

# Quality of Worklife in the Clinical Setting: The Importance of Physician Engagement

Derek Puddester MD MEd FRCPC  
Associate Professor  
Director, Faculty Wellness Program

Université d'Ottawa | University of Ottawa



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# Overview

- Key Elements of Physician Health
- Disruptive Behaviour and Health Settings
- Physician-Leadership in Workplace Health
- Future Directions and Strategies
  
- Acknowledgements:
  - Parts of this presentation is drawn from the CMA Centre for Physician Health and Wellbeing's "Advancing Leadership in Physician Health" curriculum strategy. Authors include: P. Farnum, M. Gautam, M. Kaufman, M. Myers, D. Puddester, T. Watkins, & S. Yungblut.
  - The TIPS Project is a joint initiative of the RNAO (I.J. Bajnok) and uOttawa (D. Puddester)
  - The RCPSC Curriculum Project is a combined effort of D. Puddester, L. Flynn, J. Cohen, and J. Frank in collaboration with a team of 30+ authors
  - The [ePhysicianHealth.com/eWorkplaceHealth.com](http://ePhysicianHealth.com/eWorkplaceHealth.com) projects are a combined effort of D. Puddester and C. MacDonald

# The Bottom Line

- Physicians are generally healthy and well. However, ill, impaired, or disruptive physicians have particular challenges in accessing compassionate and competent care
- Physicians are in the middle of a significant and positive shift in training, models of practice, professional identity, and perspectives on workplace health. The most contemporary theme is “disruptive behaviour”
- Physicians are dedicated to their patients and one of the best methods of promoting physician engagement in workplace health is to demonstrate links to quality patient care
- Canadian Physicians are leading, on a global basis, a revolution in physician-health
- Physicians now need to build competency in the area of interprofessional relationships, health-workplace health, and awareness of the self as it relates to the care of suffering

## At uOttawa the Wellness Program...

- Focuses on education, prevention, intervention, resources, and research
- Over 50 workshops a year on workplace health, stress and burnout, generational issues, disruptive behaviour, professionalism
- “Code 99” helps people find a family physician comfortable in working with physicians

- Promotes healthy environments at leadership and departmental levels
- Helps >100 people a year find mental health support and services
- Monitors learners recovering from substance use disorders or other health problems (ensuring they can complete training and get the best clinical care possible)
- Maintains a library of resources on physician health
- Research on physician health education, mental health in physicians, generational differences, emotional intelligence, and health behaviours

# 1. Physicians are generally well

# Are physicians healthy?

- In general, yes.
- Dr. Erica Frank (Arc Fam Med. 2000;9:287-290) has studied physicians extensively and discovered that most are healthy, and the more healthy habits they have the more they counsel their patients on disease prevention and health promotion

## But...

- Population level research reassures us that our community is generally healthy
- If we consider this using a fraction metaphor such as ill or impaired/healthy then the denominator is large and the nominator is small
- There is a nominator, however, and that is not insignificant!

# For example – medical students

- 40% of medical students report significant stress resulting from intimidation, harassment, and abuse (Dyrbye, Thomas & Shanafelt, 2005)
- More medical students are clinically depressed than age-matched peers outside of medicine, and also experience more anxiety disorders (Dyrbye, Thomas & Shanafelt, 2006)
- 20% of medical students report they abuse alcohol (Dyrbye, Thomas & Shanafelt, 2005)
- Female medical students have suicide rates 3-4 times higher than their age matched peers outside of medicine and 6% of all medical students report active suicidal ideation

# The numerator is important

- Its made of a small number of real people, coping with real life, and needing real help and support
- One of the goals in physician-health is to lesson the stigma associated with physician illness or impairment, encourage students to advocate for appropriate promotion and prevention strategies, encourage time sensitive clinical intervention where required, and encourage resiliency development and enhancement

# Physician Temperament – The Good

- Energetic
- Enthusiastic
- Eager
- Increasingly independent
- Increasingly confident
- Increasingly competent
- Innovative
- Caring
- Hard working

# And the potentially challenging

- Perfectionist
- Overly conscientious
- Seek approval
- Need to be in control
- Need a sense of responsibility
- Chronic self-doubt
- Dislike praise
- Delay gratification

