FSPHP and FSMB
JOINT SESSION

Burnout Prevention Strategies from PHPs and Beyond

April 22, 2017
P. Bradley Hall, M.D.
DABAM, DFASAM, MROCC

President
Federation of State Physician Health Programs
Session Faculty

• Moderator:
  Arthur Hengerer, MD, President FSMB

• P. Bradley Hall, MD, President FSPHP
• Chris Bundy, MD, Medical Director, WPHP
• Paul Earley, MD, President-Elect, FSPHP
## CONFLICT OF INTEREST DISCLOSURES

<table>
<thead>
<tr>
<th>Name</th>
<th>Commercial Interests</th>
<th>Relevant Financial Relationships: What Was Received</th>
<th>Relevant Financial Relationships: For What Role</th>
<th>No Relevant Financial Relationships with Any Commercial Interests</th>
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<td>P. Bradley Hall MD</td>
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<td>Chris Bundy MD</td>
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| Paul Earley MD        | Georgia Professionals Health Program, Inc. Earley Consultancy, LLC  
DynamiCare, Inc.  
Alkermes, Inc. | Salary  
Salary  
Salary  
Honoraria | Employee  
Principal  
Employee  
Speaker |                                                      |                                                     |                                                 |
OBJECTIVES

• History
• FSPHP FSMB Similarities
• Relationships
• Future
• Burnout
• Case Studies
Historical Perspective

- 1953 – FSMB calls for model physician assistance programs
- 1975 & 77’ – AMA held Physician Health Conferences
- 1980 – Almost all state medical societies had authorized or implemented a state PHP and PHPs were communicating.
- 1985 – AMA Model Physician Health Policy
- 1990 – Several state Physician Health Program’s organized the Federation of State Physician Health Programs
Historical Perspective

- 2001 – Joint Commission Standard on Physician Health
- 2008 – How are Addicted Physicians Treated? A National Survey of Physician Health Programs (DuPont, et al);
  Setting the Standard for Recovery: Physician Health Programs (DuPont, et al);
  Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States (BMJ) (DuPont, et al)
Historical Perspective

- 2011 – American Society of Addiction Medicine 11 Policies on Licensed Professionals with Addictive Illness

  MS.11.01.01  [http://www.jointcommission.org/assets/1/18/MS_01_01_01.pdf](http://www.jointcommission.org/assets/1/18/MS_01_01_01.pdf)

- 2011 – FSMB updated “Policy on Physician Impairment”

- 2013 – FSMB adopted “Report of the Special Committee on Reentry for the Ill Physician”
Outcome Studies / Research


• Domino, et al. Risk Factors for Relapse in Health Care Professionals with Substance Use Disorders. JAMA, March 2005

• DuPont, et al. How are Addicted Physicians Treated? Journal of Substance Abuse Treatment, March 2009

• Brooks, et al. Physician Health Programmes and Malpractice Claims: Reducing Risk through Monitoring, April 2013

• Massachusetts PHS Outcomes, Journal of Psychiatric Practice, January 2007

• Massachusetts PHS Satisfaction Studies, Journal of Additive Disease, 2002

• Gundersen, The Legalization of Marijuana in Colorado: A Prescription for Trouble, FSMB Journal of Medical Regulation, Volume 101 Number 1, 2015

• Colorado PHP Suicide, Occupational Medicine, 2013
FSPHP Mission

To support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.
FSPHP Vision & Principals *in Development:*

A society of highly effective PHP’s advancing the health of the medical community and the patients they serve.

• *Membership:* FSPHP is dedicated to enhancing the value of membership and upholding an environment of fellowship and networking.

• *Advocacy:* FSPHP strengthens PHPs by promoting best practices and providing guidelines, advocacy, and other resources that enhance their effectiveness. FSPHP encourages partnership between physician health programs, regulatory boards and other appropriate components of organized medicine.

• *Collaboration:* FSPHP fosters collaboration and engagement with other national and international medical organizations.

• *Equality:* FSPHP opposes discrimination against physicians and the medical community solely based on the presence of a particular diagnosis and/or other discriminatory factors and supports the use of PHP services in lieu of disciplinary action whenever possible.

