



**TMF**  
TENNESSEE MEDICAL  
FOUNDATION

Michael Baron, MD, MPH

Medical Director

Physician's Health Program

Physician Health,  
Wellness &  
Professionalism

Illness and  
Impairment

Burnout  
Boundaries  
Addiction  
Distressed Behavior



EAST TENNESSEE STATE  
UNIVERSITY

10/19/2022



TMF  
TENNESSEE MEDICAL  
FOUNDATION

# DISCLOSURE

Dr. Baron is Board Certified: Anesthesiology, Psychiatry and Addiction Medicine

4/2010 – 1/2017 Tennessee Board of Medical Examiners.

6/2014 – 1/2017 Chair - Controlled Substance Monitoring Database Committee

- Dr. Baron will not discuss off label or investigational medication.
- Dr. Baron has not received commercial support for this lecture.

Financial and Managerial Relationships:

2017- Present Medical Director: Tennessee Medical Foundation – PHP

2022- Present President-Elect: Federation of State Physician Health Programs

2020 – Present State Volunteer Medical Insurance Company

2018 – Present Volunteer Medical Director: Nashville-Davidson County Drug Court  
and Women’s Residential Recovery Court.

2006 – Present Course instructor: Prescribing Controlled Drugs: Center for  
Professional Health- Dept of Internal Medicine, Vanderbilt

2004 – Present Clinical Assistant Professor - Dept of Psychiatry Vanderbilt, School  
of Medicine.

---

# OBJECTIVES

Become familiar with physician health and wellness, illness and impairment.

Learn about Boundary Violations, Disruptive Behavior, Addiction and Impairment and how they can end or derail careers.

Become familiar with the Physician Health Programs and how to get help.

Differentiate Medical Boards, regulatory Medicine and PHP's

---

# Triad of Compulsiveness

80% of physicians have OCPD Traits that foster a triad of compulsiveness.

- Doubt – missed something
- Guilt – sense of inadequacy and helplessness
- Exaggerated sense of Responsibility - Overwork to clear the conscience that everything has been done.

*Gabbard, JAMA, Nov 22/29, 1985-Vol 254, No. 20*

“Herein lies the grand paradox: compulsiveness and excessive conscientiousness are character traits that are socially valuable, but personally expensive. Society's meat is the physician's poison.” *Gabbard*

---

# Discipline by Health Regulatory Boards

Consent Orders, Agreed Orders contain: Grounds for Discipline

The preceding Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-6-101, et seq. for which disciplinary action before and by the Board is authorized:

The facts stipulated in paragraphs supra, constitute a violation of TENN. CODE ANN. § 63-6-214 (b) (1):

**Unprofessional, Dishonorable or Unethical conduct**

---

# Unprofessional, Dishonorable or Unethical Conduct

Not well defined in statute, rules or regulations.

can result from:

- Disruptive behavior
- Physician Burnout sequelae
- Addiction
- Boundary violations – professional sexual misconduct
- And other behaviors

# Un-Professional Behavior

Addiction

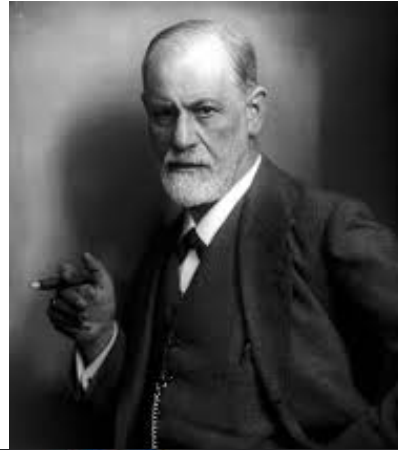
Boundaries

Burnout

Disruption

Illness vs.

Impairment



Representational picture



---

# Board Certification and Unprofessional Behaviors

## *Protecting Patients and Our Profession*

44,290 surgeons who applied for board certification between 1976 and 2017. Surgeons who failed to obtain certification had a 3-fold increased risk of later severe disciplinary action compared with surgeons who obtained certification (hazard ratio, 3.38; 95% CI, 2.79-4.10).

March 18, 2020

Rachel R. Kelz, MD, MSCE, MBA; William O. Cooper, MD, MPH

*JAMA Surg.* 2020;155(5):e200108. doi:10.1001/jamasurg.2020.0108

# Distressed or Disruptive Behavior



---

# The Disruptive Physician

- Exhibits a chronic pattern of contentious, threatening, intractable behaviors, inappropriate for the workplace, creating an atmosphere that interferes with efficient and effective workflow.
- Lacks self-awareness and uses threatening or abusive language directed at house staff, nurses, hospital personnel or peers.

---

# The Disruptive Physician

- View themselves as superior and others as incompetent, often has high IQ.
- View themselves as champions of their patients (this view is often shared by their patients).
- Behaviors are used to intimidate, control and blame others, generally producing poor results.

