MAMSS

Impactful Conversations

The Talks That Can Save Careers

October 17, 2025

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Sharon Beckwith, President
Peer Review & Clinical Quality Consulting
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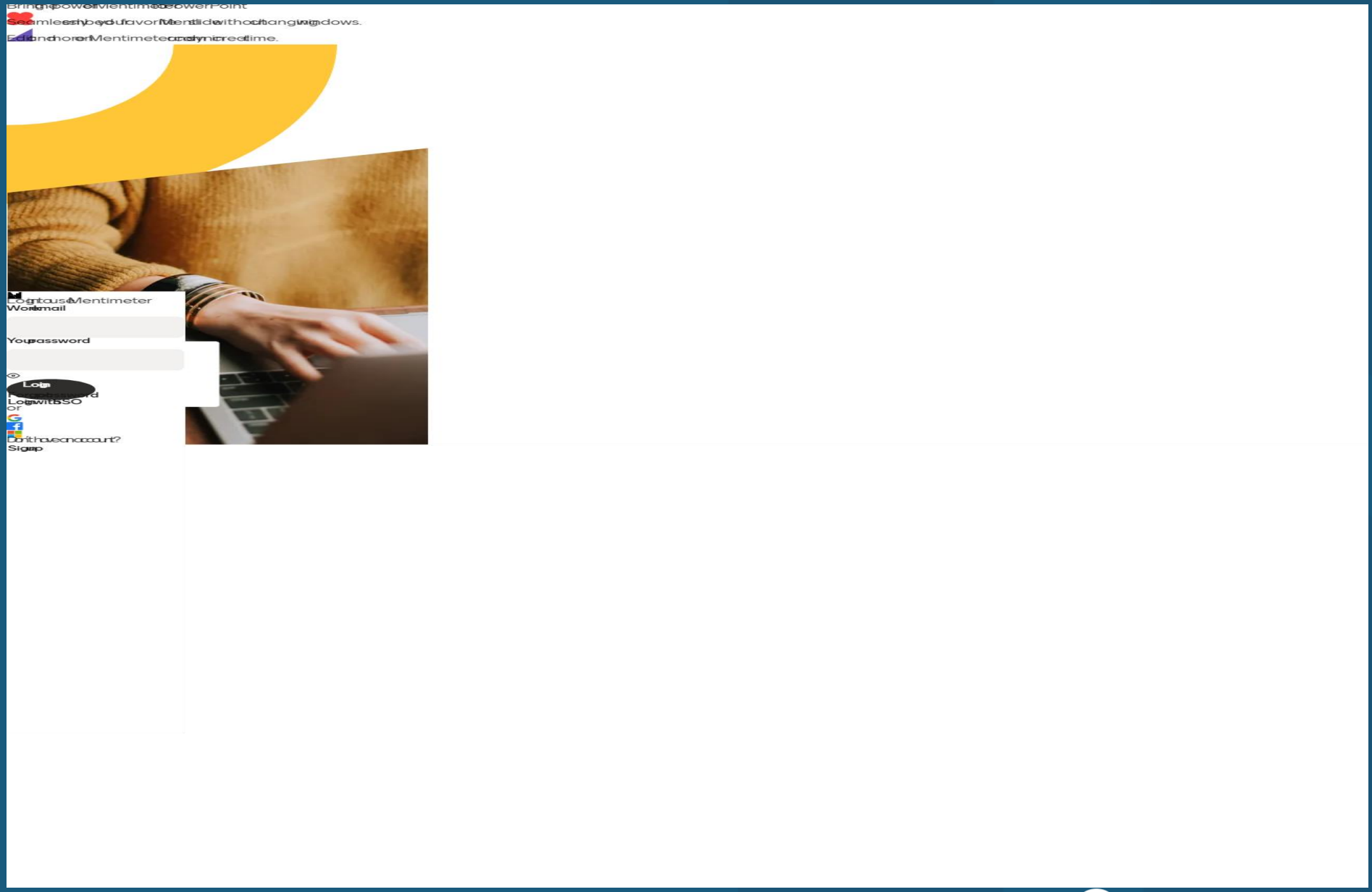
WORKFORCE SOLUTIONS | EXTERNAL PEER REVIEW Powered by MDReview | CONSULTING SOLUTIONS | PHYSICIAN LEADERSHIP

Medical Staff Services • Credentialing • Provider Enrollment • Peer Review • Quality • Risk Management



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Troublesome Physicians & APPs

Troublesome

"…any abusive conduct, including sexual or other forms of harassment, or forms of verbal or nonverbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised."

American Medical Association. 2011 AMA Code of Ethics Opinion 9.045-Physicians with disruptive behavior

Aggressive Behaviors

- Yelling
- Foul & abusive language
- Insults
- Public criticism of coworkers/colleagues
- Physical aggression (gestures, throwing objects, assault)

Passive-Aggressive Behaviors

- Hostile avoidance (cold shoulder)
- Intentional unresponsiveness
- Condescending manner
- Impatience with questions
- Extreme sarcasm
- Implied threats
- Intentional miscommunication

Troublesome Physicians & APPs

Disruptive Physician and APP Behavior

Why it matters

"Everybody knows…..but nobody speaks about" problem
If not addressed, this deals a huge blow to a culture of safety and makes creation of a culture of psychological safety nearly impossible

Negative impacts on:

- Patient safety
- Employee morale
- Employee retention
- Physician collegiality
- Institutional reputation
- Team effectiveness / esprit de corps
- Patient satisfaction
- Medical errors & medicolegal risks
- Cost of care & Hospital finances

Troublesome Physicians & APPs

Disruptive Physician and APP Behavior

Why it matters

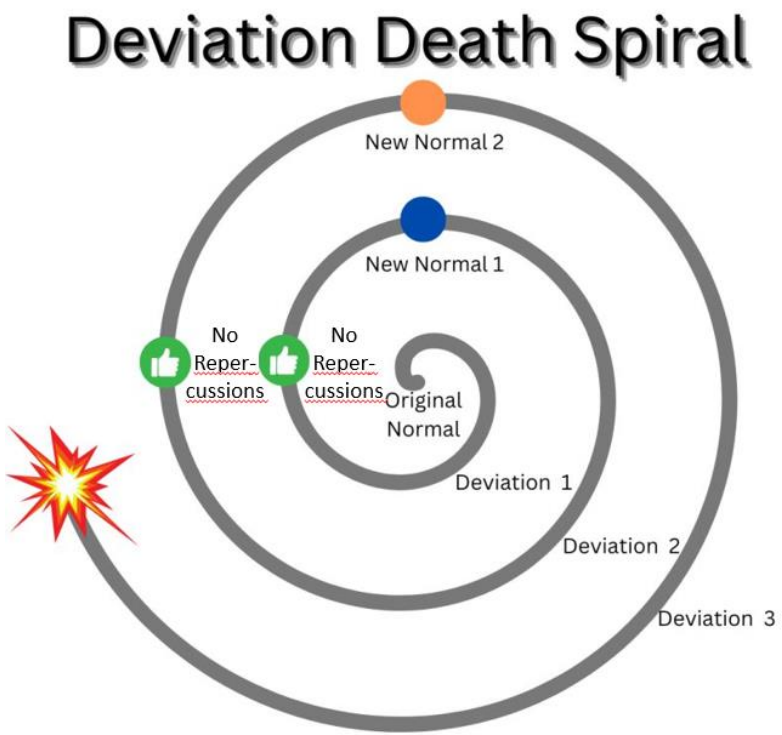
Identify,
Support, &
Rehabilitate Struggling Medical Staff

- *Set an example for the remainder of the medical staff*
- *Success results in medical staff members who add value clinically and financially to the institution*
- *Can act as a resource when dealing with other troublesome individuals*

Troublesome Physicians & APPs

Disruptive Physician and APP Behavior

Root Causes



- Substance abuse, psychological issues
- Narcissism, perfectionism, or selfishness
- Spillover of chronic or acute family/ home problems
- Poorly controlled anger— especially under heightened stress
- **Bad behavior gets desired results**, so the behavior is rewarded
- Clinical and administrative inertia – the behavior goes unaddressed, with subsequent normalization and acceptance of the individual's behavior **(Normalized Deviance)**

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Troublesome Physicians & Providers

Disruptive Physician and APP Behavior

Who?

