

When a doctor is your patient...

Physician Health Programs and Fitness
Assessment
OEMAC 2017
St John's NL
Pamela Forsythe MD FRCPC

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

What is burnout?

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*"The doctor will see you now, Mrs. Perkins.
Please try not to upset him."*

- 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

S. No	Questions	Percentage distribution on five point Likert Scale									
		Never		A few times a year		A few times a month		A few times a week		Every day	
		N	%	N	%	N	%	N	%	N	%
Emotional fatigue											
1	I feel emotionally drained from my work	19	12.3	62	40	56	36.1	16	10.3	2	1.3
2	I feel used up at the end of the work day	22	14.2	45	29	63	40.6	19	12.3	6	3.9
3	I feel fatigued when I get up in the morning and have to face another day on the job	39	25.2	47	30.3	46	29.7	15	9.7	8	5.2
6	I feel frustrated by my job	54	34.8	58	37.4	29	18.7	9	5.8	5	3.2
8	Working with people directly puts too much stress on me	75	48.4	40	25.8	31	20	6	3.9	3	1.9
13	I feel very energetic	3	1.9	9	5.8	24	15.5	55	35.5	64	41.3
14	I can easily create a relaxed atmosphere with my recipients	5	3.2	9	5.8	30	19.4	43	27.7	68	43.9
16	I have accomplished many worthwhile things in the job	5	3.2	36	23.2	58	37.4	34	21.9	22	14.2
20	I worry that this job is hardening me emotionally	65	41.9	39	25.2	35	22.6	12	7.7	4	2.6
Personal fulfilment											
4	Working with people all day is really a strain for me	68	43.9	47	30.3	32	20.6	5	3.2	3	1.9
7	I feel I'm working too hard on my job	28	18.1	52	33.5	41	26.5	20	12.9	14	9
9	I feel like I'm at the end of my rope	89	57.4	29	18.7	26	16.8	8	5.2	3	1.9
12	I feel I'm positively influencing other people's lives through my work	5	3.2	19	12.3	52	33.5	37	23.9	42	27.1
17	In my work, I deal with emotional problems very calmly	6	3.9	19	12.3	36	23.2	40	25.8	54	34.8
18	I feel I treat some recipients as if they were impersonal 'objects'	91	58.7	19	12.3	32	20.6	7	4.5	6	3.9
19	I've become more callous toward people since I took this job	57	36.8	31	20	51	32.9	12	7.7	4	2.6
21	I don't really care what happens to some recipients	93	60	31	20	16	10.3	10	6.5	5	3.2
Depersonalization											
5	I feel burned out from my work	54	34.8	57	36.8	26	16.8	14	9	4	2.6
10	I can easily understand how my recipients feel about things	14	9	41	26.5	44	28.4	20	12.9	36	23.2
11	I deal very effectively with the problems of my recipients	8	5.2	22	14.2	47	30.3	32	20.6	46	29.7
15	I feel exhilarated after working closely with my recipients	18	11.6	13	8.4	60	38.7	40	25.8	24	15.5
22	I feel recipients blame me for some of their problems	68	43.9	53	34.2	22	14.2	11	7.1	1	0.6

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

Shahafelt, et al Arch Intern Med. 2012;172(18):1377-1385

- 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?

