

DOES TEMPER AND PERSONALITY MATTER?

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SOME REFLECTIONS ON TEMPER AND PERSONALITY...

- 1. What is known as regards healthcare?**
- 2. Does it matter?**
- 3. Some words of caution**
- 4. Potential remedies**

1. WHAT IS KNOWN...

- **Pub Med "physician hazardous attitude" gives less than 50 hits**
- **Most of them concern alcohol and drug abuse in patients**
- **Less than 10 concern personality traits in doctors...**

2. DOES IT MATTER?

Clin Orthop Relat Res (2015) 473:1582–1589
DOI 10.1007/s11999-014-3966-2

Clinical Orthopaedics
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SYMPOSIUM: PATIENT SAFETY: COLLABORATION, COMMUNICATION, AND PHYSICIAN
LEADERSHIP

How Prevalent Are Hazardous Attitudes Among Orthopaedic Surgeons?

Wendy E. Bruinsma MD, Stéphanie J. E. Becker MD,
Thierry G. Guitton MD, PhD, John Kadzielski MD,
David Ring MD, PhD

Clin Orthop Relat Res (2015) 473:1544–1551
DOI 10.1007/s11999-014-3687-6

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LEADERSHIP

Surgeons' Attitudes Are Associated With Reoperation and Readmission Rates

John Kadzielski MD, Frank McCormick MD,
James H. Herndon MD, MBA, Harry Rubash MD,
David Ring MD, PhD

BRUINSMA ET AL

- **Hazardous attitudes = macho, impulsiveness, antiauthority, resignation, invulnerability, overconfidence**
- **FAA / CATA test used to identify dangerous traits in pilots**
- **Translated into medical milieu**
- **Worldwide survey among > 800 orthopedic and trauma surgeons**

