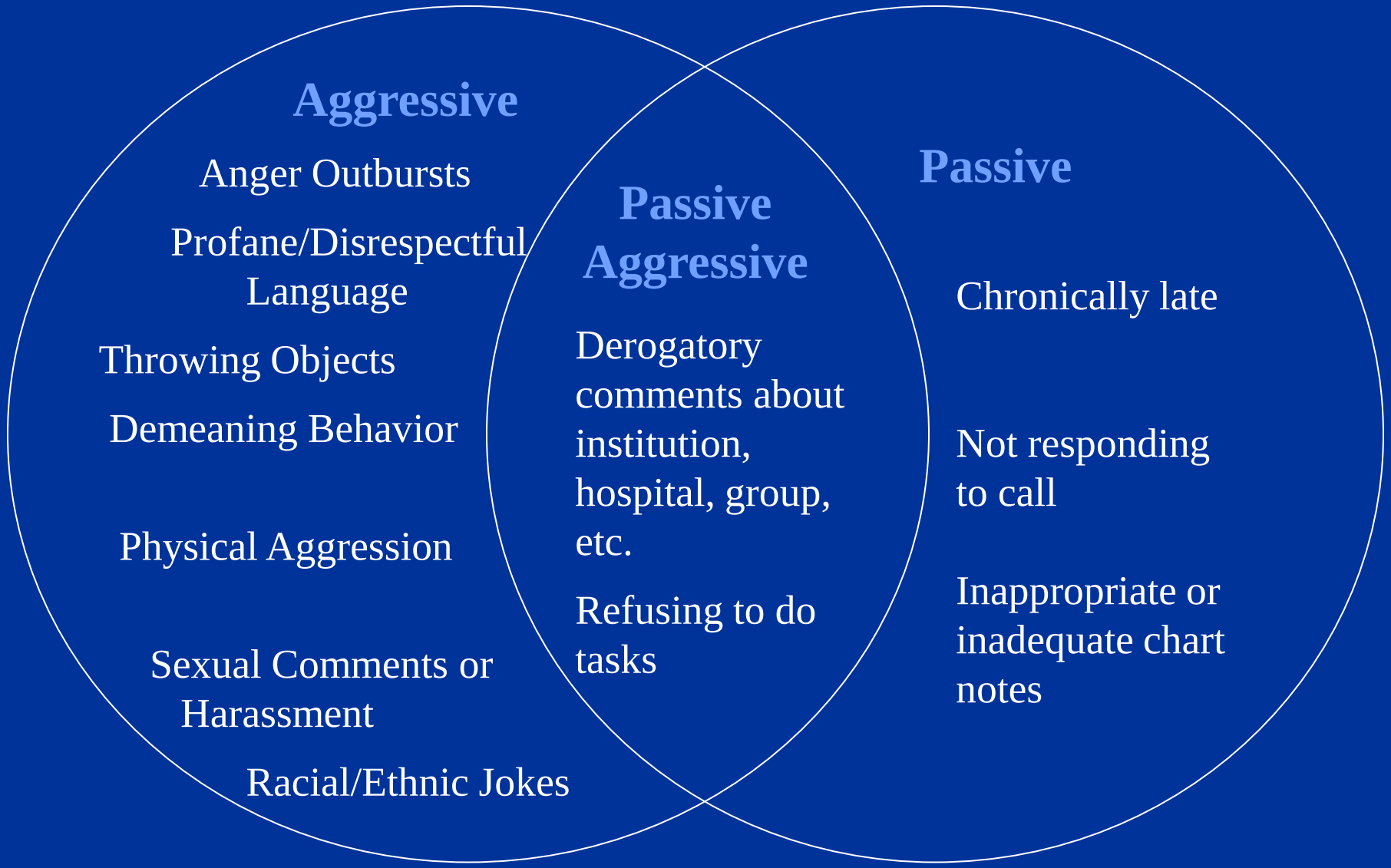
- Introduction
- Understanding unprofessional behavior
- Role play a unprofessional scenario using DRAN
- Complete three self-report instruments
- Describe one 360° instrument
- Summary

# Disruptive/Distressed Physicians

# Behaviors that undermine a culture of safety

- "Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments."
- Issue 40: Behaviors that undermine a culture of safety | Joint Commissionhttp://www.jointcommission.org/assets/1/18/SEA_40.PDF
- Misprescribing
- Boundary issues sexual and other