Canadian physician workforce

- ◉ 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

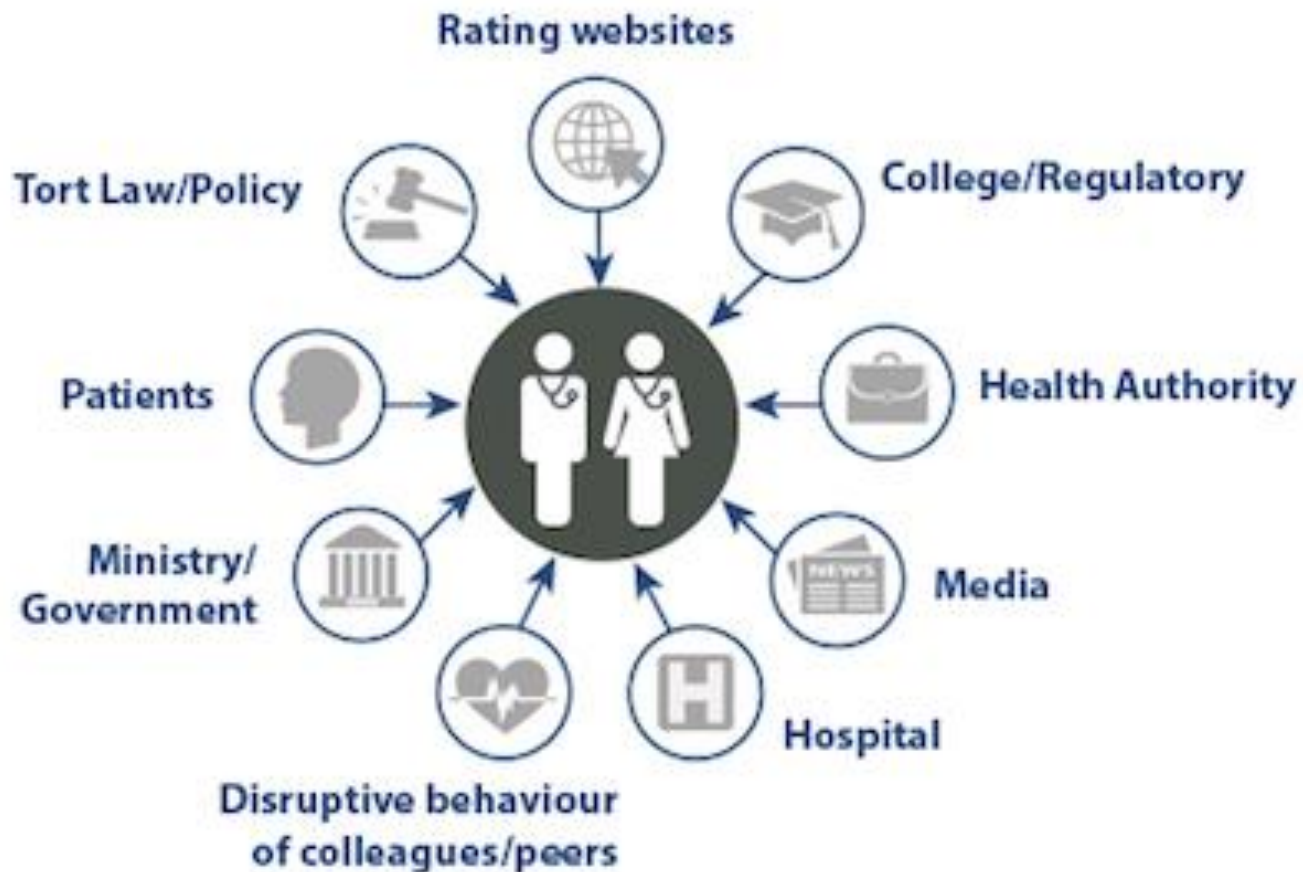


Canadian Physicians' Attitudes towards Accessing Mental Health Resources Hassan et al. 2016



- 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



CMPA's GOOD PRACTICE GUIDE

Safe care — reducing medical-legal risk



Students



Faculty

Home

Patient safety

Teams

Communication

Managing risk

Human factors

Adverse events

Professionalism

Professionalism in practice

- Being professional

Being honest

- Practising with integrity
- Honesty and integrity with patients
- Honesty and integrity with supervisors

Cultural safety

- Avoiding discrimination
- Respecting difference and diversity
- Boundaries for practice
- Practising according to your beliefs
- The wide spectrum of culture
- Treating vs. helping to heal
- When culture and duty clash
- Requests based on cultural or religious grounds
- Finding the right balance

Behaviour

- Lapses in the workplace
- Disruptive behaviour
- Respect for others

Dealing with conflict

- Conflict is inevitable
- Sources of conflict
- Steps to prevent destructive conflict
- Why is it important to appropriately handle conflict?
- Styles of handling conflict
- Methods for handling conflict

