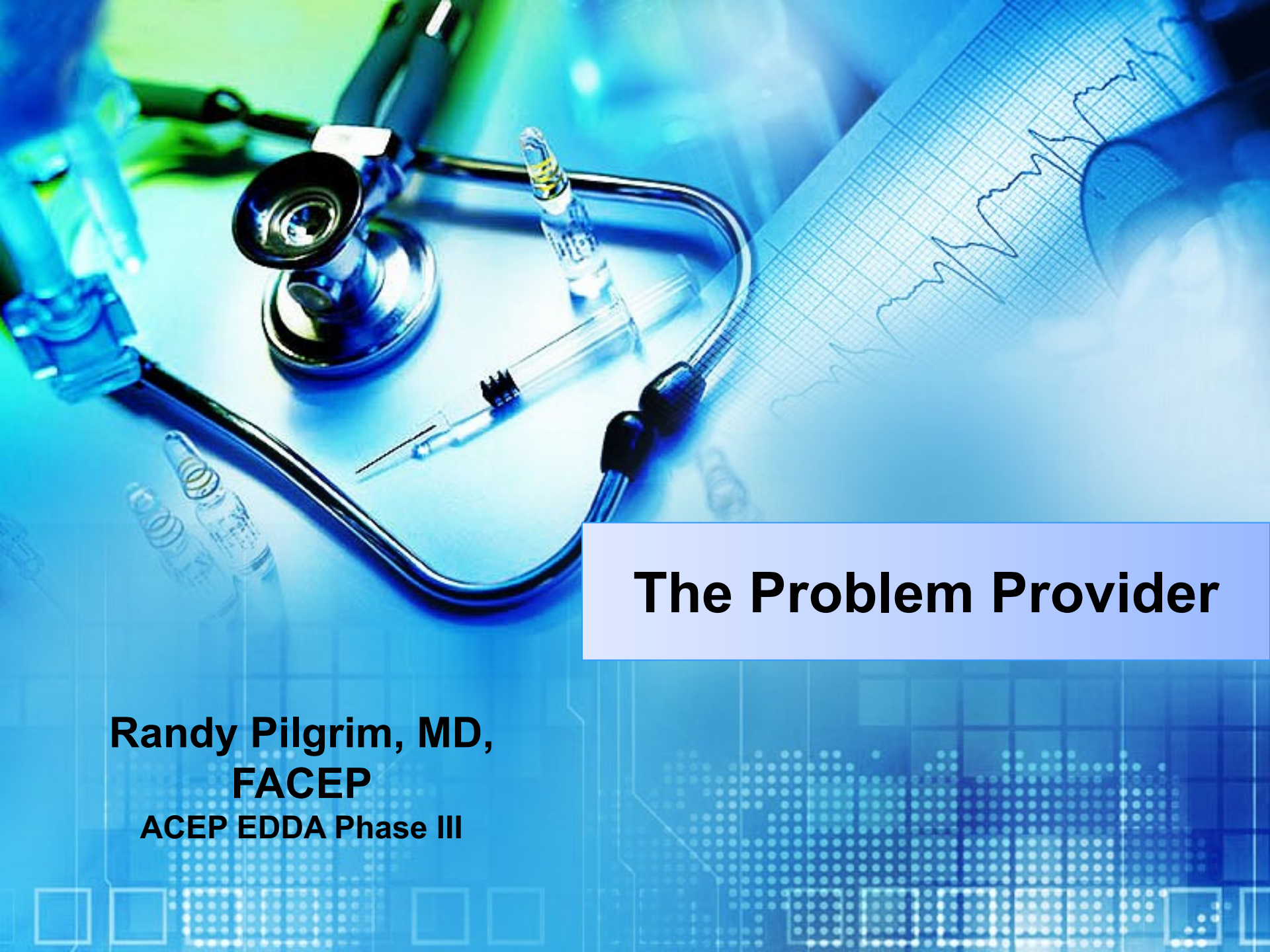


The Problem Provider

Randy Pilgrim, MD, FACEP
ACEP EDDA Phase III

Objectives

1. Self Assessment
2. Role Play
3. Skills Lab
4. Difficult Issues
5. Separation
6. Round-table discussions

Medical Director Roles

(Just a few)

- Clinician
- Leader
- Manager
- Communicator
- Educator
- Problem Solver
- Role Model

- **Team-builder**
- **Coach**
- **Counselor**

- **RELATIONSHIPS**

Common Issues

Clinical

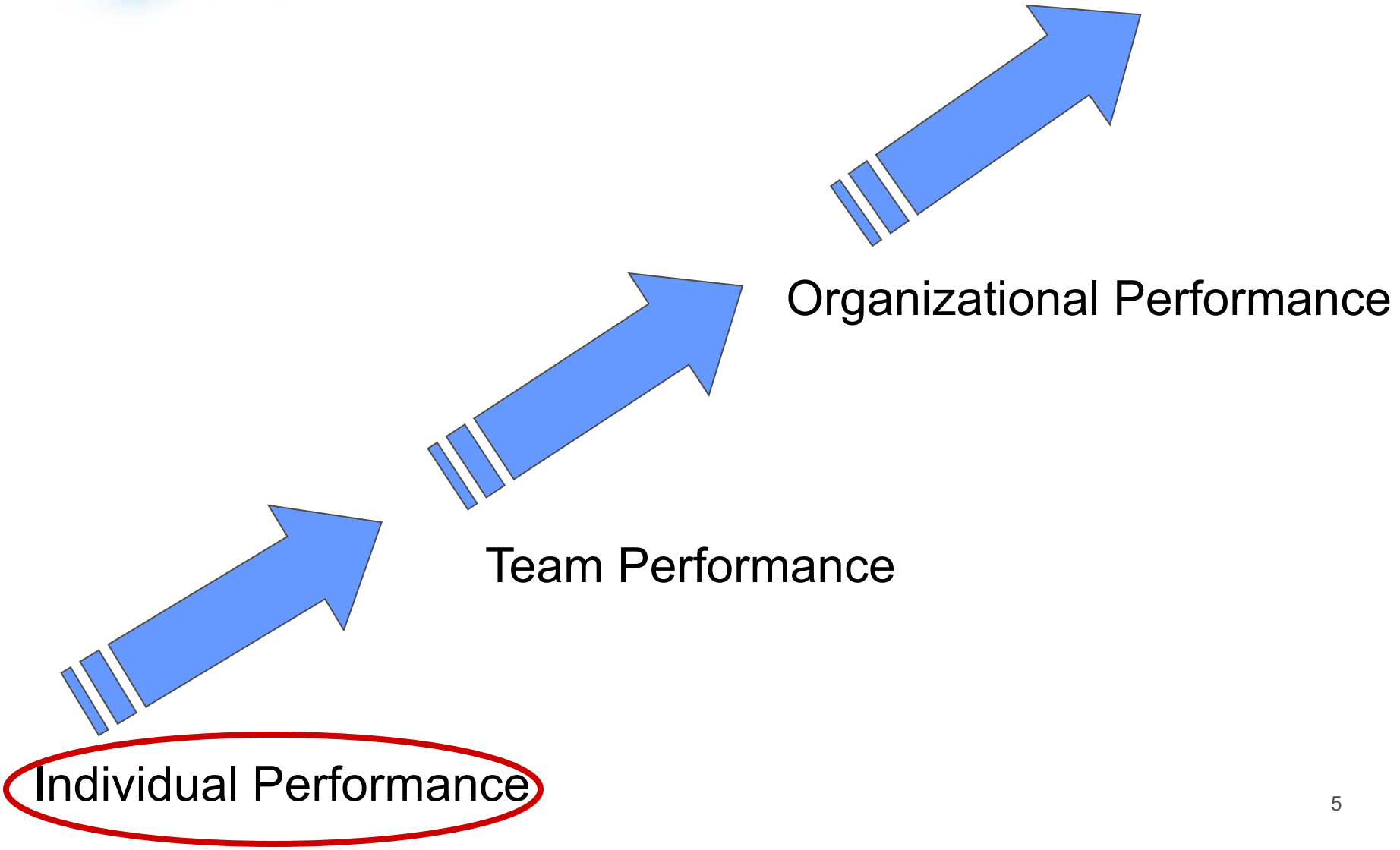
- Knowledge
- Skills
- Proficiency
- Cognitive Issues
- Productivity
- Documentation

