NHS
National Patient Safety Agency
National Clinical Assessment Service

RESPONDING TO CONCERNS - TACKLING CONCERNS ABOUT PRACTITIONER BEHAVIOUR

Dr Janine Brooks, Dr Jenny King and Mrs Claire McLaughlan

NHS
National Patient Safety Agency
National Clinical Assessment Service

Helping resolve performance concerns

Claire McLaughlan
Senior Adviser (Remediation, Reskilling and Rehabilitation)
National Clinical Assessment Service

Overview

- What we do and why we do it
- Remediation, reskilling and rehabilitation support
  - Outcomes
  - Factors influencing outcomes

NHS
National Patient Safety Agency
National Clinical Assessment Service

Role of NCAS – what do we do?

- Advice and support to health organisations where the performance of doctors, dentists and pharmacists gives cause for concern
- How do we do this?
  - Casework
  - Education
  - Evaluation, research & development
- What do we cost?
  - We are free at the point of delivery

NHS
National Patient Safety Agency
National Clinical Assessment Service

Role of NCAS – why do we do it?

- Impact on safety and public confidence
- Suspension and exclusion from work
- Longer term outcomes
  - **Amongst NCAS cases with the most serious concerns, two thirds were back in work after remediation – and not lost to the Service**

NHS
National Patient Safety Agency
National Clinical Assessment Service

Context – NCAS' experience of the scale of the problem

- 1 doctor in 190 and 1 dentist in 290 are referred to NCAS each year
- c6500 practitioners referred since 2001 from almost all NHS bodies
- Cases are being referred earlier – 83% of NCAS cases <1 year old in 2008/09, compared with 36% in 2002/03
- 54% of referrals are about clinical skills, but **behavioural concerns are just as common – 56%**

NHS
National Patient Safety Agency
National Clinical Assessment Service

NCAS Assessment

- Independent view on the performance of the practitioner within the wider context of their practice ('level 3' diagnostic assessment)
- Challenge
  - Create a developmental model in an adversarial environment
  - Credible, robust to challenge, affordable and practicable
- Models
  - Full performance assessment – developmental, holistic approach across all domains: health, **behaviour,** clinical skills, work context
  - Clinical performance assessment – under contract to regulator
- Method
  - Peer clinical, **behavioural**, lay assessors, trained and quality assured
  - Structured gathering of information across the scope of practice

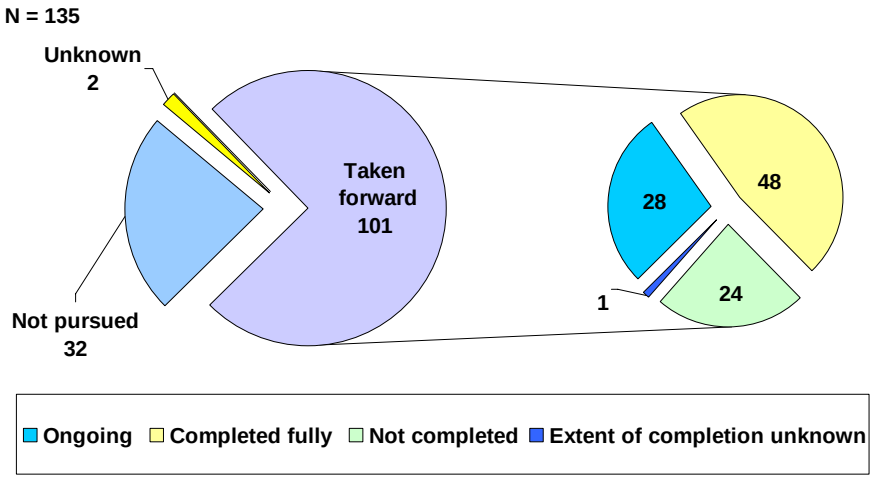
NHS
National Patient Safety Agency
National Clinical Assessment Service

Assessment - then what? Recommendations 2002-2006

NCAS recommendation	*Number of cases*
Remediation programme	**108**
Consider referral to regulator if remediation not practicable or successful	**15**
Onward referral to regulator	**16**
Other (e.g. team development, dealing with health concerns)	**5**
TOTAL	**144**

