

Program Aims to Treat Disruptive Physicians

BY MARY ELLEN SCHNEIDER
Senior Writer

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 did not 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 a 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. The two health care professionals started the Physicians Development Program, which provides a complete psychiatric, psychological, and workplace evaluation of potentially disruptive physicians. The program also offers referrals to local treatment, and monitors behavior to chart physician 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 process gives the physician some insight into how he or she is viewed by colleagues. This is a "magic moment" in the program, according to Dr. Harmon, who is the 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 they have an impact on the doctor.

The feedback report allows Dr. Harmon to constructively confront the doctor's lack of insight, he said. Physicians 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. The program participants come from around the country and from various specialties, Dr. Ritvo said.

"Typically, our physicians are not what you'd expect," she said in an interview with this newspaper.

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 an opportunity 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," Dr. Harmon noted.

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

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., who is the president and CEO of the Federation of State Medical Boards.

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

Avoid Becoming a Disruptive Physician

So how do you avoid becoming a disruptive physician? Dr. Ritvo and Dr. Harmon have put together some tips on how 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, and body language.
- ▶ Set clear and realistic goals for yourself and your staff and make sure 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.

Health Disparities in Minority Women Vary by Ethnic Group

BY JOYCE FRIEDEN
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WASHINGTON — More programs need to be developed to address the specific health needs of minority women, Elena Cohen said during the annual meeting of the American Public Health Association.

"Racial minorities are projected to make up almost half the population by 2050," said Ms. Cohen, who is senior counsel at the nonprofit National Women's Law Center.

"But there's not much analysis of [health data on] racial and ethnic groups by gender."

To further examine the issue, researchers at the center analyzed data on women's health from all 50 states as well as the District of Columbia. The center's report, which is entitled "Making the Grade on Women's Health," outlines dis-

parities in women's health care in different states.

For example, black women have the highest rate of Pap smears and the lowest rate of osteoporosis, compared with other groups, but they also have the shortest life expectancy and the highest poverty rate, and they are least likely to get prenatal care.

They also have the highest mortality rates for coronary heart disease, stroke, and diabetes, and the highest incidence of AIDS and lung cancer, Ms. Cohen noted during the meeting.

For their part, Latinas have the lowest mortality rate from stroke, but they are the second-least likely group to be screened for cervical cancer, and they

fare worse than other groups in cervical cancer incidence and mortality, Ms. Cohen said.

This group has the highest percentage of uninsured women and the highest percentage of women who do no physical activity in their leisure time, "which is very important for obesity issues."

American Indian and Alaskan Native women had the second-lowest mortality rate from stroke, but they fared worst of all groups for smoking, binge drinking, mortality from cirrhosis, and violence against them, Ms. Cohen said.

"The Asian-American/Pacific Islander group fared best in preventive health behaviors and in avoiding obesity and smok-

ing, but these women do have other issues," she added.

According to the report, those issues are cervical and ovarian cancer, which disproportionately affect these women, who are also the second-least likely group to have had a mammogram within the last 2 years.

Because each group's problems are different, identifying useful interventions for minority women can be tricky, but it needs to be done, she said.

"One way is to encourage research that is analyzed and reported by race and ethnicity, and then further by gender. Another idea is to develop targeted programs to address ethnic and racial issues," Ms. Cohen said. ■

The report, which is titled "Making the Grade on Women's Health," is available on the Internet at www.nwlc.org/details.cfm?id=1861§ion=health.

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