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PEER REVIEW, WORKPLACE VIOLENCE, AND PROTECTING YOUR CAREER WITH DR. DAVID KORONKIEWICZ

David Mandell:

Hello, folks. Dave Mandell, host of the podcast. Welcome back. Thank you for tuning in, whether you're on one of the audio platforms or watching myself and Dr. K on YouTube and seeing our smiling faces. I appreciate it.

So, I've got a really interesting guest, and I came to Dr. David Koronkiewicz by speaking. We spoke at the same conference, in the business section. It was the AOAO, which is the American Osteopathic Orthopedic meeting, so all the orthopedic DOs around the country. And I've been fortunate enough to speak there fairly often over the last decade, and he and I spoke in DC just a couple of months ago. And I was really interested in his topics, and we haven't had somebody speak on at least one of the topics. The other, a peer review, we have a couple years ago. If you're interested in that, go back to I believe it was season four and you'll see another speaker, and we covered that with Jeff Segal a little bit in the talk I did with him.

So let me tell you just a little bit about Dr. David and then we'll get into it. So, he's a retired orthopedic surgeon, more than 30 years of experience. Past chief of staff, so clinical, but also obviously administrative and managerial roles. And president presently of the Indiana Osteopathic Association, and he speaks and is an expert on healthcare quality, safety, and risk management.

So, David, great to have you. Appreciate it.

David Koronkiewicz:

Thank you, David, for having me. It's a privilege to be there and speak with you in DC.

David Mandell:

Yeah.

David Koronkiewicz:

These two topics, as peer review and workplace violence in healthcare, may not sound like financial issues, but in reality, they have some of the most serious professional and economic consequences a physician can face besides a life-altering disability.

David Mandell:

Yeah, that's right. And we've talked about on this podcast, obviously financial is the core, but right outside of that is career, and burnout, and satisfaction, and having a good career. These elements, even if they don't even get to a financial place, I think can be a real disruptor in someone having a happy, and successful and rewarding career, so that's why I wanted you here to talk about it.

So, before we get into those more serious topics, let's hear a little bit more about you.

David Koronkiewicz:

Okay. I grew up in Philadelphia.

David Mandell:

Okay.

David Koronkiewicz:

Did my training there. So go, Birds.

David Mandell:

Yeah.

David Koronkiewicz:

Go, Eagles.

David Mandell:

Yeah. You guys have had a good run.

David Koronkiewicz:

Yes.

David Mandell:

A lot of good teams-

David Koronkiewicz:

Yes.

David Mandell:

... coming out of there lately. So yeah, good for you.

David Koronkiewicz:

Yeah. So, my career as a board-certified orthopedic, as you said, spanned over three decades. First, I was enrolled in the Air Force, and I had an Air Force scholarship.

David Mandell:

Right.

David Koronkiewicz:

I served my time during Desert Storm.

David Mandell:

Okay.

David Koronkiewicz:

And then I looked at many practices around the country and chose Goshen, Indiana. So, for the last 18 years, or for 18 years I was in private practice, and then I joined the hospital system like a lot of people in the country is doing now.

David Mandell:

Right.

David Koronkiewicz:

For security and other reasons. During that time, I held medical staff positions, all of them basically in the organization. As you said, I was chief of staff, I was director of quality, led peer review, and utilization review committees as well. So, I've seen both sides, from administrative as well as a physician side.

David Mandell:

Yeah.

David Koronkiewicz:

And I've seen how those processes can be abused as well. So, along the way, I earned a master's in healthcare quality and safety management from Jefferson University, and I hold advanced certification in healthcare quality and management, with subspecialties as a physician advisor, as well as patient safety and risk management. These roles have shown me how fragile the physician professional standing within the organization or even within their area and can affect their financial future.

David Mandell:

Right.

David Koronkiewicz:

And when a system goes wrong, it can affect both professionally, and of course financially.