---

# The Disruptive Physician

Actions result in:

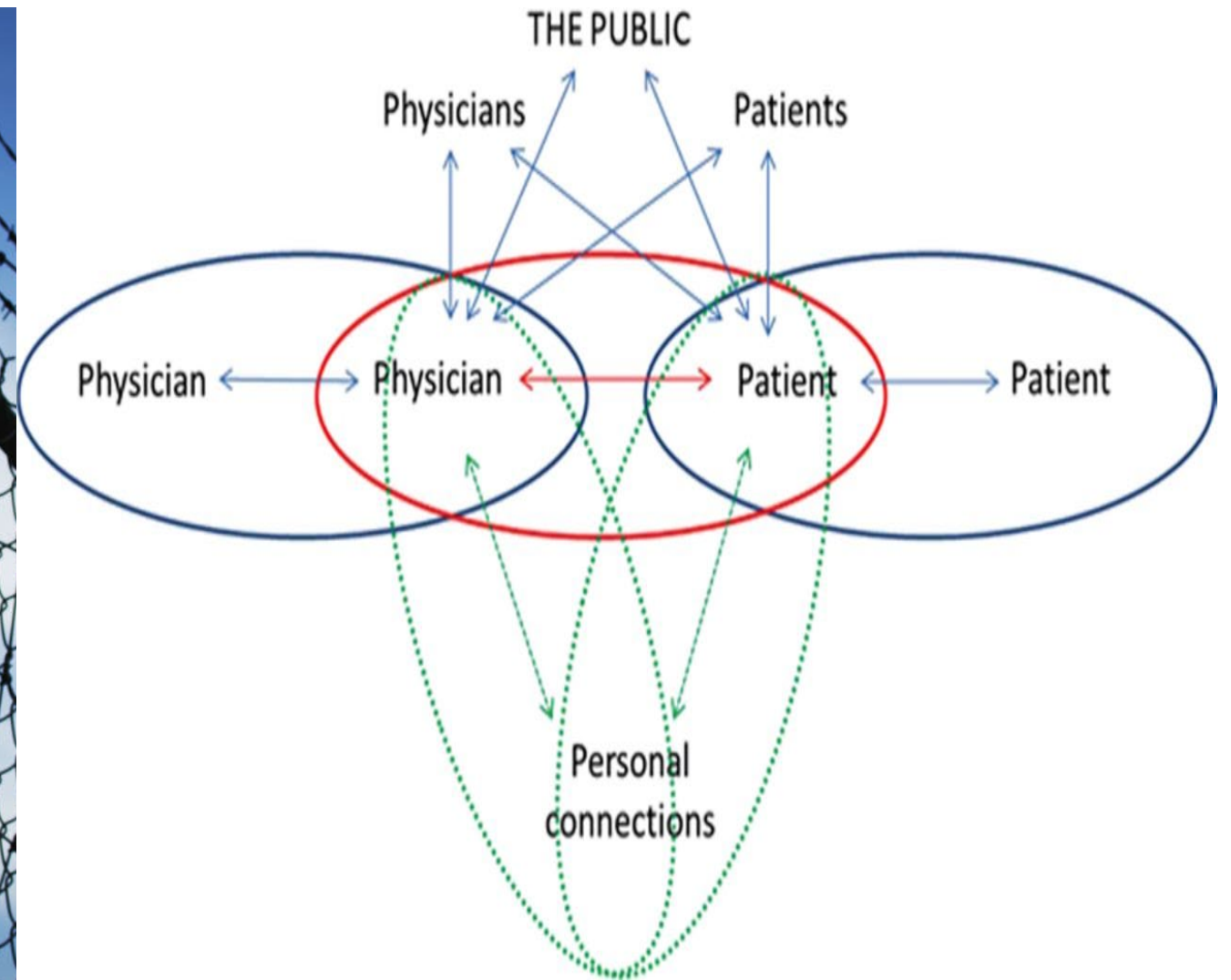
- A decrease in workplace morale.
- An increase in workplace stress.
- Increased errors because of:
  - Breakdown of communication **causing mistakes.**
  - Delays making and implementing critical decisions.
- Increased risk for litigation
- Viewed as Unprofessional, Unethical behavior

---

# Disruptive Physician Consequences

- Disruptive behavior leads to Adverse Events:
- 50% of OR Errors - Communication breakdown.
  - Gewande et al, Surgery 2003; 133: 614-621.
- 30% of OB/GYN Errors - Communication mishaps
  - White et al, Obstet Gynecol 2005; 105(5 Pt1):1031-1038.
- 91% of Adverse Events involving Residents -  
Communication failures. Lingard et al, Qual Saf Health Care 2004; 13: 330-334

# Boundaries



---

# Boundaries

- The fundamental interaction in health care is between patient and physician.
- The patient-physician relationship is the keystone to quality care, to the healing process and to optimal outcomes



---

# Boundary Violation

- Occurs anytime the professional relationship becomes anything other than about patient welfare.
- Occurs when a physician misuses their power to exploit a patient for tangible or intangible benefit or gain.

# Dual Relationships

## ■ Physician

Avoid Dual Relationships

### ■ Patient.

A dual relationship exists when the patient is also the:

- Spouse
- Office Nurse
- Office staff
- Sibling
- Business partner
- Lover
- BFF, etc.

---

# Boundary Violation

## Professional Sexual Misconduct (PSM)

- Physician-patient sex, initiated by either party, including but not limited to sexual intercourse, masturbation, genital to genital contact, oral to genital contact, etc.

---

# Professional Sexual Misconduct (PSM)

Sexual contact/relations is never acceptable:

- Harmful to the patient
- Loss of objective care
- Onus is always on the physician
- Can never be consensual

---

# Patient-Physician Relationship

## Consequences of Sexual Misconduct:

- Civil lawsuit
- Criminal prosecution felony charges
- BME action on license – Suspension or revocation
- Report to Data Bank

---

# Prevention of Boundary Violations

- Education:
  - Know the rules, AMA, APA, FSMB
- Know your weaknesses.
- Address counter-transference reactions.
- Supervision
  - Watch out for red flags.
  - Train office staff, use chaperones/ practice monitors
- Know what to do if you do cross the line.