# Common challenges facing Canadian Physicians

- Acuity and severity of patient-presentations
- Fatigue and sleep deprivation
- Poor nutrition
- Limited recreation
- Normal life stress
- Money
- Expectations
- Time-pressures
- Phase of training and practice development
- Litigation and complaint

# Leading to these problems

- 50% consider leaving medicine
- 46% burned out
- 45% significant marital difficulties
- 18% depressed
- 2% suicidal

And....only 25% even consider getting help and even then, only 2% actually get help

# What is medicine doing about this?

- Its been a long and slow road (any ideas why?)
- Canada is a global leader in promoting health-professional health
- Students and residents led the way!

# Clinical Services

- Every province and territory's medical association sponsors a "Physician Health Program" (PHP)
- They differ significantly from each other but all offer support and care to physicians
- In general, they once focused on substance use disorders and psychiatric problems, but many are now moving into health promotion and disease prevention as well
- Some also provide "monitoring" services that help physicians demonstrate to their College that they are well and able to safely practice medicine
- The Canadian Physician Health Network is involved in research, education, policy development, and sharing of clinical expertise

# University Services

- Student Affairs and/or Wellness offices exist in all medical schools in Canada and provide a broad range of services.
- Many have relationships with campus health services and can readily organize primary and tertiary medical referrals, mental health and substance use counseling, and educational programs and services that promote health and resiliency

# Advocacy Services

- The Canadian Medical Association created the “Centre for Physician Health and Well-being” which has a focus on several key activities:
- Clearinghouse of up-to-date information on physician health
- Coordinate national efforts in physician health promotion and advocacy
- National (and international) leadership on physician health
- [www.cma.ca](http://www.cma.ca) (click on physician health)
- 1-800-CMA-4YOU

- “If we don’t look after the health care of our providers, they can’t look after the health care of [us].”
- Hon Roy Romanov addressing a CMA General Council Meeting

## 2. Disruptive Behaviour

# Disruptive Behaviour

- Not that long ago, “physician behaviour” was generally accepted and normalized
- It often referred to behaviour that reflected a person’s need to be perfect, in control, solution-focused, dedicated, and successful
- Many physicians with these drives behaved professionally and served the public and the profession well
- However, some (3-6%) did not behave well and their behaviour actually led to harm to the patient and the profession
- In general, unprofessional behaviour is no longer tolerated

# By definition

- DB is a consistent pattern of unprofessional, uncooperative and contentious behaviour which creates a hostile working environment and interferes with the ability of others to deliver quality patient care

# It isn't

- Criticism offered in good faith with the aim of improving patient care or medical school culture or curriculum
- Making a complaint
- Testifying against a colleague
- Performing unpopular procedures or therapies

# Some examples

- Fail to comply with practice standards
- Disrespectful or discourteous most of the time
- Criticizes peers/patients/supervisors in front of others
- Shames others
- Gossips
- Arbitrarily sidesteps rules and policies
- Chronically late
- Doesn't do share of work in group settings/projects

- Foul or abusive language
- Acts in ways that could be perceived as sexual harassment
- Relies on intimidation or bullying to get their way
- Threatens peers with revenge, complaint, violence
- Hostile emails and other forms of intimidation
- Unable to collaborate

# Where do we see DB?

- 27% surgery
- 25% general practice
- 17% internal medicine
- 10% psychiatry
- 8% OB/GYN
- 6% anaesthesia

- In general, physicians in practice who are identified as “disruptive” were identified as such either before or during medical school
- Sadly, in the past, little effort was made to identify, remediate, or rehabilitate such behaviour
- And patients, peers, and family members were either killed or harmed as a consequence of disruptive behaviour
- We can, and ought to, do better

# Causes

- 78% have a major psychiatric illness (most common are mood disorders and substance use/abuse)
- 28% have a personality disorder (obsessive compulsive, narcissistic)
- These issues can and do respond well to expert treatment and support.

