



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

Center C, Davis M, Detre T, Ford DE, Hansbrough W, Hendin H, Laszlo J, Litts DA, Mann J, Mansky PA, Michels R. Confronting depression and suicide in physicians: a consensus statement. *Jama*. 2003 Jun 18;289(23):3161-6.

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.

Guille C, Speller H, Laff R, Epperson CN, Sen S. Utilization and barriers to mental health services among depressed medical interns: a prospective multisite study. *Journal of graduate medical education*. 2010 Jun;2(2):210-4.

“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

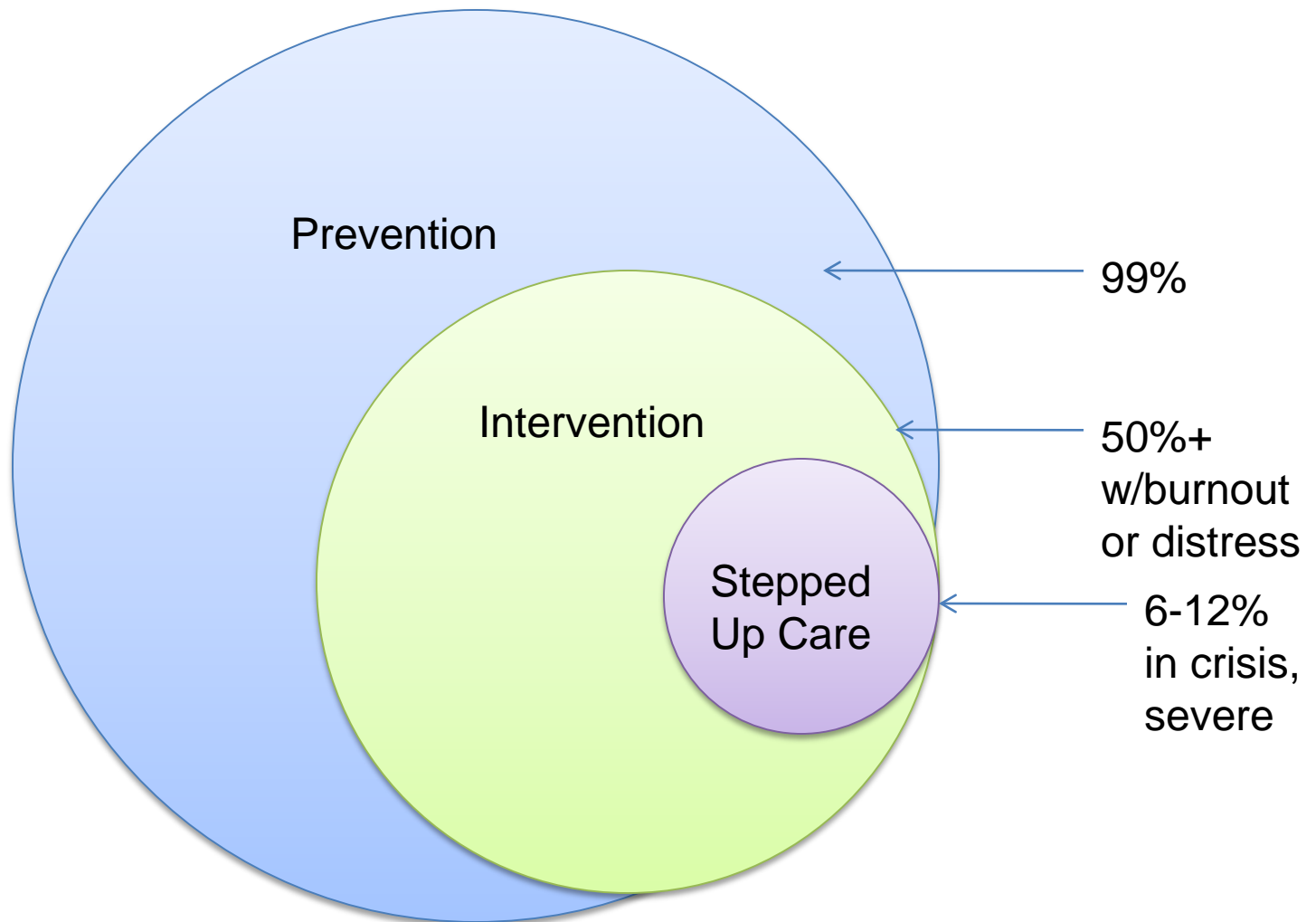
- Reporting practices related to disability/life insurance
- Counseling is not reportable on Oregon Medical Board licensure applications
 - **Impairment is reportable, treatment is not.**

