Professionalism & Professional Health: 
In Academic Medical Centers

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Associate Professor of Medicine
Co-Director & Chair

William H. Swiggart, M.S., LPC/MHSP
Assistant in Medicine
Co-Director

Center for Professional Health, Faculty and Physician Wellness Committee, Vanderbilt University School of Medicine
Purpose

• Provide an overview of key resources at Vanderbilt.
• Raise awareness of issues related to professionalism and professional health.
• Describe common problems encountered.
• Discuss how we at Vanderbilt will address such problems in the future.
Participant Objectives

• List key issues of professionalism and professional health.
• Describe common external and internal factors that contribute to lapses in professionalism.
• List resources available for faculty and physicians at Vanderbilt.
## Vanderbilt Internal Resources

<table>
<thead>
<tr>
<th>Abbrev.</th>
<th>Program</th>
<th>Focus</th>
<th>Contact</th>
<th>Number</th>
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<tbody>
<tr>
<td>FPWC</td>
<td>Faculty and Physician Wellness Committee</td>
<td>All issues of professional health</td>
<td>Charlene Dewey</td>
<td>x6-0678</td>
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<tr>
<td>FPWP</td>
<td>Faculty and Physician Wellness Program – Work/Life Connections EAP</td>
<td>Treatment of faculty and employees</td>
<td>Mary Yarbrough</td>
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<td>VCAP</td>
<td>Vanderbilt Comprehensive Assessment Program for Professionals</td>
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<td>Reid Finlayson</td>
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<td>CPPA</td>
<td>Center for Patient and Professional Advocacy</td>
<td>Identification and assistance</td>
<td>Jerry Hickson</td>
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<td>Faculty and Physician Wellness Committee (FPWC)</td>
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<td>Rahn K. Bailey, M.D. – MMC</td>
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<td>Chad Boomershine, M.D.</td>
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<td>Donald W. Brady, M.D.</td>
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<td>Ildiko Csiki, M.D. (resident)</td>
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<td>Larry Churchill, Ph.D.</td>
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<td>Roy Elam, M.D.</td>
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<td>A.J. Reid Finlayson, M.D.</td>
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<td>Kimberly Garcia, M.D. (resident)</td>
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<td>Stephan Heckers, M.D.</td>
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<td>Gerald B. Hickson, M.D.</td>
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<td>Jerry Jaboin, M.D. (resident)</td>
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<td>Tracy Jackson, M.D.</td>
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<td>Peter Martin, M.D.</td>
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<td>Jeanette J. Norden, Ph.D.</td>
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<td>James O’Neill, Jr., M.D.</td>
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<td>Paul W. Ragan, M.D.</td>
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<td>David S. Raiford, M.D.</td>
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<td>Scott M. Rodgers, M.D.</td>
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<td>Debbie Smith, M.A.</td>
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<td>William Swiggart, M.S., LPC/MHSP</td>
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<td>Donna Seger, M.D.</td>
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<td>Anderson Spickard, Jr., M.D.</td>
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<td>Mary Yarbrough, M.D., MPH</td>
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Charlene M. Dewey, M.D., M.Ed., FACP (chair)
Key Educational Goals – FPWC

• To develop, present and publicize educational programs
• To oversee the strategic plan to promote physical, emotional, spiritual and mental wellness
• To address uncontrolled stress, anxiety and depression, substance abuse, physical illness, career difficulties and family problems
• To contribute to the body of scholarship on wellness
Center for Professional Health - (CPH)

“What a journey this has been! What started out as a punishment has turned out to be a fantastic gift; truly a life changing opportunity.”

~CPH Participant 07-08
Center for Professional Health (CPH)

• Started courses in 1998 as CPH
• Three CME courses:
  – *Maintaining Proper Boundaries*
  – *Prescribing Controlled Drugs*
  – *Program for Distressed Physicians*
• Over 1,200 physicians trained
## Demographic of the Courses

<table>
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<tr>
<th>Courses</th>
<th>N</th>
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<tr>
<td>Distressed</td>
<td>76</td>
<td>48</td>
<td>12% F 88% M</td>
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<tr>
<td>Boundaries</td>
<td>504</td>
<td>41</td>
<td>5% F 95% M</td>
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<tr>
<td>Prescribing</td>
<td>661</td>
<td>50</td>
<td>11% F 88% M</td>
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<td><strong>Total</strong></td>
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<th>Boundaries</th>
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<tr>
<td>Surgery</td>
<td>OB/GYN</td>
<td>ER</td>
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*(interventionalists)
Burnout, Depression and Suicide

One physician commits suicide every day!
Case 1:

It’s 7:30 PM and you pass your colleague’s office. She is a 42 yo female physician, recently divorced with three kids. You can tell she was crying. When you ask what is wrong she shapes up and replies, “Nothing really. I am so frustrated with the system!” You offer to talk and she declines.

