

Physician Assistance Program Newsletter

Volume 6; Issue 2

Practice Management Strategies

When responding to an employee regarding work performance problems, remember that you can call the Physician Assistance Program and consult about strategies for resolving problems and inviting positive change. When meeting with an employee about behavior or performance problems, make sure you do the following:

- Inform the employee you want to meet for ten minutes to discuss their performance problem.
- Select a secure and private location.
- Have specific documentation, with dates, times and events identified.
- Clarify that your goal is to help the employee succeed in their work.
- Clearly state your expectation for change in behavior.
- Put it in writing, with a timeline for change.
- Remain focused and try not to be distracted or to accept excuses.
- Let the employee know that performance must change or progressive discipline will be used.
- Set a time to meet again in two weeks to provide feedback to the employee on changes in performance or behavior.
- Document the meeting time, who attended, what you told the employee, and what the employee told you.

The Impact of Depression on Physician Mental Health



Recent studies have addressed the need to better understand the nature and risk of depression and suicide in physicians. To assess the prevalence of depressive symptoms in a sample of practicing physicians, their perceptions of the impact of depression on their work lives and the impact of being a physician on their pursuit of mental health care, an anonymous survey was mailed to five thousand randomly selected practicing physicians in Michigan, from whom 1154 usable responses were received (response rate 23%).

Moderate to severe depression scores were reported by 130 physicians (11.3%). Roughly a quarter of respondents reported knowing a physician whose professional standing had been compromised by being depressed. Physicians reporting moderate to severe depression were two to three times more likely to report significant impact on their work roles compared to physicians with minimal to mild depression scores,

and two to three times more likely to report a wide range of dysfunctional and worrisome approaches to seeking mental health care, including 30% who reported it likely that they would self-prescribe antidepressants.

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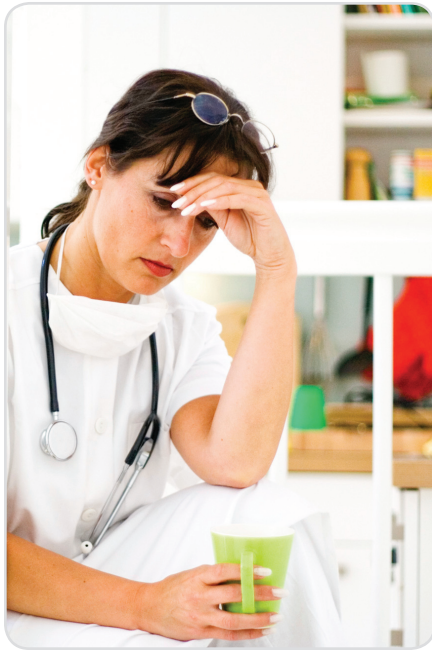
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Results

Moderate to severe depression scores are reported by a significant portion of Michigan practicing physicians, with significant influences on physician work roles and potential negative impact on licensing and medical staff status. The risk of being stigmatized may cause depressed physicians to alter their approach to seeking mental health care, including seeking care outside their medical community and self-prescribing antidepressants. De-stigmatization of depression in physicians, and interventions to improve the mental health care of physicians in ways that do not compromise their professional standing, should receive more attention.

Discussion

This data paints a grim picture of the prevalence of moderate to severe depression in this sample of Michigan physicians, of the frequency with which these physicians know of other physicians whose professional responsibilities and roles have been compromised by being depressed, of the perception by physicians with moderate to severe depression that their personal and work roles have been adversely

affected by being depressed, and of the significant likelihood that fear about potential adverse effects of reporting depression on professional status may compromise a physician's opportunity to receive mental health care appropriately and safely.

Of interest is that male and female physicians have the same risk of high questionnaire scores, as opposed to the situation in the general population in which women are generally at greater risk of depression. However, female physicians were more likely to have ever been diagnosed or treated for depression compared to male physicians.

Roughly a quarter of all physicians knew of a physician whose professional standing had been adversely affected by being depressed.

The effects of being depressed on physicians practicing in smaller communities are particularly worrisome and worthy of further study. Physicians in smaller communities may feel more vulnerable to scrutiny by hospital medical staff committees, more vulnerable to being reported to state licensing boards, or more susceptible to the adverse effects of stigmatization of mental illness. The overall picture is one in which *the well-known stigmatization of patients with depression and mental illness*, particularly in the workplace, *appears to be at least as great, if not greater, in physicians*. The frequency with which physicians appear to self-prescribe antidepressants and feel forced to forego mental health care, to seek care in a haphazard or secretive fashion, or to leave their medical community for treatment altogether is particularly unfortunate and worrisome, and deserving of more detailed study and intervention. The effect of this stigma on the self-care behaviors of women appears to be particularly strong and worrisome.

The generalization of this data is, of course, limited by their self-report nature and by the survey's relatively low response rate. However, given the highly sensitive nature of the topic, and the inability to query non-respondents, the response rate is remarkably good. From one perspective, it is remarkable that so many physicians were comfortable responding, many with worrisome levels of depression symptoms, when the results themselves speak to the potential harm that could come from having their depression revealed.