“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



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

Willingness to Seek Counseling

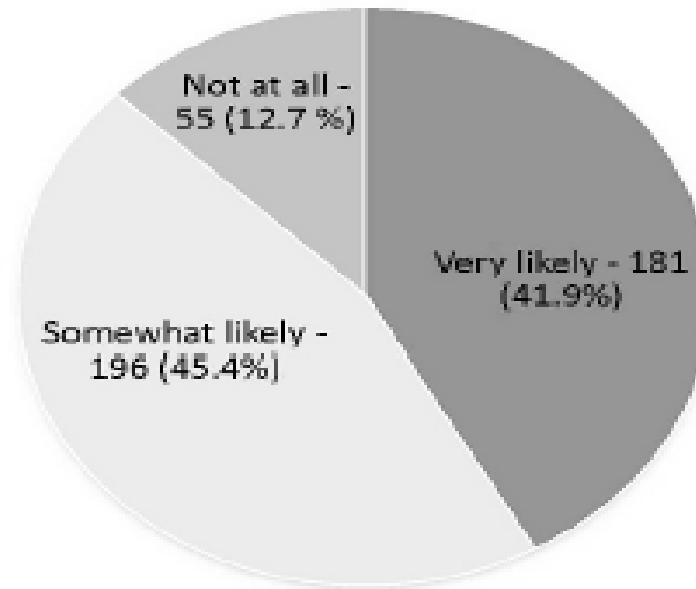
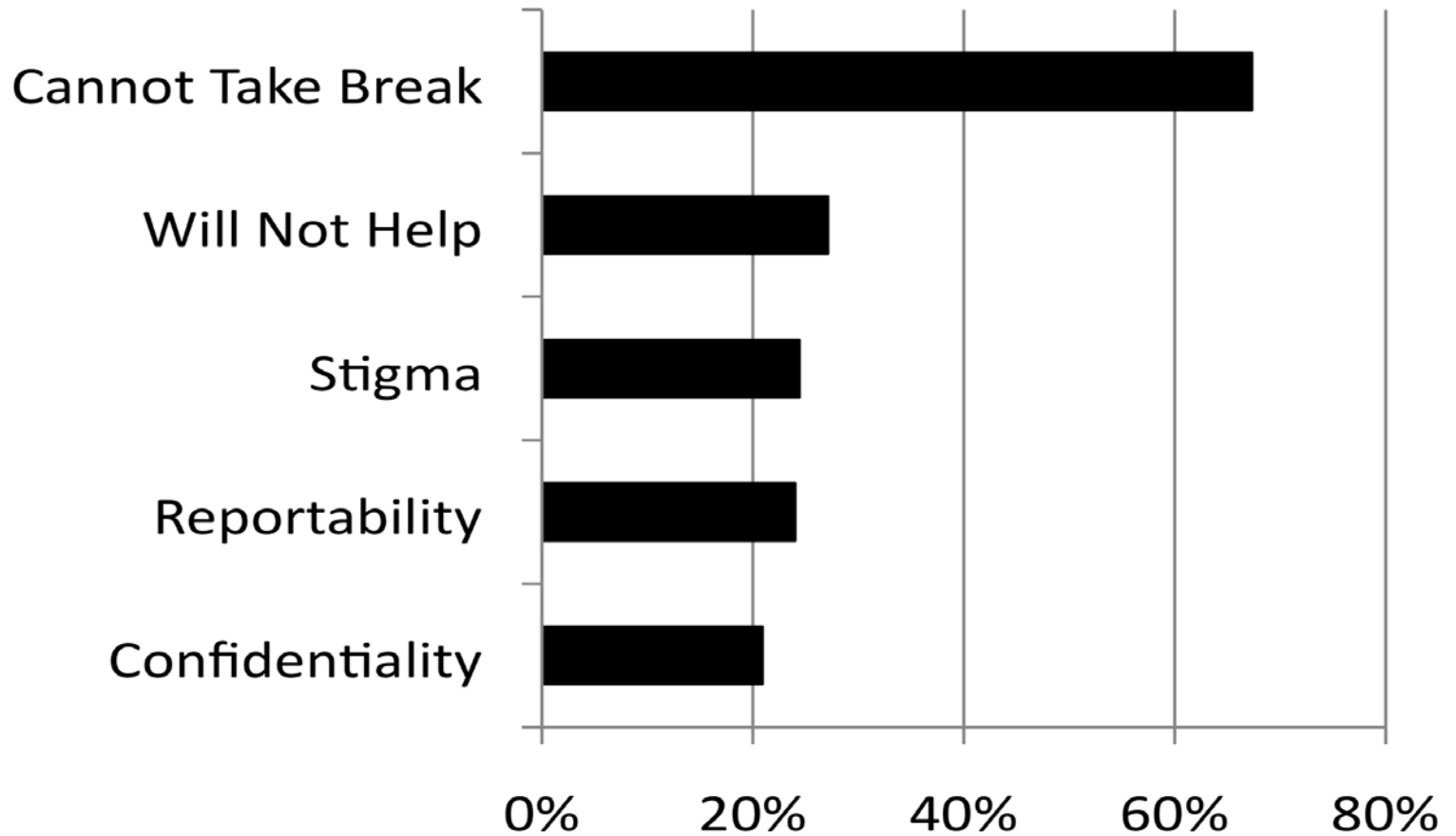


