

Vermont
Medical
Society

2020-2021

THIRD THURSDAY
WEBINAR SERIES

12:00 pm to 1:00 pm



THIRD THURSDAY WEBINAR SERIES

Date: November 19, 2020

Title: Let's Take a Moment for YOUR Wellness!

134 MAIN STREET, MONTPELIER, VERMONT, 05602

TEL.: 802-223-7898

WWW.VTMD.ORG

CME DISCLAIMER

In support of improving patient care, this activity has been planned and implemented by the Robert Larner College of Medicine at the University of Vermont and the Vermont Medical Society. The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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Please watch your email from the Vermont Medical Society providing directions for claiming CME credit.

CME credit must be claimed within 30 days of participating in the event.

VMS Third Thursday Webinar Series: Let's Take a Moment for YOUR Wellness!

Speakers: Joseph Lasek M.D., Doug Wysockey-Johson, M.Div.

Planning Committee Members:

Jessa Barnard, ESQ, Catherine Schneider, M.D., Stephanie Winters & Elizabeth Alessi

Purpose Statement/Goal of This Activity: In this webinar, two leading experts on mental health and wellness will be exploring the value and strategies behind maintaining wellness as a medical professional.

Learning Objectives:

- 1) Review the prevalence, causative factors and theories regarding physician stress and burnout both pre and post COVID
- 2) Review more serious potential outcomes for physicians including medical, psychiatric and psychosocial difficulties
- 3) Outline personal and systemic approaches to physician wellness
- 4) Discuss VPHP and what it offers in terms of assisting physicians with support, assessment and treatment

Disclosures:

Is there anything to Disclose? Yes No

Did this activity receive any commercial support? Yes No

(The CMIE staff do not have any possible conflicts)

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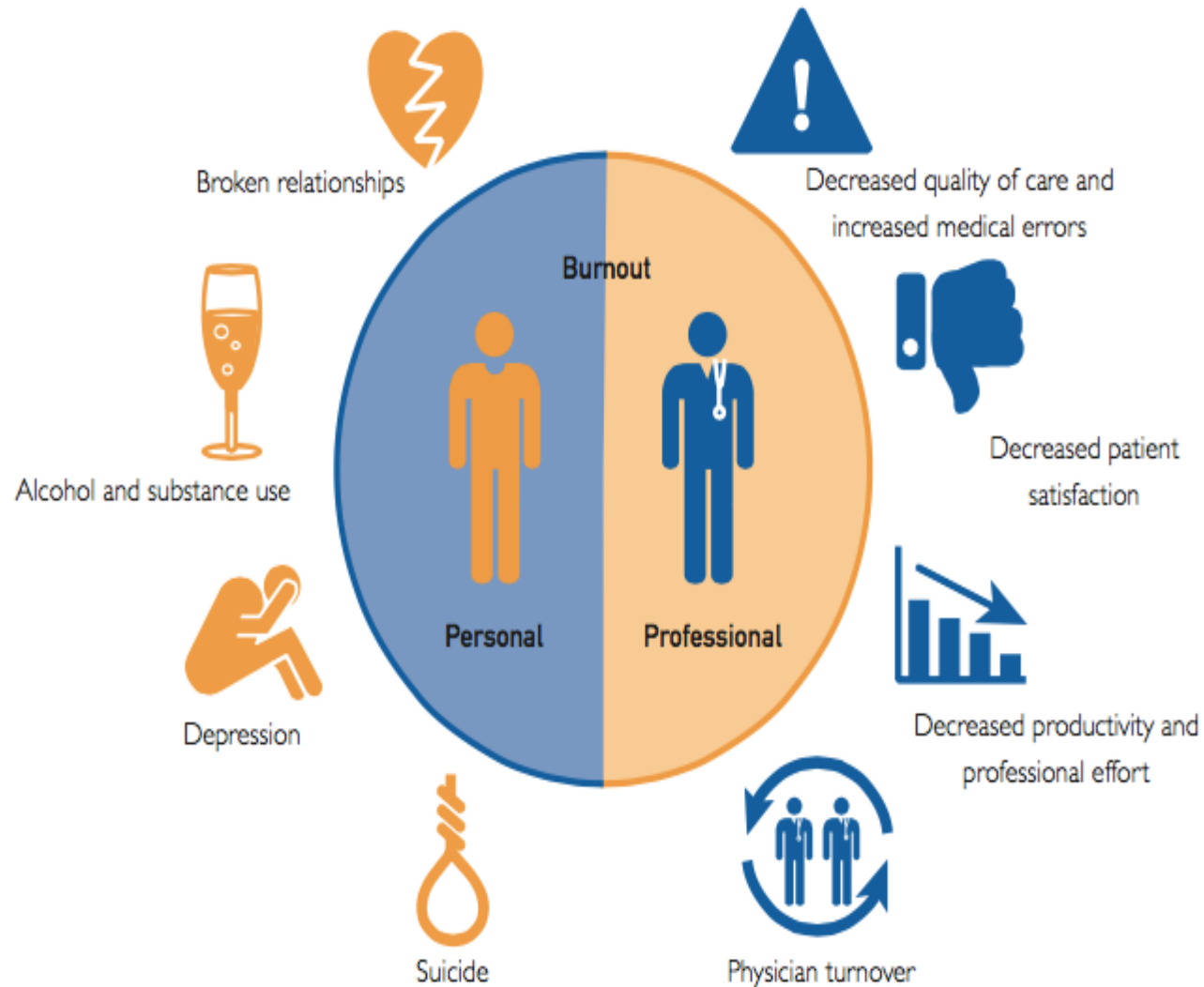
*Let's Take a Moment
for
Your Wellness*