# Spectrum of Disruptive Behaviors



# Two Systems Interact

The external system

Functional & nurturing

The internal system

Good skills

**Hospital/Clinic**

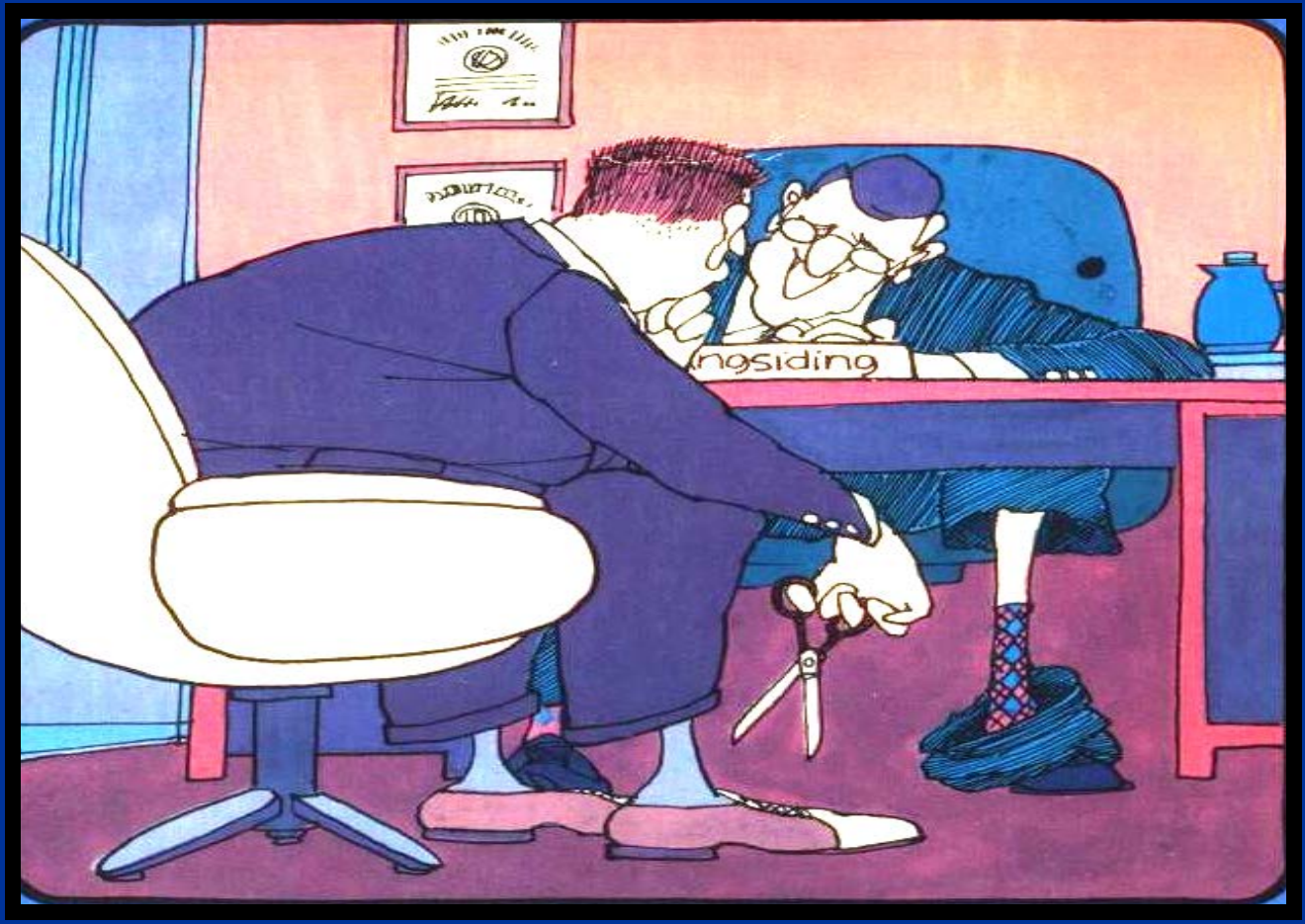
**Physician**

Dysfunctional

Poor skills

"The Perfect Storm"

# When “a little chat” doesn't work




Mr. Bangsiding felt (and wrongly so) that a little chat would be enough to stop Bob’s disruptive behavior.

# Etiologies

- Institutional Factors[1]
  - Scapegoats
  - System Reinforces Behavior
  - Individual Pathology may over-shadow institutional pathology

Williams and Williams, 2004

# Etiologies

- Individual Factors
  - Predisposing Psychological Factors[1]
    - Alcohol and Drug Family History
    - Trauma History
    - Religious Fundamentalism
    - Familial High Achievement
  - Personality Traits[2]
    - Narcissism
    - Obsessive/Compulsive
  - Physician Burnout[3]
  - Clinical Skills Satisfactory or Above Average[4]

1. Valliant, 1972
2. Gabbard, 1985
3. Spickard and Gabbe, 2002
4. Papadakis, 2004, 2005

# DRAN

When asking for something, use the acronym – *DRAN*

***D****escribe*
***R****einforce*
***A****ssert*
***N****egotiate*

# ***Describe***

- Describe the other person's behavior objectively
- Use concrete terms
- Describe a specified time, place & frequency of action
- Describe the action, not the "motive"

# ***Reinforce***

- Recognize the other person's past efforts
- It takes eight positive comments to compensate for one negative comment.