---

## Recent Referral

Married 50 year old female Internist:

Treats a 40 year old attorney for HTN

Falls in love with patient, leaves then divorces husband

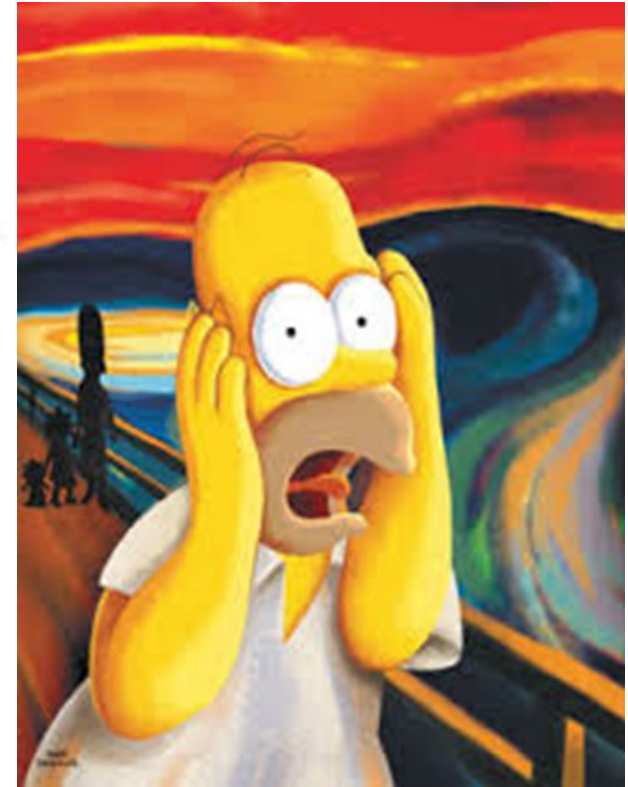
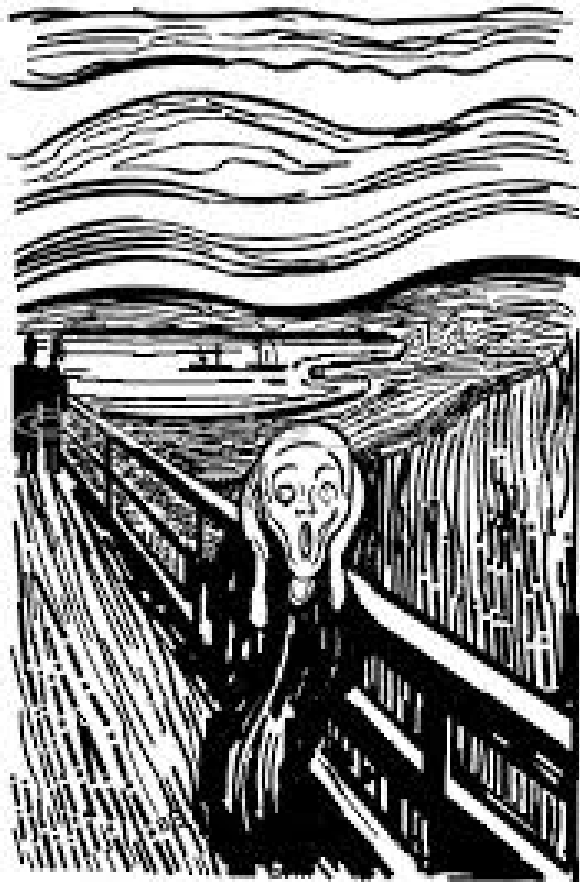
Refers patient to another Internist prior to marriage

Alienated husband files complaint with BME

BME admonishes license with reprimand and mandates CME

ABIM revokes certification on ethics violation, cascade of loss

# Burnout





---

# Burnout

Burnout is a syndrome of:

**Emotional depletion** - Feeling emotionally depleted, frustrated, tired of going to work, hard to deal with others at work.

**Detachment/Cynicism** - Being less empathic with patients or others, detached from work, seeing patients as diagnoses, objects, sources of frustration.

**Low personal achievement** - Experiencing work as unrewarding, “going through the motions.”

---

# Symptoms of Burnout

Physical and emotional exhaustion

Early morning, middle and late insomnia

Social withdrawal

Professional boundary violations

Disruptive behavior

Impaired clinical judgment

Substance use including alcohol

Depression, Suicide ideation, behavior and completion.

---

# Burnout ≠ Stressed Out

## ■ BURNOUT

Disengagement

Emotions are blunted.

