Professionalism: A key driver of safety culture

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Disclosures

Husband, Peter Goldbach: CMO for Health Dialog
Deep Bow

Allan Frankel
Lauren Downing
IHI
My story

Evolving understanding
Institutions are...

“where the human heart either gets welcomed or thwarted or broken.”

This is, fundamentally, a *culture* change
This is, fundamentally, a culture change

“The organization's culture consists of patterns of relating that persist and change through ongoing interaction.”

- Tony Suchman, MD

Brilliant Diagnosis
How many of you want to talk to this doctor?
How many of you want to talk to this doctor?

Why would you dread this conversation?
Why have we tolerated this for so long?
Organizational accountability barriers

- Conflict avoidance/fear of retaliation
- Person is competent/valuable in other domains (e.g., technical skills, content expertise)
- Loss of revenue
- Behavior not exhibited toward all groups
- “Subjective” data
- Patient harm not proven
- Benign intent
- Accountability seems harsh to individual
Brigham and Women’s Hospital

- 793-bed tertiary care facility
- Major teaching hospital for Harvard Medical School
- Physicians: 1,700
- Physician and scientist faculty: 2,738
- Total employees: > 14,000
The Center's mission is to encourage a culture that values and promotes mutual respect, trust and teamwork.
You can’t just send a memo
Handling Concerns

Data (n=405)

<table>
<thead>
<tr>
<th>Year</th>
<th>Repeat FPs</th>
<th>Teams</th>
<th>New FPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>48</td>
<td>7</td>
<td>343</td>
</tr>
<tr>
<td>2011</td>
<td>41</td>
<td>7</td>
<td>343</td>
</tr>
<tr>
<td>2012</td>
<td>77</td>
<td>7</td>
<td>343</td>
</tr>
<tr>
<td>2013</td>
<td>65</td>
<td>4</td>
<td>349</td>
</tr>
<tr>
<td>2014</td>
<td>12</td>
<td>5</td>
<td>344</td>
</tr>
<tr>
<td>2015</td>
<td>15</td>
<td>4</td>
<td>350</td>
</tr>
<tr>
<td>2016</td>
<td>4</td>
<td>10</td>
<td>354</td>
</tr>
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</table>
Building a program

Leadership
Commitment
In order to get leadership commitment we have to make the case

- Culture drives safe care delivery
- Culture is about behavior
- A core domain of behavior is professionalism
Unpacking safety culture

Conflict Management
Just Culture
Professionalism
Peer Support
Clinician Wellbeing

Learning Environment
Psychological Safety
PROFESSIONALISM

That’s not my job.
Trustworthy relationships

Accountability
ABMS/ACGME competencies: professional standards

- Patient care
- Medical and clinical knowledge
- Practice-based learning and improvement
- Interpersonal communication skills
- Professionalism
- System-based practice
Unprofessionalism and Patient Care

3-5% of MDs demonstrate behavior that interferes with patient care

National survey of 3,900 MDs, RNs, staff in hospitals

51% disruptive behavior correlates with patient safety compromise
71% disruptive behavior correlates with quality compromise
Communication failures

Root Causes of Sentinel Events
(All categories; 1995-2005)

- Communication
- Orientation/training
- Patient assessment
- Staffing
- Availability of info
- Competency/credentialing
- Procedural compliance
- Environ. safety/security
- Leadership
- Continuum of care
- Care planning
- Organization culture

Percent of 3548 events

Joint Commission
Sentinel Event Alert

End intimidating and disruptive behavior among physicians, nurses, pharmacists, therapists, support staff and administrators

“behaviors that undermine a culture of safety”
“Behaviors that undermine a culture of safety”

• Verbal or physical threats

• Intimidation

• Reluctance/refusal to answer questions, refusal to answer pages or calls

• Impatience with questions

• Condescending language or intonation
Unpacking safety culture

Clinician Wellbeing
Peer Support
Professionalism
Just Culture
Teamwork Management
Learning Environment
Psychological Safety
Conflict Management
Impact on clinician health and wellness
Being Bullied is Common and Stressful

- More symptoms of *somatization*, depression, anxiety
- **Lower social support** from coworkers and supervisors
- Concentrations of *cortisol* in saliva mirrors PTSD and chronic fatigue

Humiliation is not an effective teaching tool

Yerkes Dodson Curve
Burnout is a syndrome of depersonalization, emotional exhaustion and a sense of low personal accomplishment that leads to decreased effectiveness at work.

