



## Pursuing Joy and Meaning in Practice: Accountable Professionals Supported by a Plan

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## Conflict of Interest Disclosure

Gerald Hickson, MD reported the following relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months:  
Speakers Bureau: Medtronic.



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## Presenter

**Gerald Hickson, MD**

**Joseph C. Ross Chair of Medical Education and Administration, Professor of Pediatrics,  
Founding Director of the Center for Patient and Professional Advocacy  
Vanderbilt University Medical Center**

Dr. Hickson's research has focused on why certain physicians attract a disproportionate share of malpractice claims, how disrespect impacts team performance and outcomes of care and how to identify and support high-risk clinicians. He serves as Chair of the Board of Directors of the Institute for Healthcare Improvement (IHI). He also serves on the Board of Directors of the University of Southern California (USC) Health System and is a member of the International Regulatory Expert Advisory Group to the Australian Health Practitioner Regulation Agency (AHPRA).

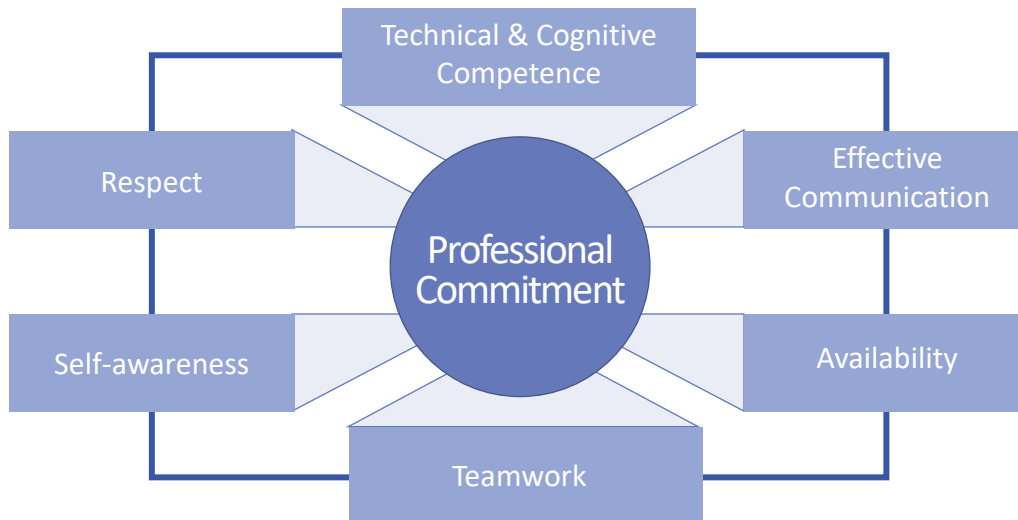


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Let's begin by reflecting for a  
moment, Professionals commit to ...

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## Professionalism and Self-Regulation



Carlasare and Hickson, *AMA J Ethics*, 2021.  
Hickson et al., *Joint Commission Resources*, 2012.

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## Pursuing the Right Balance

Intentionally  
Designed Systems

Accountable  
Professional



Hickson et al., *Joint Commission Resources*, 2012.  
Talbot TR et al., *Infect Control Hosp Epidemiol.*, 2013.  
Cooper, et al., *JAMA Surgery*. 2017. Cooper, et al., *JAMA Surgery*, 2019.

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## Case: Dr. Lilly



- Recognized expert in oncology
- A patient reports:

“I just had one last question about my medication and Dr. Lilly got very angry when I asked her...She said, ‘Look, I’m the doctor here not you’ and left.”

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## PARS®: Patient Advocacy Reporting System

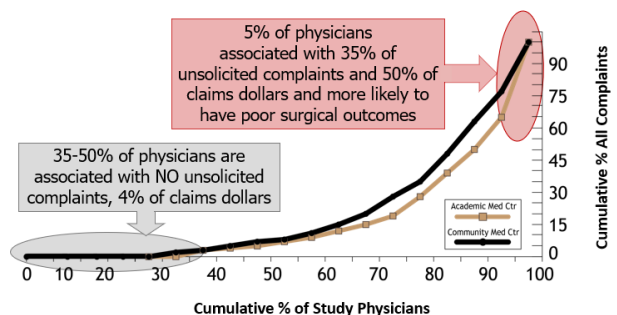
### PARS® Patient Complaints

*“While asking Dr. Lilly about my diagnosis, responded that my questions were annoying...”*

*“Asked to sign a consent... for another patient (same last name).”*

*“I overheard my nurse ask Dr. Lilly to clarify her orders...Dr. Lilly scoffed and asked, ‘You can read, can’t you?’”*

### Cumulative Distributions of Physicians by Patient Complaints



JAMA The Journal of the American Medical Association Hickson et al., JAMA, 2002; Moore et al, Vanderbilt Law Review, 2006; Hickson et al., So Med J, 2007.

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## Case: Dr. John



- Highly productive surgeon
- A colleague reports:

“Dr. John took a personal call during the time-out. Told the team, ‘Let me know when you are ready to proceed, I don’t have time for this’.”

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## CORS<sup>sm</sup> : Co-worker Observation Reporting System

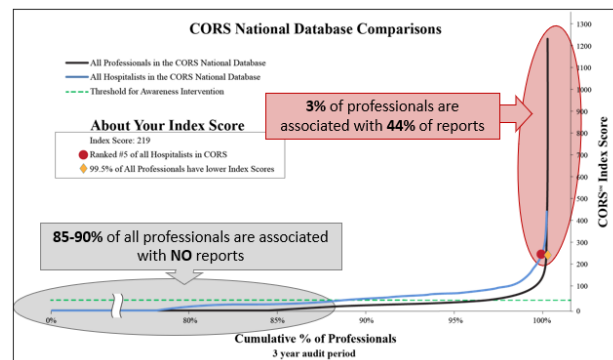
### CORS<sup>sm</sup> Co-worker Concerns

*“I offered Dr. John a pair of gloves for the procedure ...responded ‘No thanks,’ and dropped them in the trash.”*