• *Education:* FSPHP supports education and research designed to establish best practices for the prevention, treatment and monitoring of physicians experiencing substance use disorders, mental illness, physical illness, and other potentially impairing conditions.
Purpose

The Federation of State Physician Health Programs, Inc. (FSPHP), is a nonprofit corporation whose purpose is to:

• provide a forum for education and exchange of information among state programs
• to develop common objectives and goals
• to develop standards
• to enhance awareness of issues related to physician health and impairment
• to provide advocacy for physicians and their health issues at a national levels, and
• to assist state programs in their quest to protect the public.
GOALS

• Achieve national and international recognition as a supporter of state physician health programs
• Promote the best medical care possible for all patients
• Promote early identification, treatment, and monitoring of potentially impairing illness
• Pursue consistent standards, language, and definitions among state PHPs
• Maintain an organizational structure that will help achieve our mission and vision
Mission
The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices.

Vision
The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality health care.
FSPHP Strategic Plan

To address emerging trends facing Physician Health Programs, requiring more accountability, consistency and excellence, along with which comes a need for increased education programs, and research, FSPHP held a strategic retreat in 2015 outlining a 3-5 year plan of action. FSPHP increased funding is a key factor in the success of these goals.
FSPHP Strategic Development Areas

• Funding Development
• Accountability, Consistency & Excellence
• Education & Research
• Organizational Infrastructure
Performance Enhancement Review Guideline (PER) Purpose

• Enable the FSPHP, individual PHPs, medical boards and other stakeholders to identify meaningful ways to enhance the quality of services provided to physicians and other eligible healthcare providers by individual PHPs and ensure that public safety is met.

• A guide, as well as, an instrument to support optimizing the efficiency of every PHP to establish credibility with key stakeholders.

• Tool for strategic improvement and building a strong foundation for an ongoing commitment to maintain quality of services, as well as strategic enhancement.
Performance Enhancement Review Guideline (PER)

- Scope
- Stakeholders
- Methodology
- Quality Assurance
- Evaluator
- Design
- Define Accountability Actions
An Opportunity

• Enhance individual program effectiveness in meeting objectives
• Provide an opportunity for enhanced and transparent accountability
• Identify areas for improvement over time
• Evaluate long-term sustainability and support strategic planning
• *Enhance communication and collaboration with organized medicine and other stakeholders in support of the PHP’s purpose and mission
FSPHP Activities

- 2016 – FSPHP Performance Enhancement Review Guidelines
- 2016 – World Medical Association, Physician Wellbeing Policy
- 2016 – AMA Model Physician Health Program Act (1985 policy revision)
- 2016 – FSPHP Guidelines Update (in process)
- 2016 – ACGME – Symposium on Physician Wellbeing
- 2016 – FSPHP organizational independence
FSPHP Collaboratives

- Federation of State Medical Board & Federation of State Physician Health Program Conferences
- American Society of Addiction Medicine’s Drug Testing Appropriateness Document
- Federation of State Medical Board’s “Workgroup on Physician Wellness and Burnout” Chaired by Art Hengerer, M.D.
- Federation of State Medical Board’s “Ethics and Professionalism Committee”
- Coalition for Physician Enhancement
- American Osteopathic Association
- American Medical Association
- Physician Mental Health and Well-Being: Research and Practice Textbook (28 authors)
- FSPHP Guidelines update
- California Legislation SB1177– Physician Health Program enabling legislation
- The Council on Medical Education Report 1-I-16, Access to Confidential Health Services for Medical Students and Physicians, was adopted as amended at I-16 and the final recommendations are now official AMA policy (H-295.858)
Medical Students & Resident

• ACGME – Symposium on Physician Wellbeing
• World Medical Association, Physician Wellbeing Policy
• The Council on Medical Education Report 1-I-16, Access to Confidential Health Services for Medical Students and Physicians, was adopted as amended at I-16 and the final recommendations are now official AMA policy (H-295.858)

* Cultural change
2017 FSPHP Annual Meeting

April 19-22, 2017 - Worthington Renaissance Fort Worth Hotel Fort Worth, Texas
PHPs Restoring Physician Satisfaction and Wellness in an Era of Burnout, Mental Illness, Addiction & Suicide

- FMA – CME Provider
- Objectives:
  Burnout Prevention & Satisfaction in Medicine
  Mental Health & Suicide Prevention
  PHP Best Practices
  PHP Funding Strategies
  The Aging Physician Population
- Guest Speakers Pending
  - Kurt Mosley, Vice President of Strategic Alliances for Merritt Hawkins, Staff Care, companies of AMN Healthcare, the innovator in healthcare workforce solutions.
  - Christine Moutier, MD, Chief Medical Officer, American Foundation for Suicide Prevention
  - Art Hengerer M.D., FSMB
  - Suzie Brown, MD, “My Life as a Guitarologist” (Cardiologist, singer songwriter)
1 – Listen to understand, not to reply. This allows understanding of others’ perspective and open mindedness to new knowledge.