November 19, 2020

Joe Lasek MD
Doug Wysocky-Johnson, M.Div

How it shows up: Personal and Professional Repercussions of Burnout





54%
of doctors
say they are
burned out.¹



88%
of doctors
are moderately
to severely stressed.²



59%
of doctors
wouldn't recommend
a career in medicine
to their children.³

1. Mayo Clinic 2014.

2. VITAL WorkLife & Cejka Search Physician Stress and Burnout Survey 2015.

3. Jackson Healthcare; 2013 Physician Outlook and Practice Trends.

COVID-19 Research

- Mental health outcomes healthcare workers China (n=1257):
 - 50% symptoms depression
 - 45% anxiety
 - 34% insomnia
 - 74% distress
- Increased risk women, nurses, frontline healthcare workers

	HR Frontline Healthcare Workers	P
Anxiety	1.57	0.01
Depression	1.52	<0.001
Insomnia	2.97	<0.001
Distress	1.6	<0.001

Impact on US Healthcare Workers

- 50% experiencing increased anger and anxiety
- 18% increased use of alcohol and drugs
- 65% report feeling more burned out
- 46% more lonely or isolated

(Physicians Foundation 2020 Report; Medscape Survey 2020)

Liminal Space: When we are 'betwixt and between' and feel out of control

lim·i·nal

limənəl/

adjective:

1. of or relating to a transitional or initial stage of a process.
2. occupying a position at, or on both sides of, a boundary or threshold.



Physicians at Risk

Impairment

- ▶ Inability to practice medicine with reasonable skill & safety because of psychiatric or general medical condition
- ▶ Impairing conditions may include
 - ▶ Substance use disorders
 - ▶ Psychiatric conditions (i.e. depression)
 - ▶ Cognitive changes: illness, injury, aging
 - ▶ Unprofessional behavior: anger management, abusive behavior

Signs of concern

- ▶ Discord in relationships
- ▶ More secretive, isolated
- ▶ Signs of depression: flattened affect, withdrawal
- ▶ Irritability, mood swings
- ▶ Disillusionment
- ▶ Appearing overwhelmed, scattered
- ▶ Late, absent, frequent breaks, missed appointments

