



Medical Student Stress and Burnout

Committee on Physician Health and Rehabilitation ♦ Providing Education for Medical Students
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Learning Objectives

Upon completion of this activity, medical students should be able to:

1. Recognize common stressors in the medical profession;
2. Describe the continuum associated with unmanaged stress;
3. Assess personal risk for burnout;
4. Analyze the expectations and risk factors for physicians that increase risk for burnout;
5. Apply learned skills that enrich personal resilience, manage stress, and prevent burnout;
6. Identify resources for assistance; and
7. Recognize when medical students need professional help.

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Focus

This activity is designed to help medical students cope with many of the stresses encountered in the practice of medicine effectively. It offers self-assessment tools, prevention strategies, treatment options, and solutions.

Target Audience

Medical students

I. Introduction

Case Study No. 1. Accepted to Medical School

“My condolences. Haven’t you been able to talk her out of it?”

I am a practicing neurologist in Texas, and my daughter was recently accepted to medical school. As a proud father, I mentioned my daughter’s achievement to one of my colleagues. He looked at me with sad eyes and said, “My condolences. Haven’t you been able to talk her out of it?” I was shocked by what he said but thought it was an aberration. I proceeded to give this news to other physicians, convinced that their answers would be different. To my shock and dismay, nine out of 10 physicians had nearly identical responses.

I pondered why my colleagues had such negative reactions. Physicians, for

the most part, are altruistic. William Osler, widely regarded as the father of modern medicine, said it beautifully, “Medicine arose out of the primal sympathy of man with man; out of the desire to help those in sorrow, need, and sickness.” This relationship arises out of pain and suffering of one person, and an offer of hope by another.

If medicine is such a noble profession, why is there such discontent? Physicians are constantly faced with life and death decisions and must respond in a high-tech manner. What is often sacrificed, unfortunately, is any discussion about a patient’s physical, psychological, and spiritual health.

I recently went to the intensive care unit and saw two patients wheeled in. Both were critically ill and required significant medical attention. One had health insurance; the other did not. The same physicians who offered condolences regarding my daughter’s decision to go to medical school acted without thought of monetary

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Physicians Caring for Texans

compensation. They were doing good for the sake of doing good. In moments like this, I continue to believe in the innate moral strength and humanity of the medical profession.

Medicine is still a noble profession, and the sacred bond between patients and physicians will endure despite new storms on the horizon. Even in these uncertain and tumultuous times, I am proud of my daughter for choosing a giving profession.

II. Reality of Stress

Stress is the reality of a physician's life and must be recognized and managed.

Feeling stressed? Administering cardiopulmonary resuscitation after a cardiac arrest is one of many experiences faced by incoming medical students that for some may be their first exposure to life and death situations. These experiences, which are physically, mentally, and emotionally demanding, often test the limits of one's coping skills. Recognizing our limitations and seeking help is not only important to our patients, but also to ourselves.

This course will help identify common causes for stress in the lives of medical students and offer healthy ways of coping with that stress.

Definition of Stress

Stress is an internal process that occurs when a person is faced with a demand that is **perceived to exceed the resources available** to respond to it effectively, and where failure to deal with the demand effectively has important and undesirable consequences.

Stress is very subjective, as it is our unique reaction to events. Stress is defined as "our reaction to events, environmental or internal, that tax or exceed our adaptive resources." Each of us has a certain number of coping resources, and when those coping resources are challenged or exceeded, stress usually results. Stress reactions consist of both physical and emotional responses.

Each of us deals with stress in our own unique way. Stress is not always negative or problematic. Stress can be a motivator toward change and growth or a cause of impairment.

Case Study No. 2: Stress — Burnout

- First night on call in critical care unit (CCU), takes part in a code where patient dies
- Witnesses death of several patients during four-week CCU rotation
- Exposed to ridicule by housestaff and attending for not knowing trivia

This case study is a blend of actual experiences of one third-year student when he started his clinical rotations in July. His first night on call he witnessed death, for which he was not prepared. He was exposed to "teaching by intimidation" on rounds, providing additional stress, along with the long hours of work and sleep deprivation.

