



Physician Intervention

Pathways to Well Being

**Could this be one of your physicians?
Intimidates or demeans coworkers or patients? Has verbal outbursts, engages in inappropriate sexual behavior or retaliates against those who register complaints? Perhaps engages in passive forms of disruptive behavior or demonstrates performance issues, such as; not attending meetings, returning phone calls or not keeping up with charting?**

As Physician stress and burnout is increasing¹, more physicians are exhibiting disruptive behaviors. The effects of burnout are extremely costly in terms of lost productivity and staff morale. Unchecked, these effects threaten the well being of physicians², the safety of patients, diminish the reputation of institutions, increase exposure to malpractice suits and drive up the costs of retention and recruitment³. It's often hard to know what to do and how to do it—particularly in the early stages when an inappropriate behavior is noticed but not deemed critical.

We can help.



VITAL WorkLife provides a proven, research based, four phase Physician Intervention to help healthcare organizations deal effectively and compassionately with disruptive physicians.

Physician performance or communications issues can have dramatic effects on both patients and staff. The need for early and effective intervention has never been greater:



- For all accreditation programs, The Joint Commission issued a Leadership standard to addresses disruptive and inappropriate behaviors.⁴
- To minimize the risk of adverse events and malpractice suits, healthcare organizations must have the awareness and skill set to intervene effectively when a physician begins demonstrating unprofessional behavior.
- Organizations not addressing disruptive behavior often experience serious challenges with both retention and recruitment.

Identify and deal with disruptive behaviors and performance issues at the earliest stages to save time, money and mitigate risk. Research shows when physicians exhibit disruptive behaviors or are having performance issues, one or more factors may be affecting doctors to a greater extent than the general population, such as:

- Physical illnesses
- Day-to-day stressors
- Inherent personality characteristics
- Relationship issues
- Depression
- Alcohol & drug abuse



In working with physicians and healthcare organizations, we specialize in solutions to:

- *Minimize lost productivity* and impact to patients, staff or institutions
- *Maintain confidentiality* to the full legal extent, addressing reporting and licensure considerations
- *Make referrals when necessary*, to psychiatrists or behavioral and mental health professionals in our nationwide network who specialize in work with physicians and are best qualified to address the issues
- *Formulate plans* to work with existing organizational policies and identify gaps in existing policies

HOW IT WORKS:

Phase 1: Organization Consultation

- Conducted with key organizational stakeholders (up to two hours) regarding referred physician.
- Discoveries reviewed by our multi-disciplinary team.
- Written recommendation presented telephonically to organization by clinical lead and national account executive.
- Depending on findings and nature of physician behaviors, organization may choose to address issues internally.
- If organization proceeds with full physician intervention, the initial organization consultation fee is applied toward the total intervention solution.

Phase 2: Physician Assessment

- Conducted by multi-disciplinary intervention team (consulting physicians and licensed mental and behavioral health consultants).
- Goal to identify strengths and challenges related to referred physician's leadership, teamwork and communications and discover underlying causes for behavior or performance issues identified in the organizational consultation.
- When complete, multi-disciplinary team determines recommendations (referrals for coaching, classes, counseling, and/or a diagnostic clinical evaluation).
- Written summary report is reviewed first with organization and then with referred physician. If recommendations accepted, clinical lead coordinates referrals, provides background to referral resources and follows up to determine effectiveness.

Phase 3: Follow-Up & Monitoring

- Managed by assigned clinical lead.
- Critical to ensuring follow-through and necessary behavior changes by physician with ongoing recommendations.
- Strategies continually reviewed to ensure physician and organization addressing identified problem areas and related issues in healthy/ productive manner.
- Consultation with organization further ensures follow-up procedures are in place, along with applicable licensure and reporting considerations.
- Typically in effect for up to one year.

Phase 4: Formal Case Closure

- Occurs when all stakeholders and clinical lead agree goals of intervention have been accomplished and/or no further value to case management.
- Clinical lead submits a closing summary to the organization.
- If mutually determined additional support is needed beyond 12 months, clinical lead can continue in a case management role upon request.

Our goal is to help the organization retain a valued employee and resource by effectively addressing problem behaviors at the earliest possible stages.

1. "Physician Stress & Burnout National Survey," VITAL WorkLife and Cejka Search, accessed 02/09/2015, <http://www.VITALWorkLife.com/survey/Stress>
2. "Job Stress a Major Factor in High Rates of Physician Suicide," Katherine J. Gold, M.D., M.S.W., M.S., Ananda Sen, Ph.D., Thomas L. Schwenk, M.D., 11/05/2012, [http://www.ghpjournals.com/article/S0163-8343\(12\)00268-X/abstract](http://www.ghpjournals.com/article/S0163-8343(12)00268-X/abstract)
3. What You Don't Know Can Cost You," Lori Schutte, Cejka Search, 2012, <http://www.cejkasearch.com/resources/trend-benders/what-you-dont-know-can-cost-you/<?>>
4. Sentinel Event Alert, The Joint Commission, July 9, 2009, http://www.jointcommission.org/assets/1/18/SEA_40.PDF www.jointcommission.org/assets/1/18/SEA_40.PDF



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