



Physician Well-being: Promotion, Maintenance and Monitoring

Peter Yellowlees MD

UCD Physician Well-being Committee



Disclaimer

- PY has no conflicts of interest for this topic to disclose



Learning Objectives

- Learn about physician preventive health approaches to ensure good personal health and continuing fitness to practice.
- Learn about solutions and treatments for depression and anxiety disorders that commonly affect physicians
- Be aware that physicians respond well to treatment of anxiety and depression and generally have a good prognosis
- Understand the role of the UCD Well-Being Committee



Physicians across their lifespan

- Childhood/adolescence –sublimation, work commitment
- Young adulthood – profound performance demands, intolerance of failure or even mediocrity, delayed gratification
- Entry to Medical School – obsessive, self-directed and nurturing qualities valued
- Middle adulthood – becoming established, yet lingering debt, deferral of age-usual activity
- Old age –resistance of retirement and confrontation of mortality/vulnerability



Profession may lead to “excessive identification”

- “My work is not what I do, it is who I am”
- “It is a profession, not just a job”
- “Only another physician can truly understand me”

All these positions can lead to delayed gratification and excess social distance, thus lack of intimacy, and increase risk of alc/substance abuse/dependence, anxiety and depression – especially in caring (dependent) and meticulous (compulsive) individuals - personality characteristics we select for in MD’s.

The Evolution of the Resident



July



September



November



January

Duke University Life Curriculum : ERASE

- Exercise
- Relaxation
- Activities
- Supportive Relationships
- Emotional Expression

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“Integrate more exercise into your daily routine. Instead of taking the elevator, climb up the side of the building. When you pass a coworker in the hall, insist on a game of leap-frog. Use kick boxing to post messages on your bulletin board. Stir your coffee with your toes. Arm wrestle your clients...”



Relaxation

- Deep breathing
- Muscle relaxation
- Meditation
- Imagery/Visualization
- Mindfulness
- Yoga/Tai Chi classes
- Or through exercise, sports and having fun.....

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“This is my favorite relaxation tape. It’s the sound of ocean waves crashing against the shore, snatching my boss’s body off his beach chair and carrying him out to sea.”



Refresh with Time Outs on long shifts.....

- **Ipod/CD/TV/Email/Internet game or show**
- **Power nap**
- **Social Interlude: call a friend, call home, grab coffee with fellow resident**
- **Walks**
- **Library/reading**

Supportive Relationships and Systems

Things people never say on their deathbed..... “I wish I had spent more hours working in the hospital”

- **Make personal relationships the priority *you* want them to be**
- **Keep personal relationships intact – short phone calls can help**
- **Reach out to family and friends**
- **Form alliances with colleagues**
- **Address the “here and now,” not the “there and then” beware of “toxic levels” of gratification delay**
- **That which you value is that on which you spend your time – so spend time on relationships**
- **Consider counseling, even one session – “a problem shared is a problem halved.....”**



Emotional Expression

- Expressing emotions in safe and appropriate way leads to better coping with family, friends, counselor
- Keep a journal/blog/facebook – but make sure you are careful about privacy issues
- Humor, jokes, fun and games all allow emotional expression
- Touch base with seniors and supervisors

ISOLATION=POOR OUTCOME



Mental illness in MD's

- Major depression lifetime prevalence in U.S. male MD's: 12.8% (general population 12%)
- Major depression prevalence in women MD's 19.5% (= general population women)
- Ethnic differences: Asian female MD's lower
- Suicide relative risk: 1.1-3.4 in male MD's
- Suicide relative risk: 2.5-5.7 in female MD's

Center et al., JAMA 2003; 289: 3161-3166



Struggling in silence

- 300-400 physicians die each year by suicide
- Methods: OD, firearms
- Risk factors: depression (90%), alcohol abuse
- Higher completion/attempt ratio
- In general population, completed suicides by men = 4 x women
- In MD's, completed suicide by men = women

American Foundation for Suicide Prevention



High risk for suicide MD profile

- Male or female, white
- Age: > 45 (female), > 50 (male)
- Divorced/separated, single, marital disruption
- Depression, bipolar d/o, anxiety
- Alcohol, drugs (25% suicides while intoxicated)
- Workaholic, risk-taker (high stakes gambler, thrill seeker)

Center et al., JAMA 2003; 289: 3161-3166

High risk for suicide MD profile (cont.)