Respecting boundaries

- Maintaining appropriate boundaries
- The "slippery slope"
- Preventing boundary issues

Social media

- Developing your digital presence

Supporting colleagues

- Respect for colleagues

Test yourself

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

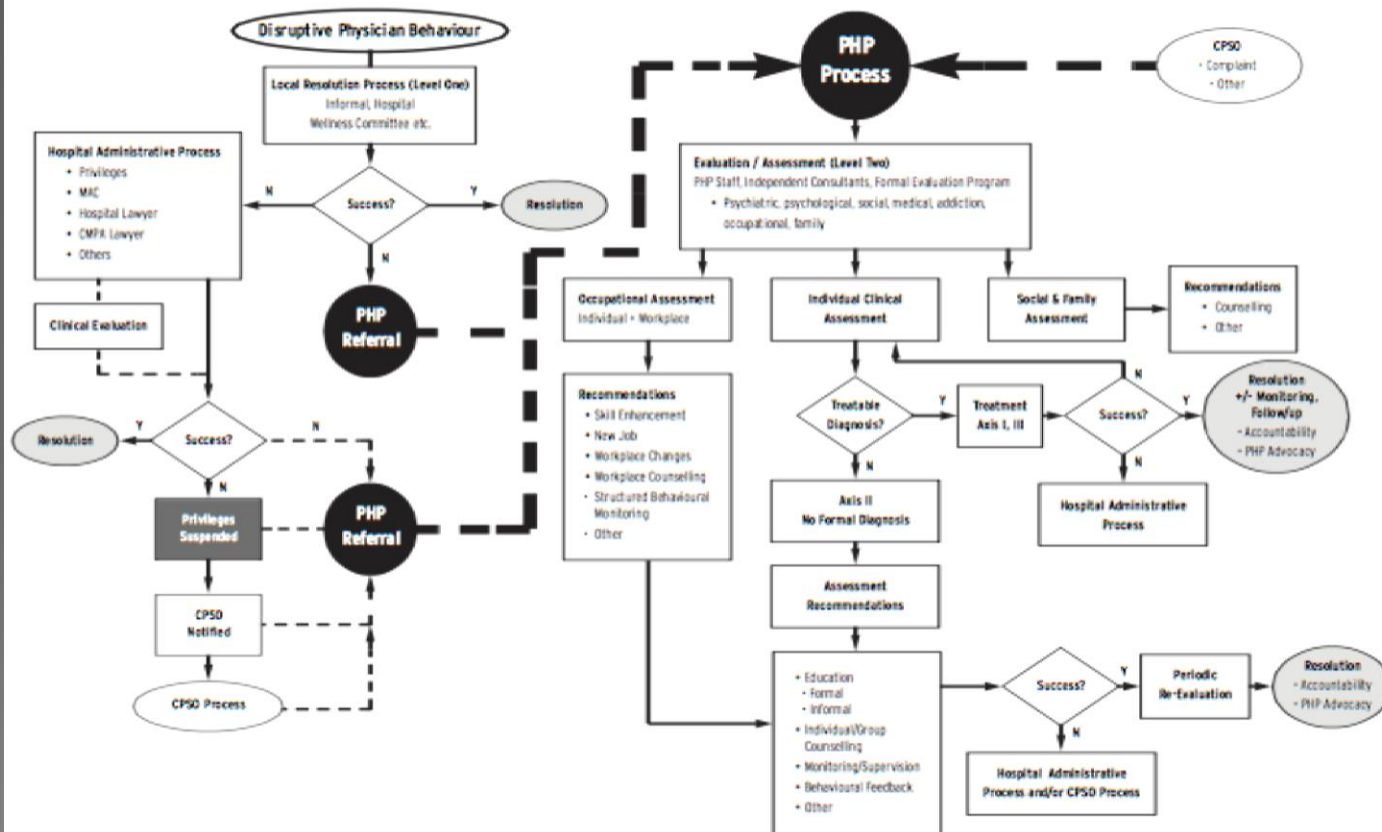
- Fails to comply with practice standards.
- Shames others for negative outcomes.
- Uses foul, abusive language.
- Arbitrarily sidesteps policies.
- Acts in ways that could be perceived as sexual harassment.
- Threatens associates with retribution , litigation or violence.
- Criticizes staff in front 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