David Mandell:

Yeah. So, you really have seen it from all different sides. The practicing physician side, the physician management or executive side. You've gone into it from an academic point of view and gotten a master's. I think your perspective is probably pretty unique, right? Most physicians probably have their perspective, which may be fairly negative and may be justified. The administrators or physician managers may have a little bit different. But hopefully as we flesh through this, you can give your input from the different ways you've experienced and studied this over the years, so I'd appreciate that.

So, the first talk that you did at the DC meeting was titled, I thought it was an interesting title, Peer Review: Friend or Foe? So why did you frame it up that way?

David Koronkiewicz:

Well, first of all, peer review has been around since the early 1900s.

David Mandell:

Okay.

David Koronkiewicz:

Where I guess the surgeons basically put it into the medical staff in order for quality. And then in the 1950s, Joint Commission made it part of the accreditation process for hospitals.

David Mandell:

Okay.

David Koronkiewicz:

But at this point, it was supposed to protect the patients by holding physicians accountable, making sure they did quality care, and they weren't just rebels and doing things because they want to do it.

David Mandell:

Right.

David Koronkiewicz:

It occasionally is used now to punish physicians and for political or economic reasons. There's multiple examples out there of physicians that are competing, that the hospital would decline their privileges because now they're a competitor. Or political reasons, you voice your concerns or you're very respected in a community, but you don't agree with what administration has to say.

David Mandell:

Right.

David Koronkiewicz:

So, when review turns into what we call sham peer review, careers can end overnight. Privileges can be suspended; your peer review is looked at. You could be reported to the National Practitioners Data Bank. Insurers are notified, credentialing is denied, and a ripple effect can destroy decades of your work and the income, especially in the future.

David Mandell:

Yeah.

David Koronkiewicz:

All of a sudden, you can't get a job.

David Mandell:

So, the initial birth I guess of peer review was to protect patients, to keep the quality of medical treatment at a certain level. But because, if I'm summarizing, there is not really a check on that, that the folks running that system in any local environment could use it in nefarious ways, I guess. Is that what you're saying?

David Koronkiewicz:

That is definitely correct.

David Mandell:

In a certain community, it can be abused essentially.

David Koronkiewicz:

Absolutely, absolutely. Joint Commission has a lot of power. They put in certain guidelines that hospitals are supposed to follow and some of those are disruptive physician things we'll talk about a little bit later. But being termed disruptive or a problem physician can be devastating for your career definitely. If administration wants you out, they'll tend to try and find something to give you the review that you have, and it could be like a kangaroo court. That it's decided before you even have peer review.

David Mandell:

Right, right. I remember from my notes, there was an act, there was a database. Set up what a physician should know about, just the basics about the act and what it means in terms of the conditions and things like that.

David Koronkiewicz:

Okay. The trigger event is usually a peer review. Someone complains to you or maybe complains to the state society and there's an investigation. That investigation can suspend your privileges and all of a sudden, your contract is not renewed. There goes your income, like we talked about. And of course, home life is actually affected, too.

David Mandell:

Of course.

David Koronkiewicz:

I've known several physicians that have gotten divorced over different issues that have happened in a hospital.

David Mandell:

Very stressful.

David Koronkiewicz:

So, it's definitely very stressful. And some of them never recover.

David Mandell:

Yeah.

David Koronkiewicz:

I listened to something today where a neurosurgeon in Ohio got suspended from the state because someone put an anonymous complaint in, and he hasn't practiced in 10 months and he's in a process of trying to get his license again. And it's a nightmare. Financially, as well as professionally.

David Mandell:

Yeah.

David Koronkiewicz:

But what we're talking about is every physician should know about this Healthcare Quality Improvement Act of 1986. In the 1980s, there was a lot of lawsuits going on because they thought peer review wasn't fair and things like that. So, physicians were not really getting involved in peer review, which is something that's real important, that as a medical staff, that is what we do. Medical staff is in charge of peer review. The hospital's in charge of making

sure policies are followed and things like that, but we're in charge of peer review.