- Physical symptoms (chronic pain, debilitating illness)
- Change in professional status – threat to status, autonomy, security, financial stability, recent losses, increased work demands
- Narcissistic injury
- Access to means (legal medications, firearms)

Center et al., JAMA 2003; 289: 3161-3166



Is it the environment?

- Harvard Study of Adult Development: 47 MD's
- Only those with preexisting psychological difficulties evident at college entry had later psychiatric problems
- No evidence of ↑ occupational stress in MD's
- Stressful events thought to precipitate suicide are often a result of the person's behavior

Center et al., JAMA 2003; 289: 3161-3166





Protective factors

- Effective treatment for mental/medical illness
- Family/social support
- Resilience
- Coping skills
- Religious faith
- Restricted access to lethal means

Center et al., JAMA 2003; 289: 3161-3166



Barriers to MDs seeking care

35% MDs have no regular healthcare provider

Discrimination in:

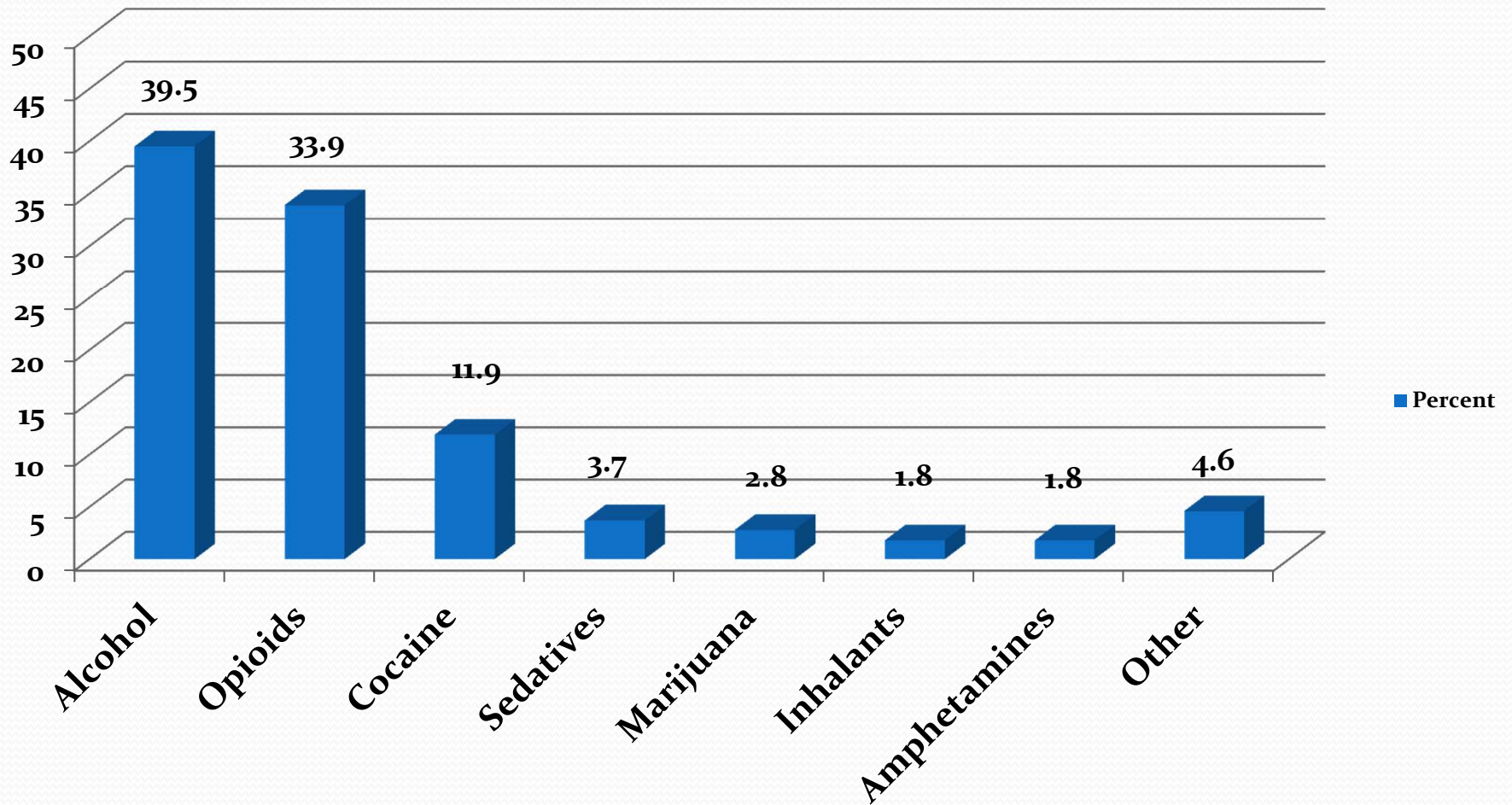
- Medical licensing
- Hospital privileges
- Professional advancement