Physician Specialty Differences in Unprofessional Behaviors Observed and Reported by Coworkers

William O. Cooper, MD, MPH[1]; Gerald B. Hickson, MD[2]; Roger R. Dmochowski, MD, MA, CM, MMHC[3]; et al

Design, Setting, and Participants This retrospective cohort study was conducted among physicians who practiced at the 193 hospitals in the Coworker Concern Observation Reporting System (CORS), administered by the Vanderbilt Center for Patient and Professional Advocacy. Data were collected from January 2018 to December 2022.

Findings In this cohort study of 35120 physicians, 9.1% had at least 1 report from a coworker describing unprofessional behavior. Surgeons were most likely to receive a coworker report, and physicians with a pediatric focus were the least likely to receive a report of unprofessional behavior.

JAMA Netw Open. 2024;7(6):e2415331. doi:10.1001/jamanetworkopen.2024.15331

VANDERBILT HEALTH

Center for Patient and Professional Advocacy

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Disruptive Physician & APP Behavior

Regulatory Issues

Behaviors that undermine a culture of safety

Intimidating and disruptive behaviors can foster medical errors,[1,2,3] contribute to poor patient satisfaction and to preventable adverse outcomes,[1,4,5] increase the cost of care,[4,5] and cause qualified clinicians, administrators and managers to seek new positions in more professional environments.[1,6] Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.


The Joint Commission
Sentinel Event Alert

Behaviors that undermine a culture of safety

EP 4: The hospital/organization has a **code of conduct** that defines acceptable and disruptive and inappropriate behaviors.

EP 5: Leaders create and implement a **process** for managing disruptive and inappropriate behaviors.

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Disruptive Physicians & APPs

The Leader's Dilemma

- Most physicians involved in medical staff leadership/ peer review take their clinical responsibilities to patients seriously and want to do a good job.
- However, being human, they often recoil at the thought of "ratting" someone out (especially for behavior – easier when it is quality of care).

What is the Role of the MSP?

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Disruptive Physicians & APPs

The Leader's Dilemma

The typical recurring cycle

- Concern raised about a behavior and/or quality issue
- Discussion at medical staff meetings *(hopefully)*
- Feeling that they have made a mountain out of a molehill and are being unnecessarily harsh….and little or no action is taken
- Starting all over again when the next incident happens

What is the Role of the MSP?

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Disruptive Physician & APP Behavior

The Approach

"Dealing with an impaired physician is a labor of love. Dealing with a disruptive physician is a labor of law."
Spence Meighan, MD

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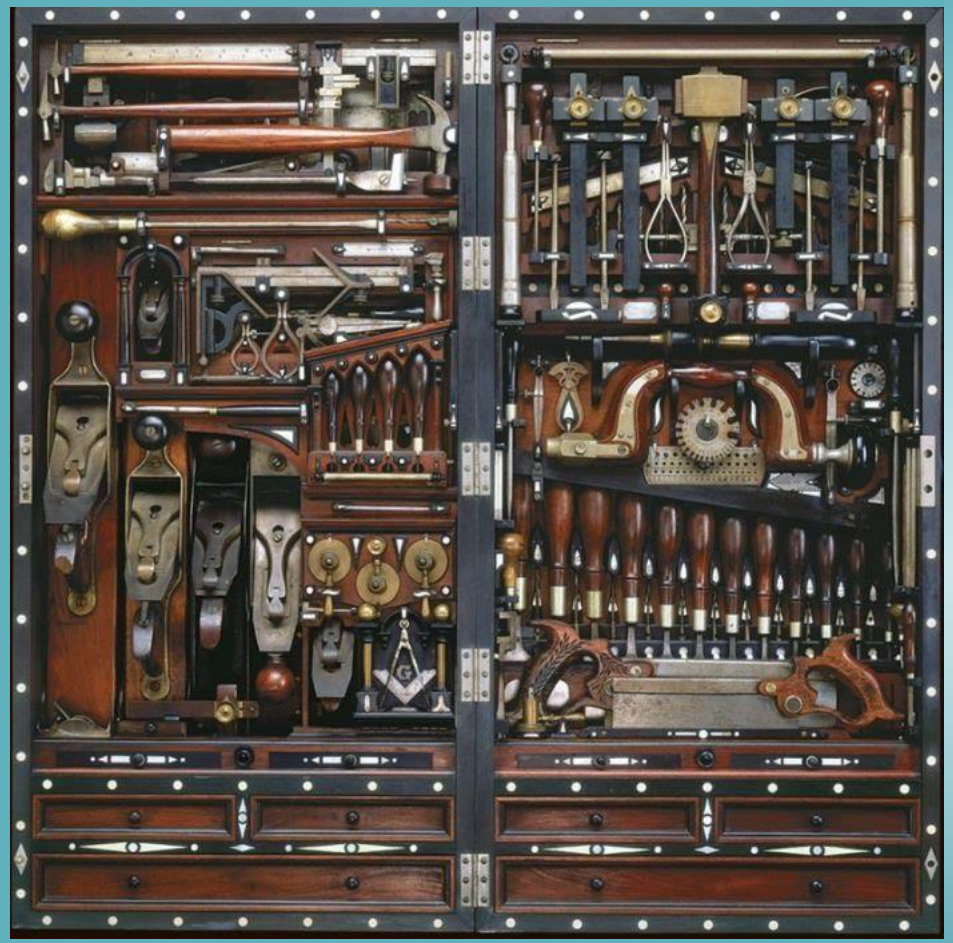
Disruptive Physician & APP Behaviors