*“Dr. John asked me if I hated my job because I did it so badly.”*

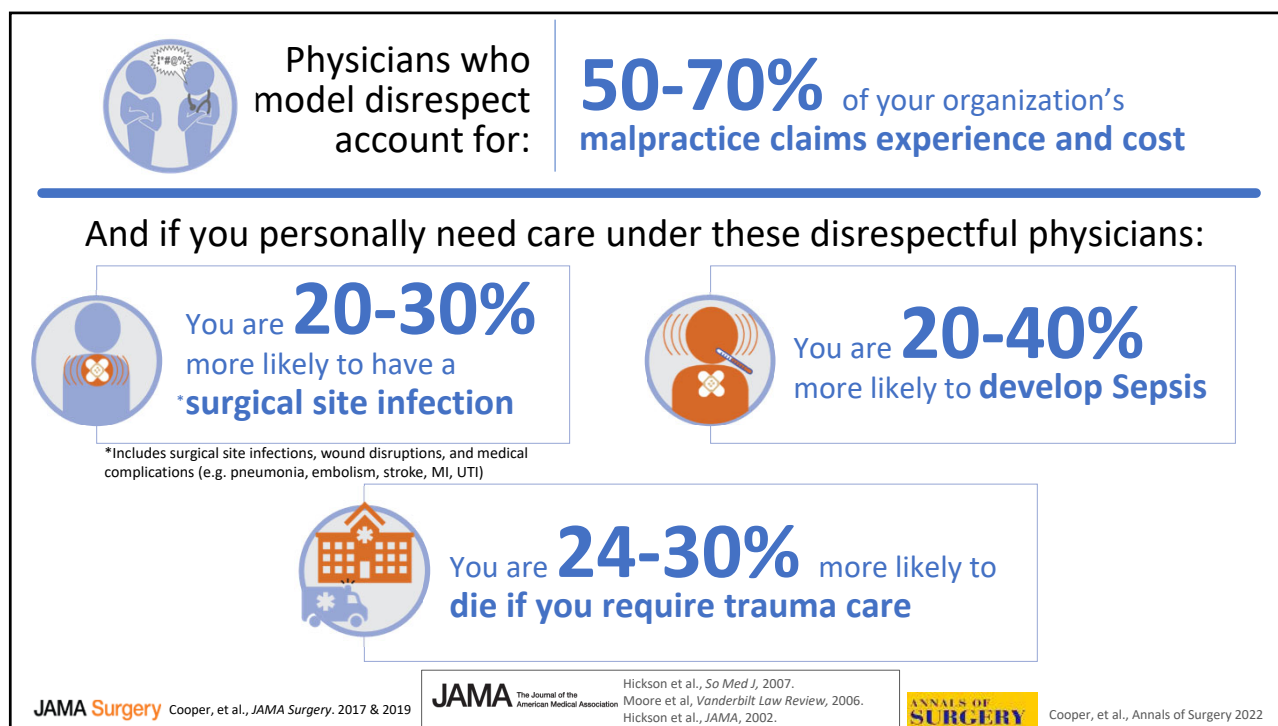
*“I stated, ‘We needed to do the timeout before incision.’ Dr. John mumbled, ‘You’re a bossy, cow.’”*

### Co-Worker Report Distribution

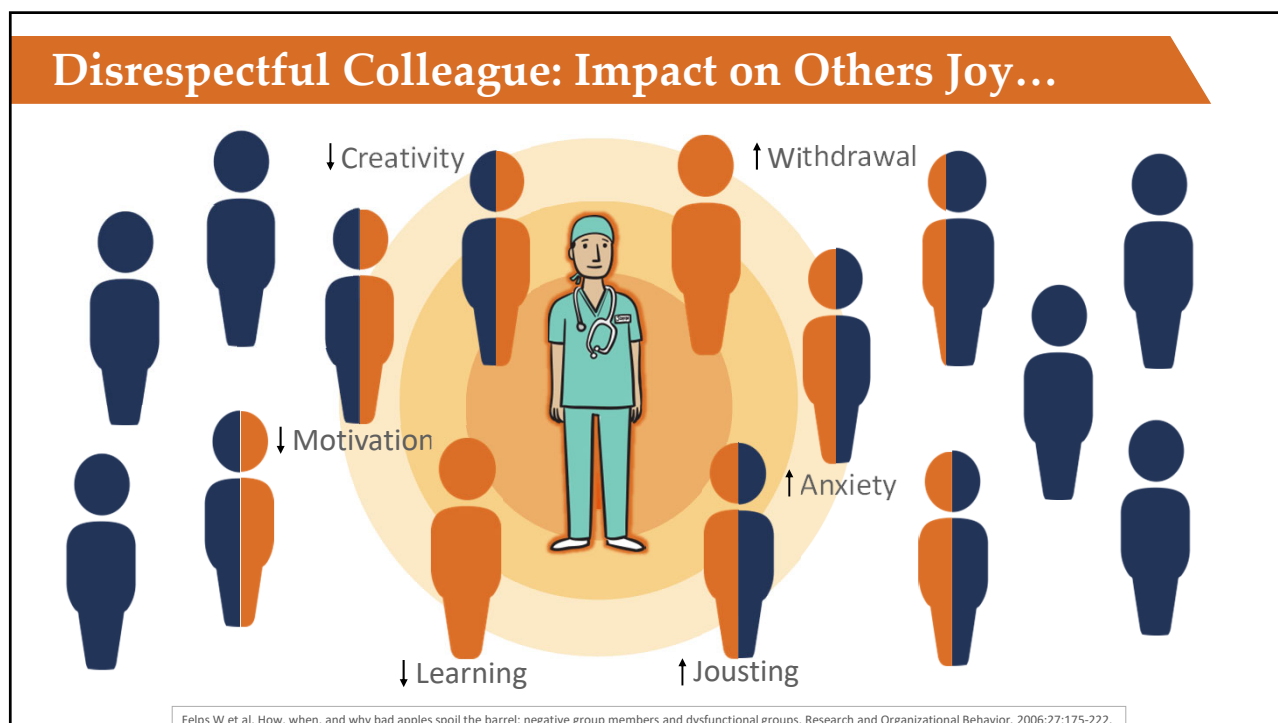


JAMA Surgery Webb et al., The Joint Commission Journal on Quality and Patient Safety, 2016; Martinez et al. Journal of Patient Safety, 2018; Cooper et al. JAMA Surgery, 2019.

