Disruptive Physician Toolkit - how to raise your concerns and avoid being labeled disruptive (or worse)

By Dike Drummond MD, CEO and Founder TheHappyMD.com

"Disruptive Physician" is one of the most misused terms in healthcare these days. In many organizations, those two words have become the C-suite's trump card to quash any physician resistance to new administrative programs – even when our resistance is appropriate. These programs will sometimes have purely financial motives or can be an obvious attempt to dump additional tasks on the physicians with no regard for our workload or stress levels.

It can seem like your legitimate concerns about quality of care don't seem to matter. They are lost in the silo politics between the administrative and clinical sides of the organization. You can be accused of not being a "team player". The "disruptive physician" label can come flying out like an NFL penalty flag. You are deftly tossed under the bus so the meeting can move on to the next topic. When you become the disruptive one, your concerns can become discounted or ignored from that point forward, no matter how legitimate/concerning/accurate they may be.

But wait, there's more. If you are a woman it is often much worse, because a different term will be used on you. The "B word" is an even more damaging label. It is also much more difficult to get rid of once applied.

This abusive name calling is often bullying, plain and simple. Here is the tragedy. Your concerns are almost always legitimate. We have to do whatever we can to avoid the name calling because it has significant, long term negative consequences for both the physician and the organization.

It is the quickest way for the administration to destroy the trust of the physicians. It often creates permanent consequences for the physician, including diversion into any number of "treatment programs" and not uncommonly quitting or losing your job.

So how can you air your legitimate concerns without being labeled "disruptive"?

First, realize this is mostly about *HOW you raise your concerns* – the words you use and your body language. You must take your doctor hat off to make your point effectively. It is when you talk like a doctor in front of an administrator that you are most likely to get in trouble.

Physicians vs. Administration - the battle of communication styles

The disruptive physician label is often a consequence of a monumental clash between the communication style of a physician and that of an administrator – even if that administrator happens to be a physician like you.

As physicians, we are experts at quickly finding a unifying diagnosis ... the crux of the problem. Our determination happens quickly. We see clinical issues administrators are completely unaware of. We do all of this at lightning speed, the consequence of our years of practice, seeing multiple sick patients ever day. We gather information, reach a conclusion and are in action on a treatment plan in about 15 – 20 minutes. We have done this with patients tens of thousands of times.

When we see a problem, we point it out without hesitation. We are seldom wrong and never in doubt. We shoot from the hip, without regard to the social setting or the political correctness. One word for this is "blurting".

This is not how you make an effective point to an administrator or senior leader. They do not think or communicate in this fashion. 85% of the reason for disruptive physician labeling is this clash of communication styles.

First off … you can see your timeline for action is about 15 minutes. What is your estimate of the average time frame for action among administrators/managers? You have been in the meetings and served on the committees, what is the time frame from the launch of an administrative project and the communication of any initial results?

About three months in my experience (and I am being generous here).

So you are sitting on a 15 minute time horizon and they have a 3 month action window. This time frame for action difference is going to be a big problem unless we can find a middle ground.

In addition, physicians usually have trouble keeping their cool, especially if the emotion they are feeling is frustration. In the face of hypocrisy, we go ballistic, blurt, pound the table and storm out. The typical hypocrisy in healthcare is where the Mission Statement says one thing and organization is doing – or about to do - the opposite.

We lose it in these discussions, and yet I have rarely seen a veteran administrator/manager show any emotion at all. This is a fundamental difference between most physicians and most administrators/managers/senior leaders.

You can feel the setup here, right?

The first time you raise a clinical concern with a proposed workplace "innovation" by blurting it out impatiently in a big meeting -- using a declarative statement with a little steam coming out of your ears -- you are 85% of the way to your first disruptive physician label and probably don't see it coming.