Shift in professional attitudes & institutional policies needed to support MDs seeking help

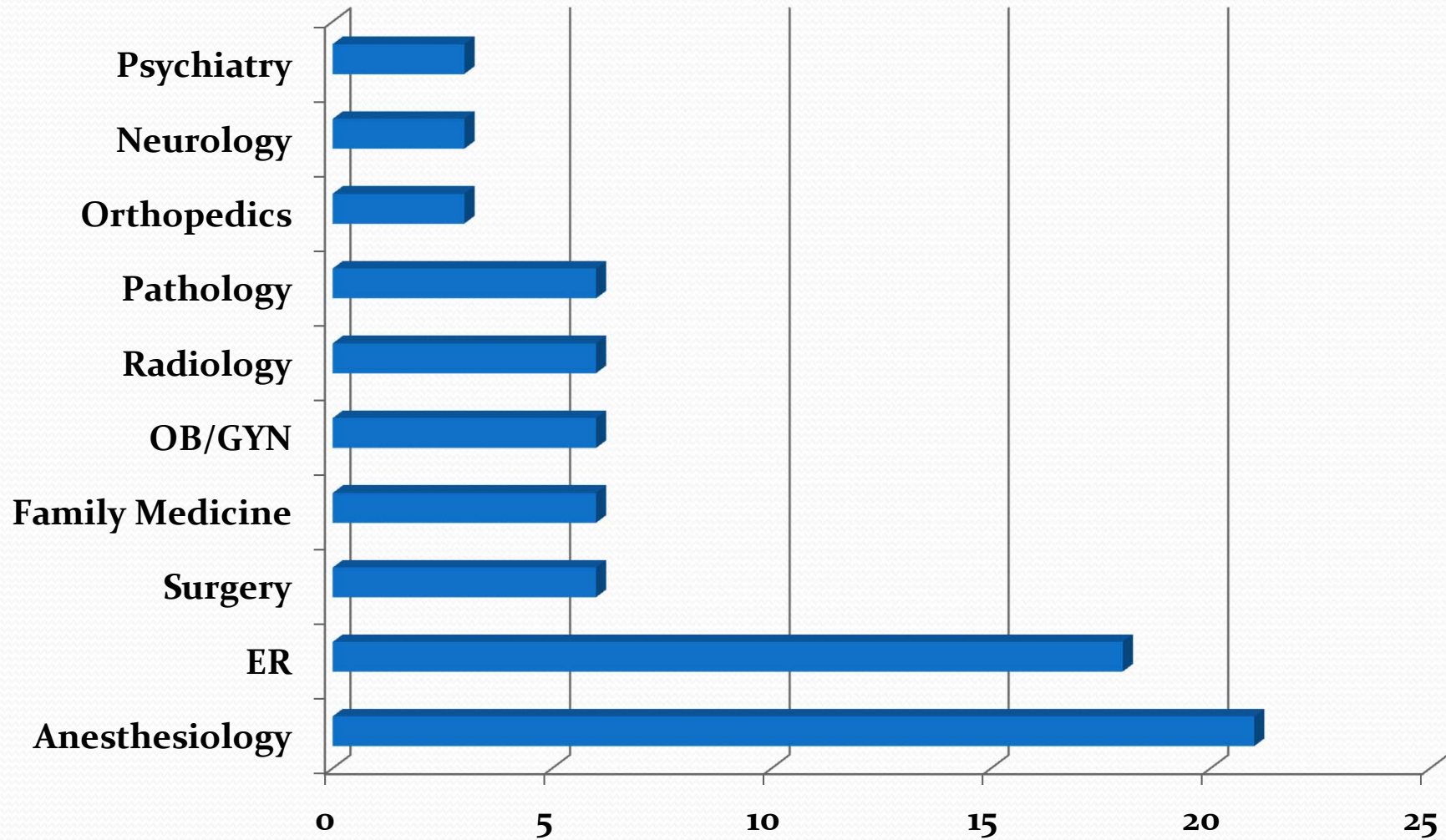
Center et al., JAMA 2003; 289: 3161-3166