So, what it does is gives qualified immunity to the people reviewing. As long as it improves quality, if you use due diligence to get all the facts and not make up facts, or someone's out to get you, but also you have to follow the processes that are in the bylaws. So not only this act in 1986 gave you some immunity, people felt a little bit better about it, but it also created the National Practitioners Data Bank, where you had to report any of these suspensions or malpractice suits, or things like that. So, it's a double-edged sword there. That you can be suspended, and all of a sudden, you're reported to the National Data Bank, which could in turn cause you to have difficulty practicing anywhere. Because the hospitals, as well as healthcare industry is looking at those National Practitioner Data Bank to see if you qualify to be on their portal or on their plan.

David Mandell:

So, it sounds like the qualified immunity was important because you wanted to get physicians to be willing to be on the committee to review bad actors. Because there are some, right?

David Koronkiewicz:

Absolutely.

David Mandell:

To do that, because physicians probably just by their nature, "I don't want to be judging another doc or saying something that's going to affect them negatively." Especially when I might have liability for it.

David Koronkiewicz:

Right.

David Mandell:

Because there's going to be a lot of gray cases. There's going to be the clear ones that are terrible that need some sanctions. There's going to be the clear ones where it was abused, and I know sham. And then there's going to be a lot of edge cases, "Well, I can see it this way, I can see it that way." So, you needed that immunity it sounds like to even get the program going back in the '80s in a way that physicians would participate. But it sounds like that might have swung too far, in that now, am I accurate in saying that because of that immunity, that there's not really accountability for bad decisions and that physicians who are subject to the peer review don't have as much recourse if they're treated unfairly, and the process is not with due process and all of that? Is that where we are today to some degree?

David Koronkiewicz:

I don't think it happens often, but a lot of times it does happen. And you may have people on the review committee that were old partners or competitors, not just the hospital. So, the difficulty we have in a small hospital, you may only have one specialist.

David Mandell:

Right.

David Koronkiewicz:

So how do you get that reviewed? So, you have to get an outside organization to do that. But the reality is you don't want to be reviewed. You want to do a good job.

David Mandell:

Right.

David Koronkiewicz:

But it doesn't mean that you're still not going to get peer reviewed. So, referencing the second case you were talking about was Patrick versus Burget.

David Mandell:

Yeah, let's talk about that. This is an actual legal case.

David Koronkiewicz:

Right.

David Mandell:

I was going to bring that up, *Patrick v. Burget.* And it's an old case. Why is it still important? What's it about?

David Koronkiewicz:

Well, first of all, it was back in 1983 when Dr. Patrick, as a vascular surgeon, was working for this Astoria Clinic in Oregon. And his time was put in, and they offered him a partnership. Well, he decided to leave the group and open up his own practice, so he's a competitor now, and people in that clinic now said he produced substandard care. So, these competitors who are now on the peer review committee said, "Okay, you're going to lose your privileges because you were substandard caring for patients."

Well, it composed of competitors and they stripped his hospital privileges. So, over the next few years, he basically went up the chain through appeals court and everything else. One of the lower courts granted him $2.2 million. But when it went to the Supreme Court eventually, he filed basically on an economic hit job and an elimination of competitive. So, he was actually basing his defense on the Sherman Antitrust Law of 1890.

David Mandell:

Right.

David Koronkiewicz:

Where the act bans monopolies and unfair restraint of trade. So, after seven years, the Supreme Court said, "Yes, you should have that judgment," which today is about $7 million. And if you look at some of the payouts now, it may be significantly higher than what it was back then.

But they also, what they did, was they denied immunity for the hospital and the physicians. So, during that time, as people were getting fearful of the peer review process, Congress was working on the Quality Improvement Act that we talked about a few minutes ago. So, there's still a precedent that you can sue if there's sham peer review based on violating antitrust laws. And it exposes the dark side of review, where competition and politics may masquerade as quality control that the hospital and the committee is saying, that you have violated some of these factors.