2 – The most dangerous opinion is the highest opinion we hold of our own opinion. This is particularly true to that which we are sure about.

3 – Lack of knowledge of what we don’t know is not our biggest problem, it is the knowledge of what we do know….with certainty, that’s the bigger potential problem.

4 – Unity is best represented in a group with multiple variances among individuals. The very attribute of human variability is what makes organizations successful. Lack of acceptance of this variability in fulfilling a unified, common mission can be our biggest vulnerability.
FSPHP and FSMB Balance

PHP ↔ Licensing Board
Confidentiality ↔ Public protection
Illness ↔ Impairment
Treatment ↔ Sanctions
Developing a Partnership – FSPHP FSMB

Public Protection

Patient Care

Healthy Physicians
FSPHP AND FSMB
OVERLAPPING MISSIONS
(Medical Boards and Physician Health Programs)
Prevention

➤ Primary Prevention - avoid the development of disease**

➤ Secondary Prevention - diagnose and treat an existing disease in its early stages before significant morbidity and patient harm

➤ Tertiary Prevention - treatments aim to reduce the negative impact of established disease by restoring function and reducing disease-related complications

**Cultural shift through education
Health and Wellbeing Issues

• Life / Work Balance
• Satisfaction
• Lack of joy / unhappiness
• Stress
• Distress
• Burnout
• Behavioral Health (interpersonal)
• Mental Health
• Physical Health
• Substance Use / Addiction
• Suicide

* Professionalism/Boundaries
Suicide Protective Factors

- **Effective** clinical care for mental, physical, and substance abuse disorders
- Easy **access** to a variety of clinical interventions and support for help seeking
- Family and community **support**
- Support from **ongoing** medical and mental health care relationships
- Skills in **problem solving**, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts

**MITIGATED BY PHYSICIAN HEALTH PROGRAMS**
EVERYBODY WINS

• Potentially impaired physicians receive help
• Medical Community retains their physician
• Licensure Boards better protect the public
• Physician Health Programs experience assisting another physician
• The public retains a highly trained practicing healthy physician providing access to medical care
WVMPHP Program Volume

![Bar chart showing the increase in participants from 2007 to 2017.](chart.png)

- 2007: 3 participants
- 2008: 19 participants
- 2009: 44 participants
- 2010: 64 participants
- 2011: 88 participants
- 2012: 112 participants
- 2013: 138 participants
- 2014: 158 participants
- 2015: 177 participants
- 2016: 194 participants
- 2017: 196 participants

*Participants*
FSPHP (PHPs) and FSMB (Boards) Future

• Through the successful rehabilitation of the potentially impaired physician, public safety can be positively impacted by the quality of the relationship between the PHP and the Board. Continuing enhancing these relationships translates into enhanced public safety.

• Continued collaboration, communication and accountability are mutual goals of the FSPHP and FSMB.

• Exemplified by the FSPHP and FSMB combined session.
GREAT LEADERS DON’T SET OUT TO BE A LEADER... THEY SET OUT TO MAKE A DIFFERENCE. ITS NEVER ABOUT THE ROLE-ALWAYS ABOUT THE GOAL.
Burnout Prevention: Strategies and Resources

Chris Bundy, MD, MPH
Medical Director
Washington Physicians Health Program
The Widespread Problem of Doctor Burnout

By PAULINE W. CHEN, M.D.

1 in 2 US physicians burned out implies origins are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.

Courtesy: Christine Sinsky, MD
Healthy Physicians Give Better Care!