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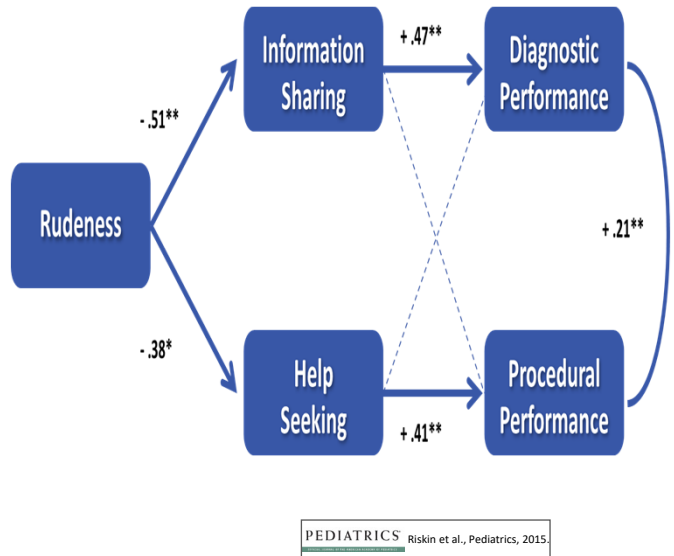
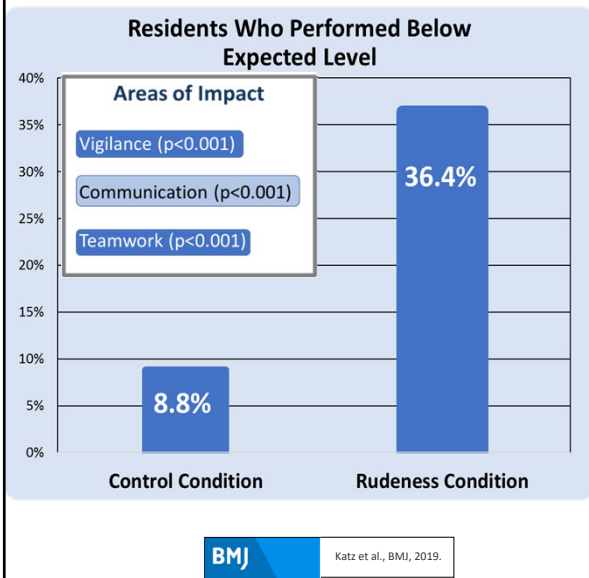


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## The Impact of Rudeness on Individual & Team Performance



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## Pursuit of Accountability and Reliability Requires an Infrastructure



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# VUMC Values

VANDERBILT UNIVERSITY  
MEDICAL CENTER

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## Credo

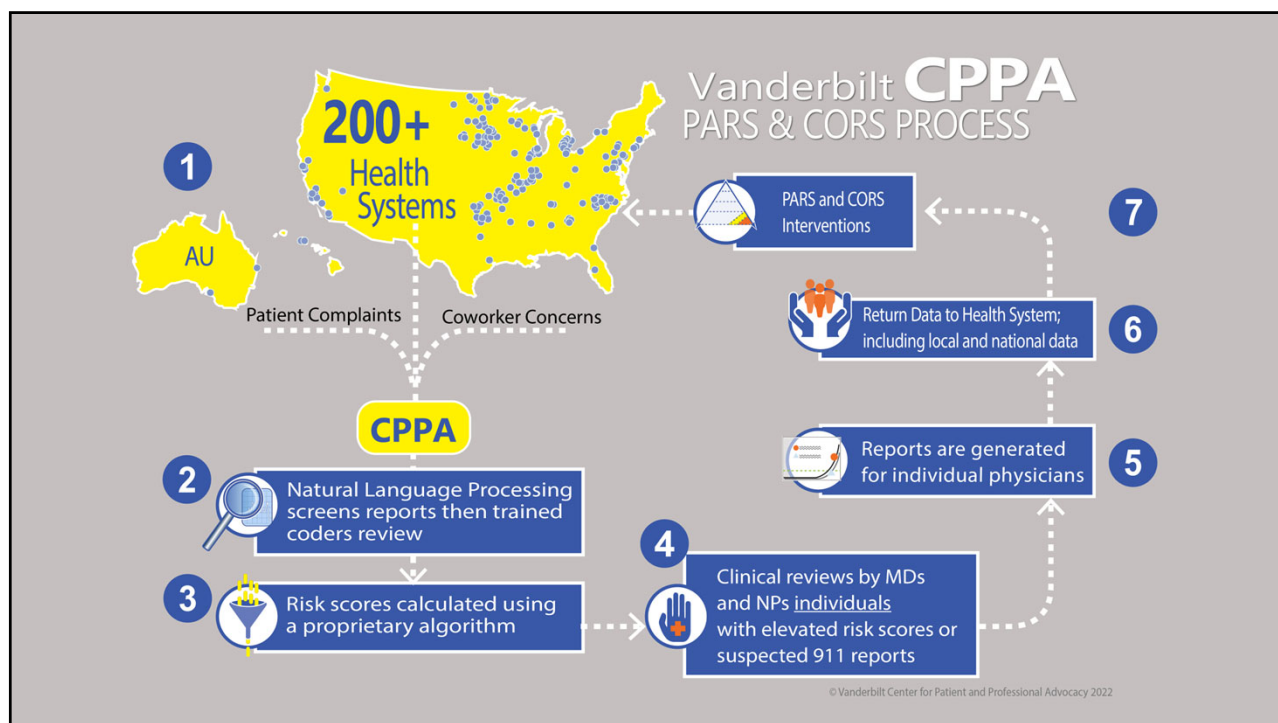
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it's who we are