Non Clinical

- Efficiency
- Teamwork
- Communication
- Peer Issues
- Attitude / emotional issues
- Impairment
- Inappropriate language / behavior
- Sexual harassment
- Personal habits

Other

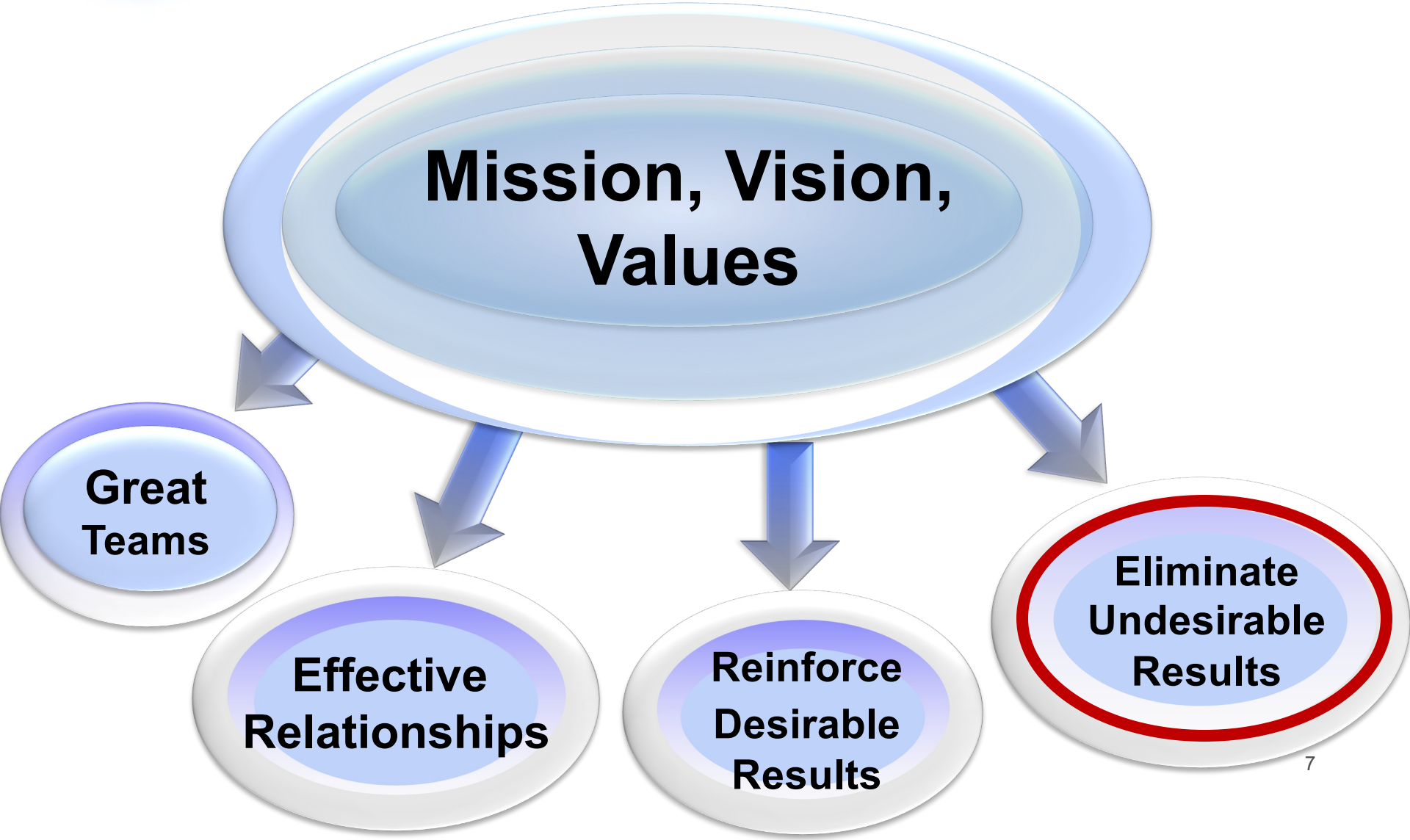
- Rejects targets and goals
- Doesn't participate
- Debates everything; never satisfied
- Family or personal issues
- Repetitive problems


Organizational Performance
Team Performance
Individual Performance

Doing this well can mean:

- Excellent medical care
- Meeting targets
- Happier workplace
- Great relationships
- Pride, satisfaction
- Productive partnerships
- Sustainable excellence

Getting this "right"



Is this a "Problem"?

If it's a problem for:

- The team
- The leadership
- A significant stakeholder

If it's <u>not</u> consistent with:

- Mission and Vision
- Guiding Principles
- Acceptable behavior or performance standards
- Progress toward targets and goals

Then, it's a problem.

Dealing with Problem Performance

Three options:

Prevent it.

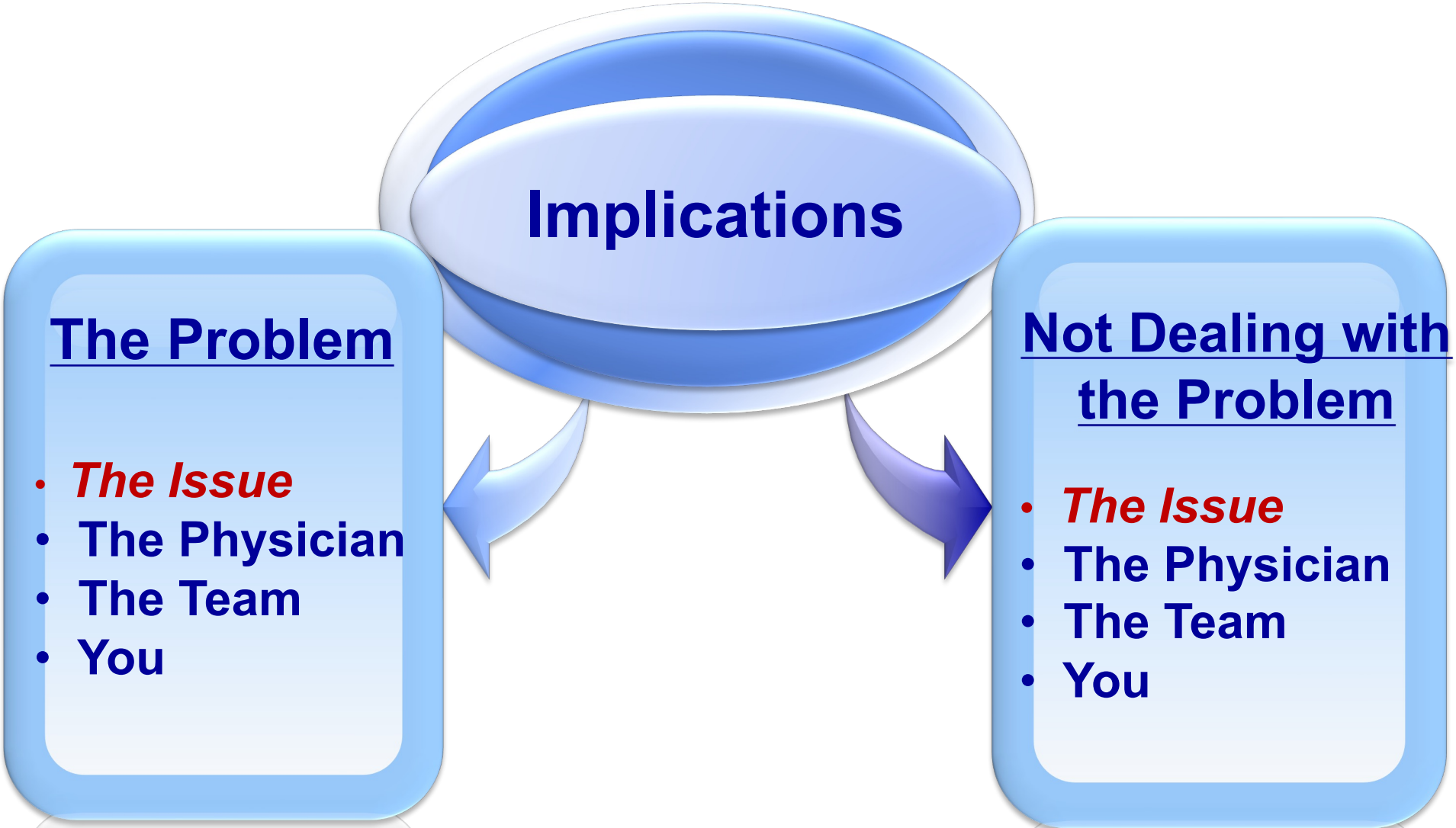
Remove it.