• What are her risk factors for burnout?
Professional Health Spectrum

- Wellness & balance
- Work-place stress & burnout
- Mental health: depression & substance use
- Suicide
Burnout

“In the current climate, burnout thrives in the workplace. Burnout is always more likely when there is a major mismatch between the nature of the job and the nature of the person who does the job.”

~Christina Maslach

The Truth About Burnout: How Organizations cause Personal Stress and What to Do About It. Maslach & Leiter pg 9; 1997
What is workplace stress & burnout?

• Mismatch between the individual and the environment
• Results from: reduced control, over-involvement, lack of rewards/recognition, doubt, guilt, narcissism, lack of resources, no sense of community, unfair treatment, mismatched values
• Results in: emotional exhaustion; isolation; impaired productivity; avoidance; feelings of cynicism; interpersonal conflicts; high turnover
Risk Factors for Burnout

- Single
- Gender/sexual orientation
- ># of children at home
- Family problems
- Mid-late career
- Previous mental health issues (depression)
- Fatigue & sleep deprivation

- General dissatisfaction
- Alcohol and drugs
- Minority/international
- Teaching & research demands
- Potential litigation

Puddester D. West J Med 2001;174:5-7
Myers MJ West J Med 2001;174:30-33
Gautam M West J Med 2001;174:37-41
Protective Factors

• Personal:
  – Influence happiness through personal values and choices
  – Spend time with family & friends
  – Engage in religious or spiritual activity
  – Maintain self-care (nutrition & exercise)
  – Adapt a healthy philosophy/outlook
  – A supportive spouse or partner

• Work:
  – Gain control over environment & workload
  – Find meaning in work
  – Set limits and maintain balance
  – Have a mentor
  – Obtain adequate administrative support systems

Risk Factors

Resilience
Wellness

Burnout
Risk Factors
Case 2:

Dr S has struggled for the last few years to keep his lab funded by external support. He has collaborators and fellows in his lab. He has had several episodes of missing deadlines and calling in sick. His best post-doc is interviewing for another position and two students have asked to be reassigned. As a colleague who works in another area, you often hear his lab partners complain about him missing meetings and not responding to emails. You know Dr S but would not consider him a close friend.

• What are you concerned with here? What barriers may play a role in this case?
Suicide

• “However, hard and stressful work alone does not result in suicide. Those who do commit suicide almost always have significant identifiable underlying mental illnesses, such as major depression and/or bipolar disorders, usually coupled with alcoholism and major drug use.”

~Eugene V. Boisaubin
Suicide

- Grossly underestimated
- MDs > other professions & general pop.
- One physician per day; PhD – unclear
- F>M
- Reduced use of care by physician
- Depression/bipolar
- Stigma

“High physician suicide rates suggest lack of treatment for depression.” - MD Consult News June 11, 2008
Suicide

• Dr. W. Gerald Austen, surgeon-in-chief emeritus at Massachusetts General Hospital, “It wasn’t as if the institution and the department weren’t aware that they had some problems,” he said in an interview.

• “Friends who work with people in medicine need to be aware that, if they see something that concerns them, they need to transmit the message to the powers that be.”
“Good Boundaries Make Good Physicians.”
Case 3:

Dr B has been bragging about a new relationship with a very attractive 4\textsuperscript{th} year student. You hear a patient complaining to the clinic nurse that Dr B was “curt” and made sexual comments about her body. Dr B has been known to “hang out” with the residents at happy hour and is “the life of the party.” In casual conversation, Dr B described having to write a prescription for lortab after the 4\textsuperscript{th} year student sustained an injury during the senior class softball game.

• Who did Dr B have sex with?
“In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction and especially from the pleasures of love with women or with men, be they free or slaves.”

