



## **DISRUPTING DISRUPTIVE BEHAVIOR**

***Susan Eisner, MPH, CASAC***

Trainer, Consultant & Visionary Leadership Coach

**VISIONARY HEALTH SOLUTIONS**

Ph: (631) 269 - 7048 Fax: (631) 269 – 7049

[www.VisionaryHealthSolutions.com](http://www.VisionaryHealthSolutions.com)

E-mail: [info@visionaryhealthsolutions.com](mailto:info@visionaryhealthsolutions.com)

BLOG: [www.susaneisner.typepad.com](http://www.susaneisner.typepad.com)



The negative and pernicious effects of disruptive behavior among health care personnel are no longer tolerated and an “accepted” part of medical practice. In fact in 2009 The Joint Commission mandated hospitals and health care institutions to address disruptive behavior in physicians and other hospital personnel in a new Leadership Standard on Quality and Safety. This seminar discusses the definition and examples of disruptive behavior, its causes, signs and symptoms, and its impact on the physician or practitioner, patients, colleagues, the hospital and on the profession. Also covered are successful and unsuccessful strategies to address this problem, a hospital culture needed to successfully address it, and referral sources for treatment of underlying clinical causes.

### Seminar Topics Include:

- The Joint Commission’s new 2009 Leadership Standard LD.03.01.01 that addresses Disruptive Behavior, in which hospital leaders create and maintain a culture of safety throughout the hospital, and who provide education that focuses on safety and quality for all individuals
- Definitions of disruptive behavior
- What disruptive behavior is not
- General profile of disruptive behavior
- Classic profile of a disruptive physician: The Male Surgeon
- Disruptive behavior and patient care
- Causes of disruptive behavior:
  - Institutional causes, medical education causes, causes inherent in being an MD and working in today’s medical environment, temporary personal causes, and psychiatric causes such as personality disorders, psychiatric and addictive disorders
  - Signs and symptoms of the latter
- Impact of disruptive behavior – on the individual suffering from it, on colleagues, patients, families, hospital operations, hospital morale, staff turnover, teamwork, communication, etc., and on the organization and the medical profession
- Referral considerations: why hospitals often don’t address disruptive behavior
- When the “little chat” doesn’t work;
- Insufficient methods of addressing disruptive behavior
- Exploring your hospital’s culture regarding disruptive behavior
- Changing attitudes/paradigms and hospital culture to successfully address disruptive behavior
- Appropriate ways to address disruptive behavior: proactive and preventive approaches
- Staged responses to the problem
- Developing codes of conduct, policies, training/education, and confidential complaint channels without retribution
- Correcting institutional problems that exacerbate/contribute to the problem
- Referral resources and treatment options
- The MD’s responsibility in correcting the problem