Program Aims to Treat Disruptive Physicians

BY MARY ELLEN SCHNEIDER  
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M ore than 4 years ago, Raymond M. Pomm, M.D., started to see a pattern of disruptive be-

havior 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 be-

havior did not fit any patterns typically associated with psychiatric disorders such as bipolar disorder or sub-

stance 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 Lar-

ry Harmon, Ph.D., a psychologist, stepped forward with a unique approach. The two health care profes-

sionals 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 im-

provement.

“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 col-

leagues 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 sur-

vey to nurses, physician colleagues, and hospital leadership to find out how the in-

dividual physician behaves.

This feedback process gives the physi-

ician 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 As-

sociation.

The physicians, along with hospital administrators, then in the people who will complete the survey. “This is not mental health treatment, this is physician develop-

ment,” Dr. Harmon said.

Seeing this report usually turns around the behavior, Dr. Harmon said.

Once the behavior is pointed out in a structured, ob-

jective way by a neutral third party, the findings are seen as credible and they have an impact on the doctor.

The feedback report al-

 lows Dr. Harmon to con-

structively confront the doctor’s lack of insight, he said. Physicians do not no-

tice 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.

Developing a nonpunitive way to identify physicians heading toward trouble would serve the public and keep physicians in practice longer.

Avoid Becoming a Disruptive Physician

Do you how do you avoid becoming a disruptive physician? Dr. Ritvo and Dr. Harmon have put together some tips on how to ensure that your behav-

ior is appropriate:

► Periodically ask staff, supervisors, and colleagues how you are doing with “teamwork.”

► Let your staff know when they are do-

ing a good job.

► Praise in public; reprimand in private.

► Reprimand the mistake, not the per-

son.

► Foster positive and open communi-

cation with staff.

► Beware of sarcasm, tone of voice, and body language.

► Set clear and realistic goals for your-

self 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 anoth-

er.

► Avoid all sexual comments at the of-

fice.

► 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 spe-

cific health needs of minority women, Elena Cohen said during the annual meet-

ing 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, re-

searchers 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 not-

ed 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 per-

centage 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 sec-

ond-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 be-

haviors and in avoiding obesity and smok-

ing, but these women do have other is-

sues,” she added.

According to the report, those issues are cervical and ovarian cancer, which dis-

proportionately 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 dif-

ferent, 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 eth-

nicity, and then further by gender. An-

other idea is to develop targeted pro-

grams 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&section=health .