***Change it*.**

What's So Difficult?

- Not trained
- Unsure of role or responsibilities
- Intimidated
- Fear negative reactions
- Relationship risk
- Reminds us of our own shortfalls
- Uncomfortable telling others how to practice or behave
- Feel inadequate
- Physician shortage

Why is this critical for success?



Reasons Why People Fail

- Unclear **roles and responsibilities**
- Unclear **objectives**
- Lack of basic **knowledge and skills**
- Unsure how success is **measured**
- Unsure of **current results**
- **No Feedback, Coaching, or Counseling**

Why Employees Really Leave

By analyzing data from close to **20,000 interviews** conducted by the Saratoga Institute, Branham uncovered reasons for employee turnover:

1. Job or workplace was not as expected.
2. Mismatch between job and person.
3. Too little coaching and feedback.
4. Too few growth and advancement opportunities.
5. Feeling devalued and unrecognized.
6. Stress from overwork and work-life imbalance.
7. Loss of trust and confidence in senior leaders.

Dysfunctional Approaches to Problem Performance

- Too Little
  - •Indirect
  - •Apologetic approach
  - •Minimize the problem
  - •*Nothing (avoidance)*
- Too Much
  - •"Dumping"
  - •Unnecessary threats
  - •Premature Approach
  - •Address too many issues
- Misses the Point
  - •Tangential approach
  - •Over-emphasize strengths
- Errant Approach
  - •Lack of clarity
  - •Poor technique or skills
  - •Vilify the source

Professional Self-Assessment

Coaching & Counseling

Strengths	
Weaknesses	
Opportunities	
Under stress, I tend to…	
My biggest developmental need right now is…	

Objectives

1. Self Assessment
2. Role Play
3. Skills Lab
4. Difficult Issues
5. Separation
6. Round-table discussions

“Hot Spots”

- Impairment
- Sexual Harassment
- Teamwork
- Peer issues
- Difficult personalities
- Clinical issues

“Working up” a Problem

Problem Behavior and Performance

* *

The Problem

Issue:

- Dr. A is **"slow"**
- TLOS is 45 minutes longer than average
- **3 new complaints**

Approach:

The Medical Director:

- demonstrates interest
- listens
- asks for **time to assess**
- sets **time frame for action plan**

Assessment:

- **Overly organized and single-track**
- **Often adds orders**
- **On the phone** for long periods with attendings
- **Thorough workups**
- **Waits for "whole team"**

Knowledge | Skill | Behavior | Clinical Expertise | Style

The “Work-up”

PATIENTS	MANAGEMENT
1. Chief Complaint	***1. Identification***
2. History	***2. Understanding***
3. Exam / Labs	***3. Investigation***
4. Decision-making	***4. Decision making***
5. Treatment	5. Intervention
6. Disposition	6. Disposition
7. Communication	7. Communication
8. Follow-up	8. Follow-up

Be Clear:

- Clinical vs. non-clinical
- Facts or perceptions (or both)
- Acceptable vs. unacceptable

- Desirable behavior
- Desirable outcome

"The Gap"

"Doorway Disposition"

Disposition

1	2	3	4	5
No action. Inform & support.	Counsel, Advise, Educate, Trend	Remediation or Education	Prompt Termination	Immediate Termination

Disposition

1

No action. Inform & support.

Concern not validated or not significant

2

Counsel, Advise, Educate, Trend

Legitimate concern;

Opportunity for improvement

Disposition

3

Remediation or Education

Serious concern

Questionable skills or knowledge base for facility's demands

Disposition

4

Prompt Termination

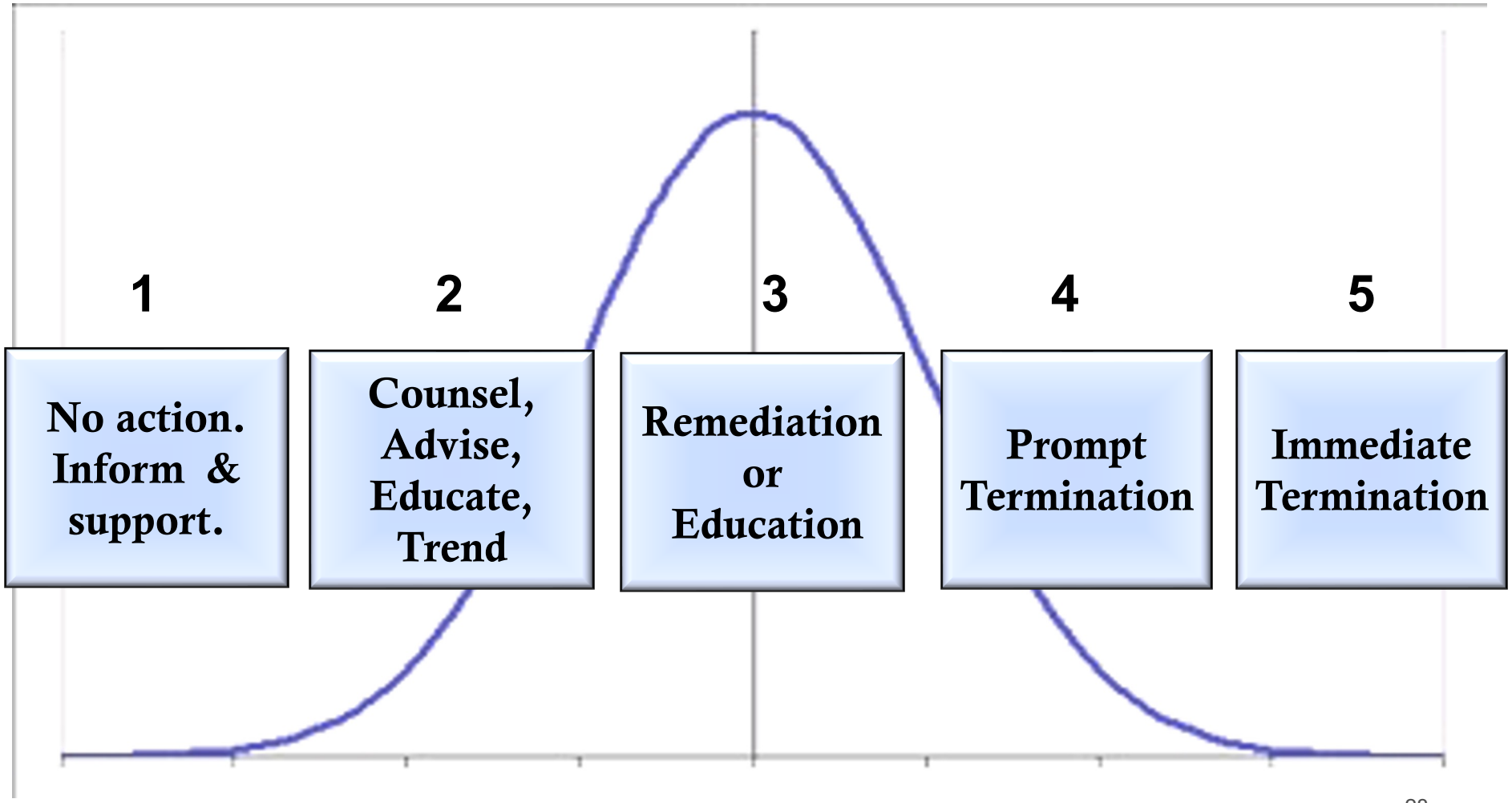
- Repeated or significant problem(s)
- Violates “remediation” provisions
- Refuses to cooperate with reasonable remediation plan
- Consistent threat to safety of patients, family, or staff
- Substantially disruptive to team or environment

5

Immediate Termination

- Gross negligence
- Significant professional misconduct
- Acutely impaired physician

Disposition



Decision Making

Physician concern

↓

Gather information promptly

↓

Clarify & qualify the concern

↓

Appropriate discussion with Physician. Decision.

