A Decade of Caring for Physicians in Training and Practice

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The ACGME Second Symposium on Physician Well-Being: Commitment to Change

Nothing to disclose

Our program funded by OHSU Graduate Medical Education and the Faculty Practice Plan
Our Resident and Faculty Wellness Team

Left to right: Marie Soller, MD, Mary Moffit, PhD, Director, Sydney Ey, PhD, Associate Director, & Mark Kinzie, MD., PhD.
Appreciation

- Pat Brunett, M.D., former Associate Dean, GME
- Joe Gilhooly, MD., former Program Director, Pediatrics
- Don Girard, M.D., former Associate Dean, GME
- Chuck Kilo, M.D., Chief Medical Officer
- Sue Simmons, DIO, GME
- Chris Swide, M.D., Assistant Dean, GME, Program Director, Anesthesia

- Residents, Fellows, and SOM Faculty, OHSU
“I thought being suicidal during residency was normal”
--Resident
Journey

- Need
- Critical event
- Health care coverage
- Visionary leaders
- Experienced clinical team
- Small start up
- Consultants group
Barriers to Medical Trainees and Physicians Seeking Professional Care

- Confidentiality
- Time to Access
- How would it help?
- Stigma
- Cost
- Reporting or disclosure concerns


Givens JL, Tjia J. Depressed medical students' use of mental health services and barriers to use. Academic medicine. 2002 Sep 1;77(9):918-21.

“I feel embarrassed to be depressed even though I know I shouldn’t... the thought of friends or even my co-workers or patients somehow finding out (that I came for counseling) is terrifying.”

– Fellow

“It is extremely difficult for surgical residents to find time to see a counselor unless you have a senior resident who is DIRECTLY above you who is ok with it. I would have otherwise felt pressured, and could not leave the service for an hour.”

– Resident
Actions

• Confidential service, private location
  – “not the company doctor”
  – explain limits of confidentiality
  – clinical records NOT in hospital EHR
• Expanded hours--Mon-Fri 8-6, urgent pager
• Free, no insurance billing, no receptionist or scheduling staff – no “gate-keepers”
• Educational outreach re: how to access, the benefits of care, and normalizing the need to access this resource – over 100 visits a month by their peers.
Address Concerns re: Reporting or Disclosure

• Reporting practices related to disability/life insurance

• Counseling is not reportable on Oregon Medical Board licensure applications

  • Impairment is reportable, treatment is not.

  “No restrictions are placed on a license if a physician is not impaired by his or her illness. The Board’s intention is to encourage physicians to seek treatment in a timely manner.”

Kathleen Haley, JD,
Executive Director of Oregon Board of Medical Examiners
Our Model: Different Levels of Care

- **Prevention**: 99%
- **Intervention**: 50%+
  - w/burnout or distress
- **Stepped Up Care**: 6-12%
  - in crisis, severe
Menu of Services

• Individual counseling, coaching
• Psychiatric evaluation, medication management
• Case coordination, referrals to specialists
• Consultation with program directors, chief residents and hospital leadership
• Preventive efforts—ICU support groups, educational workshops, visiting medical teams
• New 2016: OHSU’s Peer Support Program
Barriers Still Exist (Ey, Moffit & Girard, 2013)

Perceived Barriers to Resident Wellness Program Participation

- Cannot Take Break
- Will Not Help
- Stigma
- Reportability
- Confidentiality

0% 20% 40% 60% 80%
Challenges

• Making the case for pro-active program to reach distressed clinicians “upstream” to prevent impairment
• Capacity to grow, to increase FTE w. higher utilization
• Culture change for Program Directors to encourage access to treatment meetings during duty hours
• Reaching high risk trainees, faculty
• Balancing confidentiality with case coordination/advocacy/safety
  – Fitness for duty
  – Accommodations
  – Stepped up care
Reaching Out 2014-Present:
Stress and Depression Survey
Resilience Building Workshops

• 10 minute ANONYMOUS, online survey after we visit program to give educational workshop
• Clinical team feedback/resources < 72 hours
• Interactive- Resident asks us questions via on-line dialogue without disclosing identity
• Best practices suicide prevention tool in 50+ universities and in academic medical centers
• 70% of UCSD medical trainees and faculty would not have reached out for help if they had not taken survey (Moutier et al., 2012)
Reaching Out: Survey Results in OHSU’s 1st Year

• Response rate: **16%** \((N=231)\)
  – 62% women; 45% faculty; 29% primary care
• Highest level of distress: **25%**
  Women, trainees, younger more likely
• Suicidal ideation in past 2 weeks: **10%***
  • Non-Primary care, women more likely
• Due to survey, met with RFWP team: **12%***
  – “I realized that I needed to take better care of myself, my family needs me.”
  – “Taking the survey made it easier to come in”
* 35% of survey participants with recent suicidal ideation were in treatment – 65% were not.

* Data for 2010-11 and 2011-12 were not available.
Figure 2. Average Visits per Resident/Fellow

* Data for 2010-11 and 2011-12 were not available.
Figure 3. Total Cases and Sessions

- Cases
- Sessions

* Data for 2010-11 and 2011-12 were not available.
Current Resources and Staffing

• Health system funding through GME
• Staff: 2 psychologists, 2 psychiatrists (2.25 FTE)
• 2300 residents, fellows and faculty eligible
• Budget expenses:
  ➢ 85% clinician FTE
  ➢ 10% administrative support
  ➢ 5% on site clinic space
Cultural Change: Hope

• “I decided if my chief resident said he came to this program, and it helped, it might be safe for me to come too.” -- Intern

• “This program is invaluable. If I had my way, I would make it a requirement for all residents to visit the RFWP at least once—so they could see if it helps them.” -- Resident

• “This (RFWP) is the best benefit that this academic medical center ever provided to me.”

    -- Faculty physician
Comprehensive Approach to Mental Health Promotion and Suicide Prevention

- Develop Life Skills
- Promote Social Connectedness
- Identify Students at Risk
- Increase Help-seeking Behavior
- Restrict Access to Potentially Lethal Means
- Follow Crisis Management Procedures
- Provide Mental Health Services

From: the Jed Foundation
https://www.jedfoundation.org/
Visit our Websites

Resident and Faculty Wellness Program: http://www.ohsu.edu/rfwp

OHSU Peer Support Program: http://www.ohsu.edu/peersupport