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!

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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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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 Wysockey-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

Why are Providers Burning Out?

More recent trends....

- Reimbursement
- Bureaucracy
- Regulation and Insurance
- Meaning
- Reduced autonomy
- Uncertainty of change
- Work-Home tension

....on top of things that have always been hard

- Patient compliance
- Call schedules and long hours
- "Compassion Fatigue"
- Dealing with loss
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

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<thead>
<tr>
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<th>HR Frontline Healthcare Workers</th>
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<tbody>
<tr>
<td>Anxiety</td>
<td>1.57</td>
<td>0.01</td>
</tr>
<tr>
<td>Depression</td>
<td>1.52</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Insomnia</td>
<td>2.97</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Distress</td>
<td>1.6</td>
<td>&lt;0.001</td>
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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
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


Leslie Kane, MA | January 15, 2020 | Contributor Information

Are Physicians Depressed?

- Millennial: 15%
- Generation X: 18%
- Boomer: 16%
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

History of sexual abuse

Diagnoses of major depressive disorder

Relationship problems

Financial problems

License restrictions
**Warning signs** for physician suicide –

<table>
<thead>
<tr>
<th>Talking or writing about death</th>
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<tbody>
<tr>
<td>Withdrawal from society</td>
</tr>
<tr>
<td>no reason for living</td>
</tr>
<tr>
<td>Agitation</td>
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</tbody>
</table>

| Feeling trapped                |
| no sense of purpose in life    |
| Anxiety                        |
| Excessive sleeping             |

<table>
<thead>
<tr>
<th>Threatening to hurt or kill oneself</th>
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<tbody>
<tr>
<td>Unable to sleep</td>
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| 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 your 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

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
System Approaches: Medicus Integra

- EMR
  - Work Re-design
  - Turnover
  - Engagement

- Accountability
  - Coaching
  - Relationships
  - Spirituality

- Code of Conduct
- Communication
- Medical Ethics

- Leadership
- Teamwork
- Whole-Person Care

(©Coalition for Physician Well-Being, April 2019)
System Approaches: AMA Steps Forward

Module Categories

- Patient Care: 16 Modules
- Workflow and Process: 14 Modules
- Leading Change: 7 Modules
- Professional Well-Being: 5 Modules
- Technology and Finance: 8 Modules

Looking for modules? Try our Practice Assessment tool. Start Assessment
Questions and Conversation

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