Drugs and physicians

Percent



Drugs and Specialties





Warning Signs

- Change in behavior
- Altered thinking
- Chronically tired
- Wanting lots of breaks
- Takes very long breaks
- More disheveled
- A “bad” resident/attending



Warning Signs

- Wanting to do extra work
- Offering to do extra shifts
- Offering to cover for colleagues
- The go-to person
- Wanting to work in the OR a lot
- A “good” resident/attending

Work Behavior Differs Depending On Substance

- If work is source substance; increased isolation, longer hours
- If source away from work like alcohol: poor work performance, late
- Mood swings, depression, irritability



Why is it Hard to Recognize?

- Addicted physicians continue to function at high levels for a long time only when performance is markedly impaired
- Alcohol hard to detect as it is accepted socially and even encouraged
- Hard to tell misuse from abuse
- Alcohol use usually detected through complaints of others

Routine Drug testing and psychological screening

- Done on post office workers, pilots, train drivers and others
- Routine at Shiners' Hospitals, VA Hospitals
- Voluntary Screening introduced here 2013



Why is Substance Use by Physicians Often Not Identified or Addressed?



Physician's Own Denial

- Unable to recognize they have a problem
- If they see the problem they make the mistake of assuming they can handle it themselves
- Physicians do not see themselves as in need of help, they are the ones who help others
- Physicians see substance use and abuse as a personal and moral failure not as a disease



Denial by Family

- Do not know how to help so they do not voice their concerns
- Do not know where to turn for help
- Fear that the physician will destroy his or her career if the problem is addressed and in turn their family will suffer




Denial by Peers and Institution

- Locked into a conspiracy of silence
- Fear retribution by physician
- Risk a friendship or working relationship
- Seen as trouble maker by other colleagues, “do not rock the boat”
- Collude with physician that they can handle the problem on their own

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“It’s a special hearing aid. It filters out criticism and amplifies compliments.”



**Physician, Family Members, Peers and the
Institution Often do not Understand the
Potential Resources That Exist to Assist
Physicians Which Will Allow them to
Continue to Practice**

**Treatment can save a career without the
risk of loss of licence**

Medical Staff Well-Being Committee: Main Survey Page

UC Davis Medical Staff Well-Being Committee

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Welcome message from Peter Yellowlees, M.D., Professor of Clinical Psychiatry

[Wellness Survey](#)

Wellness Survey

[Survey Home](#) [Getting Started](#) [Q and A](#) [Privacy](#) [About Survey](#) [Resources](#)

We realize that trainees and physicians, despite functioning at a high level at school or work, may be dealing with personal and emotional challenges. This program was created to offer confidential support and resources to those in need.

- Provide confidential, online assessment of stress, depression and other related issues
- Make personalized referrals to local mental health clinicians and other community resources

All medical students, residents, fellows, and faculty members are encouraged to [complete](#) the brief, [online questionnaire](#) to find out how stress and depression may be affecting them. After completing the questionnaire, one of our experienced program counselors will send you an assessment with any recommendations for further evaluation or follow-up. Again, this service is completely [anonymous](#) and [confidential](#).

We hope to learn more about the impact and effectiveness of this clinical program. If you complete the online Wellness [Survey](#) and meet with one of our project clinicians for further evaluation and referral, you will be asked to take part in this study. All services provided (evaluation, support, and referral) are still available to each person who visits the clinician even if you choose not to participate in the study. All information used for research purposes will be de-identified. More information about the project will be discussed during the consent stage.