The Approach



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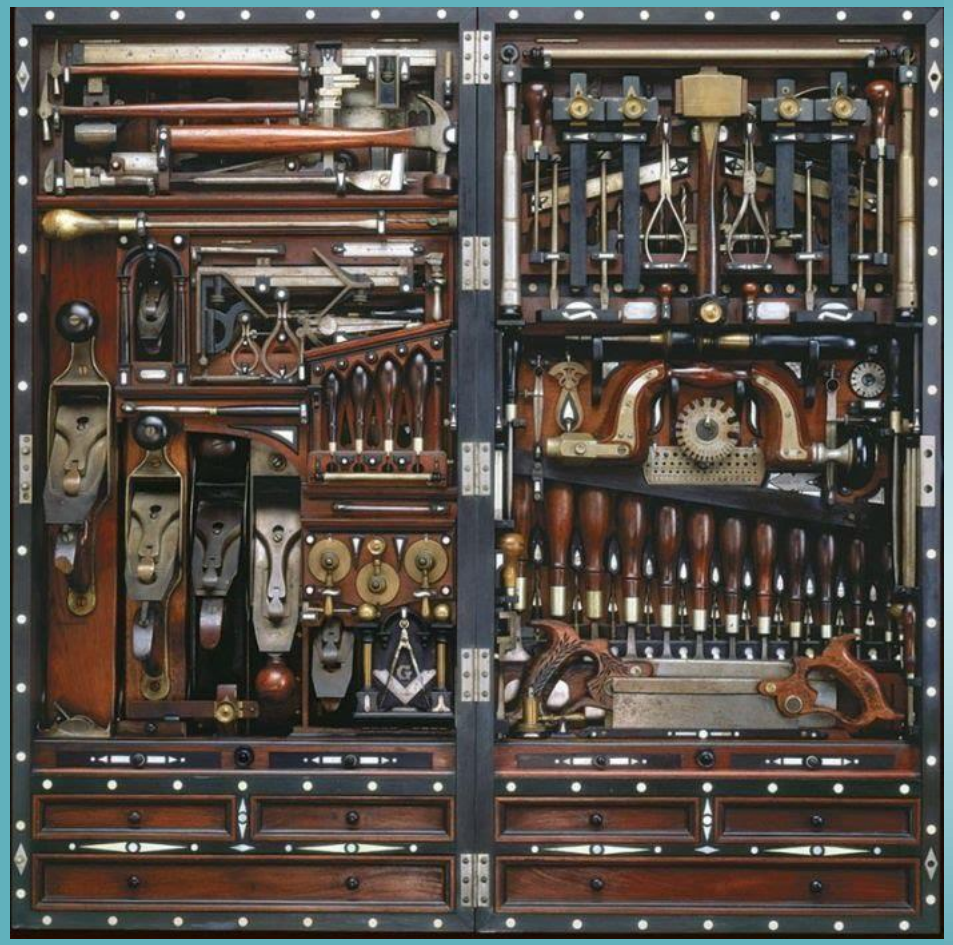
Build Your Toolbox

- Cultivate a team of physician peers & leaders to support each other
  - *Viewed as non-judgmental*
  - *Creates a safe space for the struggling physician*
  - *Maintains dignity*
- Medical Staff Leadership programs
  - *Peer Coaching*
  - *CMO Bootcamp*
  - *Comprehensive Physician Leadership Program*
- Governing Documents
  - *Bylaws*
  - *Policies*
  - *Code of Conduct*
- **Medical Leadership Committee** (Citizenship/professionalism committee)
  - *Prevents leaving all behavior issues up to the CMO*
  - *Ensures documentation of interventions*
  - *Creates awareness among the medical staff*

Disruptive Physician & APP Behaviors

The Approach



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Build Your Toolbox

Build an appropriately robust infrastructure

Consistency

↓

Fairness

↓

Avoids “what did we do last time?”

Disruptive Physician & APP Behaviors

The Approach

“Toolbox of Phrases”

Opening

These situations are awkward for everyone

We are here as your advocates

We are here to understand your perspective

Redirect

These are valid concerns you should discuss with ____.

This conversation is about _____.

Keep an eye on your email, mailbox, etc!

Conclusion

We know your time is valuable and we appreciate you meeting with us.

Our expectation is, we won't need to discuss this or anything similar in the future.

If there is any way, we can support you or be a resource to you...

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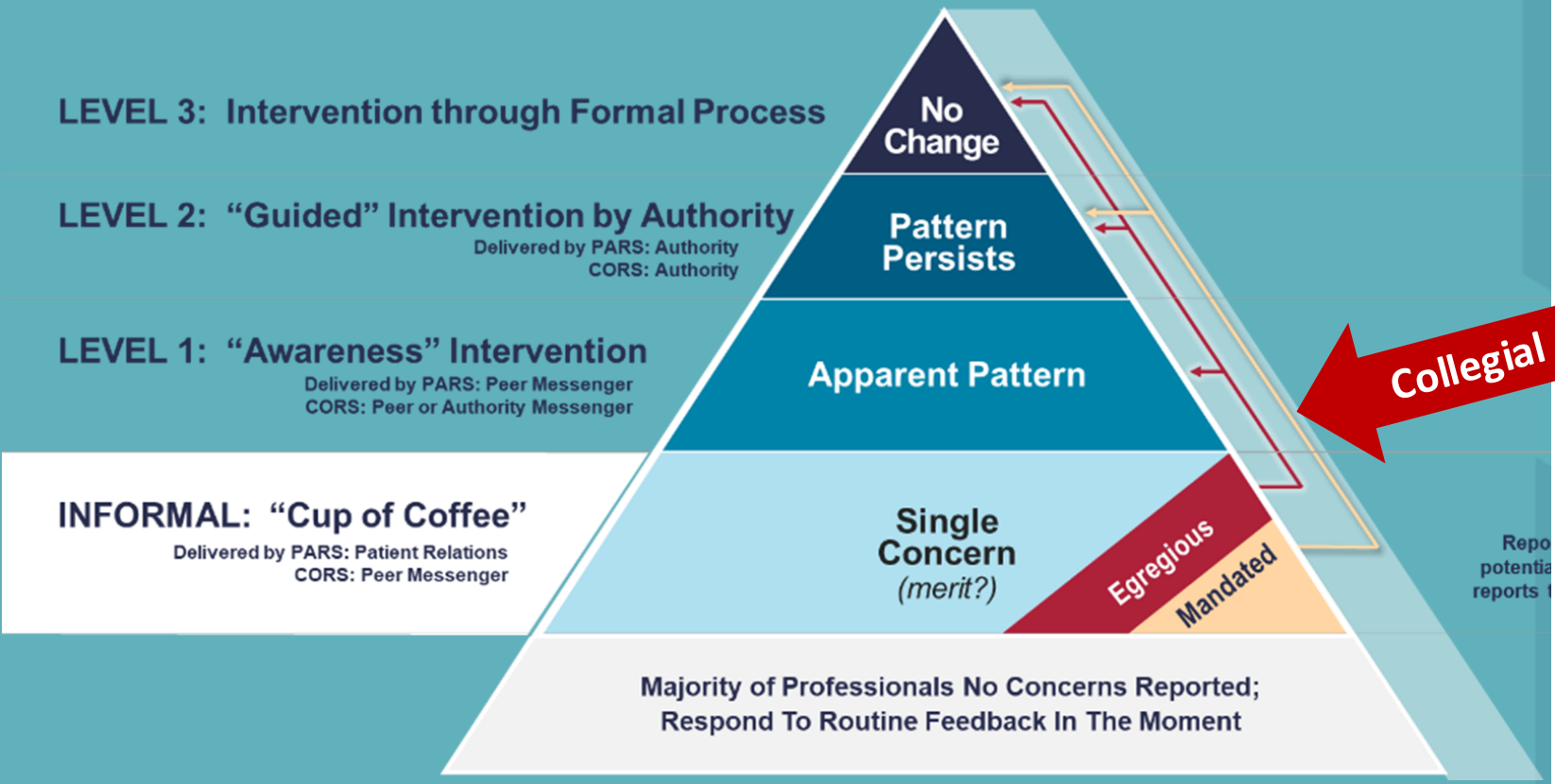
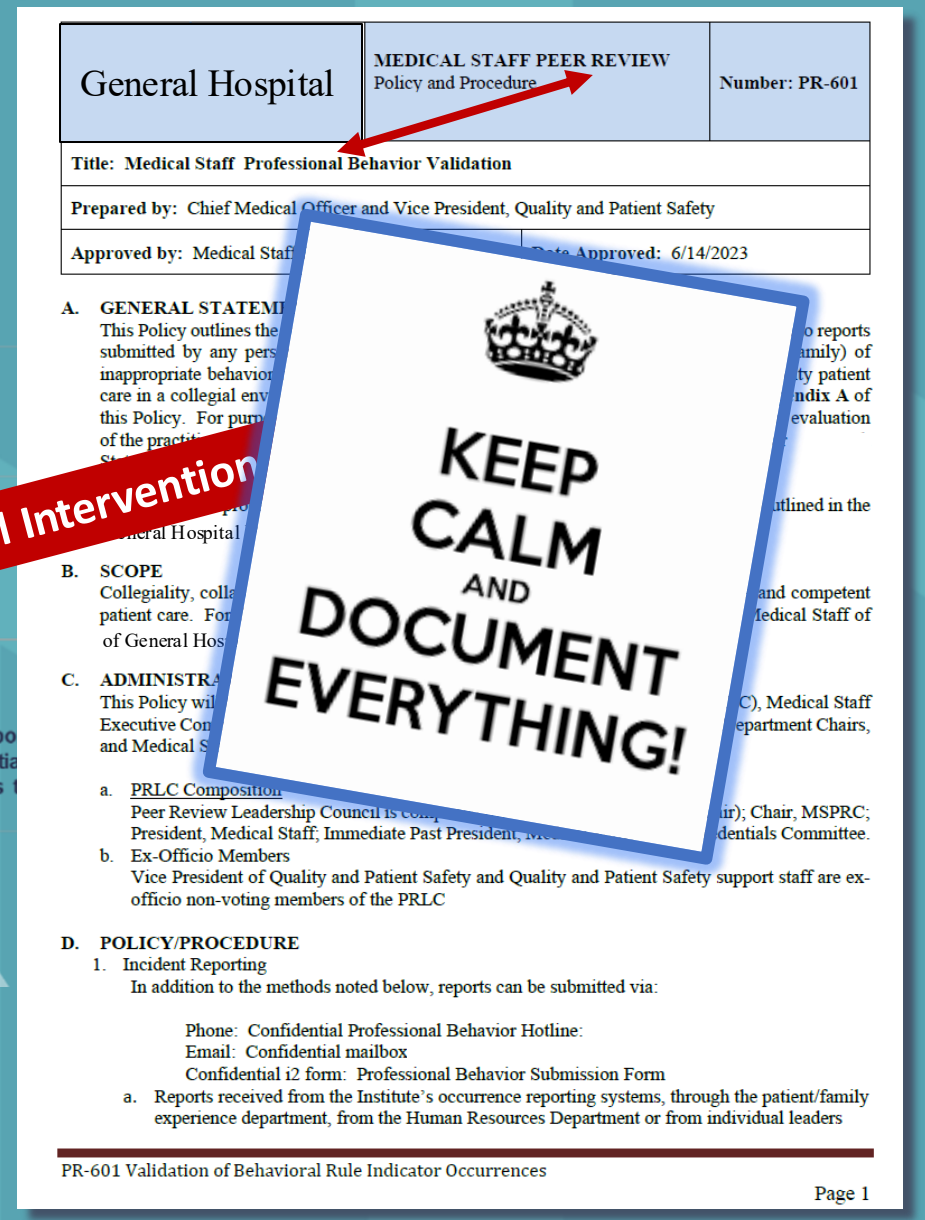
Disruptive Physician & APP Behaviors