1	2	3	4	5
No action. Support & build relationship.	Counsel, Advise, Educate, Trend.	Remediation or Education	Prompt Termination	Immediate Termination

Role Play

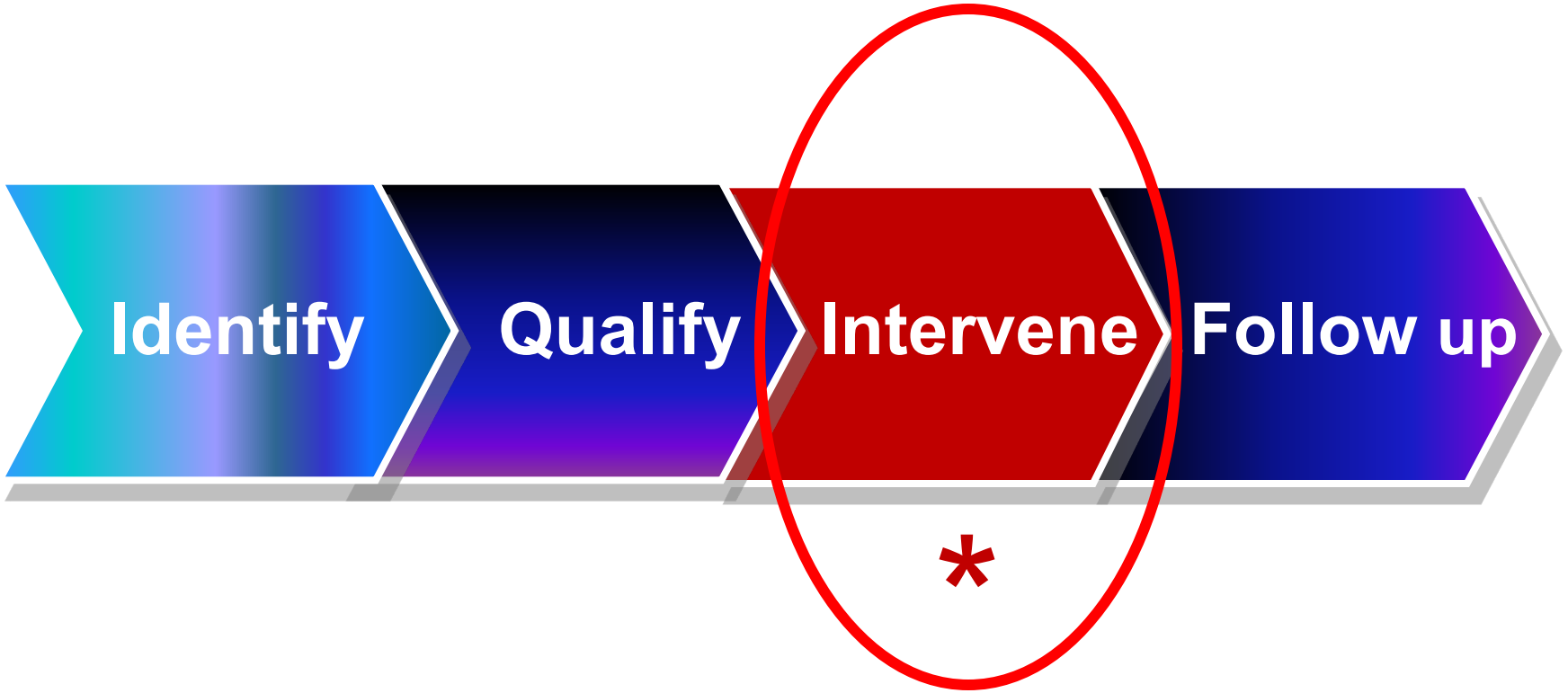
A Guide to Evaluating Coaching & Counseling

	Not at all				Excellent	Comments
Leadership:						
a. Referenced Mission / Vision	0	1	2	3	4	
b. Referred to department goals and/or professional objectives	0	1	2	3	4	
Communication:						
a. Was the current status clearly described?	0	1	2	3	4	
b. Was the desired status clearly described?	0	1	2	3	4	
c. Was the "Gap" clearly described?	0	1	2	3	4	
Receptivity:						
a. How well did the counselor listen?	0	1	2	3	4	
b. Invited / allowed assimilation & ownership	0	1	2	3	4	
c. Fielded questions / objections	0	1	2	3	4	
d. Gained commitment	0	1	2	3	4	
Management:						
a. Clear action plan	0	1	2	3	4	
b. Specific follow-up plan	0	1	2	3	4	
i. what	0	1	2	3	4	
ii. when	0	1	2	3	4	
c. Possible consequences addressed	0	1	2	3	4	
Other:						
a. Affirmed strengths	0	1	2	3	4	
b. Voiced support (for physician)	0	1	2	3	4	
c. Appropriate setting	0	1	2	3	4	
Overall:	**Needs work**				**Excellent**	
a. Appropriateness of interaction	0	1	2	3	4	
b. Appropriate professionalism	0	1	2	3	4	
c. Overall evaluation	0	1	2	3	4	

Notes:

Intervention

Problem Behavior and Performance



Style

Feedback → **Information**

Coaching →

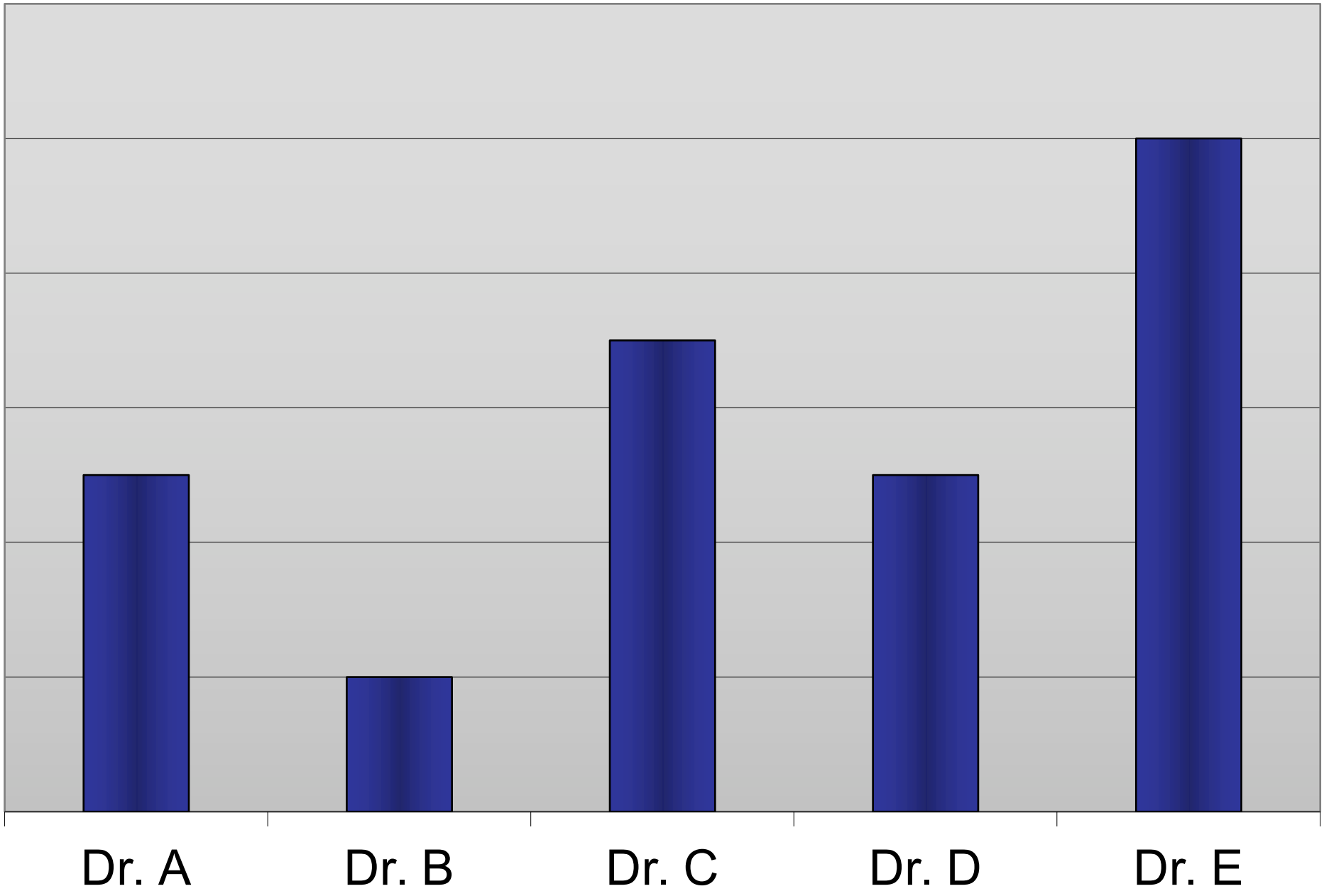
Encouraging
Affirming
Constructive

Critical
Focusing
Keeps "moving"

