

Early Interventions: Avoiding Board or NPDB Reports

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Objectives

- Explain why and how otherwise capable clinicians commit professional, ethical, or boundary offenses
- Recognize warning signs of lapses in professionalism, ethics, or boundaries
- Adopt an “immediacy matters” intervention approach
- List features of an effective and impactful intervention program



Rationale for Early Intervention

- Avoid the IMPACT of more serious violations
 - Potential loss of a very valuable member of the medical staff
 - Disruption to patient care
 - Disruptions to other clinical staff
 - Financial hardships for the clinician and the institution
 - Moral distress among staff and administrators
 - Tarnishing the institution's and medical profession's reputations

Rationale for Early Intervention

- Avoid the progression to more serious offenses
- Avoid the more serious repercussions
- Set an institutional tone that is constructive, not punitive
- Allow the “improved” clinical staff to serve as positive role models
- Preserve the integrity of HR and institutional bylaws
- Preserve, even improve, careers

Rationale for Early Intervention

- Avoid NPDB and Board reports
 - Professional review actions based on reasons related to professional competence or conduct adversely affecting clinical privileges for > 30 days
 - Voluntary surrender or restriction of privileges while under, or to avoid, an investigation
 - All reports w/in 30 days

Why Do Smart, Highly Educated Well-Trained Clinicians Act Badly?

What are they thinking??

COLD vs. HOT States

Dan Ariely, Duke University
Psychology and Behavioral Economics
Predictably Irrational

COLD vs. HOT States

- Cold state is intellectual
 - What we are doing now in this conference
- Hot state is emotional and immediate
 - When decisions must be made quickly
 - When emotions are triggered or unsettled
 - Hungry, angry, lonely, tired
- Hot state moments require cold state thinking
 - This takes awareness of warning signs and practice

COLD vs. HOT States

- Many clinicians are unaware of how hot state moments affect them
- They are unaware of how their conduct affects others
- They believe they could never get in trouble
- They think knowing the medicine is sufficient

The Formula[©]

$$VP = \left[\frac{RF \times Vul}{A} \right]^{r^r}$$

VP = Violation Potential
RF = Risk Factors
Vul = Vulnerabilities
A = Accountability
r = resistance
C = catalyst

V = Violation

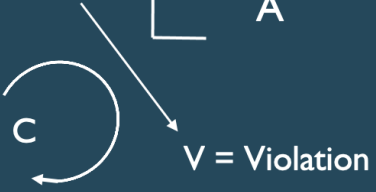


Components of the Formula

Risk Factors (External Stressors)

- Specialty
- Patient type
- Work situation
- Workload, time pressures
- Academic pressures
- Financial problems
- Teaching expectations
- Culture, gender, generational differences

$$VP = \left[\frac{RF \times Vul}{A} \right]^{r^r}$$

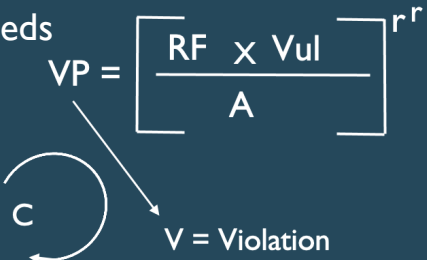


V = Violation

Vulnerabilities (Internal Stressors)

- Personality (rescuer, difficulty saying “no”, wanting to impress, fearing asking for help)
- Developmental experiences, unmet needs
- Problems with authority, rules
- Poor coping strategies
- Personal trauma, losses, abuse, etc.
- Relationship issues
- Isolation (emotional, professional, geographical)

$$VP = \left[\frac{RF \times Vul}{A} \right]^{rr}$$

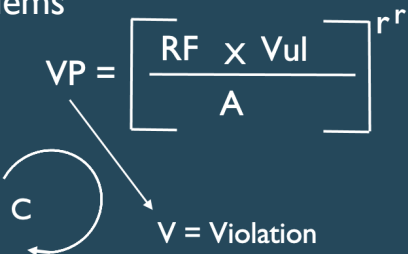


V = Violation

Accountability Measures

- Obligation to others: pts, coworkers, institution, profession
- Medical records: timely, complete
- Peer review, GR, conferences, professional literature
- Chain of command for reporting problems
- Supervision, mentoring
- Consultation (formal, not curbside!)
- Sign-outs, coverage
- Good self-care

$$VP = \left[\frac{RF \times Vul}{A} \right]^{rr}$$




V = Violation

resistance (r)