NHS
National Patient Safety Agency
National Clinical Assessment Service

Implementation of remediation programmes 2002-2006



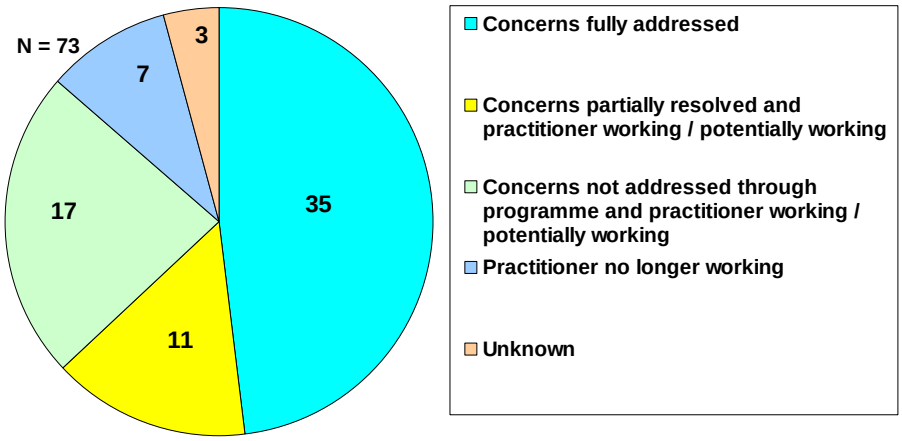
NHS
National Patient Safety Agency
National Clinical Assessment Service

Dynamics of a complex situation

- Patient safety and the needs of the service
- Needs, abilities and situation of the practitioner
  - **Do they have the key personality traits?**
  - **Are they 'stable' enough?**
  - **Can they persevere?**
  - **Do they have insight?**
  - **Do they want/intend to change?**
  - **Do they have a history of successful change attempts?**
- Roles and functions of participants
  - Responsibilities and understanding of managers
  - What support is available?
  - What are the contextual factors that will motivate them to change?
- The role of a national bodies

NHS
National Patient Safety Agency
National Clinical Assessment Service

Resolution of concerns (last known) 2002-2006



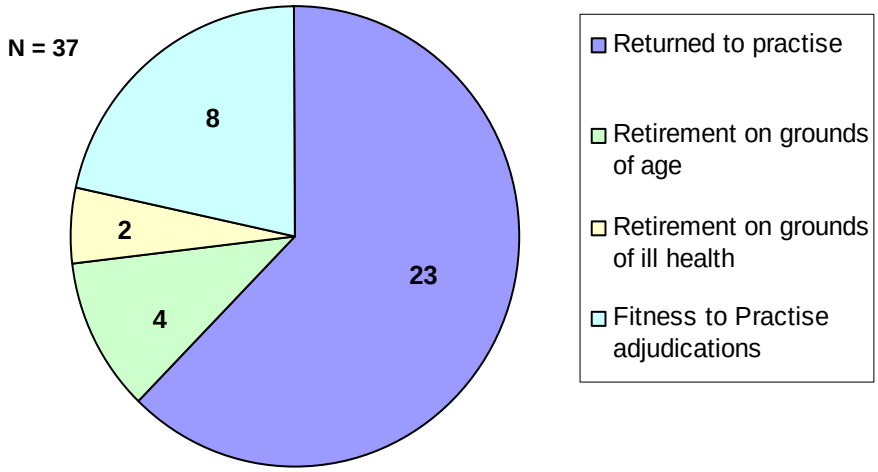
NHS
National Patient Safety Agency
National Clinical Assessment Service

