

Reducing Conflict Behaviour

A programme for distressed doctors, helping them learn to be more effective leaders without causing disruption along the way

Course Overview

This is an intensive educational programme consisting of six days over 12 months, designed to help Consultants and GPs improve their interpersonal behaviour. There is an initial 3 day residential course (Friday – Sunday) and three further follow-up days spread over the year. It is based on a highly successful programme provided by Vanderbilt University Medical Centre in Nashville, USA, and is limited to a maximum of 6 or 7 participants. It is not intended for doctors in training. Further information about the course is provided below.

Background

Some doctors show behaviours that cause significant difficulties and conflicts at work. They may be the subject of complaints from other staff and are perceived as being difficult to work with. A useful definition of such ‘disruptive’ behaviour comes from the College of Physicians and Surgeons of Ontario, Canada:

“A physician [doctor] with disruptive behaviour is one who cannot or will not function well with others to the extent that his or her behaviour, by words or actions, interferes or has the potential to interfere with quality healthcare delivery.”

Examples of disruptive behaviour are:

Active

- Aggressive - angry outbursts, bullying, verbal attacks
- Undermining - criticising, blaming, undermining service
- Disrespectful - swearing, sexual innuendo, racial slurs

Passive

- Persistent lateness, unwillingness to join rota/attend meetings
- Transgressing professional consensus

Behaviours such as aggressive outbursts can cause significant distress in other professionals, disrupt effective team work, and are often a sign of distress and unhappiness in the disruptive individual. Such behaviours can constitute impairment of fitness to practise in terms of General Medical Council guidance; and is evidence of unprofessional behaviour as defined by the National Clinical Assessment Service (NCAS).

Disruptive behaviours are recognised as an increasing problem in the UK medical work force, with over half of the 1198 NCAS advice cases in 2007-08 including concerns about behaviour or misconduct. All the above behaviours have been cause for referral to NCAS; in

addition difficulties with teamwork were frequent, as were poor communication with colleagues or management, and confrontational management or leadership styles.¹

Interventions

These behaviours are costly to both the individual and the services in which they work. Persistent behavioural dysfunction may cause conflicts at work, poor service performance and expensive disciplinary action. It is therefore cost-effective and risk-reducing to address these behaviours and take steps to reduce them.

In the USA, a number of educational and developmental interventions have been developed for disruptive and distressed physicians. A particularly successful programme developed by the Centre for Professional Health faculty at Vanderbilt University, Nashville, Tennessee, is based on evidence that these physicians can be helped in an educational environment. The programme provides physicians with dysfunctional behaviours a safe, confidential environment where they can learn with their peers

- (a) about the origins and consequences of their actions, and
- (b) an opportunity to learn new behavioural skills to improve work function

Evaluations of 75 participants who have attended these courses since 2005 have shown that work colleagues report improvements in participants' work behaviours (including reduction in specific disruptive behaviours at 3 and 6 months). 76% of the participants themselves reported that they had a better understanding of how their behaviour affected patient care and that the course helped them change their attitudes and behaviours. Nearly all respondents identified at least one specific change in their behaviour as a result of the course, and one specific relapse prevention techniques they had learned and utilized from the course. (Samenow et al, 2008²)

Course details

The Career Development Unit of the Oxford deanery for postgraduate medical and dental education has now developed a new course for distressed and disruptive doctors in the UK, based on the Vanderbilt programme.

The course is run by a faculty with extensive experience of medical education, professional performance review and group work. It is limited to a maximum of 10 participants, and takes place in a group format; utilising participants' own experience and contributions. It includes strategies for managing negative emotions and feelings, sessions learning about relevant psychological aspects such as cognitive distortions, and other group learning processes. The weekend course introduces participants to new ways of thinking about their experiences at work; and the follow up days provide an opportunity for continuing feedback and support.

Each participant is given the chance to tell their story and confide their fears and hopes with other doctors in facilitated small group interactions. The course provides a means to learn the value of expressing feelings appropriately and is emotionally healing for many of the doctors attending the course. This is a new way of behaving for some and they may be slow to see the therapeutic value of the group. Most however, begin to open up and take advantage of the process early in the course.

¹ Harrison J, Field R, Seppings R. Handling dilemmas and lapses: Disruptive behaviour. NCAS annual conference : Professionalism - dilemmas and lapses 2009. [Online] Accessed on 16 August 2009 at <http://www.ncas.npsa.nhs.uk/trainingandevents/reports/>

² Samenow C, Swiggart W, & Spickard A. (2008) A CME Course Aimed at Addressing Disruptive Physician Behavior. *Physician Executive*, Jan/Feb 2008, pp. 32-40.

