SOCIETY FOR AMBULATORY ANESTHESIA
Outpatient • Office Based • Non-Operating Room
@samba_hq

2022 SAMBA ANNUAL MEETING
MAY 11 – 14, 2022

Disruptive Behavior

Practical Strategies for Meaningful Intervention

National Medical Director, HCA Ambulatory Surgery Division

Diplomate of the American Board of Anesthesiology

Diplomate of the American Board of Preventive Medicine (Clinical Informatics)

1

Definitions of disruptive behavior

www.SAMBAhq.org

- Many formal definitions (TJC, AHA, AMA, ANA, etc.)
- Depends on perspective – spectrum from clearly egregious to subtle "eye of the beholder" behaviors
- In some environments (like health care) disruptive behaviors have been normalized – they are taken for granted as acceptable
- Any behavior that undermine a safety culture, undermines or contrary to organizational mission and values

2

Addressing disruptive behavior

www.SAMBAhq.org

Conditions that allow disruptive/disrespectful behaviors are rooted in organizational culture
- Culture requires constant work – leadership, transparency, consistency, trust

Level set expectations from the beginning
- Upon application to the medical staff or time of hire
- Clearly delineate expected and prohibited behaviors – code of conduct, medical staff bylaws, policy/procedures, reporting mechanisms, etc.
- Reinforce with regular education and review BY ALL COLLEAGUES as part of staff review, employee evaluation, ongoing professional practice evaluation, etc.

Make quick interventions when needed – it benefits everyone!

Unfortunately, we can't assume that our colleagues know the difference between acceptable and unacceptable behaviors. Modeling behaviors is part of the healthcare educational process for good and bad…

An ounce of prevention is worth more than a pound of cure

3

Addressing disruptive behavior

www.SAMBAhq.org

Establish a communications strategy before you need it
- Who (dept chief, HR, medical director, etc.)
- How
  - Informal (collegial)
  - Formal
- Useful tools
  - TeamSTEPPS
  - DESC
  - SBAR
  - Coaching – both informal and formal

4

Addressing disruptive behavior

www.SAMBAhq.org

A few words of caution
- Sometimes the behavior may be a sign of other significant needs
- Not excusing the behavior, regardless of reason it is unacceptable
  - We may discover other underlying issues - personal relationship challenges like divorce, family or personal illness, substance abuse, psychological stress, etc.
  - Occasionally may even a retaliatory response
- Regardless, the behavior must stop

Many hope that behavior will resolve itself, more likely it becomes normalized – regardless, it creates an environment that damages the culture and sets the stage for patient and staff harm

5

Approaches to consider

www.SAMBAhq.org

Collegial or coaching conversation/intervention
- Appropriateness depends on the circumstance
  - Unusual behavior for the individual ("out of character") or unusual circumstance
- Better applied early
- Collegial does not mean undocumented or lack consequences
- If this doesn't work early then it rarely works at all

- Formal approaches
  - Depend on relationship (employee, independent medical staff, etc.)
  - Follow the rules – notice provisions, documentation, etc.
  - Approach it as a team and not as an individual
    - E.g., medical director speaking on behalf of the MEC/GB; supervisor on behalf of company

6

Approaches to consider

- Escalation cascade
  - Approach depends on available tools
    - Medical staff bylaws, policies and procedures
    - Employment contracts
    - Vendor contracts
  - Response (type and severity) depend on the pattern of behavior

7

Challenges

- No one enjoys these conversations – they are challenging and not fun
- Frequently with someone with whom you have a relationship
  - Colleague, friend, referring physician (e.g., medical director who is anesthesiologist dealing with surgeon)
- Lack of support from organization
  - E.g. high volume/revenue physicians

8

Discussion

9