Conclusion

This data is more than sufficient to warrant larger and more rigorous studies of the prevalence of depression in physicians, the impact of depression on professional status, and, most importantly, the testing of interventions to de-stigmatize depression in physicians. De-stigmatization is critical to helping physicians feel comfortable in seeking appropriate and effective mental health care and to not fear being victims of inappropriate sanctions on medical staff privileges and state licensure.



Editor's note: *This article was originally titled "The Impact of Depression on the Professional Status and Mental Health Care of Physicians" and was published in the Journal of Clinical Psychiatry (April 2008). Portions of the original article have been reprinted with permission of the following authors: **Thomas L. Schwenk M.D., Daniel W. Gorenflo, PhD., and Loretta M. Leja, M.D.** ■*



“Physician Heal Thyself”

Series #1: The 4 Rules of Balance

Dr. Smith was overwhelmed. “I am way behind in my medical charting and my patients have intense clinical needs. In addition, I have a daughter starting college in the Fall and we are way over budget on the addition to the house”

Sound Familiar? It’s a common problem. Life presents exciting possibilities, and the next thing you know, you are up to your neck in troubles and stress.

The answer to this problem is creating a framework to achieve balance in your life. Think of these 4 rules of balance as operating rules for your brain – a guide to a healthy pattern of living:

1. Balance your time alone and time spent with people

As professionals in the medical field, your day consists of seeing patients throughout your day and serving their clinical needs. Balance out your day by having some time alone to replenish your energy so you can effectively serve your patients. Make sure that the people you spend time with, like your family and/or friends, leads to a sense of fulfillment and gives you energy rather than take away your energy.

2. Balance movement and rest

Your job likely leads you to moving from examination room to examination room but this is not the ideal form of movement you need every day. This type of ‘movement’ can actually lead to a gradual rising of tension and restlessness. You need healthy movement to truly relax. A regular program of movement – walking, working out at a gym, yoga, dance, tennis, gardening, etc. will dissolve the restless tension that comes from a mentally simulated but physically inactive state.

3. Balance Belief and Doubt

Balance the cynical doubting of modern life by following some practices that strengthen your ability to believe. Learn to talk positively to yourself and reflect on images of success.

4. Balance Sleep and Waking Hours

Sleep? What’s that? As a medical professional who is likely on-call and puts in double shifts, finding this balance may be difficult... But let’s try. Whenever possible, train your sleep cycle by sticking to a regular time for waking and by doing activities in the evening that decrease stimulation and help transition you to bedtime. ■



Your PAP Website

Take a moment to logon to review such areas like:

- **Practice Support Tools:**
Get information pertaining to the Medical Liability system. In addition, you’ll find trainings on harassment prevention and conflict resolution.
- **Program Orientation:**
A brief 20 minute multi-media presentation will provide you information on the many services available to you and your family members.
- **Awareness Tools:**
Self-Assessment Tools for Anxiety, Depression, Assertiveness, Stress, and Compassion Fatigue

www.FirstChoiceDOC.com

Click the Work Life Resources button and use the following information to log on to the resources:

Username: firstchoice
Password: health2005

One Union Square
600 University Street Suite 1400
Seattle, WA 98101
www.FirstChoiceDOC.com

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The Physician Assistance Program: Good Preventive Care

The Physician Assistance Program is a cost-free, convenient, and confidential service intended to keep you and your family emotionally healthy. Your Work-Life Services allows you to work with a work life expert as it pertains to legal, mediation, financial, eldercare, and Identity Theft concerns.

Here's a brief review of these benefits:

Assessment & Referral

You, your spouse/significant other, and your dependents are eligible up to 3 assessment/referral sessions with a licensed mental health provider nearby where you live or work. In addition, you can speak with a counselor 24 hours per day/7 days a week regarding your concern or problem.

Legal Consultation

You, your spouse/significant other have access to a cost-free 30-minute legal consultation, face-to-face or by telephone. Typical problems include Family and Domestic Concerns, Motor Vehicle Matters, Civil Issues, Divorce and Parenting. Work Issues are excluded under this benefit.

Personal/Family Mediation Services

This benefit allows you to consult with a qualified mediation professional. Typical concerns include decisions related to parenting plans, child custody agreements, child support, and a variety of other civil or family disputes.

Financial Services

The Physician Assistance Program makes no-cost financial counselors available for consultation and education. The consultation includes 30-60 minutes with a financial professional who will respond to such financial topics as budgeting, estate planning, finding a mortgage, savings and investing, and retirement planning.

Identity Theft Resolution

You will be able to consult with one of our Fraud Resolution Specialists who provides step-by-step guidance and consultation about restoring the integrity of your information and protecting your resources.

The Physician Assistance Program is FREE, CONFIDENTIAL, and is available to you 24 hours a day. Contact us at (800) 777-1323 or online at www.FirstChoiceDOC.com. ■