The Approach





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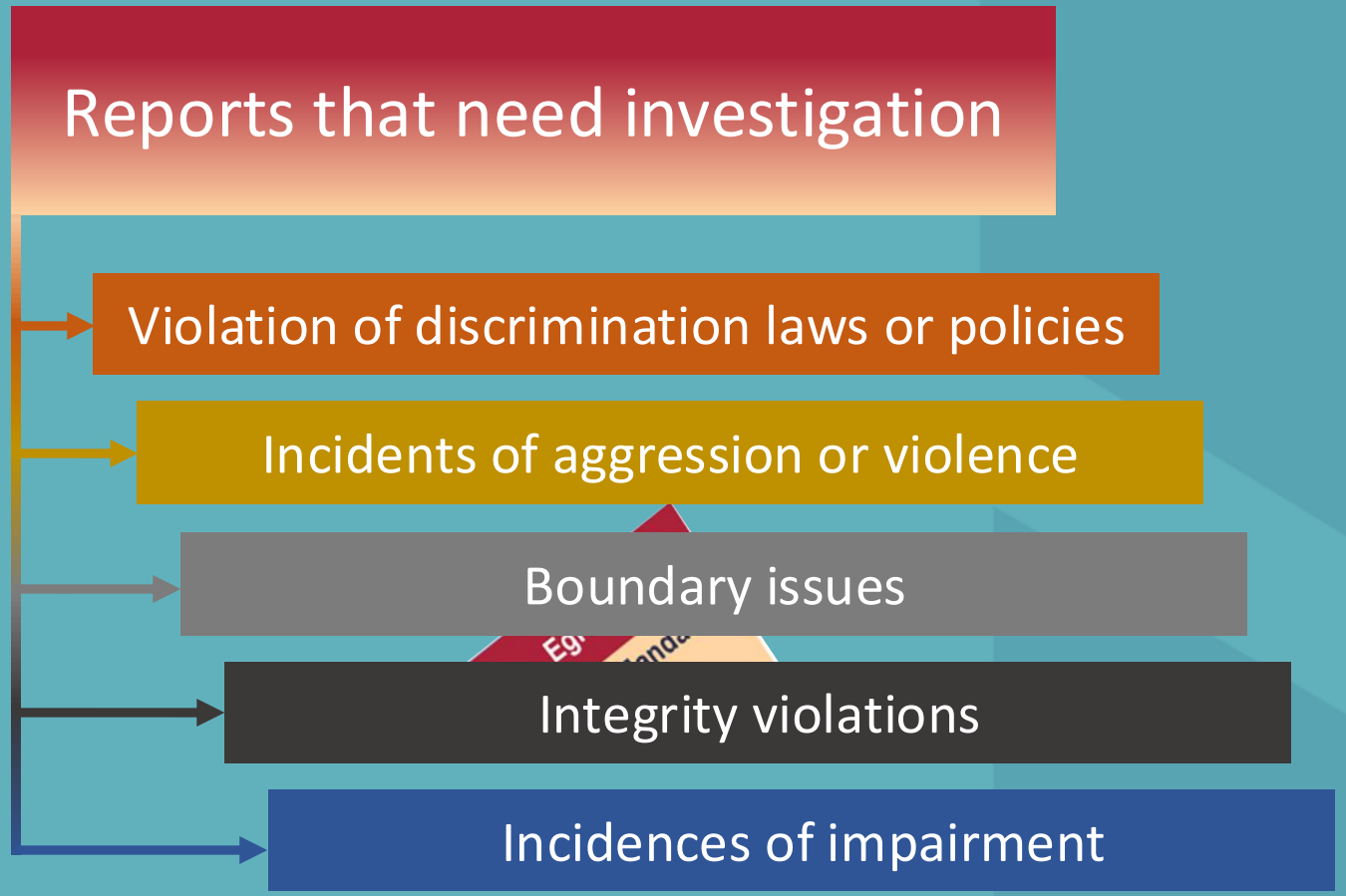
Hickson GB, et al. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Acad Med 2007*

