Review Resource Document 25 (2011)

WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

THE DISRUPTIVE ANAESTHETIST

INTRODUCTION

All employers have statutory obligations to provide a working environment that is safe and without risks.

The disruptive anaesthetist may engender an **unsafe environment** for other team members.

Disruptive behaviour has a **negative impact on team and staff morale**, staff retention, and the learning environment.

He or she may also **endanger patients**, as teamwork, collaboration, and communication with colleagues can be affected in a negative manner.

He or she **typically lacks insight**, and is unlikely to seek help independently.

The employer is best placed to attempt to manage the problem. The intervention process is seldom easily or quickly completed, and may include litigation.

Even following successful and/or early interventions, few disruptive doctors develop insight.

These anaesthetists tend to accumulate a number of unrelated complaints, which may suddenly all "appear" following a major incident.

SOME TYPICAL BEHAVIOURS

- Bullying and intimidation.
- Racial or ethnic slurs
- Sexual harassment
- Excessive arrogance.
- Abusive language.
- Loud and/or rude comments
- Throwing instruments
- Passive aggression
- Belittling others' work.
- Undermining confidence.
- Blaming or shaming others for adverse outcomes.
- Unnecessary sarcasm or cynicism.
- Refusal to conform to policy or normal behaviour in or out of theatre
- Refusal to discuss issues with junior colleagues.
- Threats of violence, retribution, or litigation.
- Accusing others of bullying

- Late or unsuitable responses to pager or telephone calls.

VERIFICATION

A detailed record of the complaints and incidents should be made, together with a summary of previous incidents. Is substance abuse, eg alcohol, an issue?

Confidentiality should be ensured; there is protection of the complainant(s) in several jurisdictions.

Disruptive behaviour is NOT

- Constructive feedback
- Criticism offered in good faith with the intention of improving patient care or patient advocacy
- Lawful industrial action
- Personal conflict between individual team members

STRATEGIES and INTERVENTION PLANNING

The employing body should be notified, and any complaint or grievance processes should be followed. Involve appropriate administrative personnel if necessary

If possible, initially internal conflict resolution should be sought between parties.

If complaints are minor, attempts by a mediator should be made to establish some insight in the disruptive doctor.

Warn the individual in writing about his/her behaviour and potential consequences.

Offer support, suggest psychological therapy, and/or mentoring.

Following a major sentinel event, particularly if patient care was involved, a full intervention and investigation is required.

The organisation should put together an intervention team, including the Head of Department, and another senior colleague/s. Consider involving a psychiatrist/psychologist.

Predetermine an acceptable outcome from the intervention.

Assemble the appropriate documentation, including hospital and state/national bylaws, plus local employment law.

Consult or notify hospital legal council of the action planned.

Consultation with your own medical defence organisation lawyers may be helpful

INTERVENTION

Organise a meeting, including a support person for the accused.

State the essence of complaint, and emphasise its seriousness. Describe the behaviour and how it impacts on others, including patients. Make it clear that such behaviour is unacceptable.

Seek acknowledgement of the problem, but be prepared to deal with total denial, aggression threats, and threats of legal action.

Outline the proposed management of the behaviour, and offer assistance, an independent assessment, and provide a list of appropriate therapists.

Clearly outline the consequences of compliance failure.

Outline the legal requirements of the department and hospital.

Involve the medical board or council if all else fails, and patients or staff are deemed at risk.

OUTCOME

If possible, suggest a mentor to meet regularly with the anaesthetist, and set up a re-entry behaviour contract.

Further Reading

Eakins D. Disruptive Behaviour
2008. Presentation at the National Medical Boards Conference.
Downloaded from the website of the Medical Council of New Zealand April 2009. www.mcnz.org.nz

Paice E, Aitken M, Houghton A, Firth-Cozens J.
2004. Bullying among doctors in training: cross sectional questionnaire survey. BMJ Jul 15.

Welfare of Anaesthetists Special Interest Group: Resource Documents (RDs)
RD 01 Personal Health and Strategies
RD 03 Depression and Anxiety
RD 07 Sexual Misconduct
RD 08 Mentors and peer support programs
RD 20 Substance Abuse protocol
RD 22 Bullying (in preparation)
RD 24 Mandatory Reporting

Whilst the Welfare of Anaesthetists Special Interest Group endeavours to ensure that Resource Documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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ACECC is a joint initiative of the Australian and New Zealand College of Anaesthetists, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

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