# What to do?

- Evaluate the behaviour along a continuum of severity
- Dangerous behaviour (threatening violence, brandishing a weapon, escalating non-physical aggression, threats of suicide, placing patients at risk of harm) must be addressed emergently and with professional assistance
- Alerting a person with a high level of responsibility is appropriate (e.g. Dean of Student Affairs, Undergraduate Education)
- Careful consideration should be made to alerting security or the police
- Do NOT deal with dangerous scenarios alone

## Not dangerous at the moment but...

- Build a culture of “universal precaution”
- Have a code of professionalism that all are expected to live up to as part of accepting a position at the medical school
- Have a clear policy in place that allows for early identification of unprofessional or disruptive behaviour
- Have a mechanism that allows for consistent and timely intervention

# On a policy/systematic level

- Handbook focused on Disruptive Behaviour (CPSO/OHA)
- Orientation/training sessions (Local, ePhysicianHealth.com, CMA-PMI)
- Codes/Policies embedded in a culture of proactive thought and appropriate action, respect for dignity, supported intervention/rehabilitation, and return to work policies
- Approaches to “zero” tolerance (by colleagues, patients, trainees, superiors)

### 3. Physician Leadership in Workplace Health

- Acknowledge we are in our own phase of development – we have much to learn with other disciplines and professions
- We also have much to share
- Opportunities for collaborative efforts are now ripe

# Baby Boomers vs. Gen X

- born 1946-1961
  - 45 - 60 years old
  - About 25- 30% of the Canadian population in 2005
  - About 35% of the physician population in 2006 (and decreasing)
- 1961-1981
  - 25-45 years old
  - 30% of the Canadian Population in 2005
  - 35% of the physician population in 2006 (and increasing)

# Generational Context

- Traditionalist >60 years
- Boomer 45-60 years
- X 25-45 years
- Millennial/Y <25 years

# Who is the Medical Workforce

- Traditionalists - Senior physicians, Chairs, Deans
- Baby Boomers – Peak-career practitioners, new Chairs, group practice leaders
- Generation Xers – Early career physicians, most residents, some medical students
- Millennials – many medical students

First time for 4 generations of physicians working in one system!

# Key traits of Generation X

- Aware they are in short supply
- Full of attitude
- Now in prime working years
- Want status, authority, rewards
- Sidestep rules and norms to be smarter, faster, more efficient
- Believe that institutions change too rapidly to provide a sense of security or source of success – they rely on themselves to produce these
- Flexible
- Adaptable
- Techno literate
- Information-savvy
- Independent
- Entrepreneurial
- Self-confident

# Workaholism & Professionalism

Boomers 'live to work'

whereas

Xers 'work to live'

# Workplace rewards

Boomers = Money, title, recognition, and  
the corner office

Gen X = Freedom and time

# Key issues for Boomers

- Eldercare, childcare sandwich
- Upcoming physician/productivity shortages – who will do the work?
- Gender issues – family outcomes of career
- Boomer physical health & mental health -not so good?
- Dissatisfaction with life outcomes (financial, academic, family, personal, parental)
- Less help-seeking, more stigmatized

# Disparate cognitions

- When Boomers complain about the lack of “professionalism” in younger colleagues, they are often talking about factors that Boomers bring to the profession – namely, working long hours and paying dues
- When Xers say they want balance in their lives, what they are really saying is they do not believe that experience equals expertise
- Boomers often comment that “We didn’t have balance in our lives. Why do they want balance in theirs?”

## Boomers say (of Xers):

- They are slackers.
- They are rude and disrespectful.
- They have to do everything their own way.
- They do not pay their dues.
- They are impatient.
- They are not committed.
- They are not professionals.
- They feel entitled instead of earning their rewards.

## Gen Xers say (of Boomers):

- They are self-righteous.
- They are workaholics.
- They are too political.
- They demand instead of earn respect.
- They need to lighten up.
- They are not happy, so why should I want to be like them.
- They were absentee parents and I will not be that way.
- They are hung up on experience and seniority, not competence.

