

Plan Ahead to Prevent Violence in the Workplace

BY DOUG BRUNK
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SAN DIEGO — There is no one technique or strategy that will protect you from the risk of physical attacks in your workplace by patients or coworkers, Donna Pence declared at a conference sponsored by the Chadwick Center for Children and Families at Children's Hospital and Health Center, San Diego.

"There is nothing about who and what you are that makes you immune from people intent on doing bad things," said Ms. Pence, training coordinator for San Diego State University's Public Child Welfare Training Academy. "Not looks, not money, not profession, not uniform, not where you live, not how religious you are, or how good you are."

The best self-protection involves a combination of factors, including being aware of your capabilities, your environment, your habits, realistic hazards, and your options should a violent episode occur.

She offered the following tips:

► **Do some self-reflection.** What is your history of violence and anger and your response to it? Have you been in situations

where you felt threatened, and now you feel hypervigilant? Your personal history of violence "will affect your response to situations," said Ms. Pence, who spent 25 years as a special agent with the Tennessee Bureau of Investigation. "It will impact the lens through which you view [someone's] behavior. That can be good, but it also could lead you to jump the gun and have a perception of violence and danger when it doesn't really exist."

► **Make an effort to understand your colleagues' attitudes about personal safety and anger in the workplace.** Are you allowed to talk about it? Are you encouraged to talk about it? "Is there a forum where you can ventilate about any anxieties you have about a client, or any anger you may have toward the client?" Ms. Pence asked. "Because if you're angry and they're angry, that's not a real healthy combination."

Also, ask yourself, are there people in the

office who can hear you if you yell for help? Is there an emergency buzzer nearby? If somebody enters the office and a buzzer goes off, do we have a plan on what to do?

► **Think twice before visiting a patient in his or her home.** Look at prior refer-

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als. Consult with social workers or other physicians to see if the patient has a history of violent behavior. "If I have somebody who's been arrested for drugs, weapons, domestic violence, or child abuse, I'm go-

ing to think twice before going out to their turf by myself," she said.

To protect against workplace violence and abuse, Ms. Pence recommended working on "target hardening." Target hardening is a military term that refers to the notion that you are the person you are trying to make most safe. "Until you recognize your personal, physical, mental, and environmental culpabilities and the possibility of victimization and do what you can realistically to reduce these,

you're not a hard target," she explained.

This means:

► **You must be aware.**

► **You must think in a different way.** For example, "Don't walk down a sidewalk that has doors on one side and bushes on the other," she advised. Also, when you approach a parking lot, don't skirt the edge of it. Rather, "walk toward the middle of the parking lot and look to the left and right."

► **You must act in a different way.** "The way you walk, look, and carry yourself makes a difference in the degree of vulnerability that is ascribed to you by someone looking to attack," Ms. Pence said. "Look confident, look aware, and be in the present."

► **You must recognize your personal vulnerabilities.** Ask yourself, how could I defend myself in the event of a personal attack? "For example, I'm not a long distance runner," Ms. Pence said. "I don't aspire to be a runner. That's a realistic assessment of my physical abilities. If there are areas where you have a deficit, ask, what can I do to enhance my abilities? Maybe it's learning some form of self-protection or learning verbal de-escalation techniques." ■

Program Aims to Evaluate and Treat Disruptive Physicians

BY MARY ELLEN SCHNEIDER
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More than 4 years ago, Raymond M. Pomm, M.D., started to see a pattern of disruptive behavior occurring in physicians across Florida, where he is the medical director for the state's Impaired Professionals Program.

Hospitals were reporting a range of inappropriate and disruptive behaviors, from yelling to berating nurses in front of other staffers to physical violence. But the behavior didn't fit any patterns typically associated with psychiatric disorders such as bipolar disorder or substance abuse, he said, so he searched the country for a person or program that could help to change the behavior.

"It became a real dilemma," Dr. Pomm said.

Then in 2002, Eva Ritvo, M.D., a psychiatrist, and Larry Harmon, Ph.D., a psychologist, stepped forward with a unique approach.