[Wellness Survey](#)

****THIS IS NOT A CRISIS INTERVENTION SERVICE****
If you are in crisis, please call 911 or 800-273-TALK

Contact Numbers

Jessica Haskins, Psy.D.
UC Davis Health System
Program Counselor
2730 Stockton Blvd, Ste. 2100
Sacramento, CA 95817
(916) 734-2727

Additional Resources

- UC Davis Medical Students
 - C.A.P.S.
- Residents
- Faculty
- Local Therapists
- Local Psychiatrists

Emergency Contacts

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

On Campus

Call 911 or go to your nearest emergency room

UC Davis Police
(916) 743-2555 (Medical Center)
(530) 752-1230 (Campus)

Off-Campus

Health and Psychological Services

Sierra Vista Hospital-Crisis Line
(916) 288-0300

Sutter Center for Psychiatry
247 Crisis Intervention Services
(916) 386-3620 or
(800) 801-3077 (Toll Free)

Local Suicide Prevention and Crisis Hotlines
(916) 368-3111 (Sacramento)
(530) 756-5000 (Davis)

Questionnaire Webpage

UCDAVIS
HEALTH SYSTEM

[Forget your User ID or password?](#)

Welcome

Returning
User Login

User ID

Login

Welcome!

Thank you for taking action to find out how stress and depression may be affecting you - and how you can get help for these problems at the University of California, Davis, Health System.

Your participation is completely *voluntary and anonymous*.

This website and the services offered are intended **ONLY** for Medical Students, Residents, and/or Faculty members with the University of California, Davis, Health System.

This is *not* a crisis intervention service. If you are in crisis, please use the resources listed on this page.

There are 3 easy steps

1. Fill out a simple, 10-minute Stress & Depression Questionnaire, identifying yourself *only* with a User ID that you select.
2. A campus counselor will personally respond to you over this website with options for follow-up, if recommended.
3. You decide what's next. You may talk with the counselor through the website or in person. Or, you might do nothing further at this time. It's all up to you.
No follow-up services will be provided unless you request them.

Protecting your privacy

Your identity will *not* be known to the counselor unless you decide to share it.

You'll have the option of providing an email address on your questionnaire so the computer system can notify you when the counselor's response is ready. Having your email address will also enable the system to retrieve a forgotten User ID or password.

Your email address will be encrypted in the computer system and will not be revealed to anyone, including the counselor.

If you don't give an email address, at the completion of the questionnaire you'll be told when to return to this website to get the counselor's response.

Counseling Services

Jessica Haskins, Psy.D.
UC Davis Health System Program
Counselor
2730 Stockton Blvd, Ste. 2100
Sacramento, CA 95817
(916) 734-2727

Additional Services

[For UCD Medical Students](#)
Medical Student Wellness

[For Residents](#)

[For Faculty](#)

Emergency Contacts

**National Suicide Prevention
Lifeline**
1-800-273-TALK (8255)

On Campus

Call **911** or go to your nearest
emergency room

UC Davis Police
(916) 743-2555 (UCDMC)
(530) 752-1727 (Campus)

Off-Campus

Health and Psychological
Services

**Sierra Vista Hospital Crisis
Line**
(916) 288-0300

Sutter Center for Psychiatry
24/7 Crisis Intervention Services
(916) 386-3077
(800) 801-3077 (Toll Free)

**Local Suicide Prevention and
Crisis Hotlines**
(916) 368-3111 (Sacramento)
(530) 756-5000 (Davis)



How the Program Works

- Email invitation is sent out encouraging completion of the Wellness Survey.
 - includes link to a secure website which further explains the program and provides an opportunity to take the survey.
 - survey and further information can also be accessed directly through the Medical Staff Well-Being Committee's main survey page.

How the Program Works

- After submitting the survey:
 - participants are classified into one of four tiers:
1a, 1b, 2, or 3
 - counselor reviews answers and prepares personalized responses.
 - all participants are invited to meet in-person with the program counselor for further discussion and assessment.
 - participants also has the option of using the website's "dialogue" feature to communicate online with the counselor.

How the Program Works

- During the in-person meeting:
 - Further evaluation
 - Treatment options are discussed
 - Counseling
 - Psychiatric services
 - Other treatment services
 - Consent for participation in research
 - Consent to participate in research study

Current Statistics

2/4/2013-7/30/2013

- 13 departments: 107 total faculty and residents completed survey (2 did not disclose position).
- Of these respondents:
 - 17% fell into the tier 1a category (highest risk category, mentioning suicide in the survey)
 - 16% fell into the tier 1b category (also high risk category, endorsing severe distress)
 - 63% fell into the tier 2 category (mild-moderate risk category, endorsing mild-moderate distress)
 - 5% fell into the tier 3 category (low risk category, denying any distress).
- Of these, 22% followed up with the counselor through the online dialogue feature. A small set of these participants have come in for an in person assessment and were referred to services.



