When a doctor is your patient...

Physician Health Programs and Fitness Assessment
OEMAC 2017
St John’s NL
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Disclosure

- OEMAC 2017 registration, travel and accommodation
- No industry support
- Psychiatrist married to a physician, two sons are physicians and much of my professional focus has been on medical student and physician health
- Not getting any younger so I pay attention to doctor wellbeing
By the end of this presentation participants will be able to

Identify special challenges that may arise in working with physicians referred for fitness to practice assessments

Categorize the major contributing factors resulting in physician distress and impaired work performance

Improve awareness of the services offered by physician health programs across Canada
Characteristics of Physicians

- Altruistic
- Conscientious
- Competitive
- Dedicated
- In control
- Invincible
- Perfectionist
Work environment and physician health

- Good work is good for your health – Dame Carol Black – work that is safe and stable
- For physicians it is very important to have a sense of individual control
- Engaging the workforce is linked to positive clinical outcomes including lower patient mortality rates and fewer hospital acquired infections
Organizational Change

- Regionalization, continuous reorganization
- Interdisciplinary practice
- Maintenance of competence
- Technological pressure
- Patient expectation

“I don’t know which doctor to choose. One has more friends on Facebook, but the other one just retweeted my message.”
So what do we know about Canadian physician health, eh?

- Surveys of burnout and mental illness
- Demographics of current physician workforce
- Physicians as patients – help seeking?
- Boomers versus millennials
- Organizational issues
- Who cares? CMPA, medical societies, regulatory bodies, medical schools, health authorities, governments, the public
Physician Health Surveys

- Nearly 46% of Canadian physicians considered themselves in a state of burn-out (CMA 2006)
- 2017 CMA Survey pending
- Prevalence of mental illnesses similar between practicing physicians and general population but our physical health is better
Psychological syndrome characterized by a loss of enthusiasm for work (emotional exhaustion), feelings of cynicism (depersonalization) and low sense of personal accomplishment.
Maslach Burnout Inventory

- 3 subdimensions: Emotional Exhaustion, Depersonalization, Personal Accomplishment
- 6 point scale 1 = never, 2 = seldom, 3 = sometimes, 4 = often, 5 = frequent, 6 = very often; 22 items 5 minutes
- Personal accomplishment is reverse scored – high scores more personal efficacy, less burnout
MBI: a dental sample

<table>
<thead>
<tr>
<th>S. No</th>
<th>Questions</th>
<th>Percentage distribution on five point Likert Scale</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Never</td>
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<tr>
<td></td>
<td></td>
<td>N</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I feel emotionally drained from my work</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>I feel used up at the end of the work day</td>
<td>22</td>
</tr>
<tr>
<td>3</td>
<td>I feel fatigued when I get up in the morning and have to face another day on the job</td>
<td>39</td>
</tr>
<tr>
<td>4</td>
<td>I feel frustrated by my job</td>
<td>54</td>
</tr>
<tr>
<td>5</td>
<td>Working with people directly puts too much stress on me</td>
<td>75</td>
</tr>
<tr>
<td>6</td>
<td>I feel very energetic</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>I can easily create a relaxed atmosphere with my recipients</td>
<td>5</td>
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<tr>
<td>8</td>
<td>I have accomplished many worthwhile things in the job</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>I worry that this job is hardening me emotionally</td>
<td>65</td>
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<tr>
<td>10</td>
<td>Working with people all day is really a strain for me</td>
<td>60</td>
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<tr>
<td>11</td>
<td>I feel I’m working too hard on my job</td>
<td>28</td>
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<tr>
<td>12</td>
<td>I feel like I’m at the end of my rope</td>
<td>89</td>
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<tr>
<td>13</td>
<td>I feel I’m positively influencing other people’s lives through my work</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>In my work, I deal with emotional problems very calmly</td>
<td>6</td>
</tr>
<tr>
<td>15</td>
<td>I feel I treat some recipients as if they were impersonal ‘objects’</td>
<td>91</td>
</tr>
<tr>
<td>16</td>
<td>I’ve become more callous toward people since I took this job</td>
<td>57</td>
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<tr>
<td>17</td>
<td>I don’t really care what happens to some recipients</td>
<td>93</td>
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Table 2: Distribution of burnout levels among dentists under various domains of Maslach Burnout Inventory.
Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

- Emotional exhaustion 58% intermed/high
- Depersonalization 50% intermed/high
- Personal accomplishment 32% intermed/low

- 45.4% burned out

- 37.8% screened positive for depression
- 6.4% suicidal ideation last 12 months
- Satisfaction with work life balance – 37 % disagreed or strongly disagreed that they had enough personal and family time
Burnout by specialty

- Emergency medicine highest at 65%
- General internal medicine, Neurology
  Family medicine followed
- Pathology, dermatology, general pediatrics and preventive medicine
  (including occupational health and environmental medicine) had the lowest rates at 30%
Dyrbye’s Physician Well-Being Index

