This set of photos illustrates the CME courses for physicians at the Center for Professional Health at Vanderbilt. These courses are: *Maintaining Proper Boundaries*, *Prescribing Controlled Drugs* and *The Program for Distressed Physicians*. The descriptions of these courses are on the CPH web site at: www.mc.vanderbilt.edu/cph
These are some of the lessons we have learned in the last year (2005) from training 20 physicians who were referred to the Center for Professional Health because of disruptive behavior. Usually, these physicians are sent by their medical staff, or the state physician wellness program, not the state medical board. Their behavior doesn't impact their license to practice, but it does impact the morale of the medical or nursing staff to the extent that they have to change their behavior or be dismissed from the staff. We are pleased that the Joint Commission for Accreditation of Health Care Organizations has mandated that each hospital have a process to provide a process for physicians to be counseled and treated for behavioral problems.
The internal programs at Vanderbilt Medical Center include a Physician Wellness Committee made up of 20 faculty physicians and residents who meet monthly to discuss issues of physician wellness. The Physician Wellness Program (to be re-named Faculty and Physician Wellness Program) provides services to faculty, physicians and residents. The program is confidential. Over 100 physicians were seen in 2005 for assessment of their behavioral problems. Ninety percent were self referred and 10 percent mandated for behavioral problems. This program can be accessed through the CPH web site as a link. The external programs are the CME courses described on the CPH web site.
Physicians in CME Courses 1999-2005

- Misprescribing Course - 425
- Boundary Course - 283
- Distressed (Disruptive) - 18
- Total - 720

These are the numbers of physicians referred to the CPH in the CME courses from 1999 to 2005.
Distressed (Disruptive) Physicians

- Disrupt office and home
- Ignore feelings
- Burnout

These are just some of the behaviors of the distressed (disruptive) physician.
Distressed Physicians
Narcissistic Traits

- Restricted ability to express warm and tender emotions
- Perfectionism
- Insistence that others submit to their way
- Excessive devotion to work to the exclusion of personal and interpersonal relationships

Glenn Gabbard

Glen Gabbard is a well known psychiatrist at Baylor who has written extensively on disruptive physicians. These are some of the narcissistic traits that he has described and we have observed in the physicians who have been referred to us for training.
These overlapping diagrams illustrate the range of behaviors we have seen in physicians with disruptive behavior.
Generally speaking, problems with physician behavior occur within my organization:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Response Percent</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once or twice a year</td>
<td>17%</td>
<td>276</td>
</tr>
<tr>
<td>3 to 5 times a year</td>
<td><strong>24.1%</strong></td>
<td><strong>392</strong></td>
</tr>
<tr>
<td>More than 5 times a year</td>
<td>9%</td>
<td>309</td>
</tr>
<tr>
<td>Monthly</td>
<td>18.1%</td>
<td>294</td>
</tr>
<tr>
<td>Weekly</td>
<td>14.1%</td>
<td>230</td>
</tr>
<tr>
<td>Daily</td>
<td>3.4%</td>
<td>56</td>
</tr>
<tr>
<td>Never</td>
<td>4.3%</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td>1627</td>
</tr>
<tr>
<td>(skipped this question)</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

Data from the American College of Physician Executives documents the problems with physicians in a large survey of their membership.
Typically, problems with physician behavior at my organization involve:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refusal to complete tasks or carry out duties</td>
<td>51.7%</td>
<td>803</td>
</tr>
<tr>
<td>Physical abuse (including throwing items)</td>
<td>9%</td>
<td>140</td>
</tr>
<tr>
<td>Insults</td>
<td>36.6%</td>
<td>568</td>
</tr>
<tr>
<td><strong>Disrespect</strong></td>
<td><strong>82.6%</strong></td>
<td><strong>1284</strong></td>
</tr>
<tr>
<td>Yelling</td>
<td>41%</td>
<td>637</td>
</tr>
<tr>
<td>Other</td>
<td>13.5%</td>
<td>210</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td><strong>1554</strong></td>
<td><strong>81</strong></td>
</tr>
<tr>
<td><em>(skipped this question)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

©ACPE 2004 Physician Behavior Survey

This slide of the survey shows that physicians don’t respect the staff members.
<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crop up among various physicians from time to time with no clear pattern</td>
<td>29.7%</td>
<td>457</td>
</tr>
<tr>
<td>Nearly always involve the same physicians over and over again</td>
<td>70.3%</td>
<td>1080</td>
</tr>
<tr>
<td>Total Respondents</td>
<td></td>
<td>1537</td>
</tr>
<tr>
<td>(skipped this question)</td>
<td></td>
<td>96</td>
</tr>
</tbody>
</table>

This slide from the ACPE survey shows that problems are usually from the same physician over and over again.
When a problem with physician behavior arises, it MOST OFTEN involves conflict between a physician and:

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Another physician</td>
<td>14.7%</td>
<td>229</td>
</tr>
<tr>
<td>A nurse or nurses, physician assistants, etc.</td>
<td>56.5%</td>
<td>878</td>
</tr>
<tr>
<td>Members of the administration</td>
<td>14.5%</td>
<td>226</td>
</tr>
<tr>
<td>A patient or patients</td>
<td>14.2%</td>
<td>221</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td><strong>1554</strong></td>
<td></td>
</tr>
<tr>
<td>(skipped question)</td>
<td></td>
<td>81</td>
</tr>
</tbody>
</table>

Physicians usually are easily identified by the nurses, PA’s or techs as being disruptive. In one case we had, the nurses drew straws to see who had to work with the unpleasant physician.
A Program for Distressed Physicians
(Phase I)

Components of the program:

- Psychiatric assessment with additional measures
  - Trauma (TSI)
  - Flooding (Gottman)
- Workplace assessment (PULSE)

The next series of slides illustrate the CME program that we have developed to train distressed physicians. The TSI™ is a good, validated tool to uncover the symptoms of Post Traumatic Stress Disorder (PTSD). The Flooding instrument is a tool used to identify the presence of poor emotional control (angry outbursts, etc.) following a stressful situation. The Physicians-Practitioners Universal Leadership Skills Survey Enhancement (PULSE) is a workplace behavioral assessment that we use to evaluate the effects of our training on the physicians future behavior at the workplace.
This slide outlines the referral criteria we use for physicians referred to the CME course.

A Program for Distressed Physicians

Physicians appropriate for referral:
- Physician is currently working
- 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
Differential Diagnosis

- Substance abuse or dependence
- Medical illnesses
- Stress (career choice, skills issues, etc.)
- Psychiatric disorders

These are the other issues in a physician’s life that we try and assess before referral. We have permission from the physician to call individuals who know the physician to compile a set of collateral information before they come to the CME course.
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.

Here are some questions from the Flooding test we give in the course. A high score on this test identifies their tendencies to lose control of their emotions.
The PULSE assessment is used to give systematic and structured feedback to the physician and to evaluate the effectiveness of our course.
PULSE
Physician Universal Leadership Skills Enhancement

- What would you like this person to start doing?
  - Listening to nurses
  - Listening before reacting

- What would you like this person to stop doing?
  - Yelling at employees if mistakes are made
  - Having outbursts and making gestures when you are stressed

- What would you like this person to keep doing
  - Taking very good care of your patients
  - Calling us by name

These questions allow the respondents to offer comments about the physician.
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

These are the elements of the three day course.
This is a genogram, a diagram of three generations of a physician’s family. The physician is given instructions as to how to construct their own genogram as part of their homework at night after the first day of the course. They add information about ages of relatives, divorces, cut-off relationships, alcoholism, deaths, etc. The next day, faculty members and participants divide into small groups to go over the genograms and discuss issues from their family of origin. How these data influence the physician’s behavior are discussed. This has proven to an effective tool in opening up the physician to discuss their own emotional life. Most physicians are constricted in their emotional life and this exercise is very effective to help them open up.
COMMUNICATION SKILLS

WHERE ARE YOU ON THIS DIAGRAM?

- assertive
- passive
- aggressive

This slide portrays the spectrum of behaviors in communication. We ask the learner to place themselves in this spectrum. This provides excellent discussion in the small groups of physicians.
Components of the Program (Phase III)

- Three follow-up sessions with the core group over a 6 mo period; importance of group process
- Repeat workplace assessment (PULSE)
- Support for continued change, relapse prevention

These are the components of Phase III of the CME program. The *Anger Book* used in homework assignments is very useful.
These data illustrate seven physicians who have been evaluated by the PULSE. The disruptive behaviors improved in all but two. Five improved, one worsened and one remained the same.
The improvement in motivating behaviors is evident in most physicians taking the course.
Motivating impact follows the motivating behavior data.
The disruptive impact on others follows the disruptive behavior data.
Lessons Learned in the CME Course for Disruptive/Distressed Physicians

- Physicians are referred by physician health programs and hospital or practice.
- Full psychiatric assessment not always necessary.
- Group process addressed the loneliness of their profession.
- Participants were younger than other courses.

These are just a few of the lessons learned in the CME course on Disruptive/Distressed Physicians referred to Vanderbilt.
Lessons Learned

- Unhappy in their career
- Considered good physicians technically
- Collateral information was vital
- They liked the experiential aspects of the program
- More open than expected
- A number of them already in outpatient therapy or open to that recommendation by this team as another component to their “recovery”

Other lessons learned.
These are the key components of the CPH CME programs. We believe that this type of course is invaluable to address the issues of distressed/disruptive physicians. The confidential, small group process addresses the loneliness of most physicians who are stressed, overworked and have no one to address their needs. We don’t know if these physicians relapse in their disruptive behavior after the 6 months period of time. At least, for now we are very impressed with the results of the physicians who have come and stayed with the program. There have been some physicians who have resisted opening up to the process of change. I believe that this approach is the method to help physicians in facilitated small group CME process. Those with significant psychiatric problems need ongoing psychological or psychiatric help, but many physicians with disruptive behavior can be assisted with this approach. The CME course is a beginning.