Lack of urgency

Loss of energy

Feelings of worthlessness/suicide

## ■ STRESSED OUT

Over engagement

Emotions are hyped up

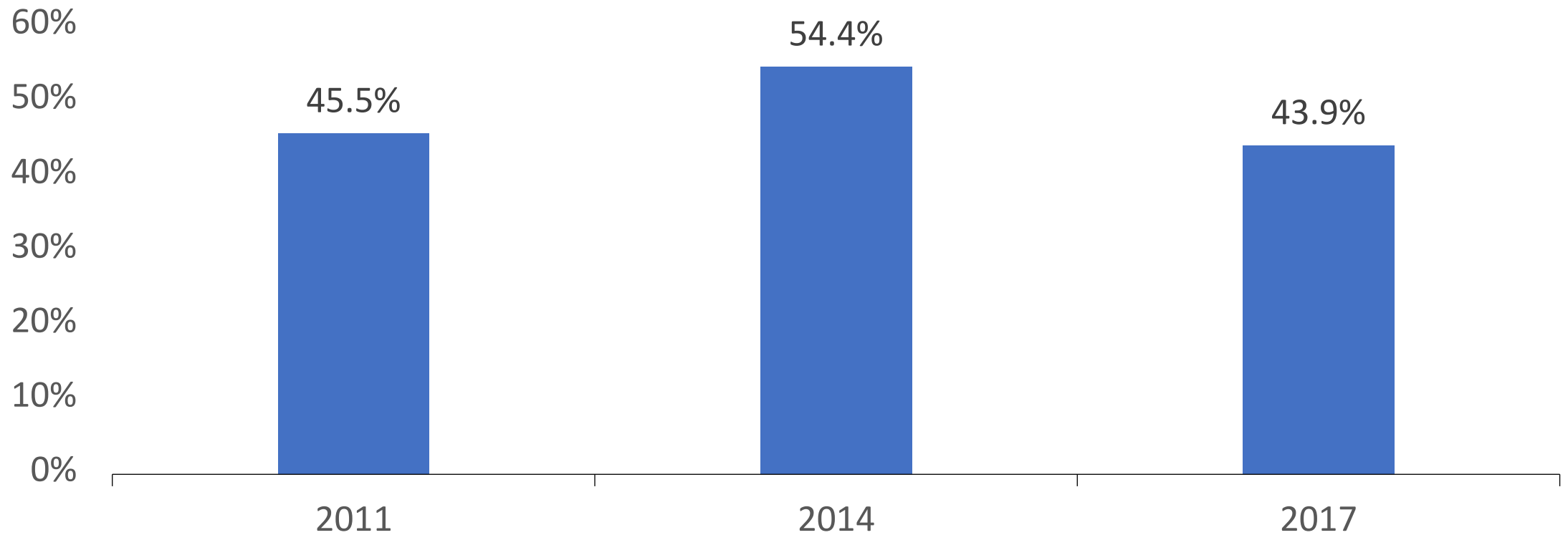
Sense of urgency

Emotional energy

Premature death CVA & MI

# Burnout: National data

Percent of Physicians Reporting at Least One Symptom of Burnout



Source: Shanafelt T, West CP, Sinsky C, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population between 2011-2017. Mayo Clin Proc In press.

---

# Individual Drivers of Burnout

“Meaning in work”

- Complexity
- Autonomy
- Relationship of Effort → Reward

---

# Burnout

“Burnout at its deepest level is not the result of some train wreck of examinations, long call shifts, or poor clinical evaluations. It is the sum-total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice.”

Richard Gunderman The Atlantic February 21, 2014

---

## Mini Z – (Z Clinician Questionnaire)

For questions 1-5, please choose the answer that best describes your experience with burnout. Please circle your answers.

1. Overall, I am satisfied with my current job:  
1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree
2. Using your own definition of “burnout,” please circle one of the answers below:
  1. I feel completely burned out. I am at the point where I may need to seek help.
  2. The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.
  3. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
  4. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
  5. I enjoy my work. I have no symptoms of burnout.
3. My professional values are well aligned with those of my department leaders:  
1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree
4. The degree to which my care team works efficiently together is:  
1 Poor 2 Marginal 3 Satisfactory 4 Good 5 Optimal
5. I feel a great deal of stress because of my job:  
1 Strongly Agree 2 Agree 3 Neutral 4 Disagree 5 Strongly Disagree

---

## Mini Z – (Z Clinician Questionnaire)

For questions 6-10, please choose the answer that best describes your experience with burnout. Please circle your answers.

- 6) The amount of time I spend on the EMR at home is:  
1 Excessive 2 Moderately high 3 Satisfactory 4 Modest 5 Minimal/None
- 7) Sufficiency of time for documentation is:  
1 Poor 2 Marginal 3 Satisfactory 4 Good 5 Optimal
- 8) Which number best describes the atmosphere in your primary work area:  
1. Hectic      3. Busy but reasonable      5. Calm
- 9) My control over my workload is:  
1 Poor 2 Marginal 3 Satisfactory 4 Good 5 Optimal
- 10) The EMR adds to the frustration of my day:  
1 Strongly Agree 2 Agree 3 Neutral 4 Disagree 5 Strongly Disagree



---

## Mini Z Survey – (Z Clinician Questionnaire)

Total Score = add the numbered responses to questions 1-10.  
Range 10-50 (  $\geq 40$  is a joyful workplace).

- Satisfaction Scale - Supportive work environment

Add the numbered responses to Q1-Q5. Range 4-25 (  $\geq 20$  is a highly supportive practice).

- Stress Scale 2 - Work pace and EMR stress

Add the numbered responses to Q6-Q10. Range 4-25 (  $\geq 20$  is an office with reasonable pace and manageable EMR stress).

The New York Times

By Andrew Jacobs

Feb. 4, 2021

## ***A Parallel Pandemic Hits Health Care Workers: Trauma and Exhaustion***

Vaccines may be on the way, but many on the front-lines are burned out. Has the government done enough to help alleviate their stress?

“It’s a recipe for collapse in the work force”

- Michael Barnett, MD, Harvard T.H.Chan School of Public Health

“We put on our masks and come to work every day because we don’t have the luxury of working from home in our pajamas, but the apathy and ennui that’s taken hold of society just makes our job feel thankless”