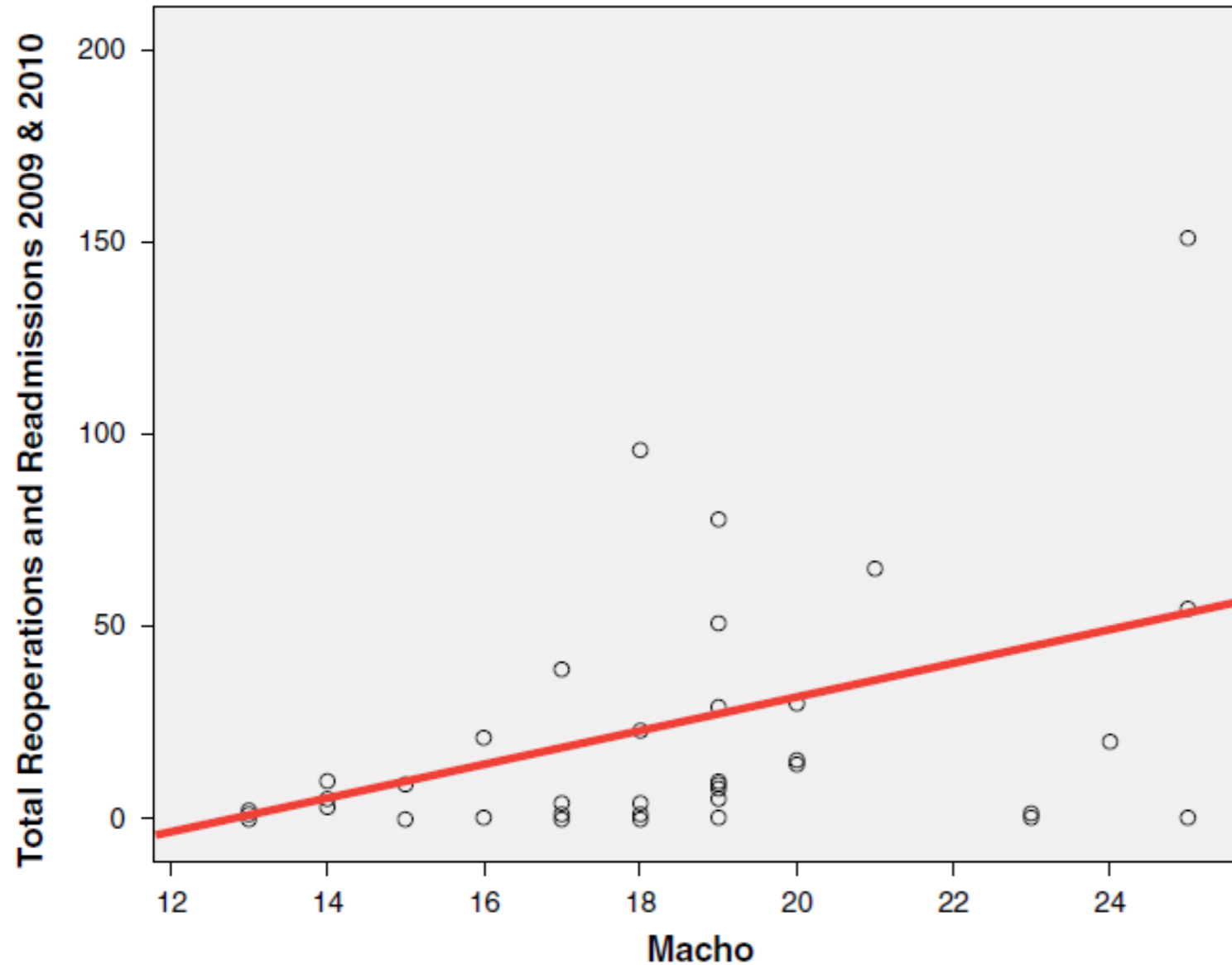
BRUINSMA ET AL

- **364 answers (332 men)**
- **137 (38 %) had at least one score considered dangerously high in pilots:**
 - **102 macho**
 - **41 self-confidence**
 - **22 worry/anxiety**
 - **10 antiauthority**
- **“Awareness of such attitudes may improve safety also in surgery”**
- **“Further research needed”**

KADZIELSKI ET AL

- **46 orthopedic surgeons at Mass General invited**
- **31 participated**
- **Modified Hazardous Attitudes Scale**
- **Linking hazardous attitudes to patient outcome (reoperation and/or readmission)**
- **Same pattern of hazardous attitudes as seen by Bruinsma et al**

KADZIELSKI ET AL



**One of five negative events
can be explained by macho
attitude alone...**

KADZIELSKI ET AL

- **“Regardless, in the hospital setting, elevated levels of macho attitude may not be consistent with the routine delivery of safe surgical care in a teamwork setting where human factors and safe systems are the key to success.”**

SWEDISH REACTIONS...

Machoortoped = patientrisk



RICHARD WALLENSTEN, docent,
Svenska ortopedkliniken, Ka

cent macho, 11 procent självsäkra, 6 procent oroliga/ängsliga, 3 procent avigt inställda mot auktoriteter. 1 procent im-

följningsdata avseende reoperation och återinläggning. 9/31 hade nivåer av machobeteende som skulle anses far-

- “...Very good that this is surfaced...”
- “...Surprised that this was published...”
- “...Was John Charnley one of these with self-confidence and anti-authority?...”
- “...99,9 % of good surgeons I met have reason to be proud...”
- “...Perhaps the start of a period of reflection...”