- Inability or unwillingness to fully acknowledge their professional role
- The forces w/in them that make them less likely to think about what they are doing or stop something they have started
- The “brick wall” that prevents them from becoming aware of what they have gotten themselves into
- Lack of personal insight; deficits in an ability to self-reflect


$$VP = \left[\frac{RF \times Vul}{A} \right]^{r^r}$$

 $V = \text{Violation}$

resistance (r)

- Denial
- Rationalization
- Justification
- Defensiveness
- Repression
- Intellectualization
- Other-blaming
- Wishful thinking


$$VP = \left[\frac{RF \times Vul}{A} \right]^{r^r}$$

 $V = \text{Violation}$

Catalysts

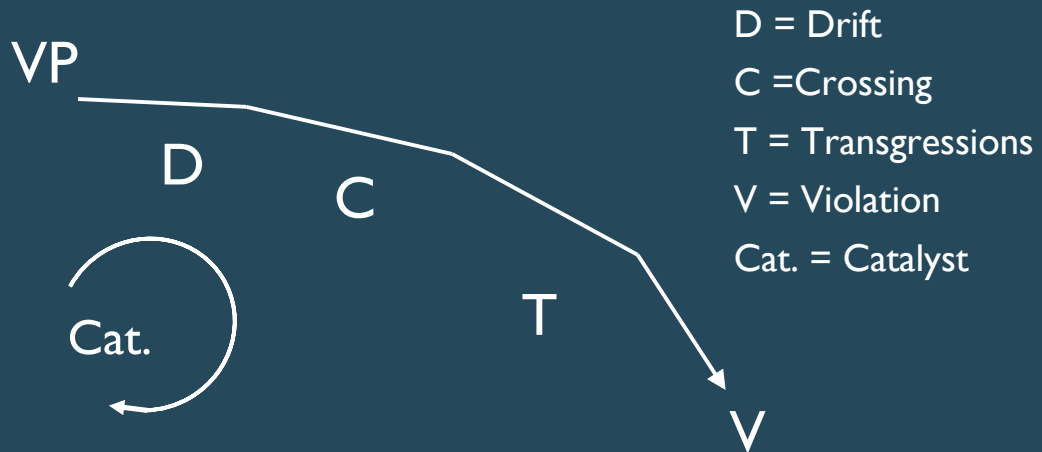
- Symbolic events
- A person who represents a past issue
- Traumas
- Crises (at work or at home)
- Losses
- Cognitive distortions
- A person who pushes their buttons
- Points of transition and change—good or bad

$$VP = \left[\frac{RF \times Vul}{A} \right]^{rr}$$

 $V = \text{Violation}$

Early Warning Signs

The Slippery Slope



Early Warnings and Late Warnings

- There is no bright line separating early from late warnings
- Slippery slope: the farther down the slope, the greater the harm to all parties and their relationships
- Steps down the slippery slope become the new “normal”

Drift

- Thoughts, not actions (you will be unaware of these)
- Not being careful in thinking about role definition
- Not paying attention to when they are stepping outside role-related behavioral boundaries
- Entertaining private thoughts about pts for their own pleasure rather than in the service of pt care
- Thoughts could be rescue, savior, romantic fantasies
- Might reflect assumptions from past experiences, prejudices

Crossing

- Deviations from policy, institutional code of conduct
- Flouting documentation requirements
- Extending beyond the usual (time, standard of care)
- Acting outside scope of role as HCP
- Can be harmless
 - Reciprocating a hug initiated by a pt
 - Sharing personal info related to pt's history