Signs concern

- ▶ Changes in appearance: poor hygiene, disheveled
- ▶ Deterioration in physical health: appearing sedated, bloodshot/watery eyes, weight change, loss of coordination, tremors
- ▶ Changes in social interaction: excessive drinking at social events, disinhibited behavior
- ▶ On Call behavior: anger at being called, slurred speech, incoherent directives, reluctance to come in
- ▶ Drinking anywhere in the office/hospital

Signs of concern

- ▶ Concerns from patients, colleagues, supervisors
- ▶ Increased mistakes: medical errors, charting errors, forgetfulness
- ▶ Lawsuits, medical board complaints, DUIs
- ▶ Concerns about prescribing
- ▶ Evidence of diversion: missing/broken vials, failure to document correctly

Potential Causes of Impairment

Substance Use Disorders

- ▶ Loss of control & continued compulsive use of a substance despite negative consequences
- ▶ Screening tools: AUDIT, CAGE, DAST
- ▶ Major psychological component is denial
- ▶ Zero tolerance: On duty or on-call

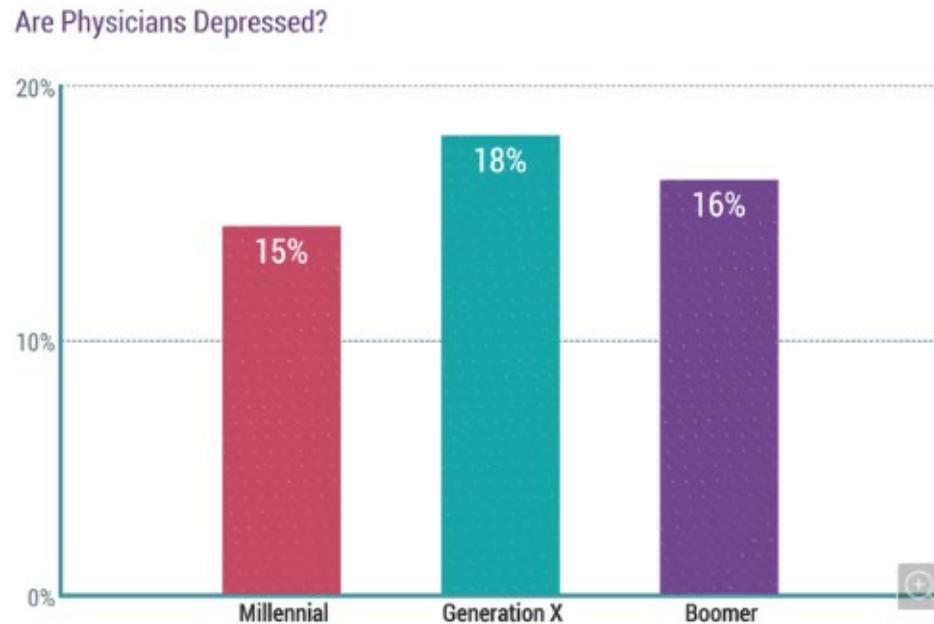
Substance Use Disorders Among Physicians

- ▶ Males: 13% (similar to general pop.)
- ▶ Females: 21%
- ▶ However substance use much higher compared to matched controls such as PhDs or lawyers
- ▶ Alcohol most frequently abused substance
- ▶ Most abused prescription drugs: opioids, benzos, stimulants
- ▶ Generally workplace or the classroom the last place the effects of substance use observed

Depression

Medscape National Physician Burnout & Suicide Report 2020: The Generational Divide

Leslie Kane, MA | January 15, 2020 | [Contributor Information](#)



Physician Suicide

Physicians **die by suicide** at a *rate much higher* than that of the general public.



