

How to find a JCAHO Consistent Program for Disruptive Physicians

The missing link in the new Joint Commission Standards for “disruptive physicians” is an Internet Published directory or list of credible programs to address this challenging issue. One consequence of this oversight is the creation of a new cottage industry of programs claiming competence in treating, curing and intervention for physicians who are engaging in disruptive behavior toward medical staff and/or patients.

In California, traffic schools and domestic violence intervention programs have suddenly begun advertising on-line classes for physicians with the seductive fee of \$45. In North Carolina, one anger management provider has developed a program called Executive Conflict Coaching that is being heavily marketed on the east coast. No one knows what executive conflict coaching is.

Psychologists, Marriage Counselors and Licensed Professional Counselors throughout the nation are suddenly experts on providing DSM-IV diagnoses and counseling or psychotherapy for physicians. Unfortunately, without a list of credible programs, Physician Well-being Committees, Hospital Credential Committees and Medical Licensing Boards have little or no guidance in helping physicians seek assistance for “disruptive behavior”.

The oldest and best known programs in the nation for physician assistance are the University of California at San Diego (PACE Program) and Vanderbilt University School of Medicine (Distressed Physician Program). Both of these programs limit enrollment to 32 participants per year. Both programs are currently full through July 2009.

In the absence of a directory featuring acceptable intervention programs for disruptive physicians, the following are guidelines for selecting a credible program:

- Carefully review the JCAHO “Sentinel Alert for Disruptive Physician Policy for Health Care Organizations”.
- Notice that there is nothing in this policy to suggest that “disruptive physician” behavior implies psychopathology, sexual abuse, or substance abuse. Therefore, assessments and intervention regarding these problems are not necessary, nor appropriate, in addressing disruptive behavior.
- Legitimate programs should include a non-psychiatric assessment (pre- and post-test) and aftercare (follow-up). Observation and a 360 degree assessment should be available when requested.
- Coaching or classes should be structured with a focus on self-control, social awareness, empathy, stress management and positive communication skills. Skill enhancement should be the overall goal. Client workbooks with exercises are useful.
- Review the related training and experience of the program providers. Make certain that you or your referral is not the program’s (or Coach’s) very first client.
- Ask for references and contact at least three former clients (or their referral sources, i.e. the hospital’s physician referral). You are interested in learning whether or not the provider in question is legitimate.
- Determine whether you can afford to travel to a distant provider, or if it is in your best interest to have the Program send an Executive Coach to your office to provide the service.
- It is best to be proactive and seek assistance voluntarily rather than waiting to be mandated by some external source.

When the New Year begins, hospitals will be rushing to make sure that the standards employed by the JCAHO are being met. Providing a directory for physicians and well-being committees to refer to when looking for a legitimate program will add more structure to this process.

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