Case Study No. 3: Burnout — Depression

- Next rotation is four weeks trauma surgery: witnesses mutilated patients in the emergency department, observes several deaths.
- Post-op surgery patient curses him, blaming him for inadequate pain control.
- At the end of these eight weeks, student has anger, depression, and insomnia, and questions career choice.

The second rotation was in some ways worse, working in a hectic county hospital trauma center, seeing severely injured/wounded patients, and was blamed for inadequate pain control, which was the responsibility of the housestaff.

At the end of eight weeks, the student showed signs of depression and burnout. The student cannot realistically provide medical care.

What Are Stressors?

Physical stressors result from internal physical symptoms, such as headaches, stomach problems, and so on; external physical stressors include heat, cold, excessive noise, and the like.

Psychological stressors arise from time pressures or the unrealistic expectations we place on ourselves or allow to be placed on us by others, such as, "you must be perfect," "you must know everything," or "you must suppress your feelings at all costs." An irrational belief, for example is "doctors don't get sick with illnesses such as anxiety, depression, psychiatric disorders." Fatigue and time demands can lead to anxiety, depression, and substance abuse.

Familial stressors can arise from relationship problems with parents, spouses, and children. Medical students face competing time demands for family and education. Family problems can tax important resources like time and money, and often require immediate attention.

Financial stressors are common for medical students. Most students carry the burden of a student loan, and they often do not have time to get jobs. Medical students thus must decide whether they can survive with current funds or acquire another student loan.

Spiritual stressors arise when basic spiritual values or beliefs are reformulated, called into question, disregarded, or when time constraints impede on spiritual growth or attendance at services. Neglect of spiritual needs contributes to higher levels of stress and impairment.

Social stressors are abundant and can arise in any context where interpersonal relationships exist, like school, work, church, and community. The loss of contact with friends and family contributes to feelings of loneliness among busy students. Stress can come from continued forced contact with individuals with whom you may not share the same values or beliefs.

Academic stressors change as the student progresses through school. The first two years, the student faces competition and fear of failure. As the student moves into the later years of education, stressors the student experiences are fears of increasing responsibility, death of patients, fear of

infection or bodily harm, and discomfort with discussing sexual issues.

Clinical stressors include difficulties in dealing with the chain of command/pecking order common for students. Coping with hierarchy and the authoritative environment is troubling for students.

“One student compares medical training to military training. She says they both recruit young people full of leadership potential and essentially break their autonomous will through a rigorous hierarchy. The first two years are boot camp, the last two, during which students are thrown into the hospital wards, are definitely front-line duty.”

(Coombs, R. *Surviving Medical School*. Sage Publishing: Thousand Oaks, 1998. pg. 22)

Stressors in Medical School

- Dramatic lifestyle changes
- Heavy academic workload/clinical caseload
- Perceived need to excel at all costs
- Lack of control/autonomy
- Responsibility for patients
- Exposure to infections
- Limited support systems
- Inadequate training for working with patients and families
- Frenetic, intense pace of training
- Repetitive single tasks/scut-work
- Problems without solutions
- Death and dying
- Time pressure and demands
- Disillusionment

Premedical studies pressure students to obtain a high GPA, score high on the MCAT, earn exemplary letters of recommendation, and participate in extracurricular activities. But dramatic changes occur in all medical students' lives the day they start medical school.

For example, medical students have even less free time than premed students, due to the greater volume of material and the increase in total hours spent in class and lab. In the clinical years, students are assigned large numbers of seriously ill, complex patients. All medical schools are competitive, and the culture is that one must excel to obtain a high-quality residency. Students have no control over the information thrown at them in the preclinical years, and no

control over the types of patients, or the quality of supervision or role modeling from interns, residents, and attendings. The responsibility of patient care can be enormous and can challenge a student's coping mechanisms. The risk of exposure to serious infections, such as hepatitis C and MRSA, can create anxiety and stress.