Counseling →

Broader
Deeper
Wider

Interventional
Things "stop"


Dr. A
Dr. B
Dr. C
Dr. D
Dr. E

Feedback

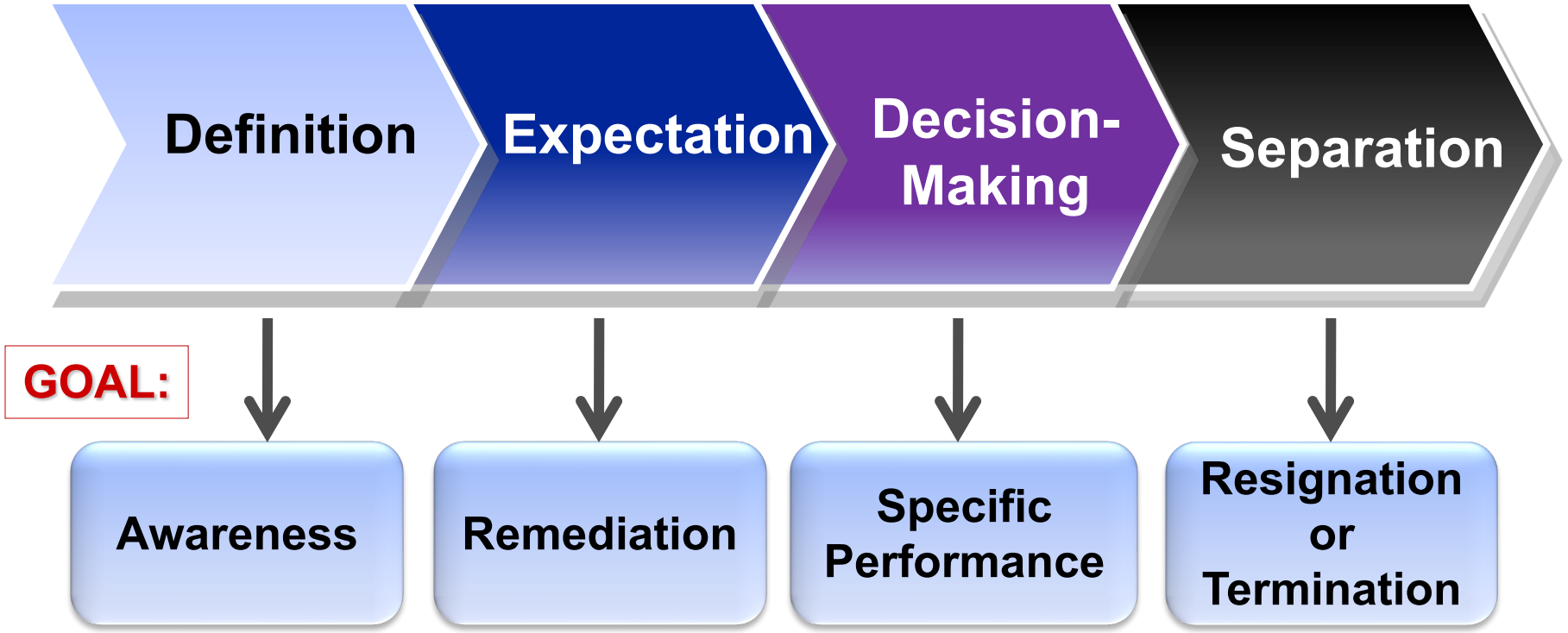
- Frequently, entirely absent
- Great coaching tool

- Scheduled and “on the fly”
- Verbal and written
- Positive and constructively critical

- Reinforces mission, targets, and team work
- Sets up evaluation
- Prevents counseling and interventions

JIM BAIRD / Union-Tribune

Counseling Continuum



Counseling Continuum

Where you <u>are</u>.

Where you <u>need</u> to be.

Path

Physician Motivation

- Trained to be logical
- Trained to be critical
- Respect “evidence”
- Prefer fact-based arguments
- Value autonomy
- Make quick judgments
- Little tolerance for “politics”
- Tend to believe that facts or logic are more important than perceptions

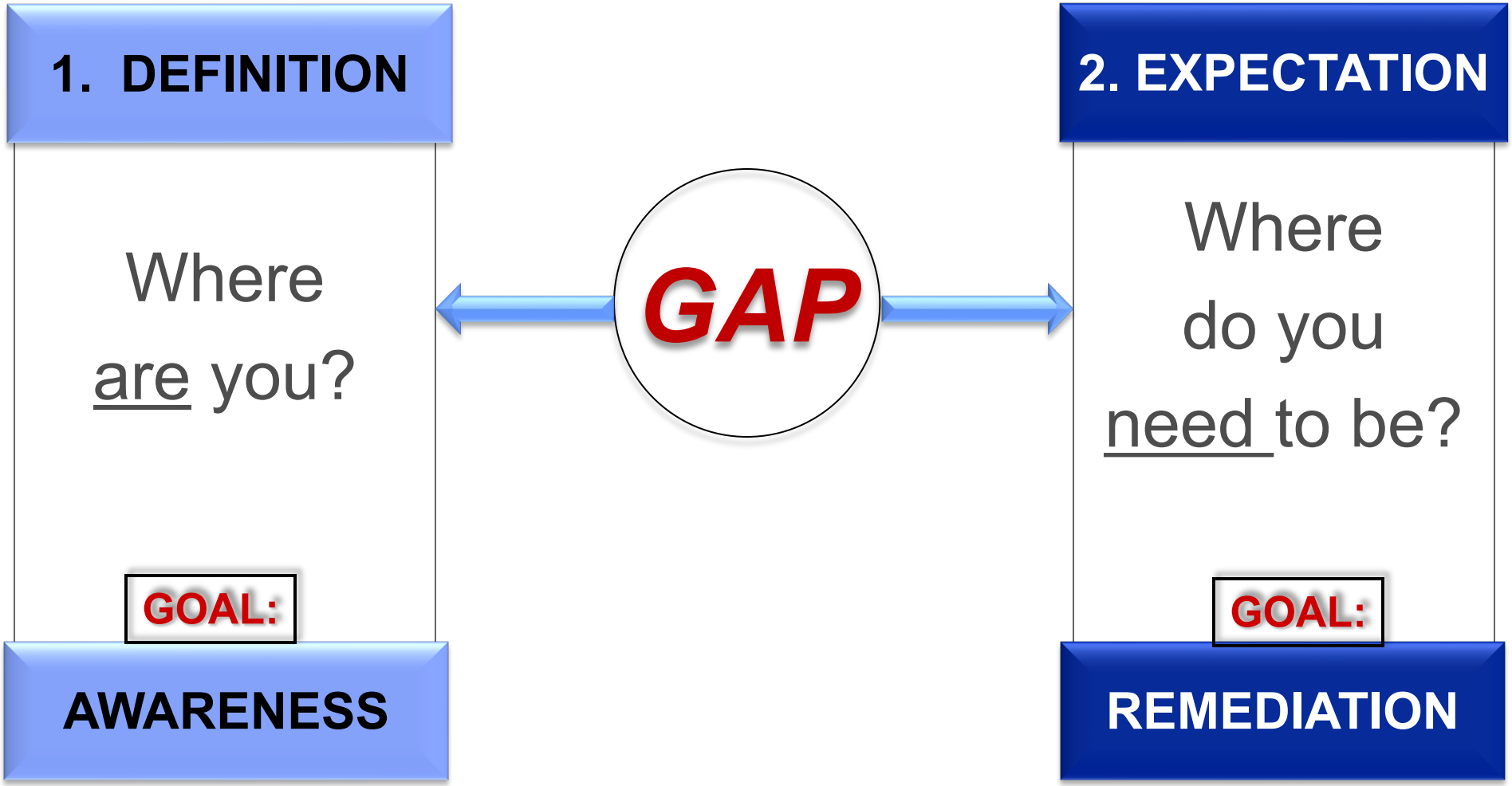
Technique

A well-constructed, well delivered
I - statement

- "When I (see, hear)_____"
- "I become concerned about_____", or
  "I feel_____"

- "What I'd like instead is:_____"
- "So that _____"

Counseling Continuum



Counseling Continuum

3. DECISION-MAKING

(What)

