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SENTARA HEALTHCARE 2024 MEDICAL STAFF LEADERSHIP PROGRAM

September 13, 2024 Westin Virginia Beach

8:00 - 9:30 a.m.

MEET DR. DEWY: UTILIZING COLLEGIAL, NON-PUNITIVE PEER REVIEW STRATEGIES TO HELP A YOUNG DOCTOR IMPROVE HER PERFORMANCE (AND SAVE HER CAREER?)

- Credentialing an applicant who comes with a history of clinical performance issues
- When and how to notify a practitioner that clinical concerns have been raised through the peer review process
- Deciding if precautionary suspension is appropriate and acting on that decision
- Formulating a performance improvement plan for a colleague with clinical performance issues
- Whether and what to report when a practitioner under review voluntarily resigns privileges, agrees to proctoring, or simply "goes away"

9:30 - 10:30 a.m.

PLANNING A COLLEGIAL MEETING TO DISCUSS A BEHAVIORAL CONCERN – A VARIATION ON A FAMILIAR THEME! (DR. RATTLER CASE STUDY)

Dr. Rita Rattler is a perfectionist. And she's got her Mensa certificate to prove it. Unlike some other Medical Staff members who she perceives as sleepwalking through their careers with quiet complacency, Dr. Rattler thinks of each day as an opportunity to pursue excellence and strive for constant improvement. So, she has high expectations – for herself and for the rest of the healthcare team. The trouble is her zeal may have gotten out of control. Hospital personnel are complaining. Dr. Rattler's behaviors are escalating. Can a crisis be averted through early intervention?

- What if Dr. Rattler is an employed physician? How to decide which pathway makes the most sense
- What it really means to be "fully prepared" for a difficult meeting

10:30 - 10:45 a.m. BREAK

10:45 – 11:45 a.m. TIPS FOR NAVIGATING THE PROGRESSIVE STEPS OF PEER REVIEW WHEN UNPROFESSIONAL CONDUCT IS AT ISSUE

- Choosing the best person for the job
- Heading off retaliation against those who report conduct
- When to consider psychiatric evaluations
- When the physician perceives herself as the lone champion of quality
- Managing avoidance tactics (e.g., refusal to attend a meeting) swiftly, administratively, and without breaking a sweat
- Stay on track! How to avoid distractions, deflections, and threats raised by the practitioner
- Drafting and monitoring performance improvement plans for a colleague with conduct issues

11:45 - 12:45 p.m. LUNCH

12:45 – 1:30 p.m. Who's on First? Understanding the Medical Staff Players and their Roles

- What IS the Medical Staff anyway?
- Who are Medical Staff leaders, and what do they (we) do?!
- Understanding the role of the Governing Body in Medical Staff functions

1:30 – 3:00 p.m. MEET DR. DOWD (CASE STUDY – INTERSECTION BETWEEN THE BOARD AND MEDICAL STAFF ROLES IN MEDICAL STAFF CREDENTIALING FUNCTIONS)

Dr. Dowd came before the Board fully recommended for initial appointment and privileges in general surgery. When problems soon arise, the Board begins to wonder what, if anything, might have been missed during the first credentialing cycle. With Dr. Dowd now on staff and up for reappointment, the Board wants to make sure that it has the right information to make the right choice. What information should the Medical Executive Committee request from applicants and rely on in credentialing? What information should the Medical Staff committees share with the Board – everything? What is the right information when it comes to making a credentialing decision? And what should the Board be doing about this if the Medical Executive Committee hasn't flagged any concerns? After all, isn't credentialing a Medical Staff responsibility?

At the conclusion of this case study session, Medical Staff leaders and Board members alike should understand the careful balance between Medical Staff responsibility for quality of care provided by practitioners and the Board's duty to actively oversee those activities.

2:15 – 2:30 p.m. Break

3:00 – 4:00 P.M. MAXIMIZING PROTECTIONS FOR LEADERS, UNDER THE LAW AND IN ORGANIZATIONAL DOCUMENTS

- Health Care Quality Improvement Act
- Virginia law
- Policies, Forms & Other Documents