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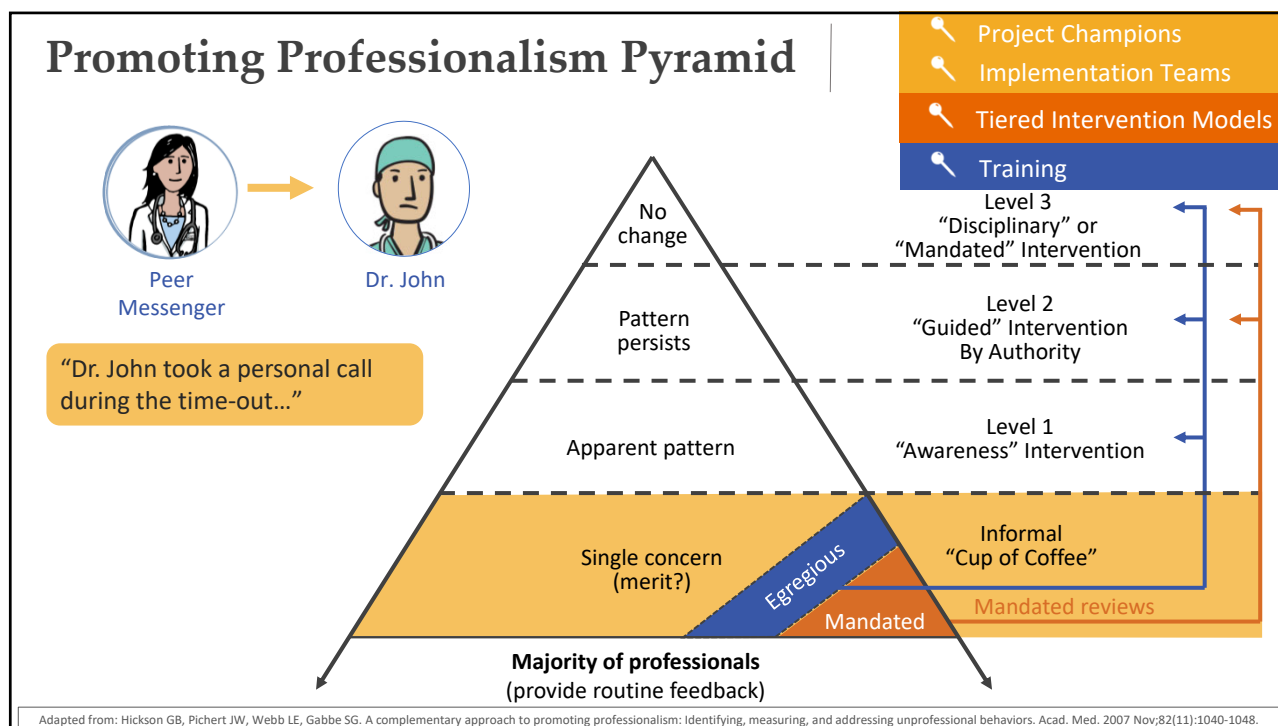
- I make those I serve my highest priority.
- I respect privacy and confidentiality.
- I communicate effectively.
- I conduct myself professionally.
- I have a sense of ownership.
- I am committed to my colleagues

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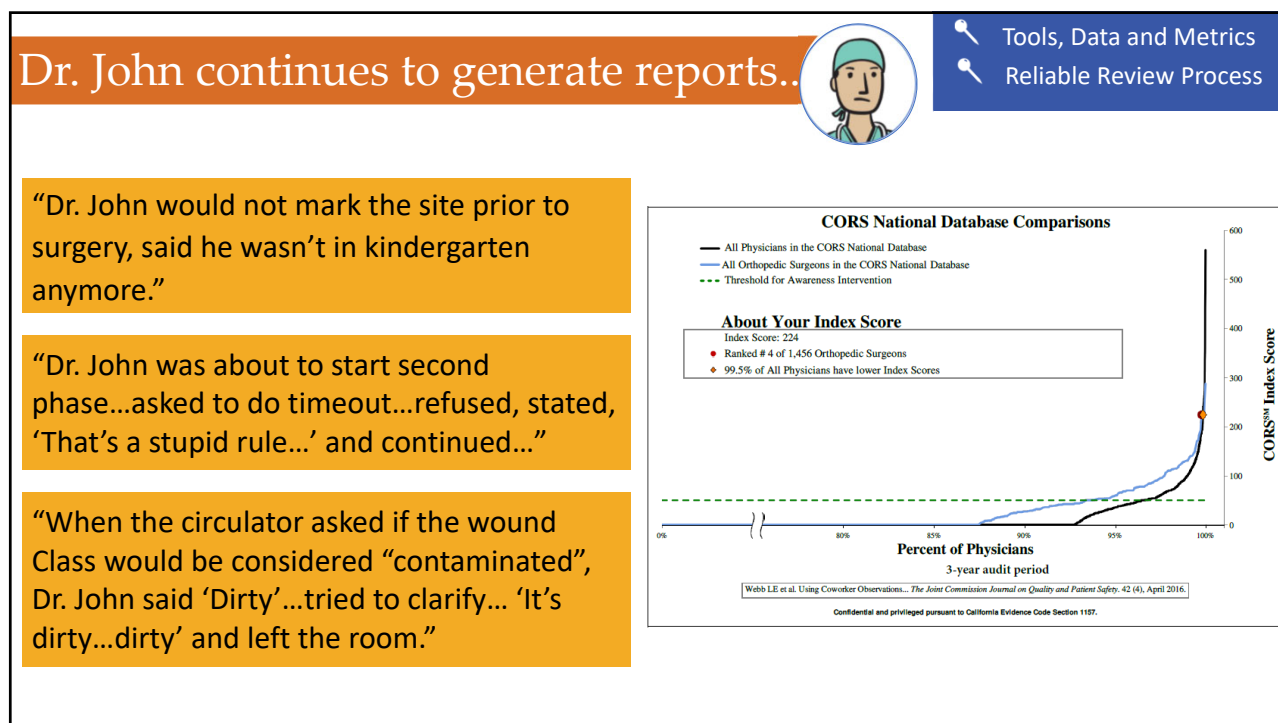


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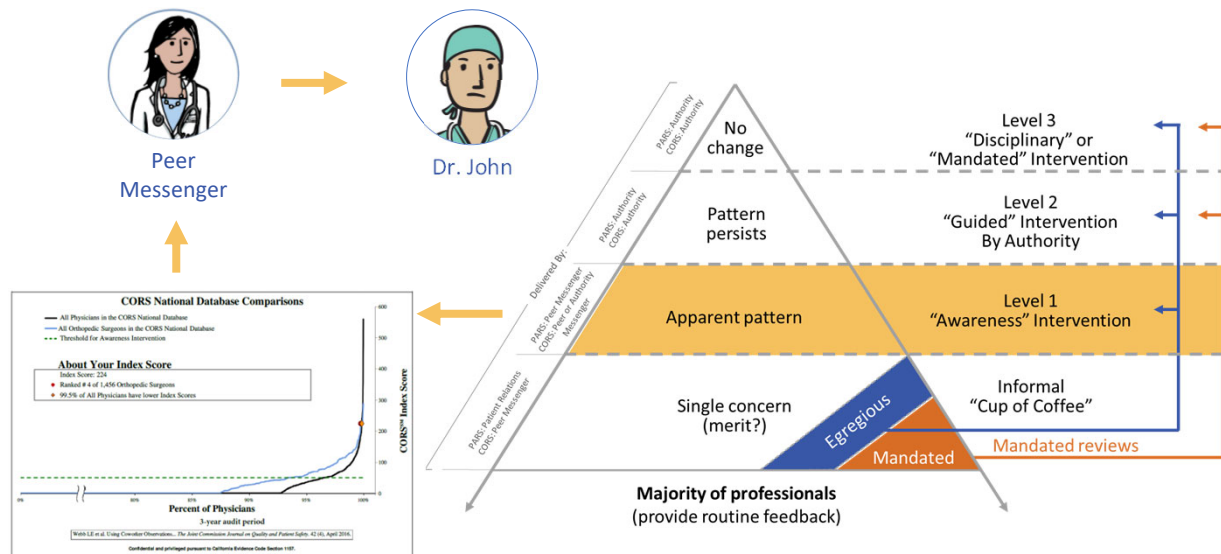