Incivility Crossings and Transgressions

- Micro-aggressions (early warning signs)
 - "You speak Spanish? Funny, you don't look like you speak Spanish."
 - Two white surgeons discussing the merits of the Civil War in the presence of a Black PA
 - Sarcasm
 - Eye-rolling

Boundary Transgressions

- Self disclosure (current desires, personal difficulties)
- Intentional social contact w/ pts, staff, 3rd parties
- Meeting place and time
- Gift-giving
- Dual relationships
- Physical contact w/ pts, staff, 3rd parties

Incivility Violations

- Lack of impulse control
 - Yelling
 - Throwing things
 - Using profanity
- Physical assault
- Bullying
- Refusal to cooperate
- Making others feel unsafe

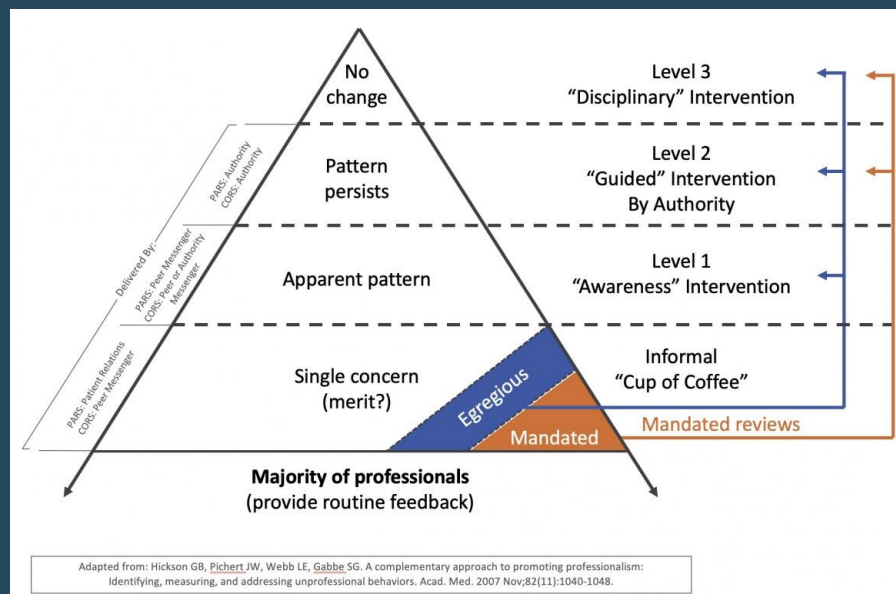
Boundary Violations

- Confidentiality breaches
- HIPAA violations
- Rx for relatives, friends, co-workers
- Treating staff, relatives and friends
- Inappropriate interviewing, examinations, testing
- Practicing outside scope

Boundary Violations

- Lending and borrowing
- Business transactions
- Sexual harassment
- Romantic / sexual relationships w/ pts, staff, 3rd parties
- Frank sexual contact

What Are Early Interventions?



Early Interventions

- The cup of coffee with a peer
 - Response to single incident / allegation
 - Could be misperception or problem (investigate)
 - Document this
 - Not for egregious, prohibited, or unlawful conduct
- Track and document subsequent complaints
 - Predate the cup of coffee?
 - Apparent pattern?
 - Responsiveness to the cup of coffee?