So yes, it's very important. Those two still stand out. As long as it follows a good process, whether you are a peer reviewer or the peer getting reviewed, you have some immunity to it and you feel comfortable about having this process done against you. But it's a difficult process because if you're suspended, your name is put in a national data bank and it's difficult to remove it.

David Mandell:

Yeah.

David Koronkiewicz:

And when it's difficult to remove it, it's going to sit there for the rest of your career. Whether it be malpractice, sexual assault, whatever is there, and everyone's looking at you when you apply for new credentials at another institution or even an academic institution. So, it can be devastating, and it protects bad actors as well as good ones.

David Mandell:

Yeah.

David Koronkiewicz:

So, it's still pertinent today.

David Mandell:

It for sure is, yeah. Tell me about the disruptive physician label.

David Koronkiewicz:

Okay.

David Mandell:

If that comes up. What does it mean, and why is it dangerous?

David Koronkiewicz:

Well, the disruptive physician goes along with healthcare violence.

David Mandell:

We're going to talk about that in a minute, yeah.

David Koronkiewicz:

We'll talk about that in a minute. But healthcare violence basically encompasses a lot of things. So Joint Commission back in 2009, they have sentinel events which are critical events where people die or are injured in the hospital, and it included behaviors that undermined a culture of safety. So, when physicians don't answer their pages, or physicians don't call back, or they even went into the extreme of saying if you roll your eyes, if you cross your hands in a defensive position. Anything at all can be considered a disruptive physician.

David Mandell:

Interesting.

David Koronkiewicz:

So, one day, you might have joking with the nurse. The next day, all of a sudden, you're a disruptive physician. So, it's very, very difficult to gauge that day. So, any unprofessional conduct is considered to be a disruptive physician or could be considered.

David Mandell:

Could be.

David Koronkiewicz:

So, it can go up the chain of command, like we talked about with peer review. But it also is, basically it can be used as a weapon, and administrators have been using them as a weapon. In fact, they've actually had conferences on how to proceed with disruptive physicians. So, it's scary that most people, physicians don't realize these kind of things can happen.

David Mandell:

Yeah.

David Koronkiewicz:

And it's purposely-

David Mandell:

This may not be ... Sorry to interrupt, David.

David Koronkiewicz:

That's fine.

David Mandell:

So, this might not be so much clinical. This may not be a treatment of patients. This could be peer-to-peer.

David Koronkiewicz:

Right.

David Mandell:

This could be employees. This could be more workplace harassment type issues.

David Koronkiewicz:

Absolutely.

David Mandell:

Is that what I'm getting?

David Koronkiewicz:

It could be screaming at a nurse.

David Mandell:

Yeah.

David Koronkiewicz:

Yelling at somebody in the OR. Throwing things in the OR.

David Mandell:

Yeah.

David Koronkiewicz:

Those are obvious things.

David Mandell:

Yeah. You want to limit those, so that's probably good. But like you said, it could be vague and it could be broadened to people develop relationships and they have sense of humors.

David Koronkiewicz:

Right.

David Mandell:

And then all of a sudden, the sense of humor I have with one nurse ... Let's say a new nurse is employed and she's in the room where I'm making jokes, and we're having a great time, me and this one, and she gets offended. And now all of a sudden, I'm a disruptive physician even though my friend who's the nurse and we've been working there for 20 years, wouldn't think twice about it.

David Koronkiewicz:

Exactly. And some of these areas, like you just talked about, the OR, the emergency room, there's a lot of pressure.

David Mandell:

Yes.

David Koronkiewicz:

And there's a lot of people that work together in close proximity.

David Mandell:

Life or death literally.

David Koronkiewicz:

And really, you have to have some humor, you have to have some of this stuff. And sometimes you blow off steam.

David Mandell:

Right.

David Koronkiewicz:

And it may be appropriate, it may not.

David Mandell:

Right.

David Koronkiewicz:

But if someone has a bad day and anonymously reports you, then the wheels start turning.

David Mandell:

Right.