Disruptive Physician & APP Behaviors

The Approach

~6%



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Cooper, et al., Joint Commission Journal of Quality and Patient Safety, 2023

Disruptive Physician & APP Behaviors

The Approach – Reports that Need Investigation

Egregious

Mandated

PARS
Patient Advocacy Response System

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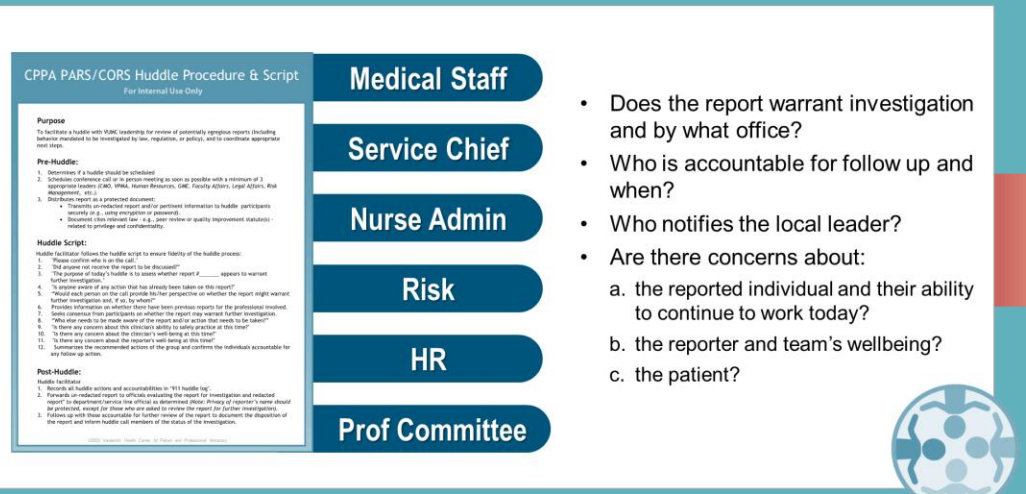
Center for Patient and Professional Advocacy

CORS
Coworker Observation Reporting System



- Does the report warrant investigation and by what office?
- Who is accountable for follow up and when?
- Who notifies the local leader?
- Are there concerns about:
  a. the reported individual and their ability to continue to work today?
  b. the reporter and team's wellbeing?
  c. the patient?

This is not a task or set of decisions to be made by a solitary individual

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Cooper, et al., Joint Commission Journal of Quality and Patient Safety, 2023

Disruptive Physician & APP Behaviors

The Approach

Incident Classification - *Example*

- Insufficient Information to Validate Incident
- Not Valid
- Valid – Not Egregious
- Valid – Not Egregious but Recurring
- Valid – Egregious or Potentially Egregious and Valid, *de facto* Egregious
- Criminal or Potential Criminal Issue

Characteristics of a Collegial Conversation

Collegial Conversations Reflect

Community, respect, value of peers & their work, concern for colleagues, highly valued peer interaction, and a feeling of belonging

(Austin, Sorcinelli, & McDaniels, 2007; Gappa, Austin, & Trice, 2007; Bode, 1999; Sorcinelli, 1992).

The single greatest impediment to error prevention in the medical industry is "that we punish people for making mistakes."

-Dr. Lucian Leape Professor, Harvard School of Public Health Testimony before Congress on Health Care Quality Improvement

"**People make errors, which lead to accidents**. Accidents lead to deaths. The standard solution is to blame the people involved. If we find out who made the errors and punish them, we solve the problem, right? ***WRONG***. The problem is seldom the fault of an individual; it is the fault of the system. Change the people without changing the system and the problems will continue."

-Don Norman The Design of Everyday Things

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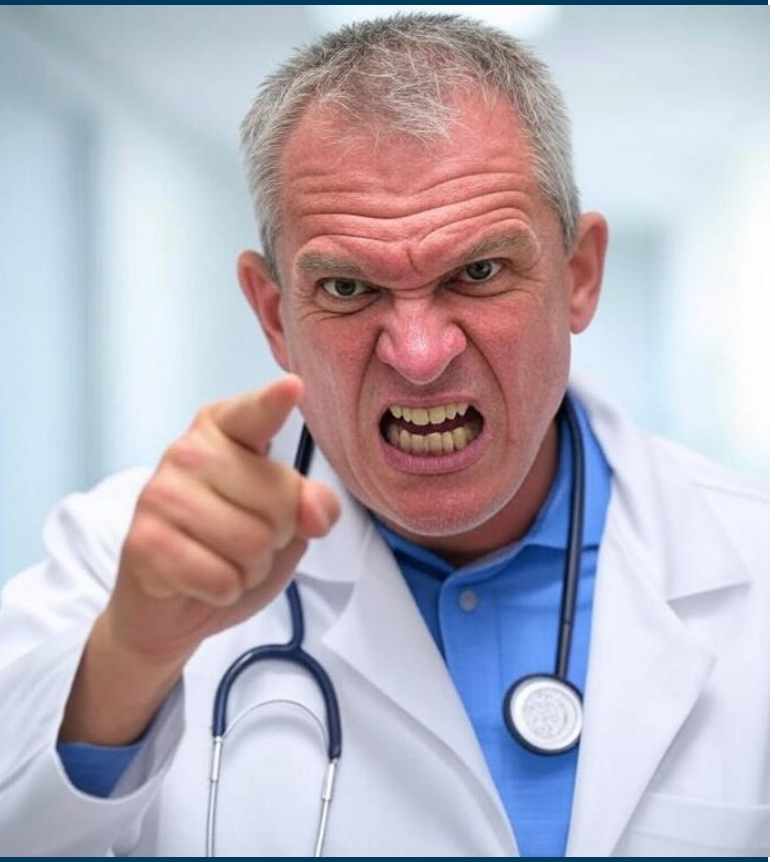
Barriers to Impactful Conversations



Having difficult conversations is not in the comfort zone of most medical staff leaders

~

"Coffee Chats"

Learned skill

You are not responsible for being "Dr. Fix-It"