(By when)

(If not: _____)

GOAL:

SPECIFIC PERFORMANCE

4. SEPARATION

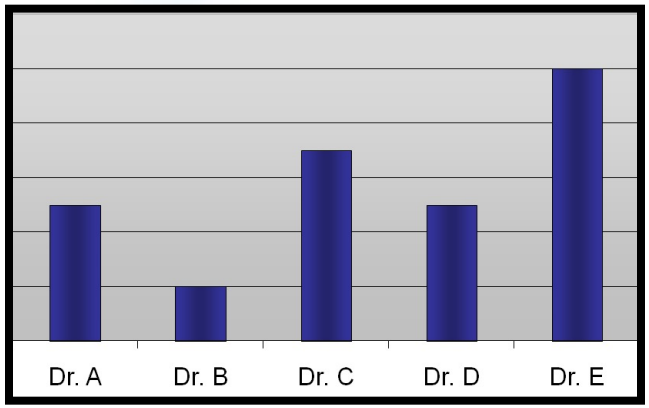
(When)

(How)

GOAL:

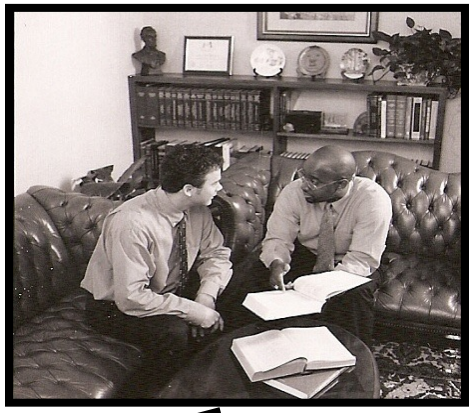
RESIGNATION OR TERMINATION

Feedback



Coaching

Counseling



Definition → Expectation → Decision-Making → Separation

GOAL:

- Awareness
- Remediation
- Specific Performance
- Resignation or Termination

Special Situations and Case Studies

Speed / Efficiency / Productivity

Common dysfunctional patterns:

- Too slow
- Too fast
- Poor organization (scattered, order-adder, etc.)

Approaches:

- Identify **core issues**
- Identify how behavior affects stakeholders.
- Identify competing demands; prioritize
  - e.g. afraid of complaints => excessive time with patients
  - e.g. driven to be thorough => time-consuming workups
- Affirm positive behaviors & results
- Agree on ***objective* targets** (ALOS at or below 3 hours in 30 days. . .)
- Agree on ***subjective* targets** (nurse feedback positive; no complaints)
- **Practical suggestions**

Sample Suggestions:
Efficiency & Productivity

1. Stay focused.
2. Anticipate phone calls to staff and residents. Put out calls early.
3. Admit patients who obviously need to be admitted.
4. Order all necessary tests at one time.
5. Focus on disposition and long-term plan.
6. Use down time effectively.
7. (etc. . .)

Source: ACEP; Todd L. Beel MD FACEP

Sexual Harassment

- Any unwelcome or unwanted advance, request for favors, or physical contact
- If submission to or rejection affects decisions (hiring, retention, promotion)
- Creates intimidating or hostile work environment
- A violation of the law

Sexual Harassment

- Most common form of illegal harassment
- Lowers morale and productivity
- Violates policy
- Conduct outside of work is relevant
- ***Illegal***

- Two Types
  - Quid Pro Quo ("this for that")
  - Hostile work environment

Sexual Harassment

Prevention

- Ensure that this is covered in orientation
- Reinforce annually (Corporate Compliance affirmation, etc.)
- Address issues before you receive a formal complaint

Intervention

- Address promptly
- Work-place continuum:
  Subjective concern => Observed (objective) concern =>
  Voiced concern => formal complaint => law suit
- This usually doesn't go away on its own
- Be forthright (not casual)

Sexual Harassment

Approach must address:

- The behavior
  - Commitment to stop (regardless of intention)
- The emotional impact
  - (feels afraid, intimidated)
  - Overt reassurance
- The workplace
  - (no retaliation)

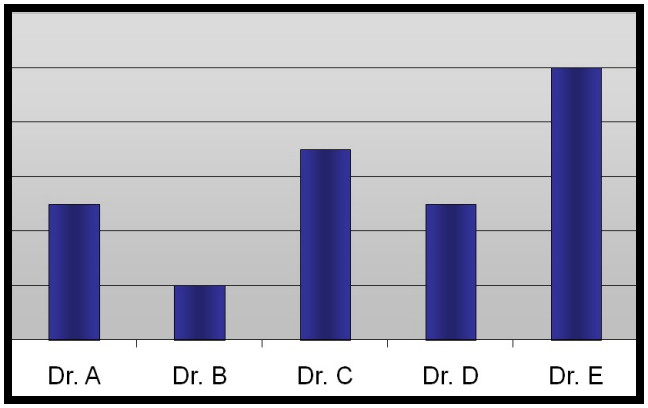
Sexual Harassment

Strategies & Resources

- Corporate Counsel
- Employee vs. Independent Contactor issues
- What are the standards outlined in your group's orientation materials?
- What are the Hospital policies & procedures?
- Corporate Compliance considerations

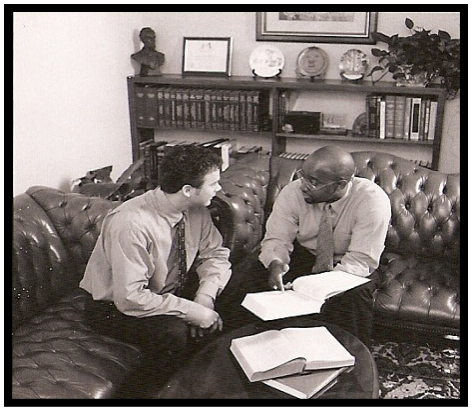
Which style?

Feedback



Coaching

Counseling



Which phase?

Impairment

Common Presentations

- Drugs, alcohol, psychiatric

Issues

- Very common
- Denial and enabling. . .
- Suspicion vs. evidence vs. a workplace problem

Strategies

- Professional assistance
- Involve family/peers/clergy
- Use established recovery networks
- Prepare for long-term
- Very painful, but
- Often satisfying and successful

Impairment

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- Very painful, but
- Often successful and satisfying

Impairment

Definition:

"Any physical, mental, or behavioral disorder that interferes with the ability to engage safely in professional activities." (AMA)

Action:

- Intervene early and assertively

Resources:

1. http://www.ama-assn.org/ama/pub/category/8528.html
2. http://www.asam.org/ (American Society of Addiction Medicine)

Peer Issues

Common Presentations

Workplace issues

- Tardiness
- No-shows
- Chart-selectors
- Non-participant (committees, QA/QI)

Repeated scheduling issues

- Inequity (cherry picker)
- “Fair share”

Peer Issues

Strategies and Resources

Prevention

- Clear expectations up front
- Develop rules by consensus
- Declare rules if needed (benevolent dictator approach)

Treatment

- Requires frequent low doses of corrective input
- Don't try to handle too indirectly
  - Use I-statements and direct communication
- Peer approach to enforcement
  - Scheduling consequences
  - Financial consequences
  - Peer discussions

Common Clinical Issues

- Knowledge *(Know it)*
- Skills *(Do it)*
- Proficiency *(Do it efficiently and well)*
  - Cognitive
  - Technical

- Cognitive Issues:
  - Rules-based
  - Interpretive
  - Diagnostic / decision making
- Productivity

Key Points: Clinical Issues

Know the "standard":

- Evidence-based
- Community standard
- Consensus-based

Identify the deficit. Focus on specific implications.

- Patient outcome
- Medical staff issues
- Medical legal concerns
- Productivity (be specific)
- Current vs. future issues

Often, it takes more than a chart review.

- Physician may debate the issue or the standard.
- Physician may resent "intrusion" into practice.
- Documentation issues may surface.