Michael Kaufman, OMA Physician Health Program Ontario Medical Review October 2005

Managing Disruptive Behaviour - Process Flowchart



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

- *When Doctor Becomes Patient: Challenges and Strategies in Caring for Physician-Patients* Amy Domeyer-Klensky and Marcy Rosenbaum *Family Medicine* Vol 44, no.7 July-August 2012
- 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



The Figure quoted here has been prepared and verified by the American Cigarette Association and is based on a survey of 20,679 physicians.

20,679^{*} Physicians
say **“LUCKIES**
are less irritating”

“It’s toasted”
Your Throat Protection against irritation against cough



Impaired physicians recovery rates

- Good news story - compared to other groups, physicians achieve better recovery
- McLellan et al BMJ 2008 – 5 year outcomes in cohort study of 905 US physicians admitted to one of 16 PHP's from 1995-2001
- 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

Need support?

Provincial Physician Health Programs

The CMA does not provide services directly to physicians; however it supports the work of those who do. [For personal assistance or if in distress, please contact your Provincial physician health program.](#)



Please select

Please select

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- MDLink

- 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

Zwack and Schweitzer

AcadMed. 2013; 88: 382-389

- 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

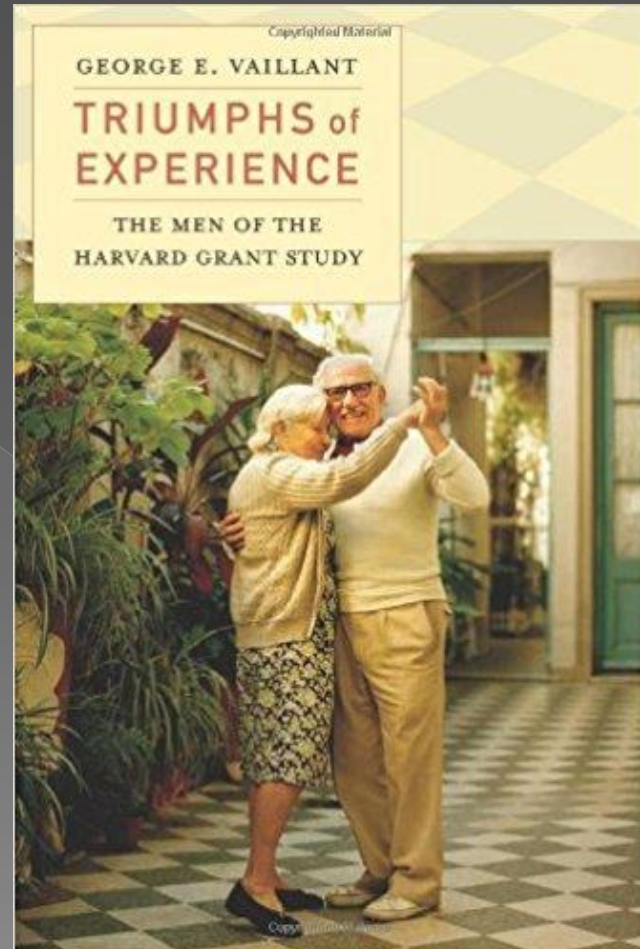
- Leisure-time activity to reduce stress
- Quest for and cultivation of contact with colleagues
- Cultivation of relations with family and friends
- Proactive engagement with the limits of skills, complications , and treatment errors
- Personal reflection
- Self-demarkation
- Cultivation of one's own 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

Vaillant's lessons from the Harvard Grant Study

- 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



Discussion

Pickles

By Brian Crane

