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Handling Problematic Physicians

By Marshall Colt, Ph.D.

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Medical group managers must frequently deal with problematic physicians and the resulting negative organizational dynamics. It costs many practices valuable time, energy and money. One of the most important skills in handling difficult physicians is how to manage conflict.

Physicians come in all shapes and sizes. Some know business, many don't; some know how to lead people, most don't. But that's why they have you, to help them with those things. Primarily, physicians want to practice medicine, period. When forced to practice medicine in the real world, they largely view the other things as distractions. Just as myopic as bottom-liners who forget they must work with people to improve the bottom line, many docs forget they must work in a peopled system, too.

In my experience working in and consulting to hospitals and medical group practices, problematic physicians behave in ways that fall into roughly three categories:

- Oppositional-defiant (being argumentative, acting out, refusing direction, etc.)
- Silent-superior (a form of passive-aggressiveness)
- Weak-helpless (another form of being passive-aggressive)

Here is a practical model of how to deal with a physician in such situations:

Why conflict happens and how people keep it going-

Most arguments start because one person reacts too soon to inaccurate and/or incomplete information. Of course, sometimes both parties completely understand the other's position and they still disagree. However, usually, the former holds. Add in the complicating status or power differentials that often occur between group managers and physicians and you've got a particularly challenging, sensitive

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situation. If mishandled, it could fester or get even worse.

Instead of coming to resolution, people keep arguments going by:

- getting defensive,
- counterattacking,
- leaving the field ("I'm not going to address that"), or
- changing the subject ("Well, look at how much vacation you take!").

Any of the above is basically used to "win" an argument, not resolve it. As an effective manager of conflict, you must get your ego out of it: give up winning in favor of resolution.

Nipping conflict in the bud–

Prolonged arguments predominantly involve statements, or sarcastic questions masking statements. However, statements alone don't work in resolving disagreements because they don't address the two factors that start arguments: inaccurate and/or incomplete information. So the key is to address these two factors.

Additionally, you need to hold the line on getting defensive, counterattacking, leaving the field or changing the subject.

Of several possible ways to curtail and resolve conflict, one most effective is a process I call "Data Gathering." Not a touchy–feely approach, Data Gathering is a practical method to both defuse anger and begin to resolve an issue. Here's the abbreviated version:

Step 1) Only ask questions...gather data...listen. Just try to see how the physician views the situation. Don't respond with your view (prevents getting defensive, counterattacking, etc.). Only clarify, if necessary.

Step 2) After you feel you understand how the physician "ticks" about the issue, ask "Is there anything else you think I need to know about this?" At her conclusion, say you'll give the matter more thought. This allows the physician to feel she's been heard, with her points taken seriously enough by you to devote your added consideration. We all want our day in court. This serves that important purpose and cools things down.

Step 3) At the next meeting, thank the physician for her ideas and propose a solution. Again, use mostly questions, not statements, to respond to any objections. Using this process, a mutually agreed resolution will most likely bubble up in time, with a fight or power struggle avoided.

For more information:

<http://www.corp-psych-mgmt.com/healthcare-industry-consulting.htm>

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behavioral scientist and award-winning consultant. Elected a Fellow in the Alliance of Professional Consultants, he is an expert in leadership development and organizational improvement.

Study Examines Use Of Wireless And Handhelds At Patients' Bedside

By News Canada

(NC)—Researchers are investigating the use of wireless technology and handheld computers to bring quality information about treatment and diagnosis to physicians at the bedside and in the examining room. Earlier research found that when physicians are given the opportunity to request information at the bedside, they used it extensively and it made a difference in their delivery of healthcare by providing more accurate diagnosis and treatment information.

This project is one of many initiatives of the Bell University Laboratories, a unique collaborative research program, funded by Bell Canada, that encourages innovation through collaboration in the development of communications technology in Canada.

The project is studying what information hospital and community-based physicians need when they are administering care to patients. The investigators are also studying the ideal format for delivering the information on mobile computers and to determine if the use of handheld devices can improve patient care and prescribing procedures in clinical and hospital settings. For example, the technology would allow physicians using a mobile computer to access information about possible drug interaction when writing a prescription at a patient's bedside.

"The bottom line for us is, what gets delivered to the physician is not just information, but information that we have determined to be the best that's available," said Dr. Lawrence Spero, laboratory manager at Bell University Health Communication Labs.

During the course of this study, a variety of wireless devices have been tested, including RIM Blackberry handhelds, as well as both the Palm Pilot and iPAQ computers. Testing will continue using other devices including the Xybernaut, a wearable computer that can boost a user's productivity by almost an hour per day. Currently, the research is academic, so no patients have been involved with the devices. The researchers plan to move the study into a hospital setting within a year.

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