40% higher rates in
male physicians



130% higher rates in
female physicians

Risk factors of physician suicide –

Prior suicide attempt

Family history of mood disorders

Being named as defendant in a lawsuit

Difficult childhood

Domestic Violence

Diagnoses of major depressive disorder

Relationship problems

History of sexual abuse

Financial problems

License restrictions

Warning signs for physician suicide –

Talking or writing
about death

Withdrawal
from society

no reason for living

Agitation

Feeling trapped

no sense of
purpose in life

Anxiety

Excessive sleeping

Threatening to
hurt or kill
oneself

Unable to sleep

Hopelessness

Increased
substance use

Box. National Mental Health and Suicide Prevention Resources

Mental Health Resources

National Suicide Prevention Lifeline:

- Provides 24/7 crisis intervention and suicide prevention support via telephone and online chat
- Call 1-800-273-8255
- Chat online at <https://suicidepreventionlifeline.org/chat>

Crisis Text Line:

- Provides 24/7 crisis intervention and suicide prevention text message support
- Text "HOME" to 741741

American Foundation for Suicide Prevention:

- Provides multiple resources, including education programs and grief support for survivors
- <https://afsp.org/>

Physician Support

Preventing Physician Distress and Suicide:

- Provides tools for identifying at-risk physicians and facilitating access to care from the American Medical Association
- <https://edhub.ama-assn.org/steps-forward/module/2702599>

After a Suicide: A Toolkit for Residency/Fellowship Programs:

- Provides guidance in the event of a trainee's death by suicide within a physician residency or fellowship program
- http://www.acgme.org/Portals/0/PDFs/13287_AFSP_After_Suicide_Clinician_Toolkit_Final_2.pdf

Veteran Support

Veterans Crisis Line:

- Provides 24/7 crisis counseling and VA support staff available to all veterans
- Call: 1-800-273-8255 and press 1
- Text 838255

LGBTQ Support

Trevor Lifeline:

- Provides 24/7 crisis intervention and suicide prevention support for LGBTQ youth >25 years old
- Call 1-866-488-7386
- Text "START" to 678678

Abbreviations: LGBTQ, lesbian, gay, bisexual, transgender, questioning; VA, Veterans Affairs.

“Dr. Breen died by suicide after telling her family that she was reluctant to seek help or ask for assistance for overwhelming work-related stress because she feared that she would lose her medical license or be ostracized by her colleagues.”

(NY Times, 7/11/2020)



Barriers to seeking help

- ▶ SHAME & STIGMA
- ▶ “Culture of medicine” stereotype: docs tough & self-sacrificing
- ▶ Belief that illness a sign of weakness (despite what we tell our patients)
- ▶ Fear of inconveniencing & being judged by colleagues
- ▶ Busy, inflexible schedules
- ▶ Fear of intervention/ retaliation: employer, board of medical practice, DEA

Four steps to identifying at-risk physicians and facilitating access to appropriate care

1

Talk about the risk factors & warning signs

2

Take steps to standardize care-seeking in your organization

3

Make it easy to find help

4

Consider creating a support system for physicians in your organization

Duty to Intervene

- ▶ Enables colleague to recover
- ▶ May save their career
- ▶ May save their family
- ▶ May save their life
- ▶ May save the life of their patients
- ▶ Barriers to reporting:
 - ▶ Fear of personal repercussions
 - ▶ Fear that reporting will hurt our colleague

Sample Script for Approaching Distressed Physicians

As physicians, acknowledging distress in our colleagues and ourselves can be difficult. We want to believe that we can handle any problem that comes our way. But the reality is, being a doctor can be difficult and there are many stressors that we face on a daily basis – heavy workloads, lack of autonomy, high patient and self-expectations, and personal responsibility for life-threatening situations. A distressed colleague may not ask for help, but that doesn't mean it isn't wanted or needed.

