

A CLASSIFICATION OF DISRUPTIVE PHYSICIANS: SYSTEM VERSUS INDIVIDUAL TREATMENT EFFICACY

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PURPOSE

Disruptive behavior in the workplace can contribute to degradation of delivered medical quality to the patient. Typical treatment programs for physicians with behavioral problems can include intensive treatment specialized educational courses and or outpatient therapy. There have been a number of reports of high levels of recidivism after these programs, and it has been proposed that it may be necessary to employ system interventions at the workplace as well as individual treatment to maximize the effectiveness of the intervention. Unfortunately, to date no guidelines have been proposed as to when individual or system intervention is likely to be effective.

METHOD

The data consisted of a retrospective sample of 5 years of cases from an assessment and treatment program for professionals. The cases were analyzed as to the purposefulness and the competence of the actions of the index physician. The cases were then classified as to the importance of either system or individual therapy in resolving the problematic behavior.

RESULTS

A simple classification system based on these results was developed. The behaviors were clustered into one of four quadrants: Aggressive Behavior, Displaced Frustration, Anger Management, and System Gaming. This system allows the treating professional to anticipate the degree of necessity of a system intervention in resolving the problem.

CONCLUSIONS

In working with and maintaining the productivity of scarce professionals, such as physicians, it is often necessary to determine the relative contribution of both sources as well as the degree of change necessary by each to develop an effective intervention. By examining the behavior of the index physician, it is possible to anticipate the degree to which individual therapy can be effective and the degree to which system procedures and policies must be adjusted for the physician to have a successful return to work.