David Koronkiewicz:

So, the term is vague on purpose probably and it's very subjective. So, the administrators can define it as they feel appropriate. Sometimes they do it to silence the physicians who question policies, maybe the cost of sometimes. Patient safety issues. If you're an outspoken person about safety issues, they may not like it.

David Mandell:

Right.

David Koronkiewicz:

Administrators have that ability to create the disruptive physician term. And of course, if it goes through everything, your reputation and income take a hit, as we talked about.

David Mandell:

Yeah, yeah. Yeah, it makes sense. It's certainly something, for those who are interested in that topic, go back to season five, listen to my conversation with Jeff Segal, who's a neurosurgeon, Dave, but also an attorney.

David Koronkiewicz:

Yes.

David Mandell:

So, he's somebody who he spent his career really helping docs from a legal point of view and started with malpractice. But started to veer into this area too, because it's been so problematic, as you've seen.

David Koronkiewicz:

Right.

David Mandell:

What you're talking about, it's just as a lawyer, it's due process. It's the ability to have some accountability on the decisions. Even just the idea, like you were saying, hey, if I'm on the committee on peer review, but I used to be your partner, you should be conflicted out.

David Koronkiewicz:

Right.

David Mandell:

Like you do with judges or other in the legal system. If you have a preexisting relationship, especially if it was a negative one. But even positive, because you could then come to defend somebody when there are some things that should be changed. You shouldn't be on that committee for that one doc.

David Koronkiewicz:

Yeah.

David Mandell:

And I don't know if the rules are that thought through, I don't know.

David Koronkiewicz:

Yeah, they're out there. But the problem is you might be in a hospital where there's only one specialist.

David Mandell:

Right, I get it.

David Koronkiewicz:

So, there's one ENT doc, so who's going to review your charts?

David Mandell:

Right.

David Koronkiewicz:

You might have an OB-GYN-

David Mandell:

Your old partner, that's it. That's all you got.

David Koronkiewicz:

You might have an OB-GYN review your charts.

David Mandell:

Right.

David Koronkiewicz:

And they don't know what you do.

David Mandell:

Right.

David Koronkiewicz:

Or how you do it, or what's right or what's wrong.

David Mandell:

Yeah.

David Koronkiewicz:

So, you're relying sometimes on someone that may not be just like the jury of your peers. If physicians are a defendant, there's not 10 physicians in that jury box.

David Mandell:

Right.

David Koronkiewicz:

It's just everyday people. And again, things can happen with that.

David Mandell:

Yeah, yeah. Yeah.

David Koronkiewicz:

But again, if you get suspended just because disruptive physician, you could either be sent for remediation that each state usually has something for physicians, but you also lose your job.

David Mandell:

Right.

David Koronkiewicz:

And you're reported to the National Practitioners Data Bank.

David Mandell:

Yeah, the consequences are severe.

David Koronkiewicz:

Absolutely.

David Mandell:

So, you've got to take this very seriously. I do want to be sensitive to time, and I want to transition to your other topic that you spoke on, that I haven't had anybody speak on. Now we're in season six here, over 100 episodes. So, your second lecture was about healthcare violence and bullying. It was surprising to me because, again, I'm not in the hospital, I'm not in the day-to-day of medical practice. We help clients on the financial side. But I certainly am well aware of burnout, and this might be part of what plays into that, and just the stress of being a physician. What's going on there? What's going on in that area in the medical space?

David Koronkiewicz:

Well, as physicians and advanced practitioners, we see the results of violence every day.

David Mandell:

Right.

David Koronkiewicz:

We see people that have been pushed down, beat up, accidents or whatever. But more and more, we are becoming the person that is being attacked. COVID accelerated that a little bit.

David Mandell:

That's right.

David Koronkiewicz:

In some of the surveys with nurses, they basically show an increase over the last few years of healthcare violence.

David Mandell:

Yeah.

David Koronkiewicz:

And against patients, by visitors. They're just unruly at times.

David Mandell:

Yeah.