A comprehensive understanding of each physician's behaviour is critical to helping them learn new behaviours in the course. Collateral information about their "acting out" in the workplace is collected. We obtain signed consent from the participant to contact colleagues, nurses, family members, and others who will comment on the doctor's behaviour. This information is provided to the faculty before the doctor attends the course and helps individualize the experience.

We have found that small group experiential exercises such as the role play of problematic episodes are very effective educational and cathartic experiences. The genogram (family tree) of each participant is discussed in the group. This exercise attempts to help the doctor and the group understand the antecedent family traits that contribute to disruptive behaviour.

The first course will take place over 3 days (Friday to Sunday lunchtime) in October 2010 and will be based at a convenient hotel venue in the Oxford area. Participants may choose to stay at the hotel or find their own accommodation – they will be expected to arrive on the Thursday night for a prompt early start on Friday. The remaining 3 days take place quarterly over the next 12 months.

For course completion and maximum benefit, full attendance is required at all 6 days of the course.

Course Requirements

All course participants will undergo the following before the course begins:

- An interview with Dr Gwen Adshead is required prior to registering for the course. We will contact you to arrange this at a mutually convenient time and place when we receive your booking form. If for any reason your place on the course is not confirmed we will of course return your payment for the course fees. Participants will be sent a packet of pre-course screening instruments to be completed and returned at the interview.
- An assessment may be required to rule out certain conditions such as active drug and alcohol addiction and physical or psychological problems which would make participation in the course inappropriate and unproductive. If you have completed a comprehensive assessment or are currently in therapy, those records will be requested in lieu of an assessment.
- Attend the three day course followed by three one-day follow-up sessions over a twelve month period.

Reasons To Refer

Evidence of disruptive behaviour having a significant adverse effect on service delivery, individual performance or team working, for example:

1. Repeated complaints about the professional, from peers, staff or patients/clients alleging behaviour such as:
 - Aggression, angry outbursts, bullying, verbal attacks;
 - Undermining, criticising, blaming, undermining the service;
 - Swearing, sexual innuendo, racial slurs.
2. Persistent lateness, unwillingness to join rota or attend meetings.
3. Repeated pattern of difficulty in managing anger.
4. When there is pending disciplinary action, or GMC referral and investigation.
5. To support return to work, following suspension, disciplinary or professional regulatory action.

Doctors appropriate for referral

- Are currently working, in a permanent post as an NHS consultant or GP (doctors still in training are not appropriate for this course)
- Are willing to fully participate
- Do not require residential treatment (e.g. for drug or alcohol problems)
- Have some support for change, i.e. individual coaching, mentoring, or counselling, and also support within their place of work

Participants should not have any of the following:

- Active substance abuse or dependence
- Medical illnesses causing behavioural disturbances
- Skill or competence issues, etc.
- Significant psychiatric disorders (e.g. current major depressive illness, any psychotic disorder)

Doctors may self-refer or be referred by managers/occupational health. Participants may also be referred by NCAS, the GMC, or their deanery, or through professional indemnity organisations and services. Feedback will be provided to referrers.

For additional information and explanations of course material and assessments contact Dr Gwen Adshead on 01344 754022 or gwen.adshead@wlmht.nhs.uk

To discuss a potential referral, please contact Dr Adshead as above.

Requirements on referees and referring organisation/employer

Participation includes agreement to transparency and evaluation.

Reports will be provided at the end of the weekend course; and at the end of the year. Where the participant is referred by a third party, reports will be sent to both the participant and the third party.

Participants who self-refer will be strongly advised to send their feedback reports to managers/mentors/supervisors.

Fees may be paid by participants directly or their employers.

Applications for the course

This first course in the UK is being heavily subsidised by financial support from NCAS and the Oxford deanery.

A contribution of £500 to the costs of the course is expected from each participant, for the full 6 days.

Please note that full attendance is required at all 6 days of the course.

Experience from the Vanderbilt programme shows that partial participation does not lead to the sought after improvements in behaviour.

Please apply by completing the attached form and sending it, together with a cheque for £500 made payable to 'South Central Strategic Health Authority', to:

CDU Administration Office

PO Box 58

Bourton on the Water

Gloucestershire

GL54 2WJ

cdu@oxford-pgmde.co.uk

www.oxforddeanerycdu.org.uk

Application form: Reducing Conflict Behaviour Course 2010

Name:

Address

Email address

Workplace

Contact details (home/work/mobile)

We need to meet with all participants once before the course starts. Please state below what days of the week might be best for you; and whether you can travel to London or Oxford .