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# Promoting Professionalism Pyramid

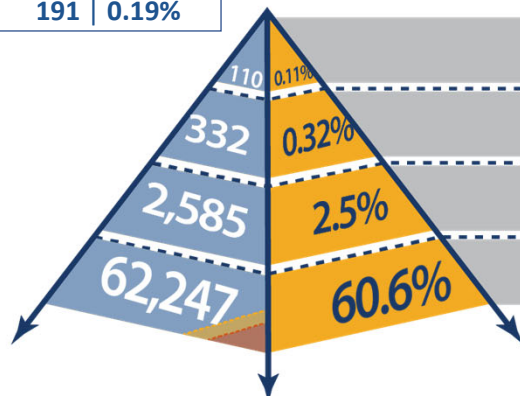


Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. Acad. Med. 2007 Nov;82(11):1040-1048.

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## CPPA Experience

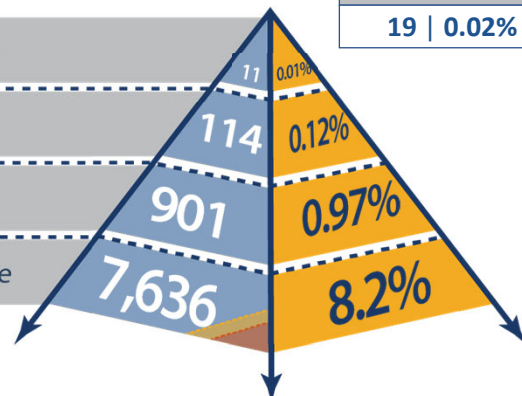
Depart Unimproved  
**191 | 0.19%**



**102,744** Physicians in the  
**PARS** National database


- Committed Leadership
- Tiered Intervention Models
- Tools, Data and Metrics

Depart Unimproved  
**19 | 0.02%**



**93,050** Professionals in the  
**CORS** National database

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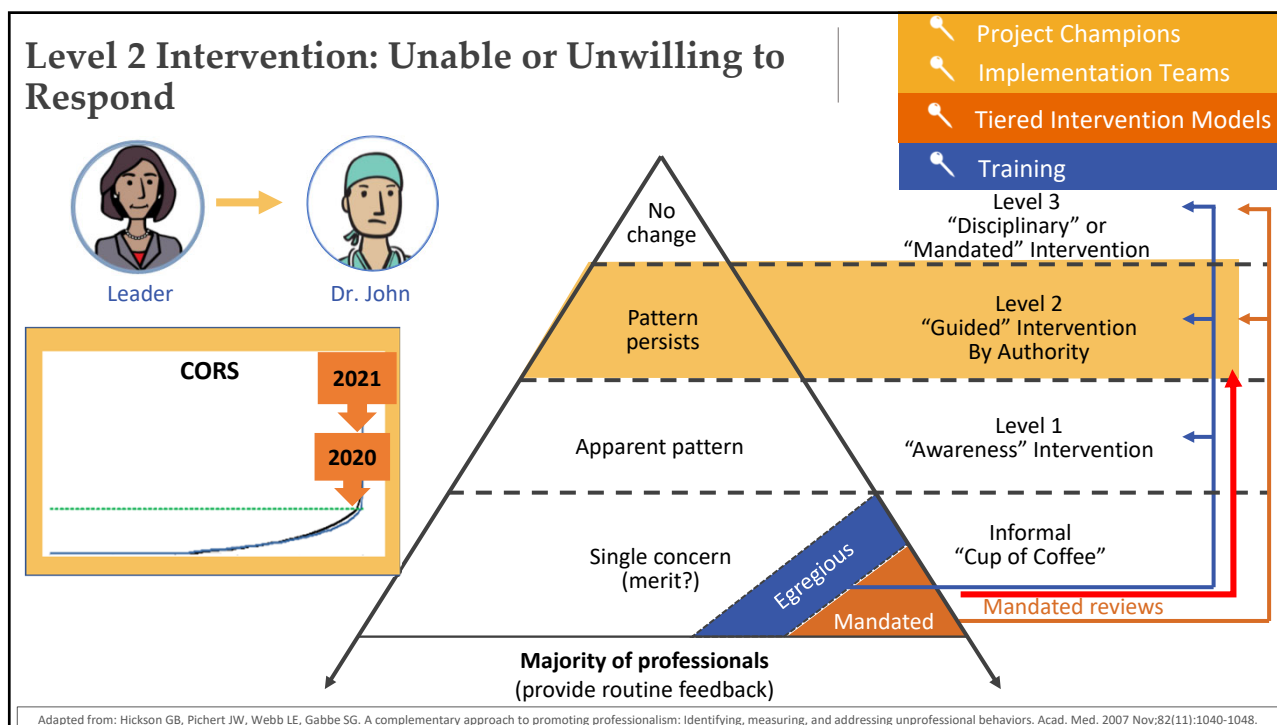


*"Dr. John said, 'Is this going to kill her tonight? If not, I'll deal with it when I get there in the morning.'"*

*"Dr. John started procedure before anesthesiologist gave the okay...said, 'I'm tired of waiting.'"*

*"Dr. John approached the nurses' station and repeatedly slapped his hand on the desk to get our attention."*

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## Performance Dashboard: Dr. John and Practice Group