David Koronkiewicz:

But there's a lot of reasons for that. Mental health.

David Mandell:

Right.

David Koronkiewicz:

Long wait times in the emergency room. During COVID, you couldn't even see your loved ones in the hospital.

David Mandell:

Right. Oh, yeah, yeah.

David Koronkiewicz:

So, they were very angry with the system.

David Mandell:

Sure.

David Koronkiewicz:

And I think it goes across the board. Even now, you're reading about unruly passengers on airplanes.

David Mandell:

Right, right.

David Koronkiewicz:

It's across the board and we see that. People have now lost their humanity per se.

David Mandell:

Well, I think it's also ... Again, this is a whole other topic, but the involvement of insurance, and people not being able to afford care that they know their family needs. That makes people angry.

David Koronkiewicz:

Right.

David Mandell:

And it's not the physicians' fault or the nurses' fault, but they're the ones they see.

David Koronkiewicz:

Right.

David Mandell:

They're not walking into the insurance company's office, although there was that terrible tragedy of that insurance-

David Koronkiewicz:

Absolutely.

David Mandell:

... executive being killed.

David Koronkiewicz:

Right.

David Mandell:

That's sort of the same place of this.

David Koronkiewicz:

But we like blaming the insurance company.

David Mandell:

We do, and they have a lot of blame, too.

David Koronkiewicz:

They have a lot to do with it, too. They have a lot to do with it.

David Mandell:

Yeah.

David Koronkiewicz:

But the one thing about this violence and intimidation that's going on within the healthcare profession against us, it basically I focused on sexual harassment and bullying.

David Mandell:

Yeah. You had some data too in that talk.

David Koronkiewicz:

Right.

David Mandell:

So, tell us about that.

David Koronkiewicz:

It drives burnout, absenteeism, and turnover, which is a real financial loss for the hospital. So, they're not real happy with it itself, hospitals lose staff. Our malpractice rates climb. Physicians lose productivity. And like you talked

about with burnout, the passion just isn't there. You quiet quit. You do things because you have to do it, but not that you want to do it.

David Mandell:

Yeah.

David Koronkiewicz:

It's a burden to do that.

So, one of the reasons for a lot of this stuff is when you look at lateral bullying, where you talk about nurse-to-nurse, physician-to-physician, what happens is there's a hierarchy there. You got the attending physician, you got the fellow, the resident, the student, all the way through.

David Mandell:

Yeah, right.

David Koronkiewicz:

And there's authority over those people. And the same thing happens with new nurses and experienced nurses. There's a lot of that going on and it sounds like it's really HR, but it's more than that. It breeds a toxic environment that leads to lawsuits, HR reporting, license complaints that can happen and you could be destroyed from that, and it's a big economic cost. But more importantly, it diminishes quality and safety within the hospital and that's an important part of this. And that's where it's all focused, where it's all part of that.

David Mandell:

Yeah. I wrote down a couple as we prepped for this, a couple of the stats. You said American College of Emergency Physicians had a survey where more than 90% of the docs had experienced or witnessed violence. Again, that's in the ER, so obviously that's where it's going to come. Healthcare and social workers, five-times more likely to suffer workplace assaults than other

industries. 60,000 nurse assaults a year. There was a Meta analysis that you cited, that 51% of residents experienced some bullying.

As you've mentioned this, the hierarchy, et cetera, I'm not the first one to come up with this. In fact, it's probably pretty mundane, and most people who are going to hear this are going to be shaking their heads. But I think there's probably some overlap or corollary to the military. You got people going through a really tough training regimen in the military and also in residency, fellowship, et cetera. A lot of hours, a lot of stress, life or death, this kind of stuff. And as that happens, you've got the rite of passage in, "Well, I went through it, so you have to go through it." That kind of attitude. And if you have that, then you start to let things go that you probably know aren't right. That gets into what you were saying, which is your peer-to-peer.

David Koronkiewicz:

Right.

