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**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Obstetrics and Gynecology  
**ESPS manuscript NO:** 18164  
**Title:** "Physician Disruptive Behaviors: Five Year Progress Report"  
**Reviewer's code:** 02445815  
**Reviewer's country:** Afghanistan  
**Science editor:** Fang-Fang Ji  
**Date sent for review:** 2015-04-09 23:44  
**Date reviewed:** 2015-05-12 20:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

? Etiology of disruptive and management are well looked into ? One to one / heart to heart talk can resolve or dilute ? General regulation should shrewdly contain bugging aspects for the better control ? For ego, related talks / media can help ? Prevention in multidirection just like careful preoperative for complicated surgery can help.

**Answers to reviewer's questions:**

The etiology of disruptive behavior is related to a combination of influences including age (generation), gender, culture and ethnicity, training, life experiences, environmental and personal pressures, and personalities that influence attitudes and behaviors that can lead to a disruptive episode. The definition of disruptive behavior in health care is any type of behavior that negatively impacts care relationships to the point that it could potentially harm patient care. This has been well



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documented in my research and others.

**Yes one to one heart to heart talks can help resolve or reduce the incidence of a disruptive event. (Prevention in multidirectional just like careful preoperative for complicated surgery can help).**

Intervention is usually tiered. In some cases providing courses on emotional intelligence, diversity training, stress management, and enhancing communication and team collaboration skills will improve awareness and give the individual tools on how to more effectively maintain good work relationships. When an intervention does occur, having an informal meeting to raise awareness and provide alternative ways to have better dealt with the situation will suffice. Some individuals with more chronic problems need to take additional training in diversity or anger management, or will require individualized coaching or counseling. In severe cases where the individual will not take the necessary steps to improve, sanctions or termination may be the only viable option.

**General regulation should shrewdly contain bugging aspects for the better control ?** Yes you need to have appropriate policies and procedures in place that define professional standards of care and what the process and ramifications are for those who are not in compliance.

**For ego, related talks / media can help?** There are many ways to deal with ego. The focus needs to be on a multidisciplinary team approach to care which each person needs to recognize and be held accountable for their roles and responsibilities and behaviors with the mutual goal of providing patient centric best patient care.