*John M. Gottman, Ph.D. *The Relationship Cure*, Crown Publishers, New York, 2001, 74-78.

# ***Assert Directly & Specifically***

- Express your feelings
- Express them calmly
- State feelings in a positive manner
- Direct yourself to the offending behavior, not the entire person's character
- Ask explicitly for change in the other person's behavior

# ***Negotiate: Work Towards A Compromise That is Reasonable***

- Request a small change at first
- Take into account whether the person can meet you needs or goals
- Specify behaviors you are willing to change
- Make consequences explicit
- Reward positive changes

# Role Play

- Goal: to decrease the incidence of unprofessional behavior and positively influence a culture of professionalism.
- Objectives:
- to practice a new skill in a safe environment.
- To deliver a brief nonjudgmental message regarding a colleague's behavior (cup of coffee)

# Role Play Exercise

Your team was in a conference room blowing off steam after a rough morning. One team member, ( Jack or Jill) a Fellow on the service, used a particularly graphic and insulting metaphor to describe one morbidly obese and challenging patient. Everyone laughed at the description. You smile, but are uncomfortable with the characterization of this patient. You are a colleague and wish to say something to the fellow.

(A)will go first and intervene with (B).

(B) will provide feedback on the exercise.

Now change places and repeat the exercise.

# Flooding Test

**See handouts**

Copyright to John M. Gottman, All Rights Reserved; Adapted with permission & revised 11/17/03

**Scoring:** If you answered “yes” to more than eight statements, this is a strong sign that you are prone to feeling flooded during conflict. Because this state can be harmful to you, it’s important to let others know how you are feeling. The antidote to flooding is to practice soothing yourself.

There are four secrets of soothing yourself: breathing, relaxation, heaviness, and warmth. The first secret is to get control of your breathing. When you are getting flooded you will find yourself either holding your breath a lot or breathing shallowly. Change your breathing so it is even and you take deep regular breaths. Take your time inhaling and exhaling.