David Mandell:

It's one thing if it's a patient and that's, okay, a different story because you don't even know where they're coming from. They're essentially a stranger to you. They show up and there's a fear there. But if it's someone that you're dealing with every day, but they're still being like that, "Well, hey, I went through it, you can go through, it's part of the rite of passage." And that's not healthy.

David Koronkiewicz:

Right.

David Mandell:

I think everyone would say that's something that we want to limit because, like you said, it affects patient care, it affects burnout and people's satisfaction, and ultimately, it's just a drain on the whole system.

So, what are some of the things that you're seeing, that you're a part of that is going on to address this?

David Koronkiewicz:

Well, first of all, I would do a couple things, or a few things. One, I would understand your bylaws. It's just like a financial contract that you're with your estate planner or your financial advisor. You have to know what's in there and you have to know what the process is for that. So, you have to understand your due process. If the due process is not there, then that's a problem. So, you want to document everything. When you have the CEO give you a call and says, "We need to have a meeting," and you go in there one-on-one, put your antennas up because that could be a warning. So, make sure you document everything. And if there's something that goes a little further, seek counsel. Make sure someone is aware of the familiarity with peer review and hospital law, that's important. And professional liability can cover peer review; you got to make sure that's part of your waiver or addition to your policy.

David Mandell:

That's really important. I want to stop on that for second-

David Koronkiewicz:

Okay.

David Mandell:

... because that's related. Well, I want to say two things. One is in your lecture, just going back to what's going on with healthcare, you mentioned the SAVE Act, which is something.

David Koronkiewicz:

Yes.

David Mandell:

Did that get passed, or where are we with that? Then we'll come back-

David Koronkiewicz:

Okay.

David Mandell:

... I want to come back to the professional liability insurance in a second.

David Koronkiewicz:

So, no. In 2021, it was put in front of Congress. And basically, what the SAVE Act is to make it a federal felony to attack a hospital worker or physician, similar to what the airlines' workers as well as the crew. If something happens to them, it's a felony and they're arrested.

So, one of the problems we have is most of these aren't reported. Nurses think, "It's something we see every day."

David Mandell:

Right.

David Koronkiewicz:

"This is normal for us." Or it takes a lot of effort to report something.

David Mandell:

Right.

David Koronkiewicz:

Especially if it's violence, you got to call the police, you got to fill out forms. Now you're taken out of the ER and you're doing all this stuff, and it makes it difficult for the people that are there, let alone you.

David Mandell:

Right, right.

David Koronkiewicz:

It's difficult to-

David Mandell:

That never got passed. Obviously, it didn't-

David Koronkiewicz:

It was re-initiated in April 2025.

David Mandell:

Okay.

David Koronkiewicz:

So hopefully, something ... More and more representatives are signing onto it.

David Mandell:

Okay.

David Koronkiewicz:

Because it's becoming pretty dramatic within our healthcare system.

David Mandell:

Right, right. Okay, so I wanted to just do that. Okay, so now let's go back. You were going through some tips for physician self-protection, really getting back also to the sham peer review. But you said, hey, on the medical liability insurance, you may be able to get coverage either through your main policy, or maybe there's a rider or something, that would maybe cover defense on peer review. Can you speak to that? Because that sounds like lawyer, insurance, wealth manager hat, that's something every doc listening to this should be looking at. Maybe they don't elect it every time because the expense, and their situation, and their practice environment, but it sounds like that would be something I would be thinking about.

David Koronkiewicz:

Yeah. High risk fields you would think of, neurosurgery, interventional cardiology, orthopedics and any surgical subspecialty, OB-GYN, they're at high risk for have complications. Which in turn, you want to protect yourself. So, if you're one of those specialists ... If you're a dermatologist, eh.

David Mandell:

Right.

David Koronkiewicz:

You might not need it because you're also outpatient only. And there are some peer reviews for outpatient stuff, but mostly it's within a hospital. But if you can get coverage, it's something you might want to look at.

David Mandell:

Yeah.