[The *Disruptive Physician* Toolkit]

Let me show you some simple principles of communication with administrators that will
- Allow you to make your legitimate point
- Make sure your points are heard and understood by all
- Ensure you avoid being labeled as the disruptive physician

THINGS TO DO...

1) If you have a concern, talk to as many people as possible BEFORE the meeting where this program will be discussed
To raise a concern for the first time in the middle of a meeting is the definition of rude to an administrator. Discovery and building of consensus is best done before the meeting occurs - much like the work in politics is done in conversations before they vote on the bill on the floor.

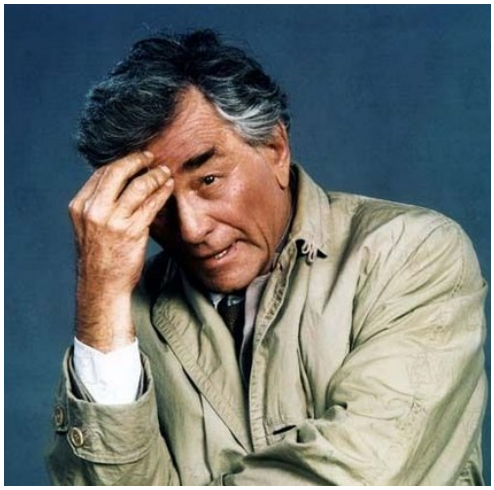
You want your concern to be discussed, shared, understood and to generate at least a partial consensus on what to do about it ... all done BEFORE any committee meeting.

2) Always ask questions - rather than making statements
Ask questions of everyone involved in the proposal and everyone who will be part of the decision on whether or not it goes forward.

Always start your questions with the word "what" or "how“
This guarantees an open-ended question that will draw the maximum of information from the person to whom you are speaking.

Here are some very simple and powerful examples:
- *“What are your thoughts on program "X"?”*
- *“How do you see program "X" affecting the quality of care?”*
- *“I have some concerns about “X”. How do you see we might be able to address them?”*

3) Channel Columbo
Do your best to imitate the character of "Columbo" in the old TV series. Hand to the forehead, self-deprecating,
"*Maybe this is a silly question, but I was wondrin ...* "
“I’m curious, I’m confused, maybe you can help me out here …”



The Colombo Communication Triad is simple and makes an enormous difference in your effectiveness. It goes like this again:
I’m curious
I’m confused
Maybe you can help me out here …

I understand Columbo's style goes against your doctor programming to be "seldom wrong and never in doubt". Please do your best to let that go. Columbo was never called disruptive and was always very effective.

- Until you actually try asking questions instead of telling people what to do (giving orders)
- Until you try channeling Columbo when you speak

You have no idea how massively effective this is with administrators (and most other normal people, i.e. non-physicians)
Here is a Video Training on how to go "Deep Columbo" and remain authentic

4) Find solutions and build consensus
In your pre-meeting discussions, if you find your concern is shared by your colleagues, build consensus (before the meeting) on several solutions, strategies or ideas to address your concerns. You will have consensus on the concern and the possible solutions in your back pocket before the meeting begins.

5) Appeal to the highest value possible at all times
Always keep the team focused on the highest possible corporate value - one that everyone can agree to. Usually this will be a component of your organization's Mission, Vision or Values and likely something along the lines of quality of care or patient satisfaction. This is your trump card. I highly advise you to memorize your Mission Statement. You will almost certainly be the only person in the room who can quote it verbatim.

When you are bringing up any clinical concern about an administration proposal, relate it to one of these higher values whenever you can. It can sound like this.

You point to the Mission Statement hanging on the room wall and say, *"I know we all agree that none of us wants the quality of care to suffer as a result of this initiative. So, I am curious here … maybe you can help me out … [ask your question(s)]"*

Quoting the highest value possible and quoting or pointing at the Mission Statement keeps everyone focused on the big picture, and not your objection. It states something no one can disagree with and keeps them from immediately disagreeing with you.