3. SOME WORDS OF CAUTION

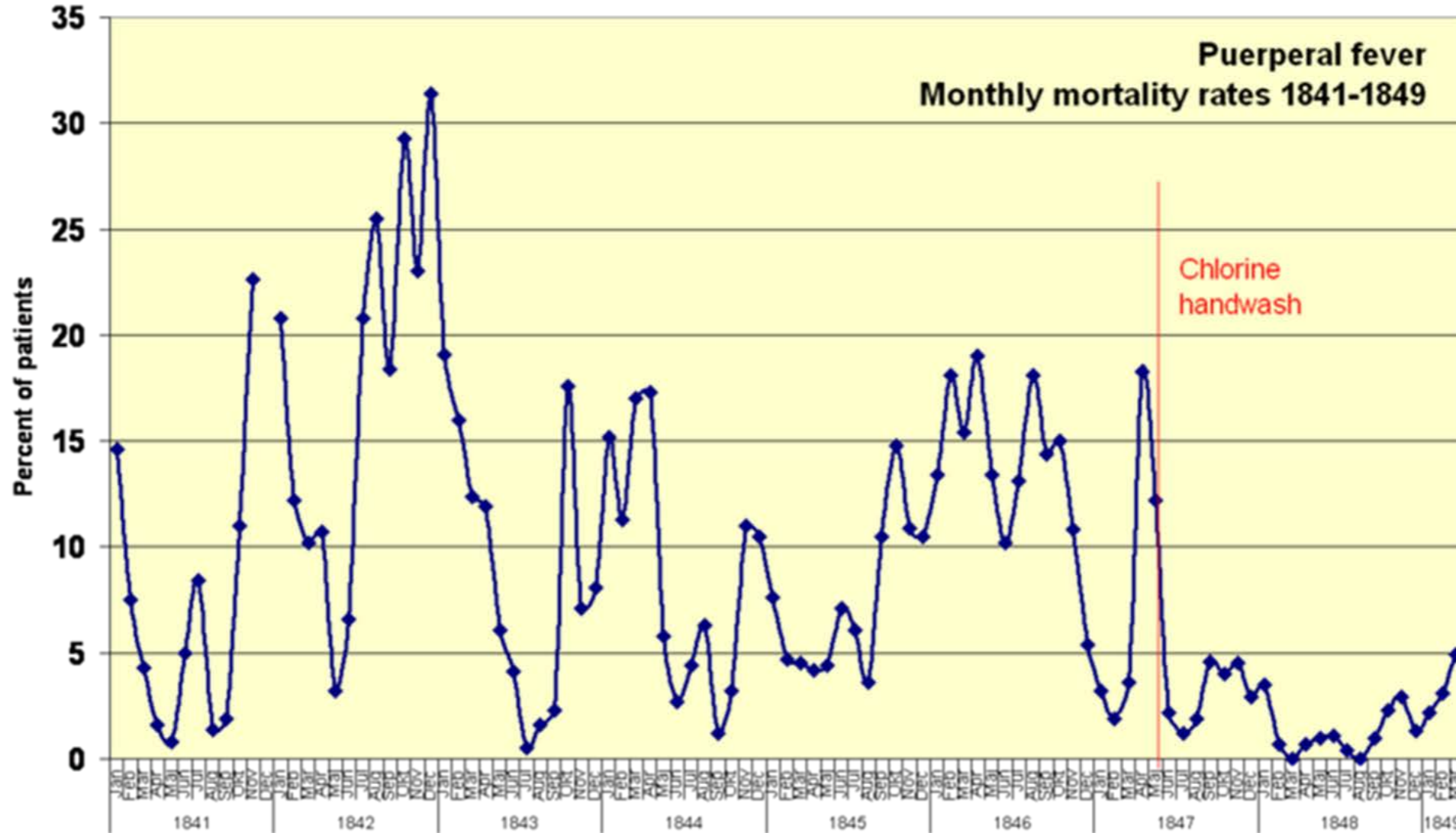


Who is right?



**Possibly right at that time...
Would it work today?**

THE WORK OF A LUNATIC OR A PIONEER?



THE STORY OF SEMMELWEIS



Ignaz Semmelweis, born 1818

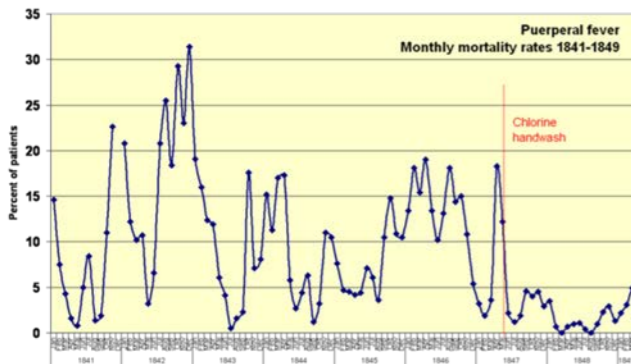
Made his discoveries in 1846 - 1847

Considered crazy, expelled from Vienna in 1849

Called his protagonists "murderers"

Forced to work without wage in Budapest

Died in a Vienna asylum in 1865, aged 47



4. POTENTIAL REMEDIES

DOUBLE COMPETENCES CAN BE LEARNED

- **Technical skills**
 - "Know your job"
- **Non-technical skills**
 - Communication
 - Leadership
 - Teamwork
 - Situation awareness
 - Decision making
 - Problem solving
 - Addressing stress and fatigue

ANTIDOTES THAT CAN BE LEARNED

Hazardous Attitude → Antidote

Macho	→	Taking chances is foolish.
Antiauthority	→	Follow the rules. They are usually right.
Impulsivity	→	Not so fast. Think first.
Resignation	→	I am not helpless. I can make a difference.
Self-confidence	→	Don't get in over my head.
Worry	→	If it does not feel right, don't do it.

THE FIVE PHASES OF A TEAM:

1. **Forming** – the team is gathered and formed
2. **Norming** – the “rules of the game” are established
3. **Storming** – questions / problems addressed
4. **Performing** – the team performs
5. **Adjourning** – the team reflects and learns

CONCLUSIONS:

- **Little is known on the topic**
- **Temper and personality does seem to matter**
- **Challenging to address**
- **Topic must be addressed cautiously and wisely**
- **Remedies present, but must be learned and used**