David Koronkiewicz:

And that's important.

David Mandell:

Because on the defense, because that way you feel like, "I'm going to go into this, if I get called up, et cetera, and I'm going to be ready." Like you said, you don't just wing it.

David Koronkiewicz:

Right.

David Mandell:

And if you know you have some coverage for it, you might be more likely to take it more seriously and involve attorneys, et cetera, et cetera.

David Koronkiewicz:

Absolutely.

David Mandell:

So, you had a couple others you wanted to mention, and then we can wrap up.

David Koronkiewicz:

Okay.

David Mandell:

Yeah.

David Koronkiewicz:

So, the other thing is, in that little meeting with the CEO, he may say, "Oh, just resign your privileges for that procedure, or we won't report you to the National Practitioner Data Bank." That's completely wrong. Anyone that's suspended or during an investigation with true privileges, they will be reported. So again, know what you're allowed to do and not do. The other thing is don't resign under duress.

David Mandell:

Right.

David Koronkiewicz:

Again, that attorney is there to help you. And again, prioritize mental health and personnel safety. So, putting things in the hospital, like metal detectors and key cards for doors, things like that the hospital can do.

And the other thing is from a bullying standpoint, lead by example. We as physicians probably have been bullied at some point in our career. In fact, 50 to 70 percent of female nurses said they've had sexual advances or sexual harassment during their career. So, it's prevalent in the female population, but it's also prevalent in surgical subspecialties where it's tough to get around it.

So don't participate in it, speak up. Improve the culture of your organization. That's the important thing is don't be part of it. And reality is those kids have a phone and are smarter than you. They can get information much quicker than you can ask a question.

David Mandell:

And if you're going off and your temper's bad, it might get captured and then you're done.

David Koronkiewicz:

Right.

David Mandell:

That's the world we live in today. So final thought here. One piece of advice to early career physicians, or if David K. could go back 30 years almost talking to himself. In this area, what's the one big takeaway?

David Koronkiewicz:

Well, the one big takeaway is basically never assume the system is going to protect you.

David Mandell:

Yeah.

David Koronkiewicz:

And because you're doing a good job or you think you're doing well, understand the politics, the laws, and the risks that involved of being a physician. Understand your bylaws. Be informed. That's the most important thing. Speak up when you're right and make sure you document it.

David Mandell:

Yeah.

David Koronkiewicz:

So again, if you're very boisterous about things, that's something that's very important. And above all, remember professionalism and self-protection are not opposites, they're partners in career longevity. So, if one doesn't fit, you may lose a job and all of a sudden now, you don't have that longevity in your career and you're in trouble.

David Mandell:

Yeah. It's really about, from an external point of view, understand what the environment really is and be smart about it. And internally, professionalism goes along with the practice of medicine. If you have a good idea of what's going on in the environment, and you're smart about the bylaws and what reality is, and you take the professionalism seriously, hopefully you can keep yourself out of all these problems.

David Koronkiewicz:

Right. You want to be able to read the room.

David Mandell:

Right, right.

David Koronkiewicz:

That's important.

David Mandell:

Right, right.

David Koronkiewicz:

So that's what my advice be.

David Mandell:

Yeah, awesome. David, thanks so much for being on. Really important topic. Like you said, this is generally wealth and a career podcast, and the topics

you talked about are crucial to both of them because if you get into issues with the peer review it could be, like you said, a financially devastating event. And on the workplace violence side, that can lead to burnout and then you're not feeling good about your career, and your earnings go down and you're a bit lost in your career. So that's important, too.

David Koronkiewicz:

No, I agree totally.

David Mandell:

So, for all the people listening and some of you watching, thank you for tuning in. If you found this episode and the ones that we do to be of value, feel free to leave us a five-star review, some positive comments, tell your colleagues about us. And as always, we'll have another episode in another couple weeks.

David Koronkiewicz:

Thank you, David.

David Mandell:

Thanks for being here. We appreciate it.

David Koronkiewicz:

Thank you.