

**DISRUPTIVE PHYSICIAN CASES: RECONSIDERING CASES AND
RECOMMENDATIONS WITHIN THE CONTEXT OF THE JOINT
COMMISSION SENTINEL EVENT**

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PURPOSE:

THE JOINT COMMISSION ISSUED A SENTINEL EVENT IN JUNE OF 2008 NOTED THE CONNECTION BETWEEN DISRUPTIVE BEHAVIOR IN THE WORKPLACE AND THE DEGRADING OF DELIVERED MEDICAL QUALITY. MEDICAL BOARDS WHEN REVIEWING CASES OF DISRUPTIVE PHYSICIANS HAVE SOUGHT TO CONNECT THE INDIVIDUAL DISRUPTIVE DOCTOR WITH PARTICULAR PATIENT'S MEDICAL CARE. THE JOINT COMMISSION'S FINDING SUGGESTS THAT SUCH CONNECTION MAY EXCEED THE NECESSARY REQUIREMENT FOR ACTION.

METHOD:

THE DATA CONSISTED OF A RETROSPECTIVE SAMPLE OF FIVE YEARS OF CASES FROM AN ASSESSMENT AND TREATMENT PROGRAM FOR PROFESSIONALS. THE CASES FOR ANALYSIS WERE SELECTED BASED ON COMPLETE DATA BEING PRESENT AS WELL AS THE PRESENCE OF COLLATERAL DATA ON THE NATURE OF THE PHYSICIAN'S INTERACTION WITH THE SYSTEM. A PURPOSEFUL SUB-SAMPLE OF CASES WITH EXTENSIVE DATA PRESENT ON THE HOSPITAL SYSTEM INCLUDING DATA ON COMMUNICATIONS PATTERNS, MOOD, AND SENSE OF AFFILIATION AMONG PHYSICIANS AND SUPPORT STAFF WERE ALSO EMPLOYED.

RESULTS:

IN EVERY CASE WHERE DATA WERE AVAILABLE THE PRESENCE OF SIGNIFICANT DISRUPTION TO THE MEDICAL SYSTEM WAS AVAILABLE IN THE DOCUMENTATION. THE EFFECTS OF THE DISRUPTION ON THE SYSTEM WERE CLASSIFIED BY TYPE INTO THE AMERICAN BOARD OF MEDICAL SPECIALTIES SIX CORE COMPETENCY AREAS.

MEDICAL KNOWLEDGE, THE ABILITY TO EFFECTIVELY UNDERTAKE EVIDENCE-BASED MEDICINE, WAS UNDERMINED AS COLLEAGUES

AVOIDED THE INDEX PHYSICIAN. CLEAR EVIDENCE OF A REDUCTION OF SUBSTANTIVE COMMUNICATION WAS PRESENT BOTH IN COLLATERAL DATA AS WELL AS IN THE QUANTITATIVE DATA FROM THE SUB-SAMPLE.

PRACTICE BASED LEARNING, THE ABILITY TO LEARN FROM ONGOING CASES, WAS REDUCED OR REMOVED DUE TO EITHER REDUCED REVIEWS OF PRACTICE OR THE UNWILLINGNESS TO CONSIDER ALTERNATIVE APPROACHES. COLLEAGUES WERE UNWILLING TO APPROACH AND OFFER ALTERNATIVE INSIGHTS.

SYSTEMS BASED PRACTICE, EFFECTIVE CONNECTION TO ANCILLARY CARE SYSTEMS, WAS FREQUENTLY REDUCED DUE TO UNWILLINGNESS OF PROFESSIONALS TO INTERACT WITH THE INDEX PHYSICIAN.

PATIENT CARE WAS FREQUENTLY THREATENED BOTH DUE TO THE PERSONAL BEHAVIOR OF THE INDEX PHYSICIAN, IN SOME CASES AVOIDANCE OF CALL OR ROUNDING ALSO DUE TO COLLEAGUES REDUCED CONSULTATION, AVOIDANCE OF THE PHYSICIAN'S PATIENTS, AND REDUCED INPUT BY THE BROADER PROFESSIONAL TEAM.

INTERPERSONAL AND COMMUNICATIONS SKILLS ARE AT THE CORE OF DISRUPTIVE BEHAVIOR AND ALWAYS AFFECTED EITHER IN THAT COMMUNICATIONS THEMSELVES ARE INEFFECTIVE OR DIRECTLY DAMAGING TO THE SYSTEM, OR IN MORE SUBTLE CASES BECAUSE THE COMMUNICATIONS ARE PERVERTED TO AN ANTI-SOCIAL END BY THE INDEX PHYSICIAN.

THE PROFESSIONALISM OF NOT ONLY THE INDEX PHYSICIAN BUT ALSO THE ENTIRE MEDICAL SYSTEM IS DEGRADED IN ALL CASES.

CONCLUSION:

THESE DATA SUBSTANTIATE THE SENTINEL EVENT REPORT BY THE JOINT COMMISSION. IN EVERY CASE THE DATA FROM THESE INDIVIDUAL'S REFERRED FOR DISRUPTIVE BEHAVIOR CONFIRMS A DEGRADATION OF THE MEDICAL SYSTEM IN WHICH THEY PERFORM. ALL OF THE SIX CORE COMPETENCY AREAS ARE AFFECTED IN A PORTION OF THE CASES, AND INTERPERSONAL SKILLS AND COMMUNICATIONS AND PROFESSIONALISM IN ALL CASES. THE CASE FOR CONSIDERATION OF THE MEDICAL SYSTEM WITHIN THE CONTEXT OF DISRUPTIVE BEHAVIOR IS SUBSTANTIATED BY THESE FINDINGS.