-Erica Bial, MD, Boston Pain Specialist and Covid survivor

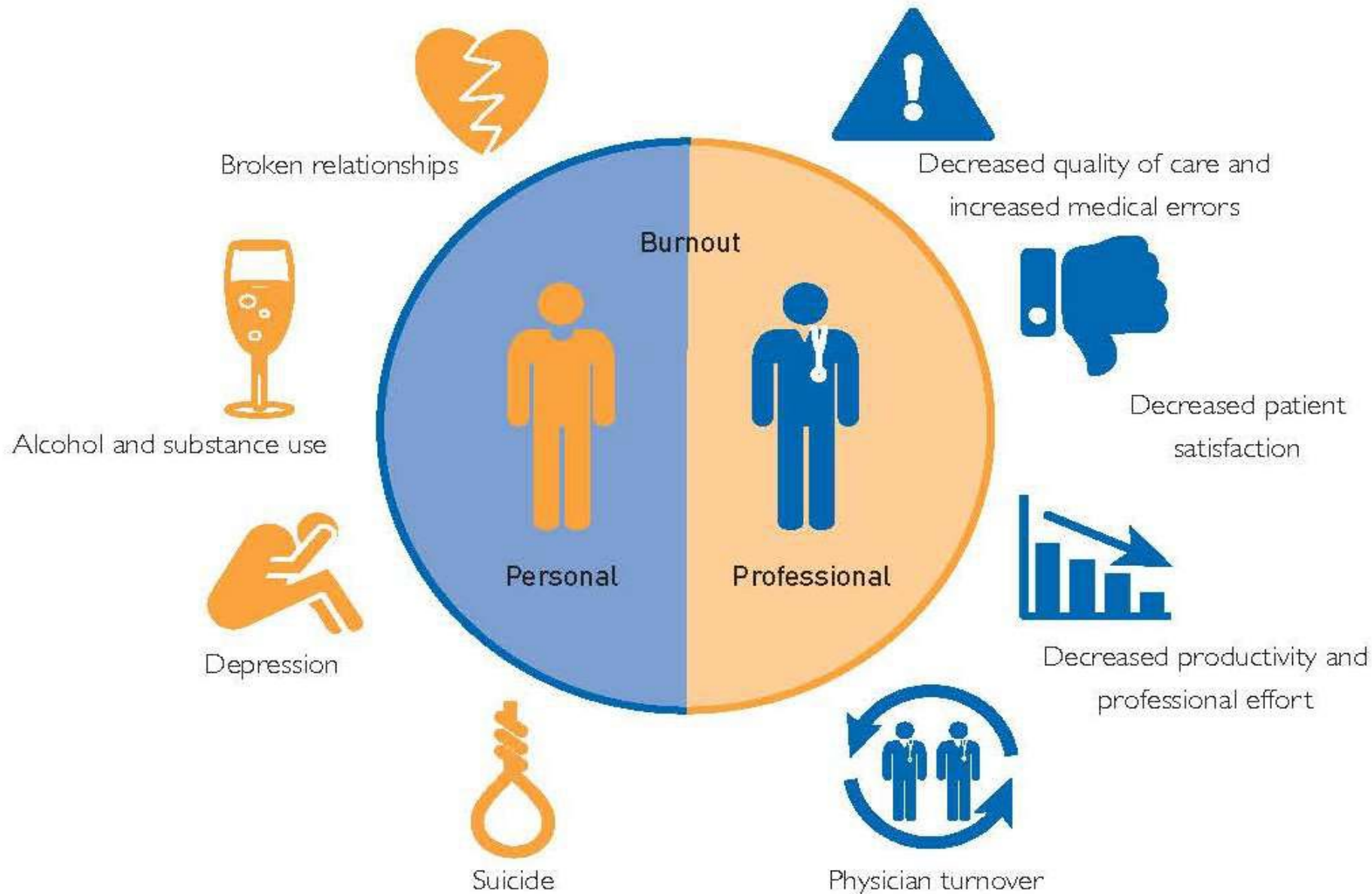


### ***Top E.R. Doctor Who Treated Virus Patients Dies by Suicide***

“She tried to do her job, and it killed her,”

Dr. Lorna M. Breen

# Repercussions of Physician Burnout



*Shanafelt. Mayo Clinic Proc.  
2017 92(1):129-146*

---

# Individual Treatment of Burnout

- Mindfulness training
- Psychotherapy
- Depression and Substance Use treatment
- Support groups



# happify™

Used with permission from Happify®.

[happifyhealth.com](http://happifyhealth.com).

---

# Burnout

- Identifying and treating burnout will decrease the risks of depression, suicide, substance use, medical errors and personal and professional losses:
- Burnout is recognizable, reversible and treatable

# Physician Suicide Rates



Suicide rate for female physicians is 130% higher than for the general female population.

> 400 physician suicides per year nationwide

> 25 resident suicides per year nationwide



Suicide rate for male physicians is 40% higher than for the general male population.



---

# Dr. Lorna Breen died by Suicide

Dr. Lorna Breen spent her career in practice at New York Presbyterian Hospital in Manhattan and became the director of the emergency room at the Allen Hospital in 2008.

Lorna loved life. She travelled the world. She had a close group of friends in New York and was an active member of her church. She was an avid snowboarder, salsa dancer and the “cool aunt” to 8 nieces and nephews. She drove a convertible sports car.

Lorna died by suicide on April 26, 2020. In a period of three weeks, Lorna treated Covid-19 patients, contracted Covid-19 herself, and returned to an overwhelming, relentless number of sick patients. She left work again, went home to Virginia, was treated in an inpatient facility, and then killed herself after discharge. Stigma killed her.

She was terrified of the stigma of not being able to return to work, of being sick, and of having depression- a mental illness. She was fearful that she would lose her hospital privileges and her medical license. That her career was over. Her sister and brother-in-law started the Dr. Lorna Breen Foundation to combat stigma.