NCAS Action planning support service

- Support
- Resources
- Networks

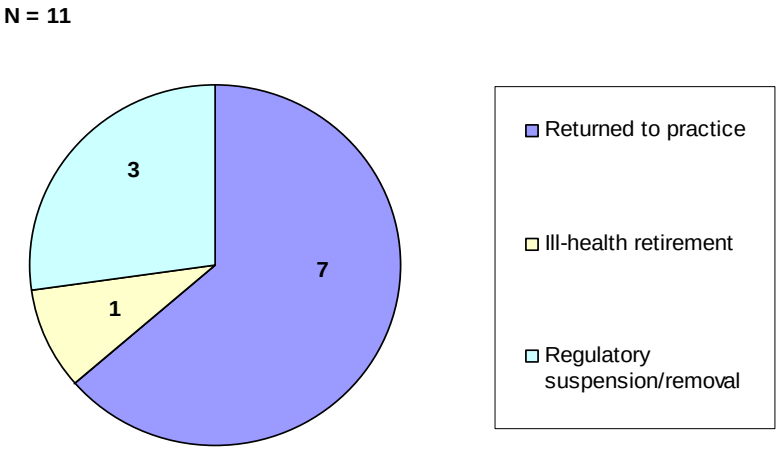
NHS
National Patient Safety Agency
National Clinical Assessment Service

Recorded outcomes for action planning cases 2008-2009



NHS
National Patient Safety Agency
National Clinical Assessment Service

Recorded outcomes at case closure for support cases 2008-2009



NHS
National Patient Safety Agency
National Clinical Assessment Service

Factors influencing outcomes

- Age
- Number of deficiencies indentified (at assessment)
- **Behavioural assessment findings (at assessment)**
- Health
- Previous remediation
- Support from:
  - Employer/contractor
  - Professional body
  - College.
- Funding/resources
- Placement and supervision

NHS
National Patient Safety Agency
National Clinical Assessment Service

What we have found

- Increased effectiveness
  - More clarity around processes
  - More clarity around outcomes
- Better understanding of what works
  - Building a picture of 'risk' factors or predictors
- Improved patient safety
- Transferability of principles
  - Appraisal situations ('level 1' identification of potential/actual problems)
  - Following regulatory processes (undertakings and conditions)
  - Following local processes ('level 2' investigations and reviews)
  - Different professional groups
  - Teams
  - Health cases

NHS
National Patient Safety Agency
National Clinical Assessment Service

Thank You

Questions?

NHS
National Patient Safety Agency
National Clinical Assessment Service

Identifying, understanding and acting on behavioural concerns

Dr Jenny King
Chartered Psychologist and Director
Edgecumbe Consulting Group Ltd

EDGECUMBEGROUP
helping people and organisations thrive

Themes

Identifying behavioural concerns

Psychological frameworks for understanding problem behaviours

Potential interventions for remediating behavioural concerns

Pitfalls in identifying/managing and remediating behavioural issues

Tips for success

EDGECUMBEGROUP
helping people and organisations thrive

The context for behavioural concerns

Blurring of professional boundaries and roles

Erosion of professional identity

Transactional demands conflicting with professional values

Autonomy replaced with accountability

Disruption and changes of leadership reverberate down through the organisation

Relentless change

Defensive practice due to increased scrutiny

EDGECUMBEGROUP
helping people and organisations thrive

Typical behavioural concerns

- Poor communication with colleagues
- Inability to manage stress
- Poor influencing/managing upwards
- Conflict avoidance/mishandling
- Lack of "corporate" engagement
- Interpersonal legacies ("grievance and grudge"; revenge and retribution)
- Solo operator
- "Chronic embitterment" *

**Source: Sensky,T Chronic Embitterment and Organisational Justice. Psychotherapy and Psychosomatics 2010;79:65-72*

EDGECUMBEGROUP
helping people and organisations thrive

Behavioural markers

Work-based

Absence from duty/persistent lateness

Poor time management/backlog of work

Clinical performance markers

Over or under investigating

Poor decision making

Poor record keeping

Complaints

Failure to follow guidelines

Cognitive

Memory problems

Poor problem solving/ reasoning

Decision-making difficulties

Poor concentration

Learning problems

Language/Cultural

Poor verbal fluency

Poor understanding

Psychological/Personality

Irritability

Unpredictability

Forgetfulness

Perfectionist

Arrogance

Lack of insight /denial

Social

Isolation

Withdrawal

Poor personal interactions

Adapted from a report of an NCAS meeting on Doctors in Difficulty: Recognising Problems Early (J.Firth-Cozens, 2004)