~The Hippocratic Oath

Sexual Behavior Continuum

Personal/Professional Boundaries

Restrictive  Healthy  Excessive

“Slippery Slope”

Misconduct

A. Spickard, Jr., G. Manley, W. Swiggart – Maintaining Proper Boundaries Course-CPH 2008
Slippery Slope Behaviors

Late appointments
Personal gifts
Social engagements; dates
Special favors
Flirting, jokes etc.
Grooming behavior

Warning:
Slippery Slope Behaviors

Casual

Misconduct

Adapted from Swiggart, W. - Maintaining Proper Boundaries-CPH Course 2008
Boundary Violations

• Sexual Misconduct – two types:
  – Sexual impropriety
  – Sexual violation

• MD-Pt sex, whether or not initiated by the patient, and engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual.

• Having sex with a pt is a breech of the healing covenant

~Federation of State Medical Boards of the US, INC.
Boundary Violations

• The physician is always responsible for the boundary violation…
  – A pt cannot give informed, mutual, or meaningful consent…
  – Employees & hospital staff also cannot truly consent…

...because of the “Power Imbalance.”
Prescribing Boundaries

- Family members & friends
- Recurring patterns:
  - Large quantities & frequent intervals without legitimate purpose
  - Failure to screen for A/D problems
  - Multiple pharmacies
  - Knowing pt gives to others
  - In exchange for sex
  - Inadequate records
Distressed Physicians

“This leadership course has brought about change in the way I perceive others and how I am perceived as a professional, husband and father. This intervention should have occurred earlier.”

~CPH participant 07-08
Case 4:

Dr D is an OB/GYN who has been fired from one residency program. She joined the faculty 6 mo ago. Since then, she has had five pt and staff generated complaints about her aggressive, loud behavior. In stressful situations, she becomes loud, forceful and rude. She slammed the door after a heated discussion with a nurse in front of a patient. She has also changed OR times without team permission to “take care of VIP patients.”

• Are her behaviors ok if her skills are outstanding?
Distressed Physicians

• Internal Factors
  – Alcohol and drug addiction
  – Compulsive behavior around sexual acting out, compulsive gambling, eating, working, etc.
  – Little or no training in conflict resolution, leadership skills, communication and teaching skills
  – Psychiatric disorders
    • Narcissistic personality disorder
    • Depression/bipolar
    • Dementia etc.

• External Factors
  – High system demands and low system support
  – Disruptive behavior is reinforced by the system
  – Bully doc gets preferential operating time
  – Masking ineffective managers
  – Failure to act
  – The system fails to provide physician with complaints and/or feedback
  – Life cycle events (i.e. death in the family, children leaving home, divorce, etc.)
Figure 1

**Spectrum of Disruptive Behaviors**

- **Aggressive**
  - Inappropriate anger, threats
  - Yelling, publicly degrading team members
  - Intimidating staff, patients, colleagues, etc.
  - Pushing, throwing objects
  - Swearing
  - Outburst of anger & physical abuse

- **Passive Aggressive**
  - Hostile notes, emails
  - Derogatory comments about institution, hospital, group, etc.
  - Inappropriate joking
  - Sexual Harassment
  - Complaining, Blaming

- **Passive**
  - Chronically late
  - Failure to return calls
  - Inappropriate/inadequate chart notes
  - Avoiding meetings & individuals
  - Non-participation
  - Ill-prepared, not prepared

Swiggart, Dewey, Hickson, Finlayson. Accepted, 3/09
The Future of Professional Health at Vanderbilt
Educational & System Issues:

1. Educational venues
2. Suicide prevention & awareness
3. Course assessments
4. Prescribing policies & StarPanel dashboard
5. CPH web-resources for professionals
6. Hazardous Affairs DVD & training manual
7. Transitions education and training
8. Go for the Gold – stress video
Research: IRB Approved Studies

1. Needs assessment & resource identification
2. SP case development
3. FACES II (family of origin study)
4. Work Environment Survey a work-place monitoring tool
5. Suicide awareness and prevention survey*
6. Retiring physicians survey & focus groups*

*IRB pending or in submission process
Q&A
Summary

• We are all prone to challenges in our careers.
• Vanderbilt has means of addressing issues when they occur.
• We plan to implement more options to inform & protect our faculty.
• Please feel free to contact us:
  – Charlene.dewey@vanderbilt.edu
  – Wiliam.swiggart@vanderbilt.edu
CPh & FPWC Web Page
http://www.mc.vanderbilt.edu/cph

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