Respectful work environments can promote health and wellness
Leadership matters

• Survey of 2,813 physicians

• Supervisor composite leadership score (e.g., treats me with respect and dignity, is interested in my opinion) strongly correlated with burnout/satisfaction

• Each 1-point increase in composite leadership score associated with a 3.3% decrease in likelihood of burnout and a 9% increase in likelihood of satisfaction

Hierarchy of Responsibility

No Hierarchy of Respect
Burning platform:
Society, TJC, ABMS, ACGME

- Patient safety
- Patient experience
- Learning environment
- Litigation risk
- Retention
- Morale and productivity

Not doing this is costly on many levels
Building a program

Leadership
Commitment

Education
Think of ourselves as potential…

victims, perpetrators or bystanders
Code of Professional Conduct Policy 5.2.2.1
Brigham and Women’s Hospital
Brigham and Women’s Physicians Organization

Brigham and Women’s Hospital and the Brigham and Women’s Physicians Organization are committed to providing the highest quality healthcare to patients and their families, to expanding the boundaries of medicine through research, and to educating the next generation of health care professionals. We are also committed to ensuring an ideal work environment for all employees, medical staff and trainees whereby our core values of excellence, compassion, respect and diversity are embraced by all. We believe in and uphold the principles of a fair and just culture and communicate these beliefs and values throughout the institution. We expect our employees, medical staff and trainees to:
Interactive training sessions
Evaluation of sessions

• 2,738 evals completed from 2011 – 2015
• Evaluation range:
  1 = strongly agree
  5 = strongly disagree

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean Score (n=2,738)</th>
</tr>
</thead>
<tbody>
<tr>
<td>objectives achieved</td>
<td>1.5</td>
</tr>
<tr>
<td>awareness increased</td>
<td>1.6</td>
</tr>
<tr>
<td>will enhance professional practice</td>
<td>1.7</td>
</tr>
</tbody>
</table>
Building a program

Leadership
Commitment

Education

Accountability
Handling concerns process

High level concerns process

Director gives feedback to FP

Director coaches reporter to give feedback

Listen only
Frame-Based Feedback

Trying to learn the other person’s perspective through genuine curiosity and exploration.

Frame-based feedback: 
algorithm overview

My Frame
- Setting context
- Specific behavior(s)
- Concern or appreciation

Their Frame
- Short open-ended question (for starters)

Match your discussion to their frame

- Rudolph, et al.
A word about the rogue elephants
High level handling concerns process

• Confidential discussion w/ Director
• Assessment: multisource interviews
• Discussion w/ supervising MD, chief/ chair, CMO, OGC, ELR
• Meeting w/ disruptor
• Retaliation prevention/mitigation
• Document all interactions
• Monitoring
Escalating consequences

JS modified for BWH 4.09

No
Pattern persists
Apparent Pattern
Single complaint – no apparent pattern
Vast majority of professionals - no issues

Level 3 “Disciplinary” Intervention
Level 2 “Authority” Intervention
Level 1 “Awareness” Intervention
“Informal” Intervention
Mandated Issues

