Advancing Professionalism across the Community (Part I)

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Disclosures

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Husband, Peter Goldbach: CMO for Health Dialog
Dr. Dismissive

You are called by an anesthesiologist with complaints about an interventional cardiologist:

Can be demeaning and hostile to various team members

- Blames them for not moving the cases along fast enough
- Dismissive of clinical concerns
- Refuses to discuss operative plans
- Demeaning: tone, content (you all are just on the clock)
Seemingly overwhelming task of doing something about this

Institutionally:
   high rollers, fear of retaliation, long tradition, other skills, protectionism, no fair process

Licensing Boards:
   don’t hear about this, process for evaluating

Board Certification:
   not informed of problems (unless licensure), sources of information variable (SLBs), resources to investigate, fear of legal exposure
Brigham and Women’s Hospital

- 793-bed tertiary care facility
- Major teaching hospital for Harvard Medical School
- Physician and scientist faculty: 2,738
- Total employees: > 14,000
The Center's mission is to encourage a culture that values and promotes mutual respect, trust and teamwork.
Building a program

Leadership
Commitment

Education

Accountability
In order to get leadership commitment we have to make the case

- Culture drives safe care delivery and clinician well-being
- Culture is about behavior
- A core domain of behavior is professionalism
- It is our professional and moral obligation to hold ourselves and each other to high levels of professionalism
What is professionalism?
Trustworthy relationships
Unprofessionalism and Patient Care

3-5% of MDs

Demonstrate behavior that *interferes with patient care*


National survey of 3,900 MDs, RNs, staff in hospitals

51%

Disruptive behavior correlates with patient safety compromise

71%

Disruptive behavior correlates with quality compromise

Communication failures

Root Causes of Sentinel Events
(All categories; 1995-2005)

Communication
Orientation/training
Patient assessment
Staffing
Availability of info
Competency/credentialing
Procedural compliance
Environ. safety/security
Leadership
Continuum of care
Care planning
Organization culture

Percent of 3548 events

0 10 20 30 40 50 60 70 80 90 100

Joint Commission
Sentinel Event Alert

End intimidating and disruptive behavior among physicians, nurses, pharmacists, therapists, support staff and administrators

“behaviors that undermine a culture of safety”
Burning platform:
Society, TJC, ABMS, ACGME

- Patient safety
- Patient experience
- Learning environment
- Malpractice risk
- Retention
- Morale and productivity
- Clinician health and wellness

_Not doing this is costly on many levels_
Building a program

Leadership
Commitment

Education
Accountability
Code of Conduct

State your expectations

Code of Professional Conduct Policy 5.2.2.1
Brigham and Women’s Hospital
Brigham and Women’s Physicians Organization

Brigham and Women’s Hospital and the Brigham and Women’s Physicians Organization are committed to providing the highest quality healthcare to patients and their families, to expanding the boundaries of medicine through research, and to educating the next generation of health care professionals. We are also committed to ensuring an ideal work environment for all employees, medical staff and trainees whereby our core values of excellence, compassion, respect and diversity are embraced by all. We believe in and uphold the principles of a fair and just culture and communicate these beliefs and values throughout the institution. We expect our employees, medical staff and trainees to:
Interactive training sessions
Building a program

Leadership
Commitment

Education

Accountability
Assessing professionalism

- No measurement: there is no valid test for professionalism
- We are assessing based on behavioral lapses (incompetence)
- Revealed in patterns of behavior
  - Not a single incident (unless egregious)
  - Beyond values conflict or cultural relativism
Unprofessional behavior vs Values conflict

**Unprofessional behavior**
- Refusal to answer calls/pages
- Hostile responses to questions
- Blaming team members for errors
- Disparaging remarks re team members

**Values conflict**
- Failure to adhere to duty hours
- Ordering an unnecessary test for a patient that pt desperately wants
- Leaving work early to care for ill family member
Handling concerns process

- Listen only
- Director coaches reporter to give feedback
- Director gives feedback to FP
- High level concerns process

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High level handling concerns process

- Confidential discussion w/ Director
- Assessment: multisource interviews
- Discussion w/ supervising MD, chief/ chair, CMO, OGC, ELR
- Meeting w/ focus person

- Retaliation prevention
- Documentation
- Monitoring
- Consequences
Handling Concerns
Data (n=405)

- Repeat FPs: 35
- Teams: 27
- New FPs: 343
Escalating consequences

JS modified for BWH 4.09

No

Pattern persists

Apparent Pattern

Single complaint – no apparent pattern

Vast majority of professionals- no issues

Level 3 “Disciplinary” Intervention

Level 2 “Authority” Intervention

Level 1 “Awareness” Intervention

“Informal” Intervention

Mandated Issues

The Why and How of Dealing with “Special” Colleagues

Discouraging Disruptive Behavior

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Key points

- Focus on behavior, not diagnosis
- Prevent harm to reporter
- Fair and respectful to focus person
- Monitoring
- Everyone held to same standards
Outcomes: Behavioral

Jan 2010 - Jun 2013

Some improvement: 52 (35%)
Significant improvement: 34 (23%)
Insignificant improvement: 8 (5%)
Need f/u info: 36 (24%)
Work in progress: 10 (7%)
Not a professionalism issue: 9 (6%)

86 (58%)

Outcomes: Change in job status or institutional role

Jan 2010 - Jun 2013

- 23 (11%) Left due to professionalism issue
- 11 (5%) Demoted
- 10 (5%) Left for other reasons
- 157 (78%) Remain in role

Lessons learned

• Feedback early and often
• Connect with safety/quality
• Our systems need to make it easier to behave professionally but poor systems are not an excuse
• Consequences drive accountability
• Hold everyone to same standards
• Powerful cultural change
Connection to MOC: professionalism education

Institutional professionalism training
Educational assessment tools
360’s
Connection to MOC: professionalism lapses

If left institution for professionalism concerns, MB should know
(bARRIER: mutual disparagement clauses)
Other sources of info re professionalism lapses
Assessment of professionalism lapses at board level (ABOto)

Have you had or do you have a pending adverse or disciplinary action taken regarding:

- Medical license in any state
- Other professional registration/license
- State Controlled Substance Registration
- Federal DEA Registration
- Academic Appointment
- Membership on any hospital staff
- Clinical Privileges
- Participation in any third party payer program
- Participation in the Medicare/Medicaid program
- Other institutional affiliation or status
- Subject to institutional corrective action during residency
- Professional society membership
- Fellowship/Board certification
- Research under any Federal or private grants
Have you ever been charged with a felony?
Have you ever been convicted of a felony?
Have you been charged with or convicted of a misdemeanor involving moral turpitude or otherwise having a relationship to the practice of medicine?
Do you presently have a physical or mental health condition, including alcohol or drug dependence, that might affect your ability to perform professional or medical staff duties?
Are you currently engaged in the illegal use of drugs?
This is difficult but so important. It takes great leadership, courage and skill.

Thank you for your commitment to this work