---

# Dr. Lorna Breen Health Care Provider Protection Act

- This bill establishes several grant programs and otherwise requires the Department of Health and Human Services (HHS) to take actions to improve mental and behavioral health and prevent burnout among health care providers.
- Specifically, HHS must award grants to health professions schools, state or local governments, or nonprofits to provide training for health care providers on suicide prevention, other behavioral health issues ...
- **HHS must also study issues related to, and develop policy recommendations on, preventing burnout and improving mental and behavioral health among health care providers, removing barriers to accessing care and treatment, and identifying strategies to promote resiliency.**
- Additionally, the Centers for Disease Control and Prevention must conduct a **campaign to encourage health care providers to seek support and treatment for mental and behavioral health concerns**
- Signed into law by President Biden on March 18, 2022

<https://drlornabreen.org/>

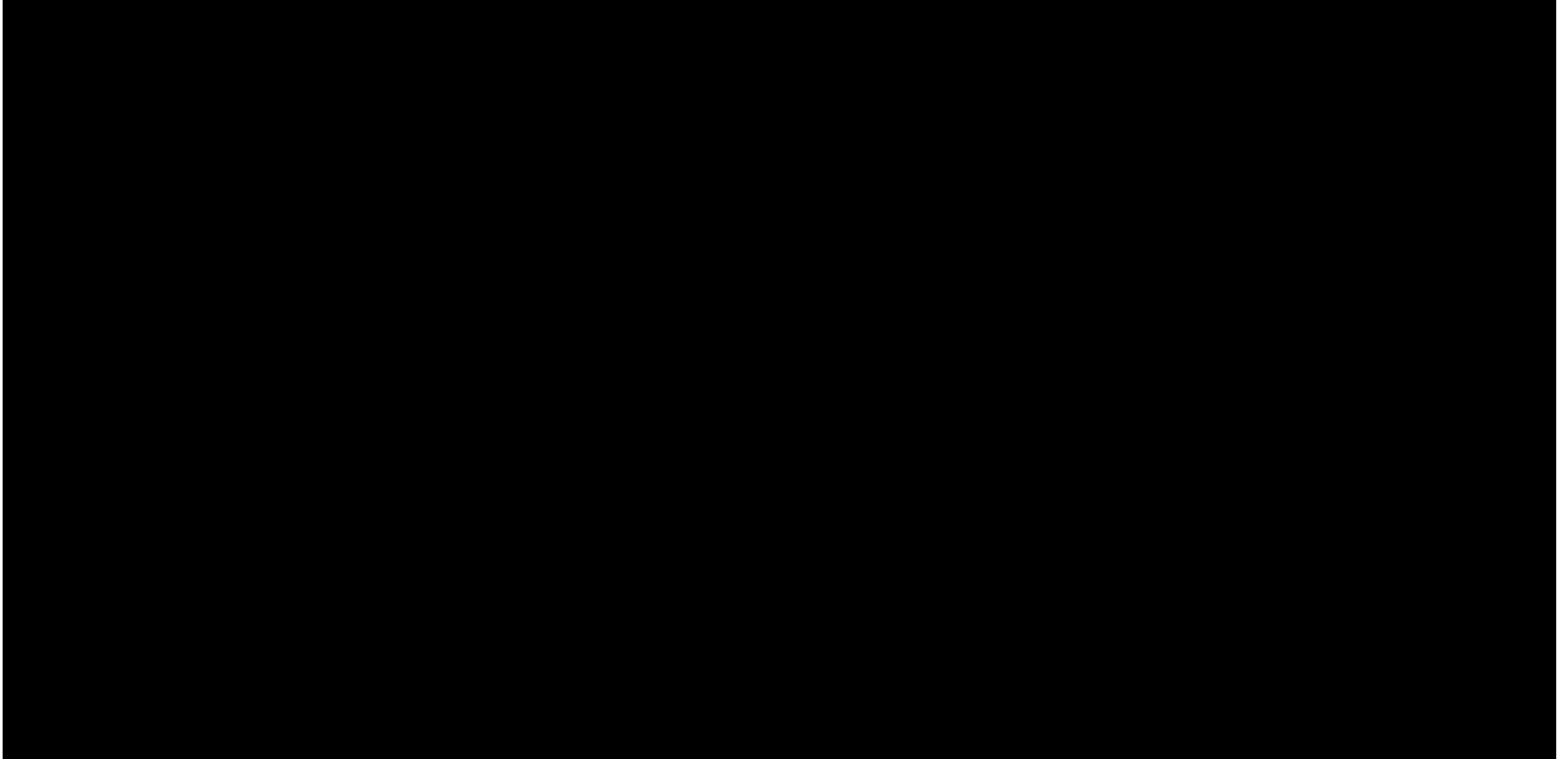
---

# Physician Suicide

- Suicide is an occupational hazard
- Increased suicidal ideation begins in medical school
- Regulatory complaints are associated with increased rates of suicidal ideation
- Suicidal physicians face unique barriers to care- Stigma

Rotenstein LS et al. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and metaanalysis. JAMA 2016;316:2214-36.