EDGECUMBEGROUP
helping people and organisations thrive

Analysis of 250 doctors referred to NCAS 2002-2009: Personality profiles

Norm group: UK working population

What we expected	What we found
More emotionally reactive	Somewhat more reactive
More introverted	More introverted
Less open	Less open
Less agreeable	Much MORE agreeable
Less conscientious	Similar to the working population
More arrogant	More perfectionist and more dependent

EDGECUMBEGROUP
helping people and organisations thrive

High benefit – high cost

The "smart bully"
The "brilliant" clinician
The patients' favourite
The managers' favourite
The funds/kudos generator
The trail-blazer
The productive workaholic

EDGECUMBEGROUP
helping people and organisations thrive

"Toxic hybrids"

The "chronically embittered" practitioner in a poorly led team

Absent practitioner; stressed/distracted top team

Able Registrar becomes Consultant colleague to former trainer

Grievances, grudges and legacies in an organisation with changes at the top

Clinical Director from a different specialty to the practitioner causing concern

Disruptive team members; culture of complaints and incident forms

EDGECUMBEGROUP
helping people and organisations thrive

Early warning signs (teams)

Poor patient handover

Trainees refusing to work with specific individuals

Sickness and absence higher than usual

Poor meeting discipline

Staff playing one clinician off against another

Public contradiction/criticism of professional opinion

Refusal to cover for other members

Resistance/refusal to comply with process or protocol

Poor attention to detail resulting in missed information

Culture of silence

Culture of complaints/grievances

EDGECUMBEGROUP
helping people and organisations thrive

Lapses of teamworking resulting from the 5 dysfunctions

Source: Lencioni, P The Five Dysfunctions of a Team. Jossey-Bass, 2002

EDGECUMBEGROUP
helping people and organisations thrive

Dynamics and Dilemmas: where is the problem situated and how does it play out?

EDGECUMBEGROUP
helping people and organisations thrive

Wanted…

"Volunteer required to voice difficult, disillusioned, disengaged elements of the staff. Only candidates with suitably difficult personalities should apply…

Source: Obholzer and Roberts (1994) Troublesome individual and troubled institution

EDGECUMBEGROUP
helping people and organisations thrive

Who's the troublemaker?

Is the team "projecting" its difficulties on to one individual?

This helps them disown their own part in the group's problem

The individual's behaviour may be a response to the unconscious needs of the group or the institution

The team's behaviour – similarly – a response to problems in the institution

Leaders must tackle the presenting problem at several levels

Source: Obholzer and Roberts, 1994

EDGECUMBEGROUP
helping people and organisations thrive

Where is the focus of the problem?

There can be one of or a combination of problems within:

- The tasks and responsibilities e.g. lead roles, training, job design
- The team processes e.g. leadership, decision-making, conflict resolution, communication, meeting management
- The relationships e.g. interpersonal dynamics, trust, legacy issues
- The institution e.g. leadership, culture, history, external pressures.

EDGECUMBEGROUP
helping people and organisations thrive

Important questions…

How would the team behave differently if you:

- Removed the "problem" individual(s) out of the team (where would the attention or blame next become focussed?)
- Put the individual(s) into a different role?
- Changed the leadership?
- Brought someone new into the team?
- Reconfigured the team?

EDGECUMBEGROUP
helping people and organisations thrive

Developing interventions for behavioural concerns:

An overview of options and approaches

(*acknowledgement to*: Dean Taylor, NCAS Behavioural Assessor)

EDGECUMBEGROUP
helping people and organisations thrive

What are the features of an appropriate intervention?