FIGURE 1

**RESIDENT AND FELLOW (N = 432)
ATTITUDES ABOUT SEEKING COUNSELING AT
RESIDENT WELLNESS PROGRAM**

Ey S, Moffit M, Kinzie JM, Choi D, Girard DE. "If You Build It, They Will Come": Attitudes of Medical Residents and Fellows About Seeking Services in a Resident Wellness Program. *Journal of graduate medical education*. 2013 Sep;5(3):486-92.

Perceived Barriers to Resident Wellness Program Participation



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)

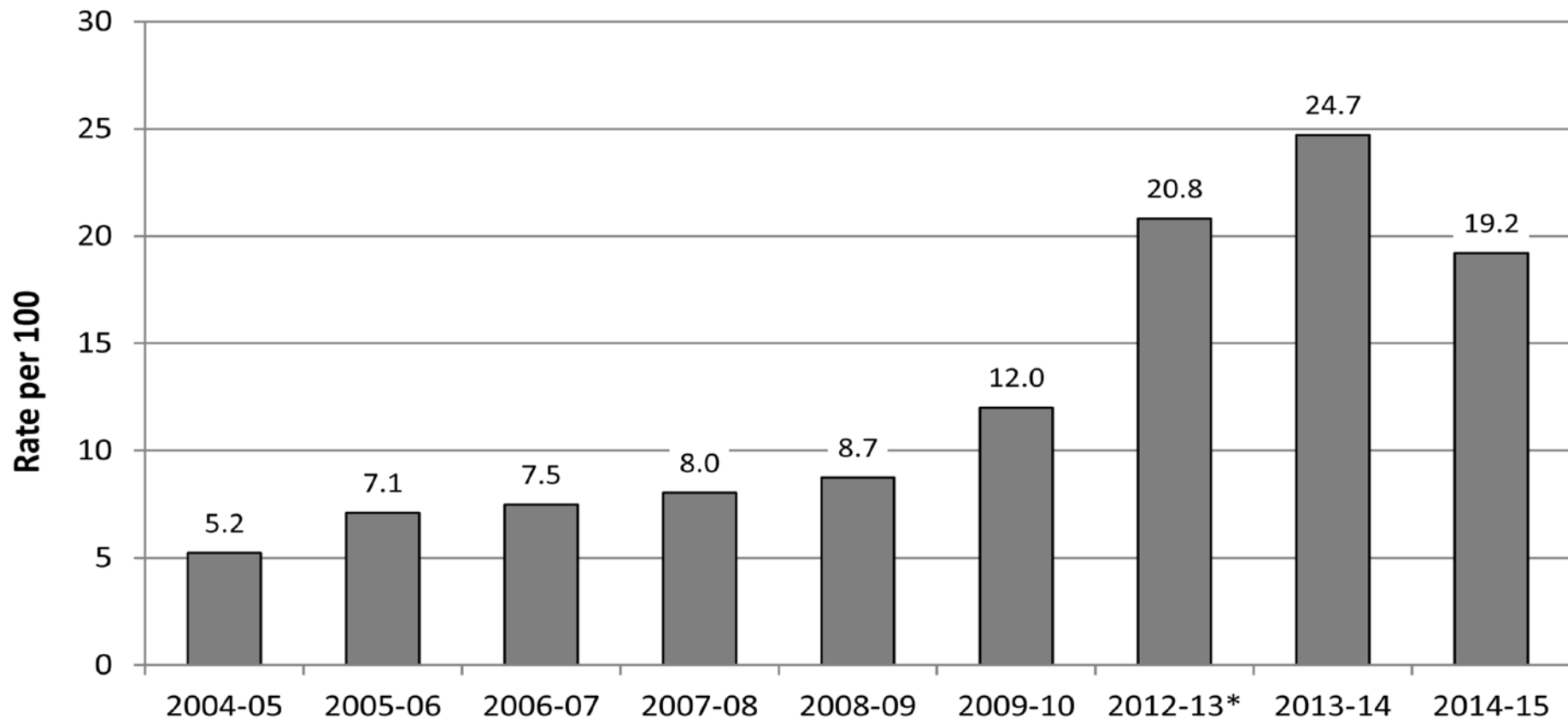


AMERICAN FOUNDATION FOR
Suicide Prevention

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.

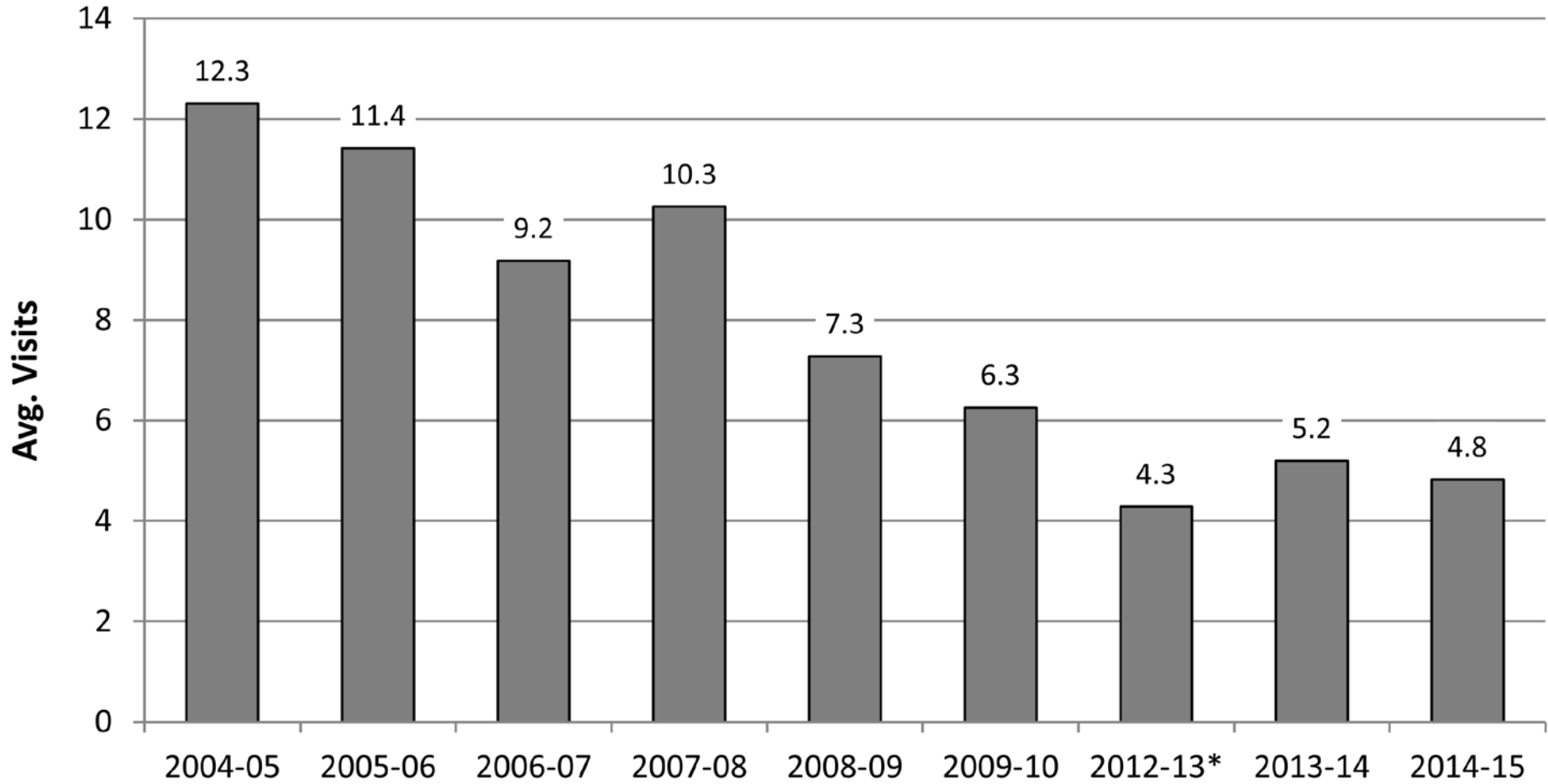
Figure 1. Resident & Fellow Utilization Rate