- Decreased medical errors
- Increased patient satisfaction
- Better treatment recommendations
- Increased treatment adherence
- Lower malpractice risk
- Better attitudes toward work
- Higher team functioning
- Lower turnover
Individual Drivers of Physician Burnout

• Perfectionism
• High achievement orientation
• Difficulty setting boundaries
• Intellectualization
• Delay of gratification
• Compartmentalization
• Materialism
Environmental Drivers of Physician Burnout

- Workload and time constraints
- Inefficiencies/frustration (EHR)
- Lack of autonomy/control
- Ineffective leadership
- Mission/values mismatch (loss of meaning)
- Culture of incivility
- Perception of fairness and respect
- Diminished rewards
Burnout: Demands, Resources, Control

Demands

Workplace interventions

Resources

Personal wellness interventions

Control

Decrease negative reinforcers

Increase positive reinforcers
Building Wellness into the Practice Environment

Practice Environment  Professional

System Redesign  Wellness

Wellness  Workplace Wellness

Tension
Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

<table>
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<th>Intervention (n)</th>
<th>Control (n)</th>
<th>Mean difference (% [95% CI])</th>
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<td>Ripp et al (2015)</td>
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<tr>
<td>Subtotal</td>
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15 RCT
37 Cohort
10% decrease in burnout scores
Most burnout, most improved (14% for HEE)

www.thelancet.com Published online September 28, 2016 http://dx.doi.org/10.1016/S0140-6736(16)31279-X
19 studies

1550 physicians

Small reductions in MBI scores

Organizational interventions superior to physician-directed interventions
Workplace Wellness: Resources

Workplace Wellness: Resources


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<th>Drivers of burnout and engagement in physicians</th>
<th>Individual factors</th>
<th>Work unit factors</th>
<th>Organization factors</th>
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<td>• Productivity expectations</td>
<td>• Productivity targets</td>
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<td>• Practice location</td>
<td>• Team structure</td>
<td>• Method of compensation</td>
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<td>• Efficiency</td>
<td>• Salary</td>
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<td>• Use of allied health professionals</td>
<td>• Productivity based</td>
<td>• Bundled payments</td>
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<td>Efficiency and resources</td>
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<td>• Availability of support staff and their experience</td>
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<td>• Ability to prioritize</td>
<td>• Patient check-in efficiency/process</td>
<td>• Use of patient portal</td>
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<td>• Personal efficiency</td>
<td>• Use of scribes</td>
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<td></td>
<td>• Organizational skills</td>
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<td>• Willingness to delegate</td>
<td>• Use of allied health professionals</td>
<td>• Appointment system</td>
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<td></td>
<td>• Ability to say “no”</td>
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<td>• Ordering systems</td>
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Meaning in work

| • Self-awareness of most personally meaningful aspect of work | • Match of work to talents and interests of individuals | • Organizational culture |
| • Ability to shape career to focus on interests | • Opportunities for involvement | • Practice environment |
| • Doctor–patient relationships | • Education | • Opportunities for professional development |
| • Personal recognition of positive events at work | • Research | • Evolving supervisory role of physicians (potentially less direct patient contact) |

Culture and values

| • Personal values | • Behavior of work unit leader | • Organization’s mission |
| • Professional values | • Work unit norms and expectations | • Service/value vs profit |
| • Level of altruism | • Equity/fairness | • Organization’s values |
| • Moral compass/ethics | | • Behavior of senior leaders |
| • Commitment to organization | | • Communication/messaging |

Workplace Wellness: Resources

SINSKY HEALTHCARE INNOVATIONS

HOME PRACTICE RESOURCES BLOG IN THE NEWS ADVOCACY ABOUT CONTACT

Promoting patient and physician well-being through practice redesign

JOY IN PRACTICE:

PRACTICAL IDEAS FOR BETTER PATIENT CARE AND IMPROVED PHYSICIAN WELL-BEING.

http://www.drsinsky.com
Workplace Wellness: Resources

• Schwartz Rounds
  • The Schwartz Center for Compassionate Healthcare
  • http://www.theschwartzcenter.org/

• Balint Groups
  • The American Balint Society
  • http://www.americanbalintsociety.org
Individual Wellness: Key Targets

- Awareness
- Self-Care
- Resilience
- Engagement
Physician Wellness

“Wellness goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life.”

Individual Wellness: Resources

The Wellness Program

Mindfulness Series
Compassion Cultivation Workshop

UPCOMING EVENTS
REGISTER HERE
Individual Wellness: Resources

Those are characteristics most consider essential for physicians.

www.ismanet.org/doctoryourspirit
Individual Wellness: Resources

Begin by taking this quiz to assess how you are doing in the area of self-care. Information on this website, maintained by the Canadian Mental Health Association, is helpful to Americans, as well.