Commiserating is *not* coaching & it does *not* address poor behavior

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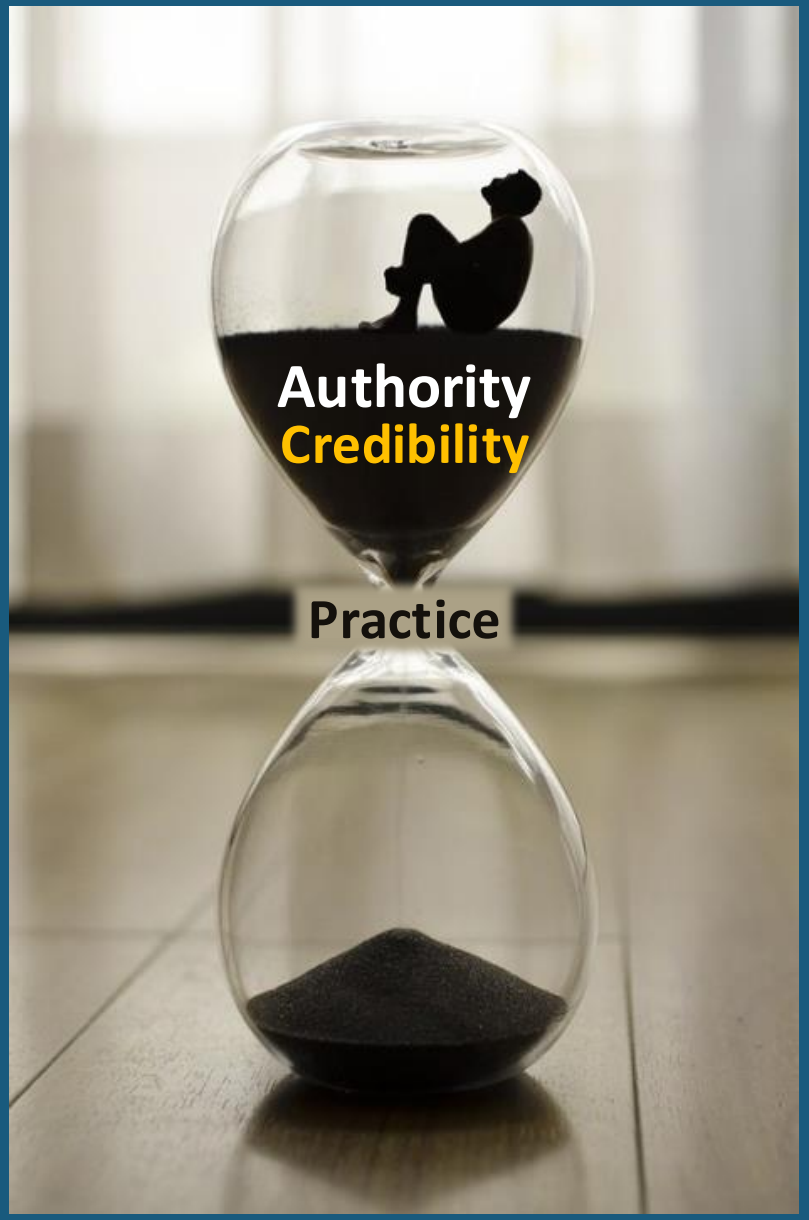

Having Crucial Conversations
is an Art,
Not a Science…

And it Requires Practice

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What is the Role of the MSP?

Barriers to Impactful Conversations

Systemic Barriers

Differentiating between spurious & serious complaints takes time & effort

~

Medical staff leadership turnover

~

Medical staff office turnover – loss of institutional historical knowledge.

This is a long-haul process

~

Fear of reprisal

~

Hospital and physician "politics" and competition

Personal Barriers

Many of the traits which make these individuals successful are also liabilities which reinforce poor behavior

~

Disruptive personalities lack the insight & introspection needed to recognize that their behavior is inappropriate – viewing their behaviors as justified

~

They do not collaborate in solving the issues surrounding their behavior

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Policy to Address Professionalism

Define Progressive Steps – Who, What, When, & Where

E. In the case that there is a third event of validated inappropriate conduct, two MSLs, the CMO, and a representative of MSS shall meet with the provider. The purpose of this meeting is to give the provider a final warning that the continuation of such inappropriate conduct will not be tolerated. Following this meeting, a letter shall be sent to the provider summarizing the meeting and expectations. The letter shall also outline the consequences of any additional events of validated inappropriate conduct, which may include a referral to the MEC. A copy of this letter, along with any response that the provider may submit, shall be kept in the confidential portion of the provider's credentials file.

F. Additional events of validated inappropriate conduct shall be referred to MEC for determination of next steps which may include suspension of clinical privileges. The MEC shall be fully apprised of all previous validated inappropriate conduct, the warnings issued to the provider, and the actions taken to address the concerns.

Policy to Address Professionalism

Define Progressive Steps

Does this complaint warrant further review?
Does this event require further validation, i.e., interviews?

Review the documented complaint
Review previous complaints and resolutions
Review the policy for next steps

Determine next step within policy process based on prior complaints and actions

Determine who will complete this step

Policy to Address Professionalism

Scenario #1

- General Surgeon with 18 years of surgical experience and high volume
- Good clinical outcomes with minimal complications and high patient satisfaction scores
- Reports from the OR indicate disruptive behavior towards staff and colleagues including inappropriate and belittling comments
- Staff turnover and requests to not scrub in this surgeon's cases has brought issue to medical staff leadership

Does this complaint [illegible]?

Does th[illegible]erviews?

R[illegible]s

Determi[illegible]n prior

Determine who will complete this step

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Policy to Address Professionalism

Make Use of Timelines!

- General Surgeon with 18 years of surgical experience and high volume
- Good clinical outcomes with minimal complications and high patient satisfaction scores
- Reports from the OR indicate disruptive behavior towards staff and colleagues including inappropriate and belittling comments
- Staff turnover and requests to not scrub in this surgeon's cases has brought issue to medical staff leadership

GENERAL HOSPITAL

Timeline of Events Related to Provider 8675309

DATE	EVENT	GOVERNING DOCUMENT REFERENCE
01/01/2018	Event Report 90210 - Disruptive Behavior incident in the OR	
01/02/2018	Department Chair Meeting with Surgeon to discuss incident, report is shared with the provider per requirement of Medical Staff Bylaws. Provider is encouraged to respond in writing.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.1
01/02/2018	Letter sent to Surgeon Following Collegial Intervention. Provider is again encouraged to respond in writing.	
02/14/2018	Event Report 90211 – Disruptive Behavior incident in the OR	
02/15/2018	President of the Medical Staff and CMO Interview complainant, witnesses and provider. The incident report is shared with the provider as required by the bylaws and he is encouraged to respond in writing.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.3
02/15/2018	President of the Medical Staff and CMO in consultation with members of MEC issue a written warning. Provider is notified via letter dated 2/15/18.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.5 ii
03/17/2018	Event Report 90212 – Disruptive Behavior incident in the OR	
03/19/2017	President of the Medical Staff and CMO Interview complainant, witnesses and provider. The incident report is shared with the provider as required by the bylaws and he is encouraged to respond in writing.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.3
03/21/2018	President of the Medical Staff and CMO in consultation with members of MEC refer the provider to the Professional Wellness Committee. Provider is notified via letter dated 2/15/18.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.5 iv
03/17/2018	Event Report 90213 – Disruptive Behavior incident in the OR	
03/19/2017	President of the Medical Staff and CMO Interview complainant, witnesses and provider. The incident report is shared with the provider as required by the bylaws and he is encouraged to respond in writing.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.3
03/21/2018	Timeline of incident reports and interventions is presented and reviewed at MEC. Decision is made to initiate Corrective Action pursuant to the Medical Staff Bylaws. Provider is notified via letter dated 3/23/2018.	Medical Staff Disruptive Behavior Complaint Process, Medical Staff Bylaws Article IX 3.5 v

Policy to Address Professionalism

Scenario #2

Emergency Medicine Provider with 7 years of experience working in a level one trauma center. Good clinical outcomes with minimal complications but patient satisfaction scores are marginal to poor.

A patient complaint is received by a patient's spouse, who overheard the physician in the nurse's station comment that the patient was probably high on drugs.

The patient was later determined to be suffering from a serious life-threatening diagnosis of encephalitis.

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- Does this complaint warrant further review?
- Does this event require further validation, i.e., interviews?
- Review the documented complaint
- Review previous complaints and resolutions
- Review the policy for next steps
- Determine next step within policy process based on prior complaints and actions
- Determine who will complete this step

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Policy to Address Professionalism

Scenario #3

A nurse on the surgical care team has made a complaint regarding a general surgeon. Her complaint states:

"This surgeon is a super nice guy, but he tries to impress the staff in the case by using cautery tools to write our names on the patient's tissue. This is not causing harm to the patient, and he means it innocently, but I don't know if this is appropriate.
I'd rather he not know I made anyone aware."