- PWBI is a 7 item self assessment screening tool, modified from medical student well-being index.
- Assesses mental quality of life, fatigue, suicidal ideation.
- Correlates with career satisfaction, intent to leave current position, self reported medical errors in those physicians whose distress may negatively impact practice.
The PWBI - During the past month

- Have you felt burned out from work?
- Have you worried that your work is hardening you emotionally?
- Have you often been bothered by feeling down, depressed, or hopeless?
- Have you fallen asleep while stopped in traffic or driving?
- Have you felt that all things you had to do were piling up so high that you could not overcome them?
- Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?
- Has your physical health interfered with your ability to do your daily work at home and/or away from home?
40% female – proportion higher in FM and younger physicians
On average FM and specialists were same age – 50 years
26% trained internationally
FFS payment 72%
College Complaints and the CMPA

- 19% increase in CMPA action related to college complaints from 2010-2016
- Regulatory colleges are under increasing scrutiny to ensure that they are protecting the public
- Variation across Canada – NS college 40% increase in number of investigations over 3 years
Generational Differences

- Stigma?
- Expectations about work/life balance?
- Payment methods
- Practice Autonomy
- Gender
Canadian Physicians’ Attitudes towards Accessing Mental Health Resources

- Physicians assume incidence of MI in docs same as general population
  - reality is that rates are higher for illness and suicide – female physicians are particularly at risk
Canadian Medical Protective Association Foci

- Rating websites
- Tort Law/Policy
- College/Regulatory
- Health Authority
- Patients
- Ministry/Government
- Hospital
- Media
- Disruptive behaviour of colleagues/peers
### CMPA’s GOOD PRACTICE GUIDE

#### Safe care — reducing medical-legal risk

<table>
<thead>
<tr>
<th>Professionalism in practice</th>
<th>Cultural safety</th>
<th>Behaviour</th>
<th>Respecting boundaries</th>
<th>Social media</th>
<th>Supporting colleagues</th>
<th>Test yourself</th>
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<tbody>
<tr>
<td>Being professional</td>
<td>Avoiding discrimination</td>
<td>Lapses in the workplace</td>
<td>Maintaining appropriate boundaries</td>
<td>Developing your digital presence</td>
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<td>Being honest</td>
<td>Respecting difference and diversity</td>
<td>Disruptive behaviour</td>
<td>The &quot;slippery slope&quot;</td>
<td>Respect for colleagues</td>
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<td>Practising with integrity</td>
<td>Boundaries for practice</td>
<td>Respect for others</td>
<td>Preventing boundary issues</td>
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<td>Honesty and integrity with</td>
<td>Practising according to your beliefs</td>
<td>Conflict is inevitable</td>
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<td>Test yourself</td>
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<td>patients</td>
<td>The wide spectrum of culture</td>
<td>Sources of conflict</td>
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<td>Honesty and integrity with</td>
<td>Treating vs. helping to heal</td>
<td>Steps to prevent destructive conflict</td>
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<td>supervisors</td>
<td>When culture and duty clash</td>
<td>Why is it important to appropriately handle conflict?</td>
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<td>Requests based on cultural or religious grounds</td>
<td>Styles of handling conflict</td>
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<td>Finding the right balance</td>
<td>Methods for handling conflict</td>
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</table>
Identified problems triggering fitness assessments

- Disruptive behavior
- Patient complaints
- Medico legal actions
- Ill health – medical leaves
- Evidence of impairment
- Other colleagues concerns
One definition of disruptive behavior

“A physician with disruptive behaviour is one who cannot, or will not, function well with others to the extent that his or her behaviour, by words or actions, interferes or has the potential to interfere with quality health care delivery.”
Disruptive behaviour

- Fails to comply with practice standards.
- Shames others for negative outcomes.
- Uses foul, abusive language.
- Arbitrarily sidesteps policies.
- Acts in ways that could be perceived as sexual harassment.
- Threatens associates with retribution, litigation or violence.
- Criticizes staff in front of others.
- Is disrespectful or discourteous a majority of the time.
- Relies on intimidation to get his or her way.
- Communicates indirectly about clinical decision-making.
reasonable expectations

- Complies with practice standards.
- Uses conflict resolution skills in managing disagreements.
- Addresses concerns about clinical judgments with associates directly and privately.
- Communicates with others clearly and directly, displaying respect for their dignity.
- Participates in regular behavioral feedback.
- Supports policies promoting co-operation and teamwork.
- Is open to constructive criticism
The aging physician: maintaining competence and practicing safely
CMPA perspective March 2016

- Peterson NEJM 2011 – mild cognitive impairment 10-20% in >65 years
- Sensory and motor impairment, decreased working memory and slowed speed of mental operations
- Other factors – personal issues, practice setting, clinical volume, specialty, overall stress level, susceptibility to health issues of aging
Monitoring aging physicians