MindTools is an online training webpage focused on helping you excel at work by teaching leadership and personal effectiveness skills. While it is designed for most professionals, physicians may benefit from its resources on time and stress management as well other relevant topics like recovering from burnout.

Ted Talks, for when you feel totally burned out

Worn out? Exausted? Bleary-eyed? If you need a little something to ease your frustration and get you back in the spirit, this collection of talks should help.

Information

Here are four ways physicians can harness the power of reflection.

www.ismanet.org/doctoryourspirit
Individual Wellness: Resources

About Compassion Cultivation Training (CCT)

A compassionate attitude can greatly reduce the distress people feel in difficult situations and can become a profound personal resource in times of stress.

Compassion Cultivation Training (CCT) is an 8-week educational program designed to help you improve your resilience and feel more connected to others—ultimately providing an overall sense of well-being.

A Letter From Our Founder

As His Holiness the Dalai Lama has said, “The cultivation of compassion is no longer a luxury, but a necessity.”

Mobilizing compassion to reduce the stress associated with suffering

http://ccare.stanford.edu/
Individual Wellness: Resources

**THE HEADSPACE APP**
Train your mind for a healthier, happier life

- Free 10-day trial
- Meditation helps reduce stress and anxiety
- Scientifically proven techniques
- Anywhere, anytime
- 6,000,000+ downloads and counting

https://www.headspace.com

**Welcome to Calm**
Relax with Calm, a simple mindfulness meditation app that brings clarity and peace of mind into your life.

https://www.calm.com
Loving Kindness Meditation Research

Source: Web of Science
Mindfulness Meditation Research

Mindfulness Journal Publications by Year, 1980-2015

American Mindfulness Research Association, 2016
www.goAMRA.org
Mindfulness is a Superpower

https://youtu.be/w6T02g5hnT4
Burnout: WPHP Program Participants

Source: WPHP Annual Survey

WPHP PARTICIPANTS WITH BURNOUT

- 2012: 18.28%
- 2013: 15.26%
- 2014: 19.20%
- 2015: 15.50%
- 2016: 17.42%
How Do You Prevent Burnout?

- Accept shared responsibility for burnout
- Elevate personal wellness to a core professional value, starting in medical school
- Make wellness and satisfaction a quality outcome and incentivize it accordingly
- Muster the will to address burnout generators and ask for help
- Create opportunities for peer support and decrease isolation
- Nurture the brain through meditation and application of mindful practice to clinical work
Case Studies & PHP Resources

Paul Earley, MD
Medical Director
Georgia Physicians Health Program
Ed, Case Presentation #1

• Edward is a 56 year old male general surgeon partner in a small practice located in a mid-sized town.

• He is highly sought after due to skill, rapport with patients and conscientious follow-up. Although his practice is full, more and more patients flood into the office. He becomes known as a secondary referral for “tough cases.”

• One day, he has a problematic surgical outcome. He is flooded with guilt and self-blame. The hospital QA finds no problems with surgery or post-op care.

• Ed starts brooding about the case, felt increasingly helpless and hopeless due to self-castigation.
Ed, Case Presentation #1

• Ed’s wife encouraged therapy, but Ed is anxious about admitting he was emotionally troubled to anyone. He does nothing.

• Symptoms of insomnia and anxiety worsened.

• Staff notes him to be withdrawn and moody in the office. Wife noticed this at home as well, but understood the pressures of medicine.

• Depression sets in and worsens. He tries to manage his depression by telling himself to “buck up.” His partner agrees with this approach.

• This goes on for months with a gradual but intensifying downhill course.

• He starts taking zolpidem for sleep (from an unknown source). As a result he is occasionally somnolent when working on the EMR in between patients, especially in the morning.
Ed, Case Presentation #1

• While his wife is out of town, Ed happens upon the spouse of the individual with the non-lethal, but problematic surgical outcome one Saturday at the grocery store.

• Despite superficial assurances from the patient’s spouse, Ed leaves the cart in the middle of the store and drives home, convinced he is a failure.

• At home his brooding returns. He has not slept in 4-5 days. He decides to have a few drinks to “forget about all of it.”

