Resources for the Distressed Physician

The Program for Distressed Physicians

www.mc.vanderbilt.edu/cph
The Program for Distressed Physicians

William Swiggart, MS, LPC/MHSP
william.swiggart@vanderbilt.edu
Assistant in Medicine
Co- Director
Vanderbilt Center for Professional Health

www.mc.vanderbilt.edu/cph
Vanderbilt Center for Professional Health

Continuing Medical Education Courses

Prescribing Controlled Drugs
Maintaining Proper Boundaries
Program for Distressed Physicians

www.mc.vanderbilt.edu/cph
Definition

“a style of interaction with physicians, hospital personnel, patients, family members, and others that interferes with patient care…”

American Medical Association
# Reported Prevalence

<table>
<thead>
<tr>
<th>State/Country</th>
<th>Prevalence</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>12%</td>
<td>Referrals</td>
</tr>
<tr>
<td>Indiana</td>
<td>8%</td>
<td>Referrals</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>Statewide</td>
</tr>
<tr>
<td>Kentucky</td>
<td>20%</td>
<td>Referrals</td>
</tr>
<tr>
<td></td>
<td>0.4%</td>
<td>Statewide</td>
</tr>
<tr>
<td>Tennessee</td>
<td>30%</td>
<td>Referrals</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>30%</td>
<td>Referrals</td>
</tr>
<tr>
<td>Australia</td>
<td>36%</td>
<td>Referrals</td>
</tr>
<tr>
<td>England</td>
<td>6%</td>
<td>Disciplinary</td>
</tr>
</tbody>
</table>

Multiple References Available
Spectrum of Hospital/Clinic Function & Physician Behavior

Well functioning hospital system

Partially functioning system

Totally inadequate hospital/clinic function

Hospital/ Clinic

Physician

MD with good skills; team player; emotional intelligence; knows conflict resolution

Periodic anger outbursts; poor team player

Narcissistic traits; recurrent anger outbursts; generally frustrated; passive aggressive; nurses take brunt of anger
Consequences

- disharmony and poor morale\(^1\),
- staff turnover\(^2\),
- incomplete and dysfunctional communication\(^1\),
- heightened financial risk and litigation\(^3\),
- reduced self-esteem among staff\(^1\),
- reduced public image of hospital\(^1\),
- financial cost\(^1\),
- unhealthy and dysfunctional work environment\(^1\), and
- potentially poor quality of care\(^1,2,3\)

1. Piper, 2000
2. Rosenstein, 2002
3. Hickson, 2002
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.
A Program for Distressed Physicians

Physicians appropriate for referral:

- Physician is currently working
- Willing to fully participate
- Physician does not require residential treatment
- Physician has some support for change i.e., the State Physician Health Program or institutional or group practice support
Rule out

- Active substance abuse or dependence
- Medical illnesses
- Skill or competence issues, etc.
- Certain psychiatric disorders
A Program for Distressed Physicians
(Phase I)

Components:
- Comprehensive Evaluation
- Screening with additional measures
  - Trauma (Trauma Symptom Inventory™)
  - Flooding (Gottman)
- Workplace assessment – PULSE (Harmon)
- Phone interview
- Collateral interview
Flooding

1. After a conflict I want to keep away or isolate for a while.
2. I can never seem to soothe myself after a conflict.
3. When I get negative, stopping it is like trying to stop an oncoming truck.
4. I can never tell when a blowup is going to happen.
BURNOUT

Attitudes Are Contagious. Mine Might Kill You.
Flooding

The average flooding score was reduced by 50% from the pre-course test.

Pre-course average = 8.29
Post-course average = 4.06

Range 0 - 24
Components of the Program (Phase II)

- Three-day CME course up to 46.5 CME
- Didactic lectures - e.g., shame reaction, family of origin connections
- Genogram
- Teach Specific tools/skills - e.g., grounding skills, Alter sheet, communication strategies
- Role-playing
- Homework
MD

Dad

GF

GM

GF

GM

Aloof
distant

Hero
Golden child
No limits

Over involved
permissive

Mom

MD

GF

GM

GF

GM
Role Play Exercise

- Describe an incident you are concerned about.
- Who was there?
- Pick someone to play you.
- A powerful cathartic exercise viewing their behavior from multiple points of view.
- Example.
Components of the VUMC Program (Phase III)

- Three follow-up sessions with the core group over the next six months; importance of group process
- Repeat workplace assessment (PULSE)
Characteristics and Behavioral Change in the First 20 Disruptive Physicians

Charles P. Samenow, MD, MPH
Department of Psychiatry
Vanderbilt University Medical Center
Demographics