Key Points: Clinical Issues

- Individualize action plans
  - Self-study, CME
  - Resources (written, web-based, etc.)
  - Shadowing
  - Mentorship
- Ongoing evaluation & follow-up
  - Continued review of performance
  - Clear expectations & time frames
  - Leave room for reasonable judgment
  - Advocate for good care without apology
  - Address documentation
  - Productivity: look for improvements in
    - Perceptions (early)
    - Data (later)

Teamwork

- Common issue: the “under-miner”
- (Possible failure to manage the buy-in process)
- Requires team approach (MD and RN)
- Usually need unified front
  - Opportunity to buy in
  - Reinforce positive behavior and results
  - Careful monitoring, followed by
  - Confrontation if necessary, then
  - Clear, crisp separation if ineffective

Ingredients of Behavioral Change

Insight

- The problem
- The desired outcome

Desire & Commitment

- Self-generated
- Externally imposed

Skills

Ingredients of Behavioral Change

Environment

- Allows and promotes desired behavior
- Maintains the behavior
  - Feedback
  - Positive reinforcement
  - Reasonable consequences

Ability to control negative behaviors

- Emotional disorder
- Impairment

Critical Conversations:

Counseling Best Practices

Delivery

Be sure the physician understands:

- The **problem**
- **The impact** of the problem
- What needs to **change**

} The "GAP"

- **Possible consequences**
  - what may happen if behavior does not meet expectations

- **Strengths**
- Your **support**

- Affirmation of **expected performance**

Timing

- As soon as possible
- Day off is best

  (patient care not compromised)

  (shows it's important to you)
- When you're prepared

Setting

- Private
- Quiet place

- In person (but don’t wait too long)
- One-on-one (usually)

- Not at shift change
- Not between patients

Techniques

- Keep it simple
- Prepare in writing
- Practice initial delivery

- Focus on the physician (not you)
- Sandwich method (?)

- Give examples

Techniques

- Offer techniques and tools
- Acknowledge success
- Explain how you will monitor progress

- Solicit a commitment to improve
- Agree on future goals
- Determine a time frame for follow-up

- Document (together?)

Techniques

- Be prepared for disagreement
- Allow time and space for a response

- Empathize
- Find ways to connect
  - Past adversity
  - Relevant vignette

- Reinforce the definition of success
- Reinforce expectations

Individualize

People are unique

- Skills, knowledge, abilities, confidence, attitudes
- Diverse backgrounds and perspectives
- Trust develops differently

Individualize the plan

- Understand motivators
- Understand learning styles
- Understand strengths and weaknesses

Anchors

- Tell the truth
- Integrity speaks softly, but very convincingly

- Refuse to personalize issues
- Discuss issues, not people

- Defuse resistance with respectful persistence
- Every disagreement is an opportunity to improve a relationship

Key Messages

"I care about **Excellent Medicine** *and* **Excellent Service**."

"**Facts** are important *and* **Perceptions** are important."

"**Fairness** is important."

- Fair to physicians
- Fair to others.

Listen

Do we have the same Mission, Vision, and values?

- If not, is this changeable?
- When?

Is he/she receptive?

- To the concern?
- To your leadership?

Appropriate awareness?

What is he/she responding to?

Pitfalls

Counseling is not:

- The only time to talk
- An event
- A panacea
- Retribution

Follow-Up

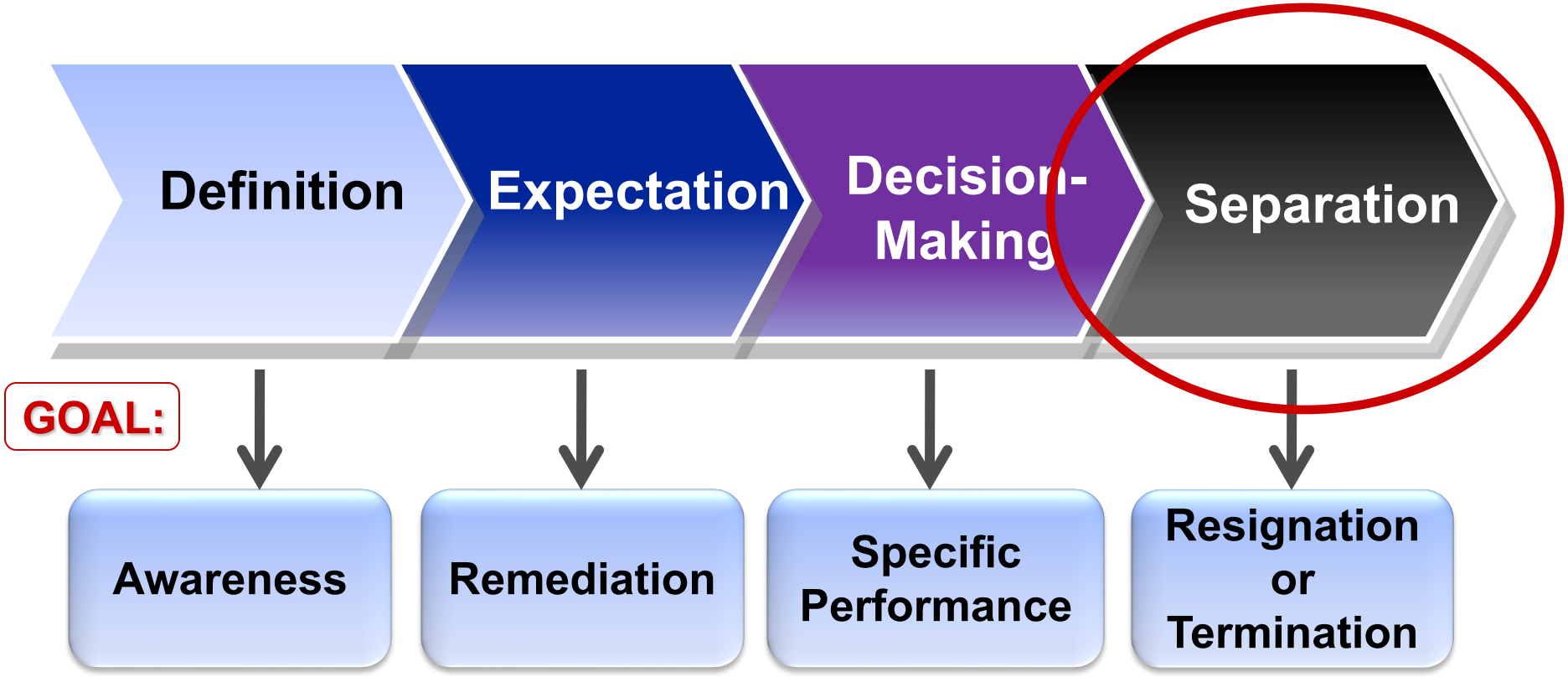
- Address:
  - the physician
  - the stakeholders
- Affirm desirable behavior
- Stay committed
- Don’t miss timelines
- Trend
- Report
- Document

Priorities

- Mission, vision, and values
- Patient safety and outcome
- Patient experience
- Healthy team
- Healthy work environment
- Meeting targets
- Professional satisfaction
- Personal satisfaction

Separation

Counseling Continuum



Separation Considerations

Timing:

- Immediate?
- Later (must clearly define)

Disposition:

- Reassignment (e.g. lower acuity care)
- Schedule modification(s)
- Resignation
- Termination

Separation Considerations

Contingencies:

- Permanent?
- Performance-based reconsideration?
  - How measured?
  - When?

Rights & responsibilities:

- Due process
- Fair process
- Contractual considerations

Things that sound like a Problem Provider – (but aren't)

Patient
- Acuity
- Complexity
- Communication
- Social factors

Team
- Leadership
- Support
- Communication
- Consistency

Task
- Clarity
- Task design
- Guidelines
- Accuracy of results

Physician
- Skills
- Competence
- Proficiency

Work Environment
- Staffing levels
- Skills
- Workload
- Shift patterns
- Support structure

Institutional Context
- Economic context
- Regulatory Issues
- Legal framework
- Constraints

Organization & Management
- Organization structure
- Priorities
- Financial constraints

Framework of Factors That Affect Individual Performance

Risk-related Considerations

- Medical-legal risk
- Employer liability
- Risk to the Department
- Management risk
- Leadership risk
- Medical Staff Bylaws/Rules
- Hospital Privileges
- Employee rights
- Contract Law Issues
- Medical License Issues
- DEA Issues
- Federal law
- State law
- Regulations

<u>The Key</u>:
Know the issues
Manage accordingly
Engage appropriate assistance readily

Documentation

Decision Making

Physician concern

↓

Gather information promptly

↓

Clarify & qualify the concern

↓

Appropriate discussion with Physician. Decision.