# Medical Student and Resident Suicide



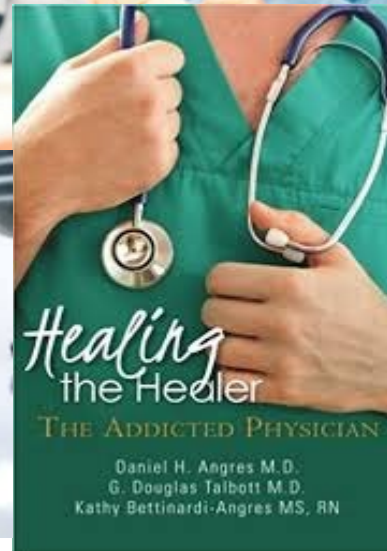
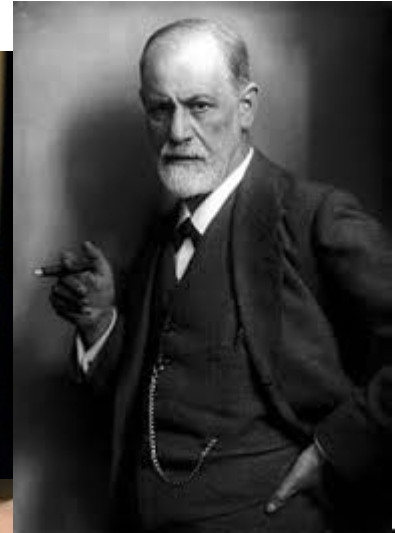
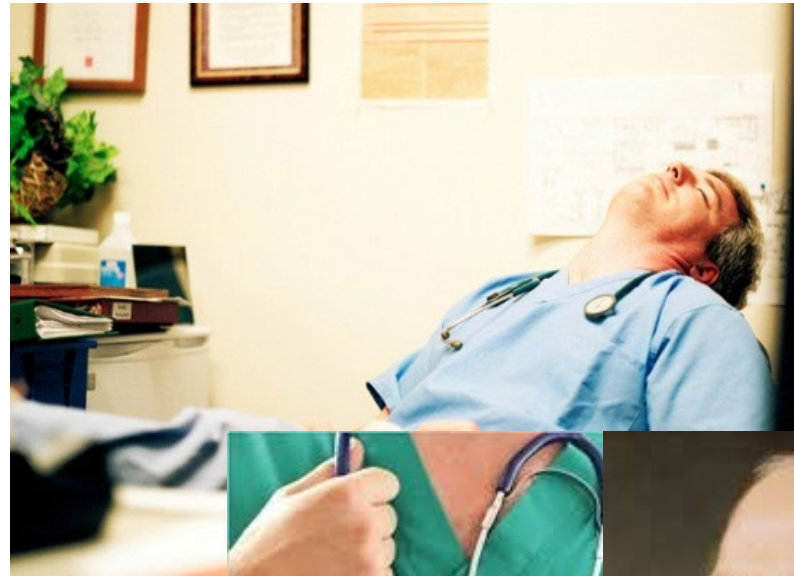
---

Used with permission from the

- American Foundation for Suicide Prevention and
- Mayo Foundation for Medical Education and Research

<https://afsp.org/>

# Dr. Addict



---

# Physician Risk Factors

- Genetics (similar as general population)
- Wounded family of origin- (High ACE scores)
- Personality traits
- Easy access
- Develop PTSD symptomatology in training
- Learn to turn off emotions (*Under the Mask*)
- Learn to not ask for help. \*\*\*Treat Self\*\*\*

---

# Presenting Symptoms - SUD's

- Overachiever's Syndrome
- Family and marital difficulties occur early
- Withdraws from social events
- Personality changes- Jekyll and Hyde
- Extra call or at hospital when not scheduled
- Obtains hallway consults



---

# Presenting Symptoms – SUD's

- Friction with partners or administrative staff
- Financial issues, legal issues (DUI)
- Work performance is typically not impaired until the more advanced stages. Illness to Impairment
- 43% of opioid-using doctors had been using opioids for more than 2 years before detection.

---

# Drugs of Choice

Alcohol > Opioids > Stimulants = BZD's

Drug of choice by specialty:

- ER doctors – alcohol, marijuana, cocaine, opioids
- Psychiatrists – alcohol, benzodiazepines, opioids
- Anesthesia – opioids, propofol, ketamine



Physician Health Programs

A Confidential Program

---

# Tennessee Medical Foundation - Physician's Health Program

- TMF – PHP is a confidential resource for physicians, trainees and medical students suffering from potentially impairing conditions to get help.
- We facilitate the early **detection, intervention, evaluation, treatment, continuing care** and **monitoring** longitudinally over time.
- When confidentiality is ensured by a PHP, physicians with potentially impairing illnesses are much more likely to come forward and utilize a PHP earlier in the disease process, which reduces the likelihood of the illness progressing to impairment.