6) If it becomes clear you will be overruled - propose a pilot project with metrics
If it becomes obvious your concern or project will be shot down here, suggest an *innovation pilot project* with before and after metrics to test your ideas.

"Well, looks like this patient flow program is not going to happen then. What do you think about a pilot project just in "A" wing with before and after surveys of chart delinquency, and provider satisfaction and stress levels to go with your flow measurements?" (Open ended question)
"I know we don't want quality of care to suffer here." (Appeal to higher value)

[The *Disruptive Physician* Toolkit]

Attention Physician Leaders
Our Corporate Wellness Support Services Page is Here

WHAT NOT TO DO...

1) Don't communicate like a doctor
Do not raise your concern the way you would normally do on automatic pilot ... as a declarative statement of fact.

Example:
"I think this is a bad idea and here's why."

ALWAYS ask a question. Remember to channel Columbo. Be either curious or confused
"I am curious, I am confused, maybe you can help me out here.
This patient flow initiative is supposed to make it easier to see 35 patients a day, but a number of us here are concerned it will only increase the EMR documentation backlog and that will affect the quality of care. I am curious what your thoughts are about our concerns here Mr./Ms.. CEO?" (Open ended question)

2) Do not show any emotion that could be perceived as negative
Do not
- Stand up
- Raise your voice
- Furrow your brow
- Slam your fist on the table, point fingers, slam doors, swear, throw things
- Or send any body language signals of anger, frustration or hostility.

Focus on your breathing and asking questions

If you do feel any of these emotions, name them out loud
Name your emotions, do not become them. Let people know what you are feeling with a civil tongue ... just make sure you have done the work before the meeting so that everyone is aware of your concerns and feelings.

"I must admit when I hear your answer, what comes up for me is frustration. I am curious (Columbo) *how we can build a proposal here that could address both of our concern?"* (Open ended question)

3) Never leave a paper trail or voice mail trail.
It is completely appropriate to be seriously paranoid about documentation of any of your concerns in a format that could be shared. Your concerns are best relayed exclusively in conversations.

[The *Disruptive Physician* Toolkit]

Do not send emails, text messages, messages through your EMR or leave voice mails ESPECIALLY if you are upset and venting to someone you feel is a trusted colleague. If you must vent in an email, write it and then delete it. Do not create a paper or voice mail trail.

If you do leave recorded or written evidence of your concerns, you are running an almost 100% risk of those documents or voice mails falling into the hands of someone who will label you as the next disruptive physician on staff. Here's why.

It is impossible to convey emotions in text, therefore, it is impossible for them to NOT take your concerns and tone out of context.

Make sure you raise your concerns in face-to-face conversations, where the other person can understand your energy, tone, body language and caring for everyone involved - especially the patients. There is no way any of that can be understood through a text, email or voice message, especially by an administrator who does not agree with or understand your position.

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Ultimately, if you notice your workplace has a habit of hostility and bullying towards the physicians, with multiple doctors carrying the disruptive label ... you may need to decide whether you will tolerate this … or not. You always have the option to vote with your feet.

If you do decide to leave, it is my intention that this disruptive physician toolkit ensures...
- Your concerns have been heard
- You gave it your best shot at ensuring the program made clinical sense
- You don't have the disruptive physician label – or the "B word" - hanging round your neck to get in the way of you finding a better position

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[The *Disruptive Physician* Toolkit]

Find an entire library of tools, training and physician coaching to

- Lower your stress levels
- Prevent burnout
- Build more life balance
- And a more Ideal Practice
- Even become a more powerful leader

All at our website www.TheHappyMD.com

If you are a physician leader:

- Our Corporate Wellness Services are here
- Our Quadruple Aim Physician Leadership Retreat is here.

Keep breathing and have a great rest of your day,

Dike

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Get your copy of the Burnout Prevention MATRIX 2.0 FREE Report, Now with over 235 ways physicians and organizations can work together to prevent burnout.