The Why and How of Dealing with “Special” Colleagues
Discouraging Disruptive Behavior © CPPA 2008
Back to Dr. Mills
<table>
<thead>
<tr>
<th>Common responses</th>
<th>Appropriate feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate data</td>
<td>Not a court of law</td>
</tr>
<tr>
<td><em>Exactly who said this?</em></td>
<td></td>
</tr>
<tr>
<td>Personal sabotage</td>
<td>Not an isolated incident</td>
</tr>
<tr>
<td><em>Dr. X is trying to discredit me</em></td>
<td></td>
</tr>
<tr>
<td>Other people like me</td>
<td>You shouldn’t have a disruptive working relationship with anyone</td>
</tr>
<tr>
<td>I am special and talented</td>
<td>Not a performance evaluation</td>
</tr>
<tr>
<td><em>I do work that no one else is qualified to do</em></td>
<td></td>
</tr>
<tr>
<td>This is a systems problem</td>
<td>Yes, and …</td>
</tr>
<tr>
<td><em>If this whole system functioned better…</em></td>
<td></td>
</tr>
<tr>
<td>Common responses</td>
<td>Appropriate feedback</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td><strong>Unfair process</strong></td>
<td>We hold everyone to the same standards</td>
</tr>
<tr>
<td><em>I’m being singled out because …</em></td>
<td></td>
</tr>
<tr>
<td><strong>Patient advocacy</strong></td>
<td>Disruptive behavior is a safety risk</td>
</tr>
<tr>
<td><em>Others aren’t responsible for patients the way I am</em></td>
<td></td>
</tr>
<tr>
<td><strong>Prove harm</strong></td>
<td>We don’t need to</td>
</tr>
<tr>
<td><em>Give me one example …</em></td>
<td></td>
</tr>
<tr>
<td><strong>Personal style</strong></td>
<td>Impact not intent</td>
</tr>
<tr>
<td><em>I don’t mean anything by it</em></td>
<td></td>
</tr>
<tr>
<td><strong>I am no worse than others</strong></td>
<td>We are focusing on your issues right now</td>
</tr>
<tr>
<td><em>I am certainly not the only one</em></td>
<td></td>
</tr>
</tbody>
</table>
We are not expecting perfection
This is not about minor issues
Not about snitching

The focus is on patterns of behavior
or a single egregious incident
Organizational accountability barriers

- Conflict avoidance/fear of retaliation
- Person is competent/valuable in other domains (e.g., technical skills, content expertise)
- Loss of revenue
- Behavior not exhibited toward all groups
- “Subjective” data
- Patient harm not proven
- Intent vs. impact
- Accountability seems harsh to individual
Other tools

• Feedback training
• Coaching/advising
• Relational Coordination
• Conflict resolution
Our data

Shapiro J, Whittemore A, Tsen LC.

Instituting a Culture of Professionalism: The Establishment of a Center for Professionalism and Peer Support.
Interventions

Jan 2010 - Jun 2013 (n=159)

* Involves: CPPS director, CMO, OGC, EAP, Pt Relations, div chief, dept chair
* Residential referral, empathy training, emotional intelligence

- Feedback by CPPS*: 103 (65%)
- Coaching: 23 (14%)
- Formal evaluation: 19 (12%)
- 360: 11 (7%)
- Other+: 3 (2%)
Outcomes: Behavioral (n=149)*

Jan 2010 - Jun 2013

- Some improvement: 52 (35%)
- Significant improvement: 34 (23%)
- Insignificant improvement: 8 (5%)
- Need f/u info: 36 (24%)
- Work in progress: 10 (7%)
- Not a professionalism issue: 9 (6%)

86 (58%)

*Data exclude left institution, demoted, did not investigate
Outcomes: Change in job status or institutional role

Jan 2010 - Jun 2013 (n=201) *

- 157 (78%) Remain in role
- 23 (11%) Left due to professionalism issue
- 11 (5%) Demoted
- 10 (5%) Left for other reasons

*Excludes groups/teams
How can we expect people who are feeling unsupported and isolated to deliver high quality patient care?
Peer Support
Disclosure Coaching
Defendant Support
OUR HOUSE RULES

I WILL........

1. DO EVERYTHING I CAN TO GO HOME SAFE
2. NEVER FORGET RULE #1
3. RESPECT MY WORKMATES
4. COMMUNICATE POSITIVELY WITH THOSE AROUND ME
5. CHALLENGE MY MATES TO DO THE RIGHT THING
6. PRESENT FIT FOR DUTY & READY TO DO MY BEST
7. NEVER TAKE SHORT CUTS AT THE EXPENSE OF SAFETY
8. LEAD BY EXAMPLE & BE PROUD OF MY WORK
9. SPEAK UP IF I SEE SOMETHING NOT QUITE RIGHT
10. STEP UP & HELP MY WORKMATES IF I SEE THEY NEED HELP
“we are not victims of that world, we are its co-creators. …source of awesome responsibility … and profound hope for change.”

This is difficult but so important. It takes great leadership, courage and skill.

Thank you for your commitment to this work