If you know a colleague that is distressed, it's common to feel unsure about what to do. You may ask yourself, "Is my colleague just blowing off steam or is there something truly wrong that requires outside help?" You may wonder if it's a good idea to approach the person at all and, if you do, you may be concerned about what you should say. Don't worry – these are common reactions. Know that there is no "right way" to handle these situations. The important thing is to reach out early and encourage your colleague to share what is going on and, if appropriate, seek care. The following talking points may help to guide your conversation.

Validating the value of treatment and personal well-being

Remind your colleagues about the value that support and treatment may have on their personal practice. As physicians, sometimes we are more motivated to seek care if we know it will help others. Remind them that their personal well-being must also take priority.

Consider saying:

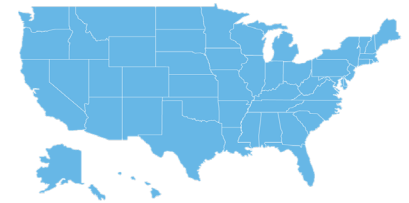
- "We physicians aren't very good at seeking help when we need it."
- "Seeking care is not selfish, you deserve to take care of yourself."
- "Seeking help for your own problems can help improve the care you give to your patients." Depending on life circumstances it may also be helpful to say: "Those who love you will also benefit from your investment in taking care of yourself."

How to intervene

- ▶ Seek advice: colleagues, supervisor, hospital wellness committee, VPHP
- ▶ Start with direct conversation when possible
- ▶ Report when needed
- ▶ Offer care, empathy, assistance & hope
- ▶ Remember: your role may be limited to starting the process if that's what you're comfortable with
- ▶ Supervisors/ Hospital Wellness Committee/VPHP responsible for collaboration & directing the response

Practitioner Health Programs (PHPs)

- ▶ Almost **every state** in the country
- ▶ Dual mandate:
 - ▶ Help medical professionals return to wellness & stay well
 - ▶ Ensure safety for patients
- ▶ Most PHPs (including VPHP) not affiliated with VBMP, practices or hospitals



Vermont Practitioner Health Program (VPHP)

- ▶ “Triage”: serve as a resource to collect information, advise on how to structure an intervention
- ▶ Facilitate evaluation, treatment referrals including fitness for duty evaluations
- ▶ When indicated: provide ongoing monitoring when a professional returns to duty

Vermont Practitioner Health Program (VPHP)

- ▶ “Safe Haven”: In most instances: confidential process (exceptions: when board referred or when patient safety is potentially at risk)
- ▶ Institution may mandate professionals to be involved in VPHP or make a report to the Board of Medical Practice
- ▶ Advocacy: helping participants advocate with VBMP or employers regarding their ability to safely practice