What if a Colleague is Impaired

- **Contact physician directly and discuss resources available:**
 - Start from a clinical perspective and state concern regarding resident and patient safety
 - Avoid diagnosis and describe the behavior
 - Offer Phone Numbers and website for Well-Being Committee



In Addition:

- Make an anonymous report to Program Director or Chair
- Anonymous report to Well-being Committee



Increased Awareness and Access to Treatment is Important as Prognosis is Good!!

- **Recovery rate for physicians who enter treatment and are followed for 5 years is 85-90% with monitoring**
- **Physicians respond better than general population to intervention**



ED Physicians Substance Abuse

5 year cohort monitoring in 16 states – 56 ED MD's v 724 other MD's – findings – Rose et al (in press) :

- ED MD's proportionately higher than expected rate of Sub Ab and over-represented in study
- 50% Alc, 38% Opioids
- At 5 years 84% ED MD's practicing v 80% other MD's



Who Monitors and How?

- State Drug Diversion Programs for Impaired Physicians
- Available in all states except California
- Usually consists of:
 - Attendance at AA/NA
 - Regular drug testing, random
 - Regular therapy
 - Monitor
 - Workplace monitor



Who Monitors and How?

- California Diversion Program sunsetted a few years ago
- MBC now emphasizes physician wellness and prevention
- There are reporting laws to the MBC eg a DUI
- Most physicians in California are on their own
- Some centers have monitoring programs though their well-being committee
- The CMA is trying to set up a state wide program but it will need legislation, first attempt recently failed

Where Should Physicians Go for Help?

- Their own PCP
- Medical Staff Well-Being Committee
- Employee Assistance Program: Academic and Staff Assistance Program (ASAP)
- Residents-GME Psychologist
- Health Insurance and Behavioral Health Plan

UC Davis Medical Staff Well-Being Committee

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Welcome message from Peter Yellowlees, M.D., Professor of Clinical Psychiatry

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The purpose of the UC Davis Medical Center Medical Staff Well-Being Committee is to support the health and wellness of our Medical Staff members, and in so doing, protect patient welfare, improve patient care, and improve Medical Staff functioning. The Committee works to achieve this purpose through prevention of, and intervention in, alcohol-related, drug-related, and behavioral problems affecting members of the Medical Staff. The committee also supports Medical Staff members who are involved with the Medical Board regarding impairment issues.

- The Medical Staff Well-Being Committee has developed a supportive, non-punitive process for identifying, referring for treatment, and monitoring Medical Staff members who may be suffering from impairment resulting from drug or alcohol use or other disabling psychiatric or physical conditions that pose a threat to acceptable professional functioning and patient care.
- The process is designed to provide assistance and rehabilitation rather than discipline to aid Medical Staff members in retaining acceptable professional functioning consistent with quality of care. Studies have shown that our process has a higher than 90% five year success rate.
- The process is confidential. All consultations and discussions are held in private locations, and documentation and records are handled confidentially.

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Welcome message from Peter Yellowlees, M.D., Professor of Clinical Psychiatry

Purpose of the Committee | Confidentiality | Review Process | Getting Help | **Committee Members** | Wellness Resources

Peter Yellowlees, M.D., Chair
(916)734-8581

E-mail: peter.yellowlees@ucdmc.ucdavis
(E-mail contact available 24 hours a day, 7 days a week)
Krystal Cardenas-Raper, Assistant to Chair
(916)734-2366

Leinani Aiono-Le Tagaloa, M.D.
(916)734-5031

Robert Canter, M.D.
(916)734-7044

Shelly Henderson, Ph.D.
(916)734-6462

Sanjay Jhawar, M.D.
(916)734-5177

Debra Kahn, M.D.
(916)734-2972

Carol Kirshnit, Ph.D.
(916)734-2727

Lily Lin, M.D.
(916)734-6310

Daniel Link, M.D.
(916)703-2108

Margaret Rea, Ph.D.
(916)734-0676

Lorin Scher, M.D.
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Jeffrey Uppington, M.D.
(916)734-5028

Kenten Wang, D.O.
(916)734-8306

Lynn Yen, M.D.
(916)734-2614

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- The Committee's work is based upon a genuine concern for, and desire to, assist in the physical, emotional, and spiritual well-being of the Medical Staff. Help is offered in the form of a confidential assessment and referral to an appropriate resource.
- Regardless of how an individual is brought to the attention of the Well-Being Committee, the Committee is committed to support and protect the confidentiality of the individual involved.