# SKILLS TO USE WHEN FLOODING

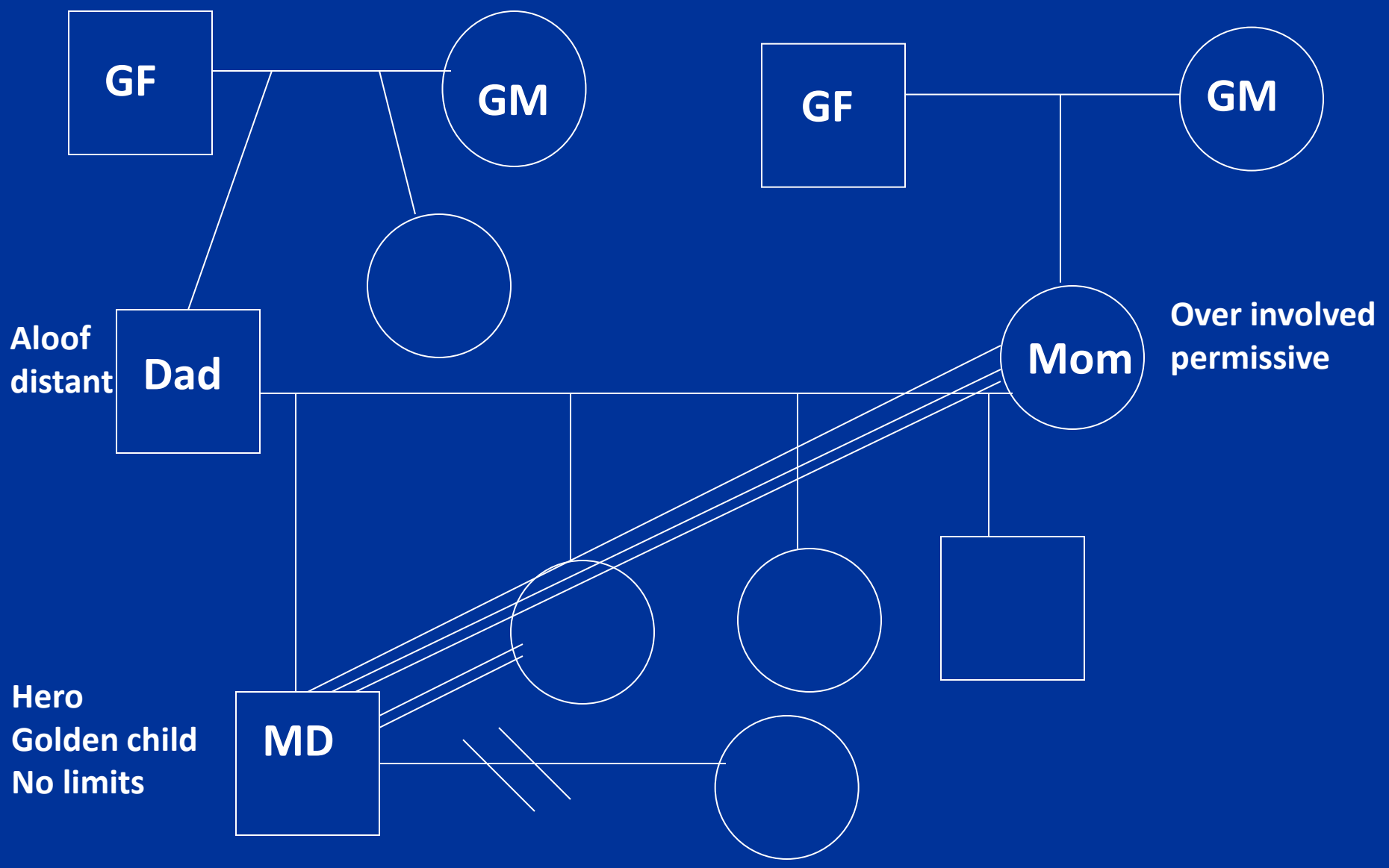
## GROUNDING

- Categories exercise
- Judge versus describe
- Mindfulness with all senses
- Breathe

# SKILLS TO USE WHEN FLOODING

## SPECIFIC PHRASES

- *You may be right.*
- *Give me a minute, I'll get right back to you.*
- *I know this may be frustrating, I want to address your concerns.*
- *Tell me how I can help you.*
- *Glad you are here.*


GF
GM
GF
GM
Aloof
distant
Dad
Mom
Over involved
permissive
Hero
Golden child
No limits
MD

# Family Job Description

**See handouts**

Adopted from Dr. Deborah Corley, Co-Founder of Santé Center for Healing

# ACE Score

**See handouts**

The Adverse Childhood Experiences Study, at http:// www.acestudy.org

# 360 º Feedback Survey

See handouts

# B29©

Visit our website for further information:

www.mc.vanderbilt.edu/cph

Williams M., White Williams B., Swiggart W.H.

# B29©

- It is not enough to have good motives; others respond to our behavior.
- Physicians are often not given essential feedback about their behavior.
- The Three Core Competency Survey (3CC) is designed to provide feedback from those we work with.

# B29©

## Teamwork

| Past Results | 21. Is easy and accepting with other team members. 4 3 2 1 | 18. Understanding of how his/her behavior affects others. 4 3 2 1 | 5. Makes others feel comfortable approaching to ask questions or make suggestions. 4 3 2 1 | 9. Uses verbal communication to provide appropriate feedback to others. 4 3 2 1 | 6. Creates a sense of teamwork and values contributions of team members. 4 3 2 1 |
|---|---|---|---|---|---|
| Among the best | 33% | 17% | 40% S | 29% | 28% |
| Top Half | 46% S | 38% S | 44% | 46% S | 60% S |
| Average | 13% | 38% | 8% | 17% | 8% |
| Bottom half | 4% | 4% | 8% | 8% | 4% |
| Among the worst | 4% | 4% | | | |

S Self

Red percentages indicate at risk behavior category

# Potential Resources for Healthy Coping

- Courses
- Coaches, counselors
- Comprehensive Evaluation
- 360° Evaluations
- Risk Managers
- Physician Wellness
- Treatment Centers
- Office of General Counsel
- State BME
- Professional Societies
- QI Officers
- EAP
- Others
- State Physician Health Program

# Vanderbilt Center *for* Professional Health

## Professional Development Courses

# Questions

# References:


1. Swiggart WH, Williams MV, White Williams B, Dewey CM, Ghulyan MV, and Wallston KA. Assessment of a Physician's Workplace Behavior. Physician Leadership, November/December, Vol. 1, Issue 2,2014
2. Samenow CP, Worley LM, Neufeld R, Fishel T, Swiggart W. Case Study: Transformative Learning in a Professional Development Course Aimed at Addressing Disruptive Physician Behavior. Academic Medicine, Vol 88, No. 01/ January 2013.
3. Samenow CP, Yabiku ST, Ghulyan M, Williams B, Swiggart W. The Role of Family of Origin in Physicians Referred to a CME Course. HEC Forum. Published on line November 24, 2011. (2012) 24:115-126
4. Issue 40: Behaviors that Undermine a Culture of Safety. Joint Commission http://www.jointcommission.org/assets/1/18/SEA_40.PDF
5. Samenow CP, Swiggart W, Blackford J, Fishel T, Dodd D, Neufeld R, Spickard A. A CME Course Aimed at Addressing Disruptive Behavior. Physician Executive; 34 (1) Jan/Feb 2008: 32-40