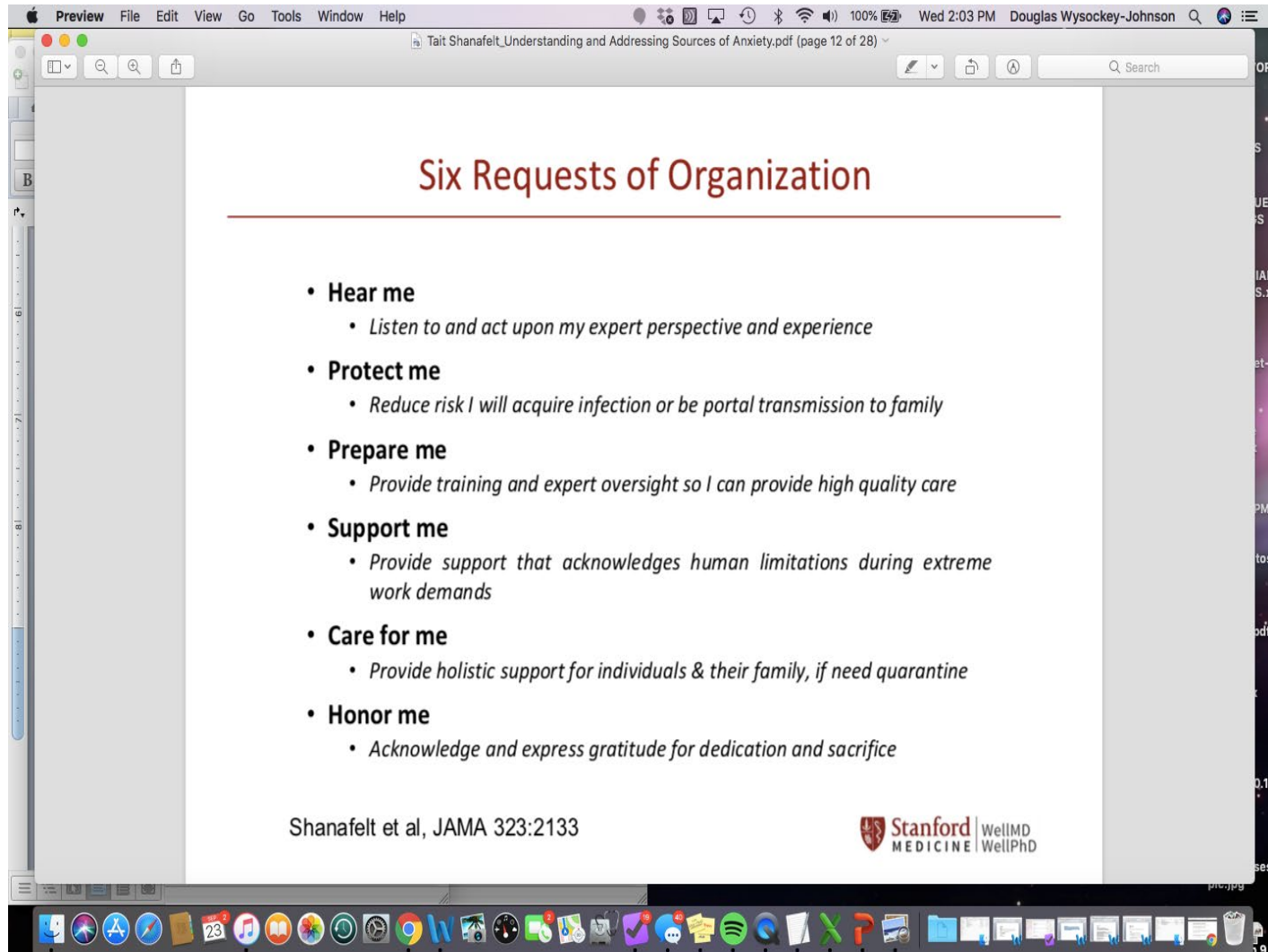
“If one more person tells me to take a yoga class, I’m going to smack them.”

A Few Ideas for Individual Resiliency

- Swimming in Icebergs
- Using Travel Mugs for Negative Emotions
- Lessons from a Dog Musher
- The Stockdale Paradox



System Approaches: Stanford



The image is a screenshot of a Mac Preview application window. The title bar shows the file name 'Tait Shanafelt_Understanding and Addressing Sources of Anxiety.pdf (page 12 of 28)'. The slide content is as follows:

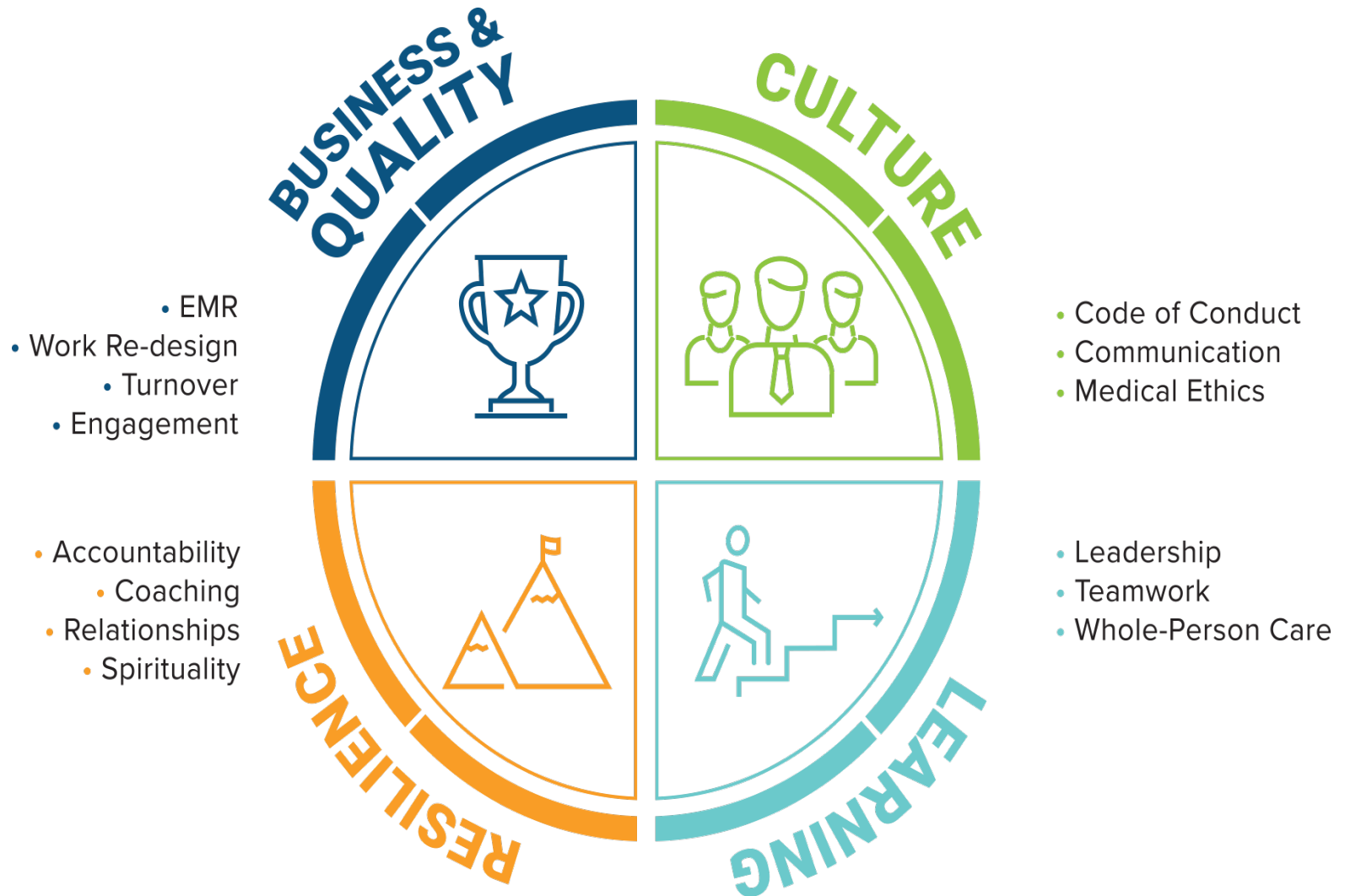
Six Requests of Organization

- **Hear me**
 - *Listen to and act upon my expert perspective and experience*
- **Protect me**
 - *Reduce risk I will acquire infection or be portal transmission to family*
- **Prepare me**
 - *Provide training and expert oversight so I can provide high quality care*
- **Support me**
 - *Provide support that acknowledges human limitations during extreme work demands*
- **Care for me**
 - *Provide holistic support for individuals & their family, if need quarantine*
- **Honor me**
 - *Acknowledge and express gratitude for dedication and sacrifice*

Shanafelt et al, JAMA 323:2133

Stanford MEDICINE | WellMD
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System Approaches: Medicus Integra



System Approaches: AMA Steps Forward

Module Categories



Patient
Care

16 Modules >



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and Process

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Change

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Questions and Conversation

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