

POPULARITY CONTESTS AND DISRUPTIVE PHYSICIANS: AVOIDING THE DEATH OF YOUR ANESTHESIA GROUP

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As humans, we're primed by evolutionary forces to fear the loss of something much more than we value an equivalent gain.

That's why many anesthesia group leaders are concerned that market and other pressures will have a significantly negative impact on their group. From competition from other groups, to the failure of the hospital, to the difficulty to recruit and retain, these and other concerns actually *do* keep you up at night.

But while medical group leaders are keenly focused on the dangers from the outside, there are dangers lurking *inside* groups, as well, just as dangerous, or maybe even more so.

Dr. Stacy

You recruit Dr. Stacy because of the sterling CV. College in Cambridge, medical school in Cambridge (the other one), and trained at an even more famous place at the elbow of a Nobel laureate.

And then six months later, you learn that Stacy might just be a pathological a-hole. Stacy badmouths your group to the hospital CEO. Stacy questions your leadership abilities in the cafeteria, but never in a conference room with you present. Stacy works with your competitor to undermine your group. Stacy screams at nurses. Yes, these are all real-life examples of real-life Stacy, an amalgam of Stacies, of course.

It's important to distinguish *your* Stacy, the poster child for disruptive



physicians, from a simple nonconformist. Nonconformists aren't trying to take your group down. Nonconformists aren't conspiring against your leadership or the group's future. As they say, they simply march to the beat of a different drummer.

Perhaps they're a little bit challenged as to the concept of personal space. Perhaps they're not exactly politically correct. Perhaps they never stop challenging how and why things are done; and, when you tell them, they question the "why" underlying that. Responses such as "it's always done that way," or "because it's a 'best-practice,'" aren't ultimate "whys." Sometimes there is no ultimate "why," or, at least, one that makes any real sense.

Despite their ability to drain, nonconformists can easily be contained

and even harnessed to the group's benefit. Seen for what it can truly be, nonconformity is an asset, a cross-pollinator of ideas and of ways to think. It's a Darwinian stressor. Yes, some extra supervision might be required to keep the nonconformity positively channeled.

Unfortunately, there's no blood test or imaging procedure that diagnoses the difference between nonconformist and disruptor. But, fortunately, disruptive physicians leave snail-like trails. Before jumping to the conclusion that your Stacy is a disruptor, pause and question motives while you're examining evidence. Is it truly disruptive action that should lead to termination, or is it, instead, nonconformity that can be made to be beneficial to your group's success?

Thirty-Three Strikes and You're Out

Let's assume that you've gone through that process and determined, wisely in this case, that Stacy is a disruptor. What then?

Benjamin Franklin is said to have quipped that house guests and fish smell after three days. Crappy group members stink a lot faster than that.

Sure, it's all PC to "counsel" these guys, to tell them how much you love them if only they will toe the line and be good boys or girls and get along with everyone while singing Kumbaya.

Go ahead, try it once. But after that, realize that these people just can't help themselves. In your group they are a rot that will spread. In some other setting, they may be perfectly happy, highly productive good citizens. Do them a favor and get them started on their journey to find their perfect spot: it is somewhere else.

But can you do that? What do your group's organizational documents and any agreement between the group and Stacy provide? Here's where double, double, toil and trouble often sets in.



The Popularity Contest or "But, Everyone Likes Dr. Stacy"

Due to the mindset that medical groups are more like clubs of colleagues than business organizations, many groups build club-like protections into their documents, from partnership agreements to employment and independent contractor agreements. They define "for cause" termination narrowly and (and here's the killer) build in "protections" *for the subject physician* as opposed to for the group—generally expressed as a required percentage vote of the group's members before anyone can be expelled.

The higher the percentage, the greater the "protection" . . . and the greater the problem. Your Stacy is killing your business, but so many of the group members like Stacy, maybe even love Stacy (or are very afraid of Stacy), that it's impossible to get the required percentage vote.

Protecting your group is not supposed to be, and should not be, a popularity contest.

Accordingly, protecting your group from a disruptive physician starts well before you have one. It begins with an analysis, and perhaps a restructuring, of your

group's organizational and employment-related documents.

Are all member vote requirements themselves disruptive? No, but they must have limited application or else they end up serving a purpose that was never intended, the destruction of the group as opposed to the preservation of a single physician's future with the group.

We can look at this one last way. Empower those selected to lead the group to actually lead the group. If you don't like their leadership, remove them from office, but don't tie their hands while they are in office because, in the end, you might just be binding the hands of your own future. 

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