- **Appropriate:** addresses the problem behaviour
- **Focused:** suits the individual's learning style
- **Effective:** results in genuine, long-lasting change
- **Efficient:** requires an acceptable investment of time, money, energy or other resources
- **Measurable:** makes a difference that can be quantified

EDGECUMBEGROUP
helping people and organisations thrive

What interventions are available for behavioural problems? (individual)

- Training
- Self-directed learning
- Skills-focused coaching
- Cognitive (behavioural) coaching
- Mentoring
- Counselling, psychotherapy
- Feedback interventions (e.g. 360°)
- Behavioural contract
- "Negotiated settlements"

EDGECUMBEGROUP
helping people and organisations thrive

Behavioural Contract (1)

I, Dr [XXX], recognise that certain of my behaviours at _____ have been recognised as disruptive

I understand that I need to achieve a pattern and style of behaviour that promotes establishing and maintaining good relationships with patients and colleagues and will do so

I agree that in order to achieve this goal, I should not bully or harass colleagues. I should be polite, considerate, and honest with patients and treat them with dignity

EDGECUMBEGROUP
helping people and organisations thrive

Behavioural Contract (1)

…I will refrain (from)…

Profane, disrespectful, insulting or abusive language

Jokes or inappropriate comments about age, gender, race…

Shaming others for negative outcomes

Making malicious and unfounded criticisms of colleagues

Demeaning comments or intimidation

Inappropriate arguments with patients, family members, staff or other care providers

Insensitive comments about the patient's medical conditions or situation

EDGECUMBEGROUP
helping people and organisations thrive

Mediation: what is it?

Any process for resolving disputes in which another person helps the parties negotiate a settlement

Disputants not the mediator decide the terms of the agreement

Focuses on future actions and relationships not past behaviour

Useful in the aftermath – when emotions have eased enough to begin negotiation

EDGECUMBEGROUP
helping people and organisations thrive

When is mediation useful?

The parties know each other

They work together and cannot avoid the conflict

A decision must be reached soon (e.g. patient safety; service at risk)

The parties are, or feel, unable to resolve the problem themselves

Many people are affected or involved

One or both parties want to avoid formal proceedings

EDGECUMBEGROUP
helping people and organisations thrive

When mediation is not appropriate

A serious incident has just occurred and people are too upset

One party is suspected of/intends to use the mediation to escalate the dispute

One or more parties seem too disturbed or unwilling to listen

There is a power imbalance – fair agreement seems unlikely

Key parties are unwilling to participate or uncommitted to resolution

One or other party wants revenge/public vindication

EDGECUMBEGROUP
helping people and organisations thrive

Team-based interventions

EDGECUMBEGROUP
helping people and organisations thrive

"Teamship" rules

Extract from a code of behaviour for a clinical team

- We will give all individuals adequate opportunity to express their view without interruption
- We will not publicly criticise a colleague
- We will not engage in malicious gossip
- We will agree to engage in constructive discussion about past issues
- We will not make decisions in factional groups
- We will not start side conversations in meetings
- We will approach a colleague directly if we have a concern

EDGECUMBEGROUP
helping people and organisations thrive

A staged process

Define clear terms of reference

Diagnostic stage: interviews, psychometrics etc

Review stage: what do the findings tell us, what next, what is likely to work (or not)?

Interventions: 1:1s, meetings with senior management, facilitated team meeting(s) to define team vision, task and objectives and a code of conduct

Follow up phase: monitor, review, train/coach

EDGECUMBEGROUP
helping people and organisations thrive

Maximising success – and avoiding pitfalls

EDGECUMBEGROUP
helping people and organisations thrive

Cautionary note…

At the Battle of Copenhagen in 1801, Admiral Nelson ignored orders to cease action by putting his telescope to his blind eye and claiming he could not see the signal

EDGECUMBEGROUP
helping people and organisations thrive

Pitfalls

Collusion through doing nothing
No documented evidence/audit trail
Disjointed action
Not enough senior involvement
No sanctions for bad behaviour!
Commissioning the wrong intervention
Scapegoating
Too much focus on the individual(s), not enough on the context

EDGECUMBEGROUP
helping people and organisations thrive

Summary

- Attention and timely action (not over-reaction) to early signs
- A systemic approach
- Clearly stated behavioural expectations and outcomes
- Clarity about what is and is not negotiable
- Sustained visible, consistent "sponsorship" from the top of the organisation
- Sanctions!!
- Follow through, monitoring, review
- Link to existing processes (e.g. appraisal)

EDGECUMBEGROUP
helping people and organisations thrive