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## Dr. Jamie Thompson: Diagnosing an Organizational Issue

Dr. Elizabeth Clarke was in her office late one evening, reviewing overtime reports from the previous month. As Chair of the Surgery department at University Hospital, she was responsible for overseeing the entire team of surgeons, nurses, and staff of the different surgical divisions within the department, and ensuring the smooth operation of the overall surgical service.

Overtime costs had been higher over the past several months, often as a result of extra cases added to the schedule by Dr. Jamie Thompson, one of the surgeons recently hired in the general surgery division. Dr. Clarke knew that the hospital budget office (not to mention the staff who had to stay late in the operating room) wouldn't be happy about the overtime, but she was also proud of the results – both in terms of volume as well as patient outcomes and satisfaction scores – the department had been getting, and she couldn't help attributing some of those gains to the hiring of Thompson.

Dr. Clarke had been introduced to Jamie Thompson by one of her friends from her residency training, who now taught at a prestigious medical center and had mentored Thompson. Dr. Clarke was impressed during their interview: "Jamie seemed to have a lot of drive and gumption, which is what I was looking for in someone who could help grow our surgical services here at University Hospital. I felt that we had a lot in common and shared a vision about how the department could expand and improve. We got along really well."

In the time since joining the department, Jamie Thompson had built a reputation as an excellent surgeon and was very popular with patients and their families. Dr. Clarke thought Thompson had the potential to become one of the best surgeons in the hospital: "It hasn't been that long, and already several senior people have commented on Jamie's surgical technique, and multiple patients have come to me and said 'Oh, we love Dr. Thompson!'"

However, these were not the only comments Dr. Clarke had received. On the way to achieving these great surgical results, Thompson often created chaos within the organization. "When a patient presents to clinic," Clarke noted, "Jamie will often try to push the envelope and add that case on top of the cases already booked, with little regard for how the schedule or workflow might be disrupted." As one of the hospital anesthesiologists recently complained, "Even on days when the schedule is totally full, Jamie will try to squeeze a 'quick little case' in there, and then that case inevitably takes longer than anticipated, so now everybody's schedule is delayed. We are stuck in there until the procedure is done and can't start our next scheduled case, so it throws off our entire coverage."

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