Welcome message from
Peter Yellowlees, M.D.,
Professor of Clinical
Psychiatry

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Purpose of the Committee | Confidentiality | Review Process | Getting Help | Committee Members | Wellness Resources

When a member of the Medical Staff is suspected of impairment, or self reports, a confidential process will occur that will attempt to validate whether the Medical Staff member has an impairment problem and refer them to the Medical Staff Well-Being Committee for the assistance they need.

This program's success depends on cooperation between the individual being assisted and the Committee. In all instances, the Committee's goal is to support the individual in his/her recovery. Only by doing so effectively and confidentially will the Committee accomplish its dual purpose of aiding practitioner well-being and improving patient care and Medical Staff functioning at UCDCM.

Confidentiality will be maintained in all discussions and with all documentation and records regarding impaired Medical Staff members.

A monitoring agreement will be drafted to address the individual circumstances and needs if required.

[Medical Staff Administration Policy and Procedure 128, Impaired Medical Staff Members \(PDF\)](#)

- [Medical Board of California - Enforcement Process \(PDF\)](#)
- Sample Monitoring Agreements
 - [Mental Health Monitoring Agreement \(PDF\)](#)
 - [Substance Abuse Monitoring Agreement \(PDF\)](#)

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Purpose of the Committee | Confidentiality | Review Process | Getting Help | Committee Members | Wellness Resources

Call or page the committee chair or any committee member at any time to initiate the process or provide advice, recommendations, and assistance to individual physicians and to groups or committees who request assistance or recommendations.

How do I refer myself?

- Call or page the chair or any committee member at any time to initiate the process. We have not provided the pager numbers of committee members on this public website, but committee members can be reached on an emergency basis through the hospital operator, (916)734-2011.
- First and foremost, this is a confidential process and getting the proper help is the primary concern.

How do I refer someone?

- Call or page the chair or any member of the Well-Being Committee to discuss the referral.
- Any staff member (Medical Staff, resident, fellow, nurse, other staff) may refer.
- Referral to the Well-Being Committee benefits the UC Davis Medical Center community.
- Documentation of the event that triggers the referral is important.
- PLEASE NOTE: Your name will remain anonymous in any committee discussions.

Resources for treatment

- [Treatment Facilities \(PDF\)](#)
- [Counseling Resources \(PDF\)](#)

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wellness /wel-nis/ n. the state of being healthy in mind, body and spirit through conditioning one's self with positive daily habits, exercise, relaxation, stress-control, and good personal and social relationships

Academic and Staff Assistance Program (ASAP)

The Academic and Staff Assistance Program (ASAP) offers confidential, cost-free assessment, counseling, consultation and referral services to all UC Davis/UC Davis Health System faculty, staff, and their family members. Whether the problem is work-related, personal, career or relationship focused, ASAP can assist you in evaluating and resolving the problem.

Faculty Development and Work-Life Balance

The work-life balance resources include links to a variety of programs, policies and practices that are designed to support the UC Davis Faculty. These resources are designed to inform and support medical school faculty and residents (at all levels) as they strive to integrate and balance their professional career, self, home, family and community life.

GME Wellness - Services for Residents and Fellows

Office of Graduate Medical Education provides counseling services designed specifically for residents and fellows to receive support in dealing with the unique needs of individuals in residency. GME counseling services can help identify and resolve problems related to work, personal, career or relationship focused. Services include individual counseling, couples/family sessions, and sessions with spouse/partners alone. The services are confidential and at no fee.

UC Davis Wellness Portal

UC Davis provides referrals, outreach, education and programming that enable staff, faculty and students to meet commitments and pursue interests both in and outside of the university through the integration of four key facets of their lives: self, work, life's important others and community.

APA Psychology Help Center

The Psychology Help Center is an online consumer resource featuring articles and information related to psychological issues affecting your daily physical and emotional well-being.



Research

Moutier, C., Norcross, W., Jong, P., Norman, M., Kirby, B., McGuire, T., Zisook, S. (2012). The suicide prevention and depression awareness program at the university of california, san diego school of medicine. *Academic Medicine*, 87(3):1-7.



Peter Yellowlees MD

Chair UCD Well-being Committee

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