Tools, Data and Metrics

Committed Leadership



Name	Department	Professionalism & Interpersonal Communication Skills		Patient Care		Medical Knowledge	Systems-based Practice	Practice-based Learning		FPPE - date if applicable. Re-assess 6 mos.	
		PARS	CORS	Patient Satisfaction % Likely to Recommend	Patient Satisfaction Quality of Care Received	Surgical Site Infection	Mortality Morbidity & Improvement	Service Recovery Completed	Operative Note Suspension		Coder Query Response Rate
Dr. John	Ortho	L1	L2	80.7	81.3	19%	No	No	0	47	?
*****	Ortho	L0	L0	91.5	88.8	6%	Yes	Yes	0	79	N/A
*****	Ortho	L1	L0	93.2	91.1	5%	No	Yes	0	96	N/A
*****	Ortho	L0	L0	81.5	92.3	7%	No	Yes	0	74	N/A
*****	Ortho	L0	L0	94.5	95.6	5%	Yes	Yes	0	90	N/A
*****	Ortho	L0	L0	90.2	88.9	8%	Yes	Yes	0	87	N/A
*****	Ortho	L0	L0	97.1	93.2	2%	Yes	Yes	0	94	N/A
*****	Ortho	L0	L0	95.1	90.7	4%	Yes	Yes	0	95	N/A
*****	Ortho	L0	L0	93.1	91.8	5%	Yes	Yes	0	90	N/A
*****	Ortho	L1	L0	82.1	83.4	4%	Yes	Yes	0	79	N/A

Good

Monitor

Address

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*"Dr. Lilly ended our conversation saying, 'I'm signing off and turning your care over to Dr. XX.' with no other explanation."*

*"Dr. Lilly said, 'It's your own fault because you are refusing to take your meds.'"*

*"Dr. Lilly was very absent from my appt. I would ask questions, and I am not sure she understood."*

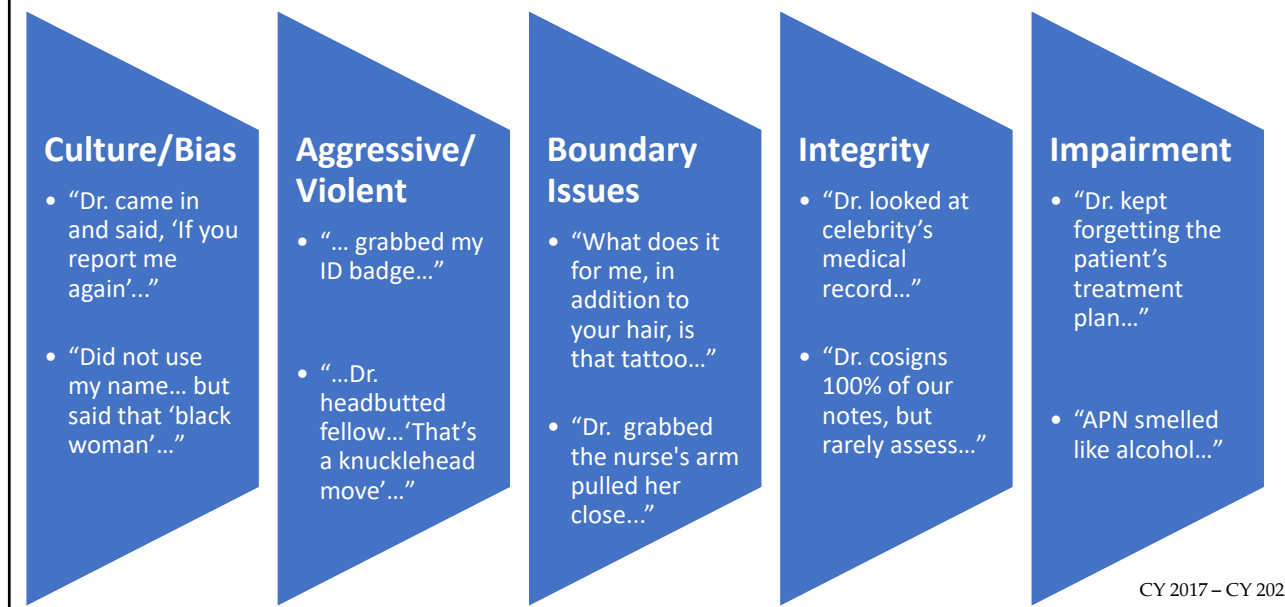
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## Identification of Reports Requiring Investigation



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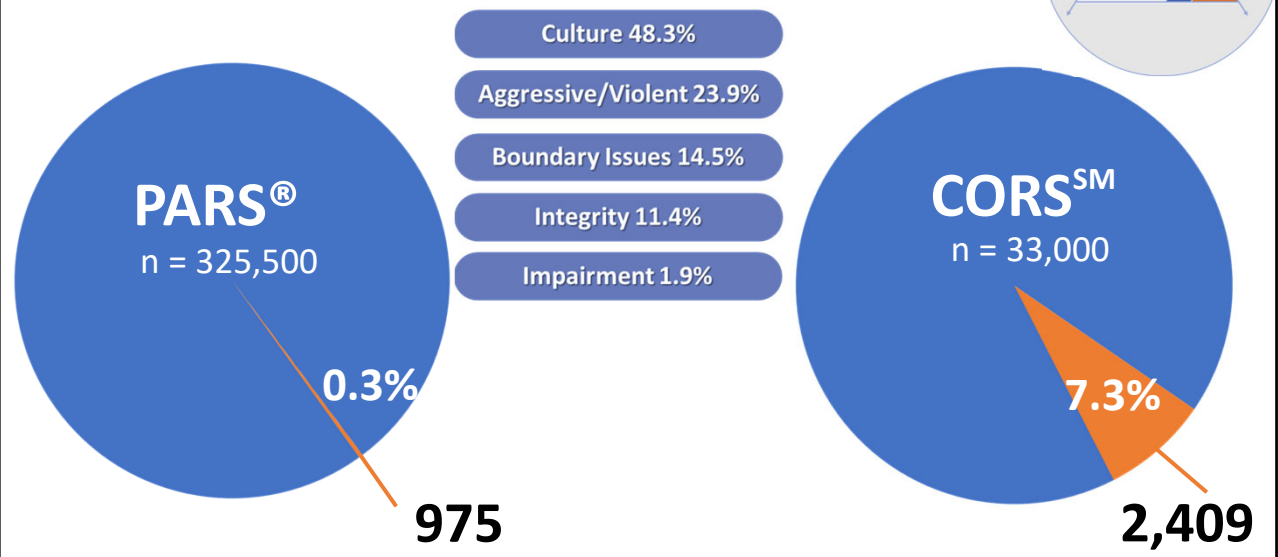
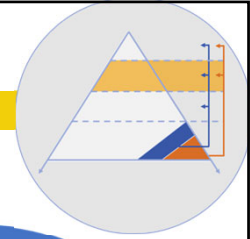
## Reports that might need investigation ...