Early Interventions

- For patterns (n = 2?)
- Immediacy matters!
 - Reduces the risk that additional wrongdoing will occur
 - Closely connects intervention with wrongdoing
 - Prevents resistance from becoming entrenched
 - Accelerates practice improvement
 - Hastens the process of repairing / restoring team function

Early Interventions

- Performance Improvement Plan to include educational intervention(s)
 - Ethics / professionalism course
 - Boundaries course
 - Civility / communication course
 - Coaching
 - PHP involvement
- Intervention can unearth why the unprofessional conduct occurred (think Formula)

Professional Boundaries	Ethics and Professionalism	Communication and Civility	Prescribing	Medical Records
↓	↓	↓	↓	↓
Behavioral Issue(s) of Concern				
Addictions <ul style="list-style-type: none"> Chemical Behavioral (i.e. gambling, pornography) 	Bending or breaking laws, rules, or codes	Difficulty in showing sensitivity or empathy	Chronic pain: inadequate treatment or management	Billing inaccuracies
Dual relationships (including with coworkers or trainees) <ul style="list-style-type: none"> Inappropriate financial, business, or non-sexual social relationships Prescribing to friends, family, or coworkers 	Driving under the influence (DUI/DWI)	Disruptive behavior <ul style="list-style-type: none"> Belittling, bullying, or harassment Passive aggression Verbal outbursts 	Controlled dangerous substance (CDS): inappropriate or unsafe prescribing	Coding inaccuracies
Failure to use a chaperone when indicated or requested	Financial improprieties <ul style="list-style-type: none"> Fraud Inappropriate billing Over diagnosing, over treating Waiving copays 	Inappropriate humor	Documentation of prescribing that does not comply with laws and regulations	Documentation that does not comply with laws & regulations
Inappropriate use of social media, text, or email with patients/significant third parties, coworkers, or students	HIPAA or confidentiality violations	Ineffective, unproductive, or uncollegial team or clinical communication	Poor understanding of drug dependence, addiction, and misuse potential	EMR: inaccuracies, "copying and pasting"
Lending or borrowing money, or giving gifts to coworkers, students, or patients or their significant third parties	Misrepresentation <ul style="list-style-type: none"> Cheating Falsification Inaccurate or inappropriate advertising Lying or omission of information 	Lack of awareness about how one comes across to others	Prescribing to friends, family, or coworkers* <i>*This is also considered a professional boundary issue. A professional boundaries course should be considered in addition to prescribing.</i>	Incomplete or illegible records
Practicing outside of scope	Noncompliance regarding <ul style="list-style-type: none"> Disciplinary deadlines, mandates, or requirements Licensure requirements 	Poor conflict management <ul style="list-style-type: none"> Failure to professionally manage challenging situations or individuals 		Other record keeping deficiencies as determined by employer, regulator, or law
Sexual boundary violations <ul style="list-style-type: none"> Examination of sensitive body areas without gloves Sexualized language, looks, or physical contact even if consensual with current or former patients, coworkers, students, or patients' significant third parties 	Practicing on an expired license			
Supervisory issues <ul style="list-style-type: none"> Inadequate supervision/delegation Insubordination 				

Drivers of Unprofessional / Disruptive Conduct

- Addictions, mental health issues (Vul, r)
- Perfectionism, narcissism, selfishness (Vul, r)
- Family / home problems (Vul)
- Poor anger control, esp under stress (Vul, RF, r)
- Bad behavior has gotten desired results in the past (RF, lack of A)
- Environment of bad behavior, which becomes the norm ("Dr. X is just that way") (RF, lack of A, r)

Remedial Educational Interventions

- Your “remedy”
- Should require participants to:
 - Recognize, accept, address the drivers of the unprofessional conduct
 - Tell their story—honestly
 - Develop a plan of action for addressing the elements of their personal Formula
 - Optional (recommended) follow-up component

Summary

- The Formula: why and how otherwise capable clinicians commit professional, ethical, or boundary offenses
- Examples of warning signs of lapses in professionalism, ethics, or boundaries
- The case for an “immediacy matters” intervention approach
- Features of an effective and impactful remedial educational intervention

Conclusions

- Recovery from a professional lapse is a process
 - Easier when issues are nipped in the bud
 - Self-exploration, insight, commitment to change
 - Guided by a plan that should be updated regularly to prevent relapse
 - Bolstered by follow-up coursework, mentoring, coaching
 - This can be included in the PIP
- Other staff / coworkers may need support or education
 - Ideally involve the index clinician

Thank You

Q & A

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