• Not being much of a drinker he becomes quite intoxicated. He gets out a gun, sets it in front of him on the coffee table and continues to drink. He falls asleep in the chair with the gun in his hand.
Ed, Case Presentation #1

- Ed’s wife returns home early on a premonition.
- Ed is hard to arouse. His wife is frantic, having found him with a gun. She calls his partner, who recommends calling the state PHP.
- “Not that,” Ed roars when he awakens. But he eventually acquiesces.
- Ed goes to a psychiatric hospital for observation. They determine he has a significant depressive disorder. He is not diagnosed with an alcohol use disorder.
- Ed takes time away from medicine to focus on his health needs. After a brief stabilization in the hospital, he attends an organized evening program to focus on his depression and improving his self care.
Ed, Case Presentation #1

• In treatment, Ed reviews his family history, recalling that his mother suffered from a significant depressive disorder. Working with the PHP, he finds a good psychiatrist who specializes in physician-patients.

• Ed learns he suffered from burn-out, fueled by his inability to say “no,” his conscientiousness has made this worse.

• Ed starts attending a support group run by the PHP. He learns he is not alone. He asks for help in reeling in his out of control practice.

• He takes up two hobbies and limits his cases. He remains a valuable and sought after surgeon, but has learned to care for himself as well.
Roberta, Case Presentation #2

• Roberta is a mid-career infectious disease physician as an academic center.
• Promotion, research and teaching duties as well as a busy clinical workload create mounting stress for her.
• Her youngest child is diagnosed with leukemia adding to her stress and worry.
• She obtains a short course of alprazolam for her anxiety.
• This seems to immediately help. She sleeps better is able to be present at work and for her children. Her child enters sustained remission.
Ten years later, Roberta and her husband fall at odds. Despite therapy, their marriage fails. They divorce, with mild to moderate tension.

One after another, the hospital installs a new EMR system, her grant is not renewed and department tensions mount. The children fall adrift as they enter puberty.

Roberta develops frank burnout, loses interest in her clinical and research duties. She walks through her day feeling anxious, empty and flat.

Remembering how the alprazolam helped in the past, Roberta asks a colleague for a prescription, which they do reluctantly. When this runs out, Roberta writes a prescription for herself.
Over a period of 9 months, Roberta escalates the alprazolam obtaining the drug from many sources.

A year after starting on the benzodiazepine, she is taking 6 mg. a day. She begins supplementing the alprazolam with alcohol, “Just to help me sleep.”

The alprazolam use continues, but soon Roberta is drinking at least a liter of wine per day. She does not drink at work, but begins drinking while on call.

This leads to the inevitable. While on call, hospital staff becomes alarmed. This is eventually reported to the hospital wellness committee.
Roberta, Case Presentation #2

- The wellness committee asks Roberta to come in for a talk.
- Roberta meets with the wellness committee, and readily admits she is stressed and burned out. They ask her to go for a comprehensive evaluation.
- Roberta goes to her previous psychiatrist, who reads the wellness committee request for a multidisciplinary evaluation and refers her to a PHP recommended program.
Roberta, Case Presentation #2

• The evaluation concludes that Roberta suffers from significant burn out, and is diagnosed with a severe substance use disorder.

• Despite significant protests, Roberta enters a treatment program recommended by her PHP.

• There she recalls her father died from complications of alcoholism. She learns about life/work balance and the pressures of being a mother, researcher, teacher and clinician.

• Her hostility about treatment slowly turns into gratitude: “I was exhausted but could not get off the treadmill that was running way too fast.”
• Roberta has sessions with her ex-husband and they find peace in their divorce.

• Roberta completes her initial treatment and enters the disease monitoring with her PHP.

• The hospital wellness committee reviews her continuing care needs with the PHP and agrees to reinstate Roberta.

• Despite concerns about her finances, she returns to work ¾ time.

• Although the stresses are many, Roberta has many peers around her in the PHP program who help her find balance and avoid the tendency to overwork.
Wellness and Burnout
FSPHP Handout

• The FSPHP has collated resources from each of our member states. This is available through the FSMB conference resources.

• Resources include:
  • Web-based Videos about Burnout
  • Articles and Resources
  • Web Information about Professional Wellness
  • Books about Self-care
  • Ted Talks and Short Videos on Self care

• Feel free to distribute, we all can use information on wellness!