---

# Tennessee Medical Foundation – Physician Health Program (TMF-PHP)

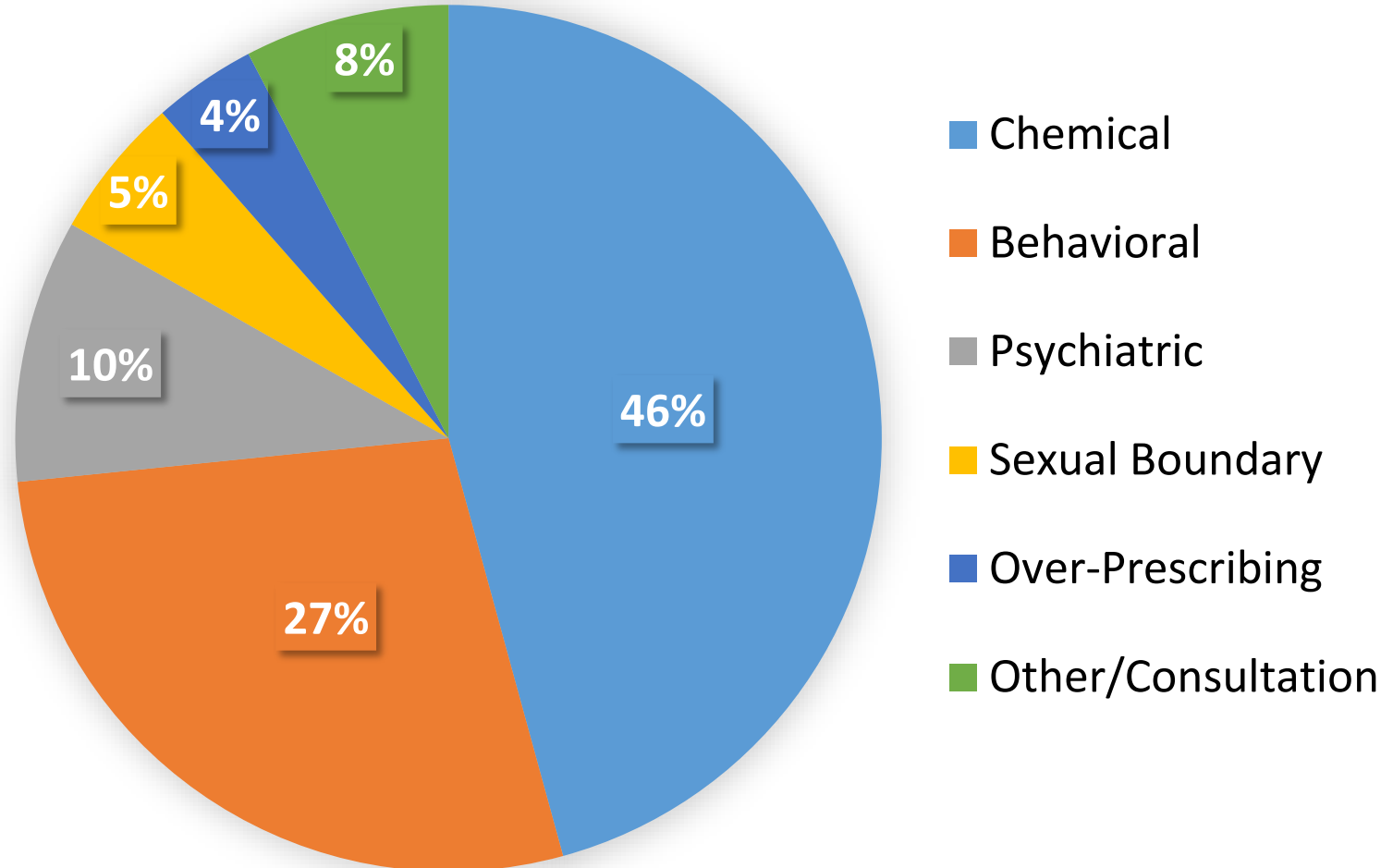
- 1978 Tennessee Medical Association Board of Trustees established the Impaired Physician Committee to offer professional assistance to physicians suffering from alcoholism.
- 1983 Part-time Medical Director hired- Dr. Bill Anderson
- 1986 Dr. Dodd – General Surgeon named first full-time Medical Director.
- 1992 TMA transferred oversight to the Tennessee Medical Foundation.
- 1997 Physicians Health Program replaces Impaired Physicians Program.
- 2002 Dr. Gray – Pediatrician – Medical Director
- 2017 Dr. Baron – Anesthesiology/Psychiatry/Addictionology - Medical Director

# TMF – PHP Identifications

## January 2002 - December 2021

Currently >225  
Physicians are under a  
Monitoring Contract

Since 2002 the  
TMF-PHP has helped >  
2900 Physicians in  
Tennessee



---

# TMF – Physician Health Program

## Confidential Track – Non-Punitive track:

- Physician is referred by self, spouse, significant other, parent, sibling, medical practice, managing partner, lawyer, MEC, CMO, CWO (wellness), patient or law enforcement.
- Physician is evaluated, treated (if indicated), returned to work and monitored without the licensing board involvement.
- Safe Haven clause on the renewal application for licensure.
- Decreases stigma and resistance to getting help.

---

# TMF- Physician Health Program

Mandated track which can be punitive track:

- Physician is referred or more likely mandated by the Board of Medical Examiners or BOE.
- Physician is evaluated, treated (if indicated), returned to work and monitored with mandate for compliance by Board. In Tennessee this is a public action.
- There is usually an accompanying action such as a Reprimand or Probation on license which is reported to NPDB.
- Increases resistance to getting help.



# TN-PSQ

- An online mental health resource to address depression, burnout, and other mental health problems among Tennessee's licensed health professionals served by the Tennessee Medical Foundation's - Physician's Health Program (TMF-PHP).
- Open to all Tennessee physicians, residents, interns and medical students.
- Initiated by the TMF in partnership with the Board of Medical Examiners, the Tennessee Medical Association and State Volunteer Mutual Insurance Company.

---

# TN-PSQ

- TN PSQ is intended to help connect physicians with local available mental health resources.
- The TN PSQ is a free, anonymous, confidential online mental health screening to provide referrals to appropriate mental health resources and optional interaction with a program therapist.
- This tool is completely driven by the user. This should alleviate some of the fears involved in asking for help with mental or emotional illness.

---

# TN-PSQ UPDATE

**As of October 5, 2022, we have had 533 health professionals access the TN-PSQ:**

- 103 (19%) were Tier 1A (high/severe distress including SI)
- 186 (35%) were Tier 1B (high/severe distress w/NO SI)
- 219 (42%) were Tier 2 (moderate distress)
- 24 (4.5%) were Tier 3 (low to NO distress)
- 85% were not already receiving treatment or therapy for their mental health problem



TNPSQ link:

<https://tn.providerwellness.org>

TMF TNPSQ Page and FAQs:

<https://e-tmf.org/tnpsq/>

There are links on the TMF-PHP, TMA, BME and SVMIC websites.

---

## For Further Information



5141 Virginia Way, Suite 110

Brentwood, TN 37027

Telephone: (615) 467-6411

Fax: (615) 467-6419

[www.e-tmf.org](http://www.e-tmf.org)

[michaelb@e-tmf.org](mailto:michaelb@e-tmf.org)