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# Reports identified for investigation?

2017 - 2022



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## Huddle Process

Committed Leadership

Policies and Procedures

Reliable Review Process

Tools, Data, and Metrics

CPA PARS/CORS Huddle Procedure & Script  
For Internal Use Only

**Purpose**  
To facilitate a huddle with VPMC leadership for review of potentially egregious reports (including behavior mandated to be investigated by law, regulation, or policy), and to coordinate appropriate next steps.

**Pre-Huddle:**

- Determine if a huddle should be scheduled.
- Schedule conference call or in person meeting as soon as possible with a minimum of 3 appropriate leaders (CNO, VPMA, Human Resources, Case, Quality Affairs, Legal Affairs, Risk Management, etc.).
- Review huddle report as a protected document:
  - Transmit unredacted report and/or pertinent information to huddle participants assembly (e.g., using encryption or password).
  - Document class relevant law - e.g., peer review or quality improvement statutes - related to privilege and confidentiality.

**Huddle Script:**  
Huddle facilitator follows the huddle script to ensure fidelity of the huddle process:

- "Please confirm who is on the call."
- "Did anyone not receive the report to be discussed?"
- "The purpose of today's huddle is to assess whether report #\_\_\_\_\_ appears to warrant further investigation."
- "To anyone aware of any action that has already been taken on this report?"
- "Would each person on the call provide further perspective on whether the report might warrant further investigation and, if so, by whom?"
- Provides information on whether there have been previous reports for the professional involved.
- Seeks consensus from participants on whether the report may warrant further investigation.
- "Who else needs to be made aware of the report and/or action that needs to be taken?"
- "Is there any concern about this clinician's ability to safely practice at this time?"
- "Is there any concern about the clinician's well-being at this time?"
- "Is there any concern about the reporter's well-being at this time?"
- Summarizes the recommended actions of the group and confirms the individuals accountable for any follow up action.

**Post-Huddle:**  
Huddle facilitator

- Reminds all huddle actions and accountabilities in "911 huddle log".
- Forwards un-redacted report to officials evaluating the report for investigation and redacted report to department (service line official as determined) later. Privacy of reporter's name should be protected, except for those who are asked to review the report for further investigation.
- Follows up with those accountable for further review of the report to document the disposition of the report and inform huddle call members of the status of the investigation.

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**Medical Staff**

**Service Chief**

**Nurse Admin**

**Risk**

**HR**

**Prof Committee**

- Purpose:** Does the report **warrant investigation** and by **what office**?
- Who** is accountable for follow up and **when**?
- Who** notifies the **local leader**?
- Are there **concerns** about:
  - The reported individual and their ability to **continue to work today**;
  - The **reporter and team's wellbeing**;
  - The **patient**

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## Level 2 Intervention: Unable or Unwilling to Respond

Level 2 Intervention: Unable or Unwilling to Respond

“Dr. Lilly showed up to my appt looking disheveled...”

Leader → Dr. Lilly

**Pyramid Levels:**

- No change
- Pattern persists
- Apparent pattern
- Single concern (merit?)

**Intervention Levels:**

- Level 3 “Disciplinary” or “Mandated” Intervention
- Level 2 “Guided” Intervention By Authority
- Level 1 “Awareness” Intervention
- Informal “Cup of Coffee”

**Intervention Strategies:**

- Project Champions
- Implementation Teams
- Tiered Intervention Models
- Training

**Flow:**

- Majority of professionals (provide routine feedback)
- Single concern (merit?) → Informal “Cup of Coffee”
- Apparent pattern → Level 1 “Awareness” Intervention
- Pattern persists → Level 2 “Guided” Intervention By Authority
- No change → Level 3 “Disciplinary” or “Mandated” Intervention

**Annotations:**

- Red circle highlights the transition from Level 1 to Level 2, labeled “Mandated reviews”.
- Blue circle highlights the transition from Level 2 to Level 3, labeled “Training”.

Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. Acad. Med. 2007 Nov;82(11):1040-1048.

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## Best Practices to Support

-  Design Game Plan
-  Determine Policies and Procedures
-  Understand Professionalism Standards
-  Engage Leaders (including end around strategy)
-  Identify Wellness Resources
-  Access to System and Individual Data
-  Plan for Refusal to Cooperate

-  Committed Leadership
-  Sufficient Resources
-  Policies and Procedures
-  Training
-  Tools, Data and Metrics

Adapted from CPPA Roundtable, October 2017 <https://www.mc.vanderbilt.edu/cppa/45373>

Adapted from CPPA Roundtable, October 2017 <https://ww2.mc.vanderbilt.edu/cppa/45373>

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Vanderbilt 15

Screening reveals Dr. John has been under stress at home. His wife has been diagnosed with gastric cancer...

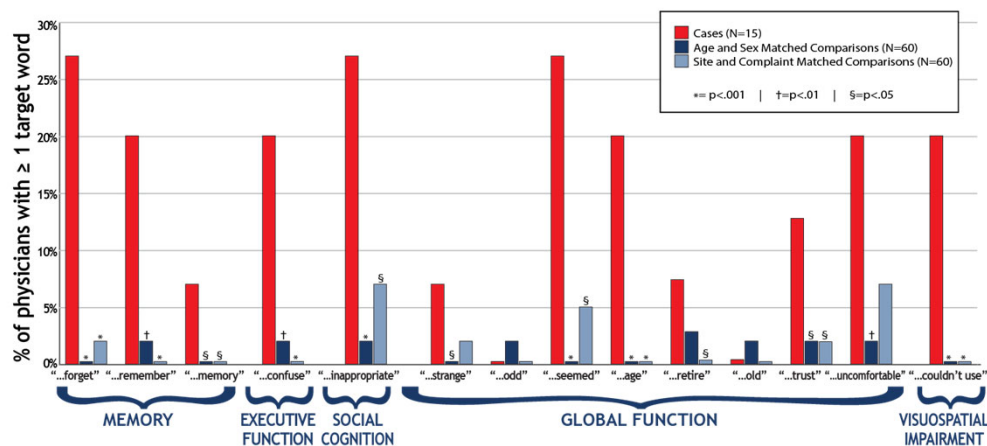


Screening reveals Dr. Lilly has evidence of early cognitive impairment

**And you and I would be struggling too...**

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## Can Natural Language Processing Help Identify Clinicians at Special Risk? Words Linked to Cognitive Impairment