They started the Physicians Development Program, which provides a complete psychiatric, psychological, and workplace evaluation of potentially disruptive physicians, offers referrals to local treatment, and monitors behavior to chart improvement.

"We really try to tailor the program to the individual doctor," said Dr. Ritvo of the department of psychiatry and behavioral sciences at the University of Miami and

chair of the department of psychiatry at Mount Sinai Medical Center in Miami Beach.

They also use the Physicians' Universal Leadership Skills Survey Enhancement (PULSE) tool to evaluate and monitor physician behavior. The survey was developed by asking a variety of health care professionals what their colleagues do at work that motivates them to perform at their best, and what disrupts or discourages them.

When a physician agrees to go through the program, Dr. Harmon sends the survey to nurses, physician colleagues, and hospital leadership to find out how the individual physician behaves.

This feedback gives the physician some insight into how he or she is viewed by colleagues. This is a "magic moment" in the program, said Dr. Harmon, who is chair of the ethics advisory board of the Florida Psychological Association.

The physicians, along with hospital administrators, choose the people who will complete the survey. "This is not mental health treatment, this is physician development," Dr. Harmon said.

Seeing this report usually turns around the behavior, Dr. Harmon said. Once the behavior is pointed out in a structured, objective way by a neutral third party, the findings are seen as credible and have an impact on the doctor.

The feedback report allows Dr. Harmon to constructively confront the doctor's lack of insight, he said. Physi-

cians do not notice their disruptive impact on others until they see the collective voice of their team members reflected in the report. It's also the best way to find out if a physician isn't being disruptive, but may be a political target at the hospital.

After the survey is shown to the physician, Dr. Harmon conducts a follow-up survey to chart the physician's progress.

So far, all of the physicians who have been through the program have improved their behavior, he said.

About 42 physicians have completed the program since its inception in 2002. They come from around the country and from various specialties, Dr. Ritvo said.

"Typically, our physicians are not what you'd expect," she said.

These physicians usually don't see their behavior as inappropriate and will say that they are just trying to get the best care for their patients. And they are usually excellent doctors but they are operating under a lot of stress and generally have some type of personality disorder involving obsessive behavior and control issues. "We see a lot of perfectionism," Dr. Ritvo said.

In the future, Dr. Ritvo said she hopes to focus more on prevention and to be able to offer physicians a chance to assess their behavior before they are reported for inappropriate behavior.

The Physicians Development Program isn't just for disruptive physicians, Dr. Harmon said. It can also be used by groups of physicians who want to provide confidential feedback about how they are impacting their staff and colleagues. "It gives physicians a chance to see themselves as others see them, and maybe for the first time."

Prevention is key, Dr. Pomm said. Hospitals should conduct ongoing assessments of personnel and work environments and offer help to employees, he said.

State medical boards are also in a position to help physicians get help before a disciplinary action is necessary, said James N. Thompson, M.D., president and CEO of the Federation of State Medical Boards.

Developing a nonpunitive way to identify physicians who are heading toward trouble would serve the public, reduce disciplinary actions, and keep physicians in practice longer, Dr. Thompson said. ■

Checklist Can Help Ensure Appropriate Behavior

So how do you avoid becoming a disruptive physician? Dr. Ritvo and Dr. Harmon have put together some tips to ensure that your behavior is appropriate:

- Periodically ask staff, supervisors, and colleagues how you are doing with "teamwork."
- Let your staff know when they are doing a good job.
- Praise in public; reprimand in private.
- Reprimand the mistake, not the person.
- Foster positive and open communication with staff.
- Beware of sarcasm, tone of voice, as well as body language.

- Set clear and realistic goals for yourself and your staff and make sure that the goals are communicated effectively.
- Develop stress reducing techniques.
- Humor can be an effective way to cope, but remember what is funny to one person may be offensive to another.
- Avoid all sexual comments at the office.
- Avoid excessive work hours.
- Add balance to your life.
- Seek help when needed.