- Does this complaint warrant further review?
- Does this event require further validation, i.e., interviews?
- Review the documented complaint
- Review previous complaints and resolutions
- Review the policy for next steps
- Determine next step within policy process based on prior complaints and actions
- Determine who will complete this step

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Policy to Address Professionalism

Scenario #4

A patient satisfaction survey is received that states the physician this patient saw in the ER was a good doctor, but the bedside manner was terrible. In fact, the patient said the physician brought her to tears.

The provider's Peer Review Confidential file is reviewed, and this provider received a patient complaint four months ago of the same nature.

Additionally, there is a report filed by staff that this provider often makes patients cry.

- Does this complaint warrant further review?
- Does this event require further validation, i.e., interviews?
- Review the documented complaint
- Review previous complaints and resolutions
- Review the policy for next steps
- Determine next step within policy process based on prior complaints and actions
- Determine who will complete this step

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Policy to Address Professionalism

Scenario #5, 6, 7,….

What's your story?

When have you been challenged dealing with a disruptive physician?

How did you manage the issue?
Successes?
Failures?
Lessons learned?

- Does this complaint warrant further review?
- Does this event require further validation, i.e., interviews?
- Review the documented complaint
- Review previous complaints and resolutions
- Review the policy for next steps
- Determine next step within policy process based on prior complaints and actions
- Determine who will complete this step

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Disruptive Physician & APP Behaviors

Outside Resources

- PHP Programs
- Physician Education Programs
- CPEP (Center for Personalized Education for Professionals)
- PACE (Physician Assessment & Clinical Education – UCSD)
- Major medical society programs

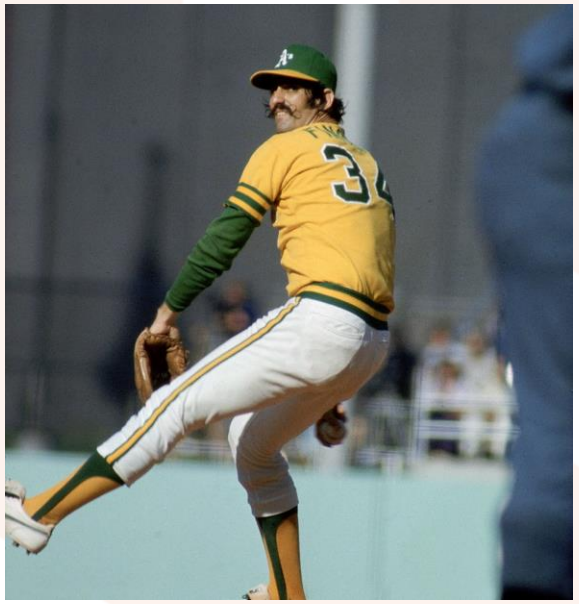
"Relief Pitcher"

Acumen

Disruptive Physician & APP Behaviors

Outside Resources

- PHP Programs
- Physician Education Programs
- CPEP (*Center for Personalized Education for Professionals)*
- PACE *(Physician Assessment & Clinical Education – UCSD)*
- Major Medical Society Programs



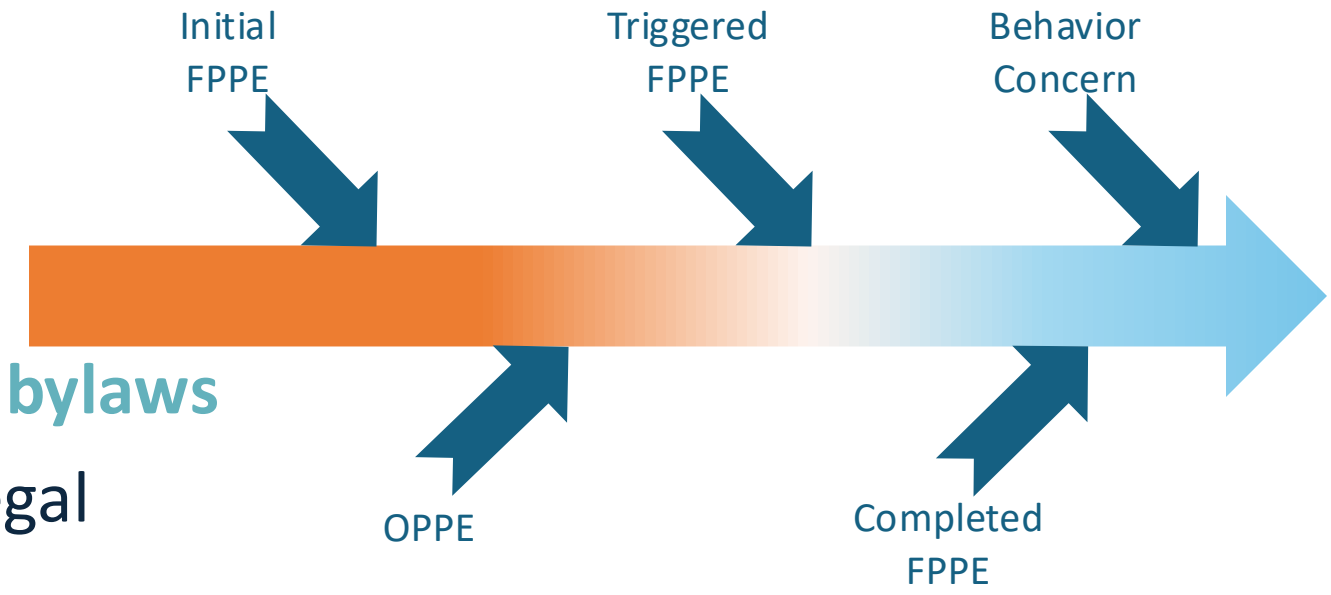
"Relief Pitcher"