# Perspectives on sustainable practice

- In another survey, Merritt, Hawkins and Associates (MHA) found that one quarter of final year medical residents—the highest percentage in the history of the survey—would not choose medicine as their profession if given the option again
- In the past doctors based choice on where they wanted to practice. It was location, location, location. Now it's lifestyle, lifestyle, lifestyle.
- Gen X has a whole different perspective about seizing the day and living a balanced life
- They will become indebted in order to travel the world, they'll use free time to surf instead of read and study, they will not work extra time to repay debts

- Today's physicians are seeking jobs with clearly defined hours—and as few of those as possible.
- Boomer physicians starting out wanted extra call as a way of building their practice.
- Now younger physicians see call as an imposition into their personal lives

## Education – MD Programs (Undergraduate)

- Association of Faculties of Medicine of Canada (AFMC);  
Standing Resource Group on Physician Health and Well-being –  
Student Affairs Offices, Wellness Programs, Mandatory and  
Elective Curricula, Hidden Curriculum, Professionalism,  
Physician as a Person
- CMA – National Curriculum on Medical Student Health and  
Well-Being
- CFMS – Leading the way

# Education – Residency (Postgraduate)

- RCPSC - CanMeds Roles (Professional) include physician health; 2009 Physician Health Guide; Future efforts in Faculty Development/Evaluation/Research
- CCFP – Moving Forward
- CAIR – Policy Statements, National Award and Recognition Program,

# Education - CPD

- Needs assessment data suggests key elements are important
  - Free or minimal cost
  - Anonymous (even at the expense of credits)
  - Focused (10-15 minutes)
  - Self-directed (Resources vs Curriculum)
  - Safe (mandatory reporting)
  - Generalizable (peer support)
  - Professional (expert content, innovative, minimal showbiz)

- ePhysicianHealth.com
  - Launch September 2009
  - Topics: Anxiety, Depression, Substance Use, Relationships, Exercise and Nutrition, Primary Care, Boundary Issues, Determinants of Physician Health, Disruptive Behaviour (Students, Residents, Leaders, Practicing Physicians)
- eWorkplaceHealth.com
  - Launch September 2009
  - Topics: Care of the Self, Relationships to Others, Principles of Relationship Management, Dealing with Difficult Workplace Situations
  - Both bilingual and funded by MOHLTC, CMF, uOttawa

- CMA PMI – ALPH curriculum (Determinants of Physician Health, Principles of Workplace Health, Disruptive Behaviour, Healthy Leaderships, Reaching out to and supporting Colleagues)
- National/International Conferences on Physician Health – Facilitated via CMA Centre for Physician Health and Well-being (International every 2 years, Canadian every 2 years starting in 2009); CPHN, AFMC, RCPSC Residency Education Conference)
- Provincial Conferences – BC, ON, PQ

# Collaborative Efforts - TIPS

- “Together we’re better”
- TIPS is a two year project funded by the MOHLTC that created a process to identify educational and personal development pathways that promote interprofessional teamwork, team-health, and healthy workplace relationships
- Teams were invited to apply to the program with a project in mind (e.g. wound care, stroke management), a team in need of support and development, support and resources of their host organization, and a willingness to participate in a detailed program evaluation

- 5 teams were selected and engaged in a one year educational process involving 7 days of education/training in a central site as well as a year of dedication to their project
- Themes involved: Relationships in Health and Health Care, Dealing with Suffering, Interprofessional competency, Principles of Complex Communication, Team Agreements, Conflict and Difficulty amongst Teams, Managing Up, and Trends in Interprofessional Care
- Teams were required to have at least 3 disciplines, 2 of which needed to be from medicine and nursing

- Team mentorship and support offered by mentors, project leads, local resources, and each other
- Program evaluation became essential part of the process and ensured learning reflected group needs and stages
- Evaluation suggests experience was profound, led to significant individual growth (ergo team growth) and facilitated development of excellent clinical interventions (e.g. “Our project saved 7 limbs in the course of 2 months.”)
- eTIPS.ca to be launched in Spring 2009

## 4. Future Directions

- There is much work to do
- The work of Dr. Frank is important (Healthy Docs = Healthy Patients) as a guide
- Key priority areas for medicine to deeply consider:
  - Emotional intelligence, relationship management, and interprofessional collaboration (Kuhl, CPR)
  - Work hours
  - Models of remuneration
  - Sustainability
  - Professionalism
  - Generational Differences and Similarities
  - Teamwork (Beyond a GP and Specialist)