1	2	3	4	5
No action. Support & build relationship.	Counsel, Advise, Educate, Trend.	Remediation or Education	Prompt Termination	Immediate Termination

Purposes of Documentation

- **Professional**
  - Identifies strengths and opportunities for improvement
  - Identify strategies for addressing issues
  - Communication

- **Legal / Risk**
  - Documents issues and events
  - Demonstrates process, communications, and outcomes

Documentation

- **Balance the value of having a file with the risk of having one**
  - Should I keep a record?
  - Where?
  - Who “owns” it?
  - Who has access?
  - Discoverable?

- **Obtain legal advice**
  - Discoverability issues
  - Labor law
  - Corporate Issues
  - Employee vs. Independent Contractor issues

In General…

- Usually better to have something documented
- For significant or repeated issues, dictate together (at the end)
- For written forms:
  - Attach relevant information
  - Pre-complete “non-negotiables”
  - Write up action plans together
- Both sign the document

Problems with Documentation

- Failure to communicate standards
- Failure to give timely feedback
- Failure to give opportunity for correction

- Inconsistency in measuring performance
- Failure to document
- Failure to document correctly

Basic Rules

- Plan your writing
- Review the finished product
- Facts vs. opinions / assumptions
- Avoid inflammatory statements
- Remain factual and credible

Prevention

Prevention

- Communicate a Vision
- Build relationships
- Hire well
- Have a plan
- Frequent feedback
- Healthy evaluation process

Prevention:
Hiring Well

Why Do People Have Performance Issues?

- Lack of knowledge
- Lack of skills
- Lack of resources
- System / process barriers
- (Stressors, burnout)
- ***Different objectives***
- ***Different values***

Hiring
Qualifications vs. Qualities

- Employer
- College(s)
- Honors
- Education
- Aptitude
- Degree(s)
- Credentials
- Intelligence
- Computer Skills

- **Employees**
- **Colleagues**
- **Honor**
- **Ethics**
- **Attitude**
- **Demeanor**
- **Credibility**
- **Integrity**
- **Customer Skills**

Source: Thom Mayer

Improve Collaboration "Owner's Manual"

1. What motivates (or de-motivates) me?
2. What promotes high levels of job satisfaction for me?
3. What to I value?
4. What do I believe to be true?
5. What I need people to watch for and alert me to?
6. What do I need from peers, colleagues and those who work for me?
7. What is my communication style?
8. What are some of my favorite quotes/mottos?

Source: Diana Contino RN MBA

How Do I Hire the Right People?

***Service* is how well something is done technically**
***Hospitality* is how good something feels emotionally**

"Setting the table" the power of hospitality in restaurants, business and life –
HarperCollins 2006 Danny Meyer NY restaurateur

- **Emotional Quotient higher than IQ**
  - 49% is technical skill
  - 51% is emotional (hard to teach – but you can teach managers to "spot" it)

- **Qualities:**
  - Natural warmth and optimism
  - Intelligence and curiosity
  - Work ethic
  - Empathy
  - Integrity and self-awareness

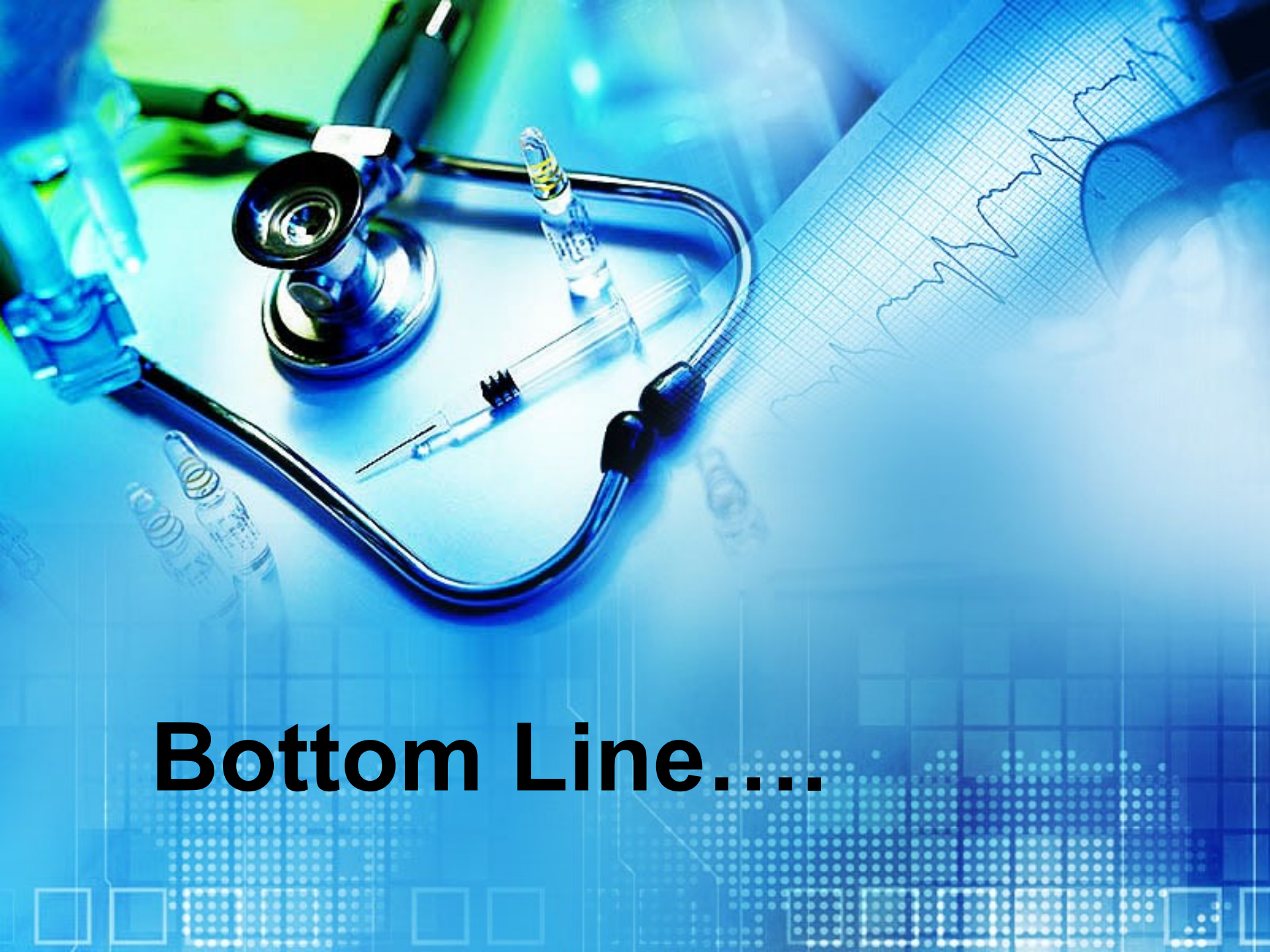
Behavioral Interview Questions

Used to:

- Elicit real life experiences that demonstrate less tangible traits (problem solving or flexibility)
- Determine if the person can do the job
- Determine if they have the characteristics to make them successful

Tell me about

- When you had to explain a difficult issue to someone.
- A time when you had your greatest success in building team spirit.



Bottom Line….

What really works. . .

- Meaningful mission
- Clear vision
- Winning culture
- Effective teams
- Personal integrity

- Proper skills
- Knowledge of risks and pitfalls

- Do your best, and
- Tell the truth affirmatively, and with compassion.

Resources

Insight

Personality Assessments

- Birkman Method / Meyers-Briggs / DISC Personality Assessment
- 360 ° MD Assessment

Skills

Crucial Conversations (Kerry Patterson, et. al.)

Crucial Confrontations (Kerry Patterson, et. al.)

Coach / Counselor

Group Process Expert

ACEP EDDA II, III, (and IV)

Top 10 hints for success

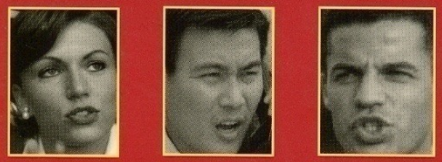
- ***Just do it***
- Do it soon
- Do it in person
- ***Consistently reference Mission and Vision***
- Be consistent
- Be fair
- Keep it simple
- Be understanding, but firm
- Always show respect (even in conflict)
- **Integrity is everything…**

The *New York Times*
BEST-SELLER

Foreword by **Stephen R. Covey**

Author of *THE 7 HABITS OF HIGHLY EFFECTIVE PEOPLE*

crucial conversations



Tools for talking when stakes are high

KERRY PATTERSON, JOSEPH GRENNY, RON McMILLAN, AL SWITZLER


Thank you!