Acumen

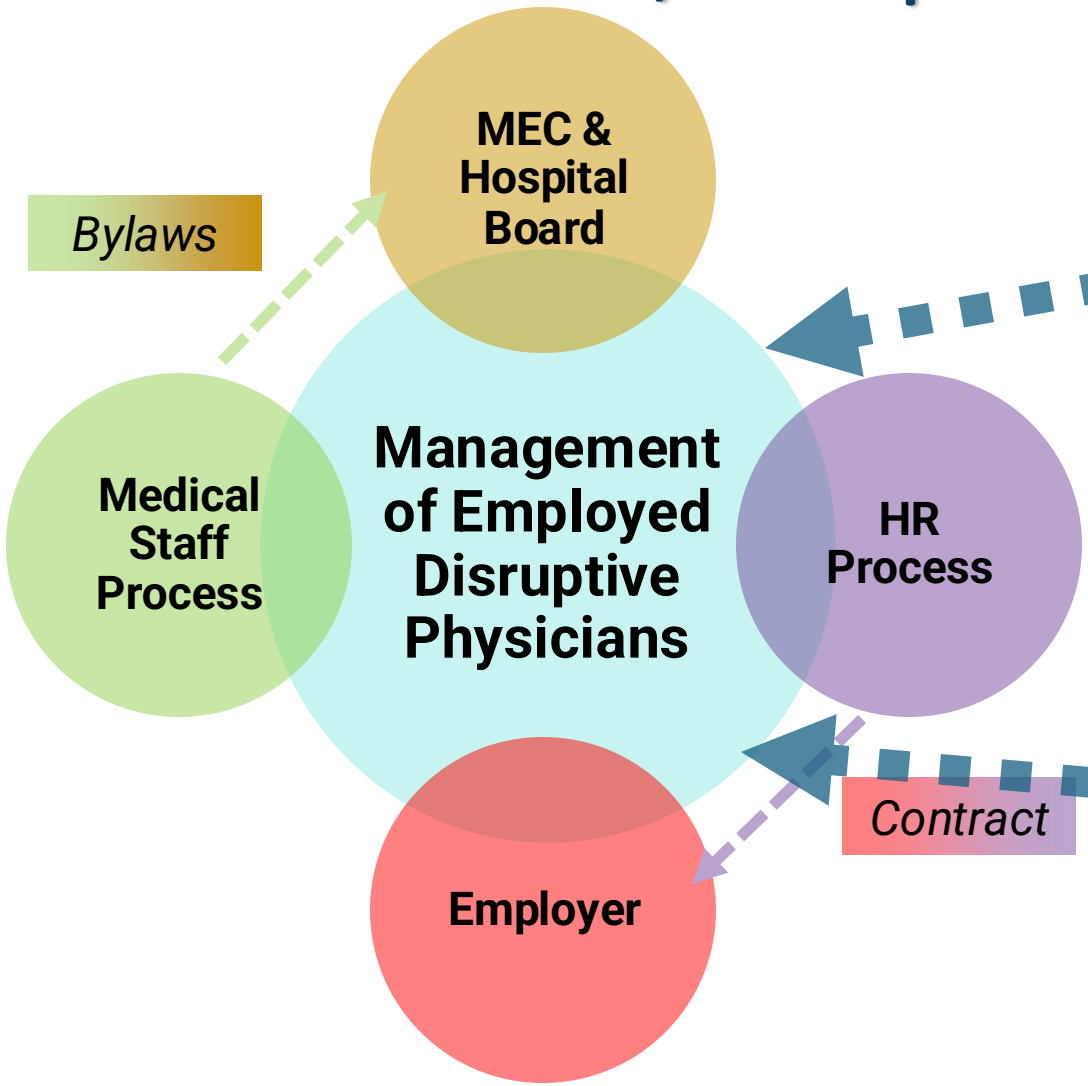
Medical Staff Professional's Role

Supporting Medical Staff Leaders

- Provide dedicated time for Medical Staff Leaders
- Complete documentation
  - **"The whole (hi)story"**
  - **Demonstrate timeline & interventions as outlined by bylaws**
- Arrange availability of HR and Legal teams as required
- Ensure accountability



Parallel Processes, Complementary (?) Roles



Quarterback Controversy?

HRO Framework?

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42 yo surgeon
Great clinician
Excellent results
Patients like & appreciate

OR behavior atrocious

Angry, belittling, mean
Staff loss

Staff refusal to work with this physician

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Complaint

Citizenship committee
"Coffee talk"
CMO chat(s)
Airing of complaints

Complaint

Citizenship committee
"Coffee (black & strong) talk"

Complaint

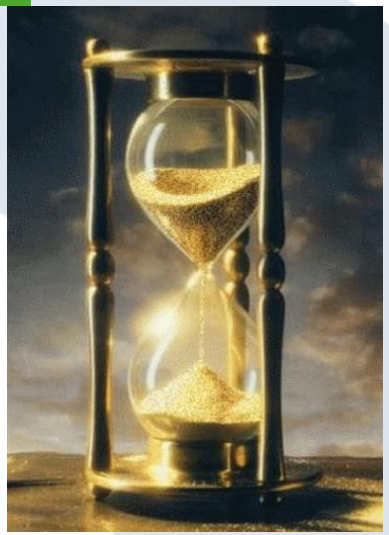
Citizenship committee
Mandatory CPEP course

Complaint

Citizenship committee
Referral to MEC with recommendations for mandatory extensive evaluation & counseling (Acumen)

Improvement…*with monitoring and zero tolerance*
Minor incidents - *"Relapse is part of recovery"*
Functional, happier staff, happier partners, happier home life & family

~28 Months



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For Peer Review & Disruptive Physician Interventions, Consistency & Continuity are Essential…

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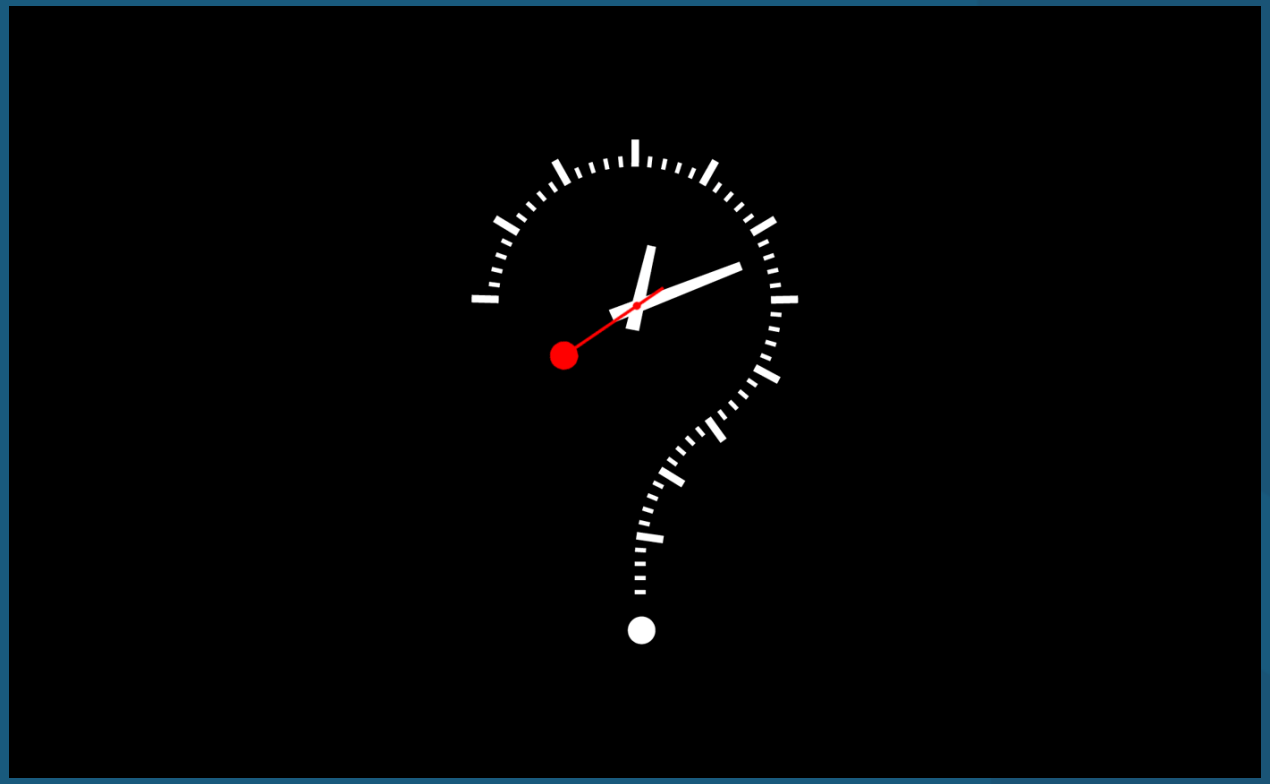

Thank you!

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Want to chat?

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