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

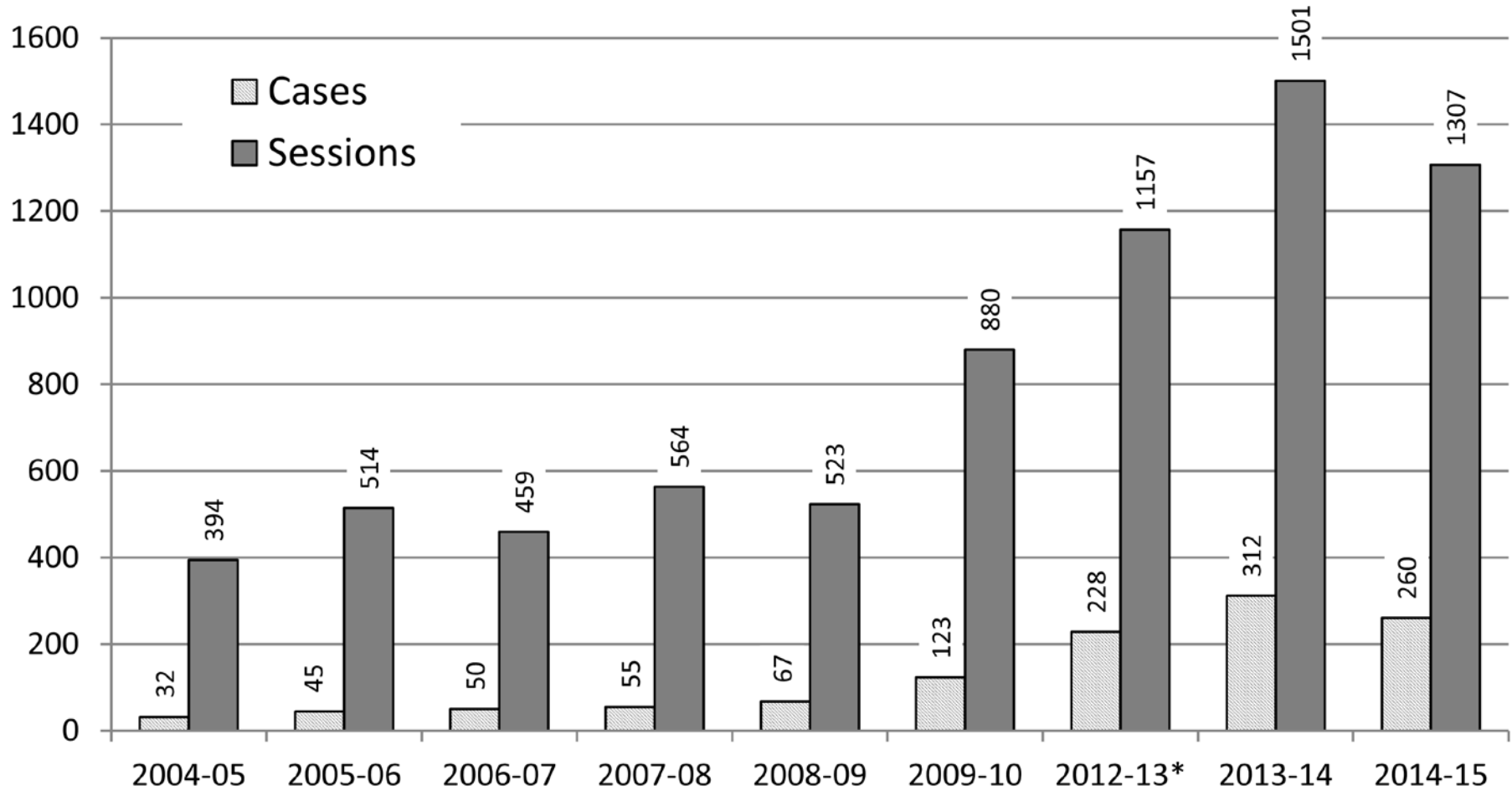
Ey S, Moffit M, Kinzie JM, Brunett PH. Feasibility of a Comprehensive Wellness and Suicide Prevention Program: A Decade of Caring for Physicians in Training and Practice. *Journal of Graduate Medical Education*. 2016 Oct 10.