- No national guidelines, no mandatory retirement age for doctors
- Some colleges have audits, competency reviews and other programs targeting older physicians
- Some hospitals have specific guidelines regarding clinical competency as a condition to renew privileges and as a way to retain particular expertise
Physicians as Patients – the challenges

- Physicians should seek appropriate medical care – not in the corridor or doctors’ lounge
- Physicians should have a family doctor and age-appropriate health assessment as an occupational health imperative
- Physicians should not self-medicate through self-prescribing, sample cupboard or workplace supplies
Physicians as patients – resources


- 1. Maintaining boundaries between relationships with colleagues or between roles as physician/colleague/friend
- 2. Avoiding assumptions about patient knowledge and health behaviors
- 3. Managing physician-patients’ access to informal consultations, personal test results, and opinions from other colleagues
3 main strategies used by the GP informants

1. Ignore the physician-patient’s background
2. Acknowledge the physician-patient’s background and negotiate care
3. Allow care to be driven primarily by the physician-patient
Medicine - our self regulating profession’s public responsibility
Impaired physicians recovery rates

- Good news story - compared to other groups, physicians achieve better recovery
- 80.7% completed treatment, resumed practice with supervision and monitoring
- Alcohol or drug misuse detected in 19% over 5 years, of that group of 126 26% had a repeat positive test
- At 5 year follow-up 78.7% were licensed and working, 10.8% had license revoked, 3.5% had retired, 3.7% had died, 3.2 % unknown status
Substance Use Disorders

- SUDs – annual prevalence rate in physicians estimated at 10-12%
- Impaired control, social impairment, risky use and pharmacologic criteria such as tolerance and withdrawal
- Mild SUD 2-3 symptoms, moderate 4-5 and severe by 6 or more
Definition of the impaired physician

“A medical practitioner who by reason of enduring behaviors, illness or substance use is potentially unable to practice medicine with due skill and safety and who, with intervention, may be able to do so” Pethebridge 2002
Psychiatrically impaired medical practitioners: an overview with special reference to impaired psychiatrists Wilson et al 2009 RANZCP

- Impact of MI on practitioners and their families severe because of disorder and communal, professional and self stigma
- Psychiatrists susceptible to 3 D’s (drugs, drink and depression)
- Cohort study of 261 identified with impairment:
  - 40% primary mental illness
  - 56% drug and alcohol
  - 4% physical illness
The impaired physician

- Nonspecific manifestations of impairment include irritability, problems with personal relations, social withdrawal, inconsistent behavior towards others, family conflicts or difficulties, numerous job relocations, working in a position for which the doctor is overqualified, decline in the quality of a person’s work, sleep problems fatigue, poor concentration and low work productivity.
Physician Health Programs across Canada

- Variation across jurisdictions but offer services to physicians, physicians in training and their families
- Mandate has expanded to move beyond addiction issues
Supporting Physician Wellness

- ePhysicianHealth.com
- Mindfulness in Medicine
- The BASICS booklet
- 12 STEPS for Physicians – Building Healthy Attitudes & Coping Strategies
- IRONDOC: Practical Stress Management Tools for Physicians
- CanMEDS Physician Health Guide
- CMA 5th Canadian Conference on Physician Health Sept 5-7, 2017 in Toronto
200 semi structured interviews with German physicians (psychiatrists, surgeons and general practitioners – male and female, different ages and stages, salaried and FFS)

Job-related sources of gratification – doctor-patient relationship; medical efficacy
Resilience strategies – practices and routines; useful attitudes

“our findings suggest that whether the stressor in question is a demanding patient, excessive paperwork, or time pressures, a well-diversified pool of social resources and fields of interest, together with realistic expectancies and good self-knowledge, will support sustainable coping. This, in turn, creates experiences of efficacy that confirm health-promoting attitudes and practices.”
Resilience practices

- Leisure-time activity to reduce stress
- Quest for and cultivation of contact with colleagues
- Cultivation of relations with family and friends
- Proactive engagement with the limits of skills, complications, and treatment errors
- Personal reflection
- Self-demarcation
- Cultivation of one’s own professionalism
- Self-organization
- Limitation of working hours
- Ritualized time-out periods
- Spiritual practices
Useful attitudes

- Acceptance and realism
- Self-awareness and reflexivity
- Active engagement with the downside(s) of the medical profession
- Recognizing when change is necessary
- Appreciating the good things
Positive mental health does exist – documented outcomes

An understanding of adaptive coping is crucial to studying positive mental health

Most important influence by far on a flourishing life is love

People really can change and grow

What goes right is more important than what goes wrong

If you follow lives long enough they change, and so do the factors that affect healthy adjustment

Prospective studies really do elucidate life’s mysteries
Robert Frost said, "Half the world is composed of people who have something to say and can't..."

...and the other half who have nothing to say and keep on saying it.

I know, that's the third time you've told me that.