- Total Physicians Studied = 20
- Mean Age: 44.6 (compare to CPH mean age 49)
- Age Range: 27 - 61
- Predominantly Male (90%) and Caucasian (100%)
- 60% Married, 30% Divorced (1/2 multiple)
- States Represented: 11
<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Internal Medicine (Specialty)</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Pathology</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Pediatrics (General)</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Pediatrics (Specialty)</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Surgery (General)</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Surgery (Specialty)</td>
<td>2</td>
<td>10%</td>
</tr>
</tbody>
</table>
Referral Sources

- Hospital (38%)
- PHP (26%)
- Board of Licensure (15%)
- Group practice (12%)
- Treatment Facility (6%)
- Self (3%)
Who is affected?

- Colleagues 100%
- Staff (Hospital and/or Practice) 77%
- Supervisors 63%
- Direct effects on patients are rare
- Family
Was it something I did?

Was it something I said?

Is it my fault?

He's about to explode.

Run for cover!

I better not bother her now?
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\(^4\)

Etiologies

- Institutional Factors\(^1\)
  - Scapegoats
  - System Reinforces Behavior
  - Individual Pathology may over-shadow institutional pathology

Williams and Williams, 2004
Categories of Reported Disruptive Behaviors

**Aggressive**
- Anger outburst, verbal threats, swearing (90%)
- Physical contact and throwing objects (20%)
- Sexual Harassment (10%)

**Passive**
- Chronically late, not responding to call (15%)
- Inappropriate/inadequate chart notes, not dictating (15%)

**Passive Aggressive**
- Derogatory comments about institution, hospital, group, etc.
- Refusing to do tasks (20%)
Interventions

- Confrontation by Hospital/Practice (49%)
- Psychiatric Assessment (16%)
- Disciplinary Action by Employer (13%)
- Referral to PHP (9%)
- Board of Licensure Action (7%)
- Termination (4%)
- Other CME Course (1%)
- None (1%)
Physician Mental Health

- Previous Psychotherapy (59%)
- Previous Psychotropic Medications (29%)
Study Design

- Retrospective, Cohort Design
- Total Physicians: 20
- Behavior Measured By PULSE
  - Motivating Behaviors
  - Disruptive Behaviors
  - Motivating Impact on Others
  - Disruptive Impact on Others
  - Both Self and “Others” (Colleagues, Staff, Supervisors)
Study Design

- Pre-Course PULSE: 15
- 3-month Follow-up PULSE: 26
- 6-month Follow-up PULSE: 14
- Average # of “Others”: 23
General Trends

- At 3 months, significant changes in all domains
  - Increased motivating behaviors and motivating impact
  - Decreased disruptive behaviors and disruptive impact
- Changes in behavior reported by “others” more significant than changes reported by self.
Analysis of individual physicians demonstrates:

- Improvement in 20 of the 22 physicians
- Although mean behaviors do not seem severe, most physicians demonstrated severe behavioral problems in one or more domains.
- Reports of disruptive behavior was not consistent across setting or those who observed it.
General Trends

- 6-month data demonstrates potential for maintenance or improvement in behavioral change
- Limited by small sample size
Qualitative Analysis

- Fourteen of the twenty participants (70%) provided written comments at the last (6-month) follow-up session.

- 93% responded they had a better understanding of how their behavior affected patient care and that the course helped them change their attitudes and behaviors.

- 93% identified at least one specific change in their behavior both professionally and in their personal lives that they attributed to skills learned in the course.

- Physicians ranked activities that focused on building communication skills and identifying triggers for emotional disregulation as the most “effective” and “helpful” components of the course (average score of 4.6 out of 5 on rating scales).
Lessons Learned

- Physicians are referred by physician health programs, hospital or practice
- Full psychiatric assessment not always necessary
- Group process addressed the loneliness of their profession
- Participants were younger than other courses
- Collateral information was vital
- Physicians with narcissistic traits
Lessons Learned

- A number of them already in outpatient therapy or open to that recommendation by this team as another component to their “recovery”
- Some unhappy in their career
- Considered good physicians technically
- More open than expected
- They liked the experiential aspects of the program especially group interaction
Lessons Learned

- PULSE indicates behavioral change for a subset of physicians is not only possible, but can be maintained.
- Even when not statistically significant, large effect sizes and physician testimonials point to a promising intervention.
- Future studies needed to identify which physicians are most likely to succeed and to understand role that system plays in enabling/facilitating behaviors.

The Center for Professional Health

www.mc.vanderbilt.edu/cph