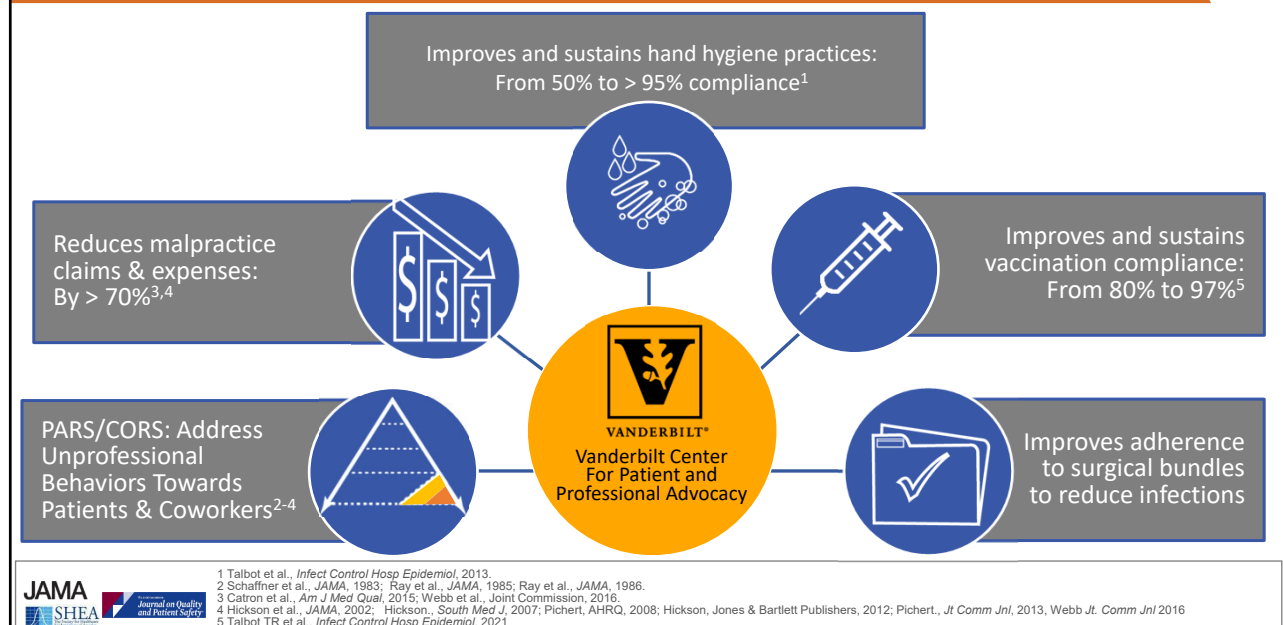


Cooper, et al., *American Journal of Geriatric Psychiatry*, 2018.

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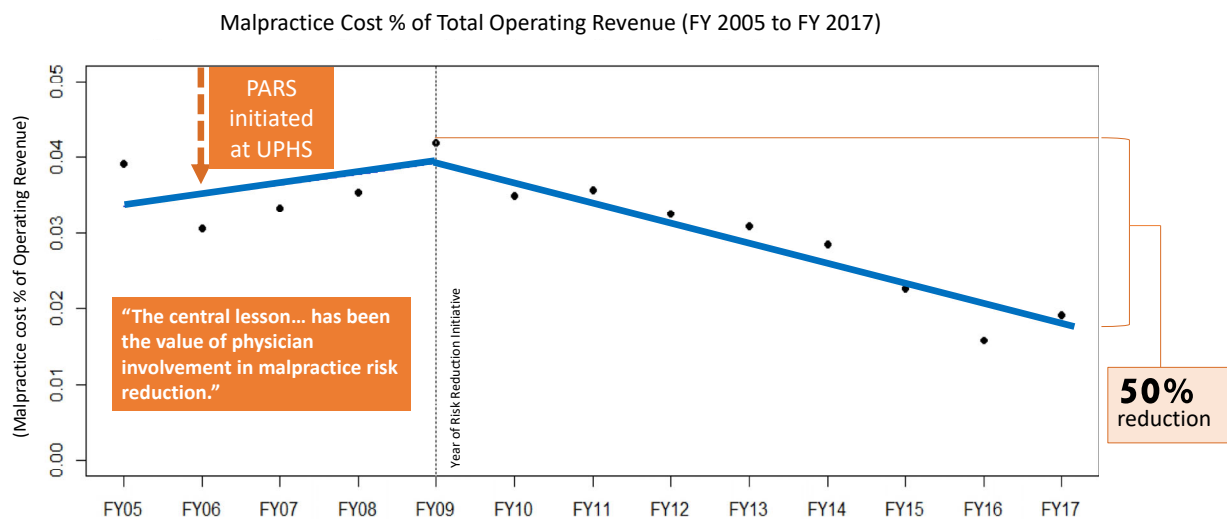


## Does the VUMC Professional Accountability Model Work?



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## Malpractice Risk Reduction: A UPHS Case Study



Adapted from: Diraviam, SP et al. 2018; 44:605-613

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## Pursuit of Accountability and Reliability Requires an Infrastructure




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Thank you


Or visit: [vumc.org/patient-professional-advocacy](http://vumc.org/patient-professional-advocacy)

Let Us Hear Your Comments and Questions

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What about burnout?

“Dr. XX came in, didn't greet me, and looked at the computer...just stared off and said, ‘What do you want me to do for you?’.”



2013	2014-2016
Wellness Survey	Patient dissatisfaction
✓ <b>BURNOUT</b>	+++
✓ Emotional Exhaustion	+
✓ Interpersonal disengagement	++
✓ Sleep impairment	+
✓ Low professional fulfillment	++

MAYO CLINIC PROCEEDINGS

Dana Welle, DO, JD, et.al., Association of Occupational Distress and Sleep-Related Impairment in Physicians With Unsolicited Patient Complaints, *Mayo Clinic Proceedings*, April 2020

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## Questions



## Thank you

### **Gerald Hickson, MD**

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