Figure 2. Average Visits per Resident/Fellow



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

Figure 3. Total Cases and Sessions



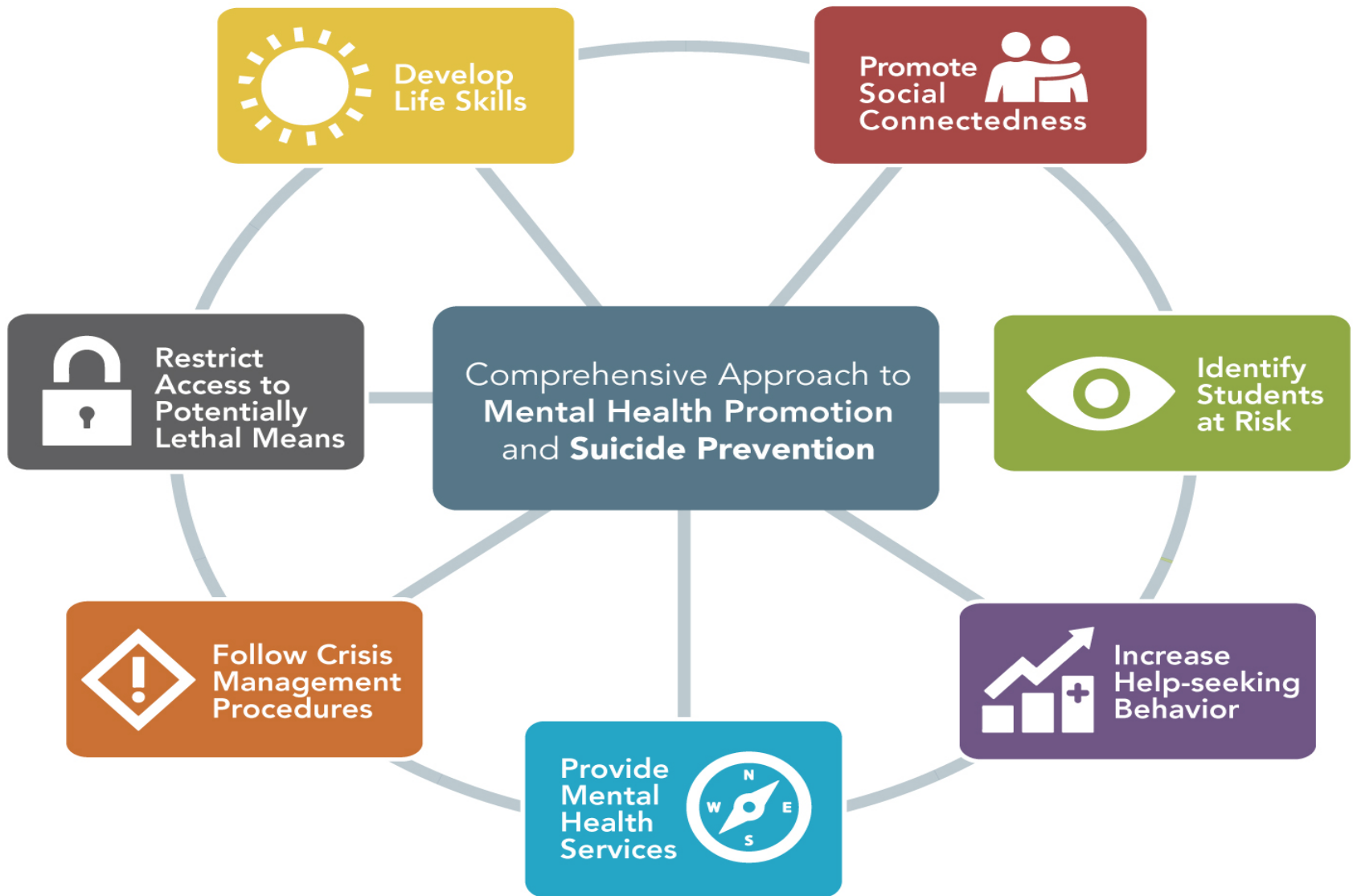
* Data for 2010-11 and 2011-12 were not available.

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



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>