Due to the lack of free time, students may not feel they can establish or maintain adequate support systems, or may feel they are showing weakness if they seek support. Students receive a great deal of science their first two years, but limited exposure to the art of medicine, including communication with patients and families, setting limits, and maintaining healthy boundaries.

The fast pace of medical school can be relentless, but at the same time, some clinical rotations may include repetitive tasks and duties that are normally performed by others in the health delivery field.

Many patients are difficult to diagnose, cannot be cured, or may not respond to therapies; thus, the student experiences problems without solutions. Although students may receive lectures on death and dying, being present at the death of the first patient is an event medical students remember the rest of their lives.

Students never have enough time to study all the material in the preclinical years, and never have enough time to be fully prepared for the interrogation they often receive on rounds in the clinical years.

Students are frequently exposed to cynicism and fatalism, and may become disillusioned with their career choice.

III. Burnout

Definition of Burnout

- Burnout is a state of mental and/or physical exhaustion caused by excessive and prolonged stress.
- Burnout syndromes are characterized by three features:
 - Emotional exhaustion,
 - Depersonalization (cynicism), and
 - Diminished sense of personal accomplishment.

Burnout is defined as “a psychological syndrome in response to chronic

interpersonal stressors on the job,” which creates a feeling of exhaustion, depersonalization (i.e., feeling emotionally detached), and a diminished sense of accomplishment.

While individual traits may factor as risks for developing burnout, situational factors play a more predominant role. When a work environment does not correlate with an individual's value system, burnout is likely.

For medical students, potential causes for burnout include heavy workloads, situations in which their control is limited, and exposure to new ethical and moral dilemmas. Two theories postulate that for medical students, “unsatisfactory aspects of the learning environment and a feeling one's efforts are meaningless or irrelevant” may lead to burnout.

(Brazeau 2010, Jennings 2009, Shanafelt 2009, West 2009, Girdano 1996)

Burnout Survey Results

- International residents report less burnout than American residents.
- Psychiatry residents report less burnout than family medicine residents.
- Fifty percent of all medical students were assessed with significant burnout in a large multicenter study.
- Physician burnout has a negative impact on patient outcomes.

Various surveys demonstrate that medical students, residents, and a variety of medical specialties are experiencing what appear to be high rates of stress and burnout.

(Woodside 2008, Brazeau 2010, Halbesleben 2008)

Risk Factors for Burnout

- Perfectionism and control
- To reveal emotions equals weakness
- Pressure that patients should always come first
- Overachievers: Type A personality
- Reluctance to ask for help
- Belief that physicians do not have needs

The same qualities that make physicians excel in their work often are the same qualities that can lead to burnout, such as perfectionism, workaholism, and a Type A personality.

The culture of medicine has created an unrealistic expectation of doctors to always put the patient first and to deny their own needs. In their role as healer, it is hard for physicians to accept help for themselves, or reveal that they are facing personal challenges.

During times of extreme stress, such as from a malpractice suit, marital strife, grief from a major loss, financial difficulties, and so forth, there is greater risk of burnout and unethical behavior.

IV. The Process of Stress

The Process of Stress

1. Stress leads to arousal.
2. Person selects a coping response.
3. If effective, arousal decreases.
4. If ineffective, arousal increases, resulting in escalation of stress level.
5. Unresolved stress leads to burnout.
6. Burnout leads to unethical behaviors.

Edgar P. Nace, MD, a board-certified psychiatrist in Dallas and past chair of the PHR Committee, states the following: "I think every physician experiences stress, and most of the time it's normal stress and is managed effectively.

"But if stressors increase or if the person's capacity to deal with stress decreases, then that physician is subject to burnout,

which is a situation that develops before diagnosable conditions emerge, such as depression, anxiety disorders, or substance abuse."

(Franke 1999)

Stress in medical school adds to the normal baseline stress that all individuals experience. Stress can be cumulative and/or traumatic.

In a 2007 study of seven U.S. medical schools with approximately 4,300 students participating, 49.6 percent reported burnout and 11.2 percent reported suicidal ideation within the past year. Recovery from burnout correlated with a decrease in overall suicidal ideation.

Each person needs to determine whether their stress can be managed by themselves or needs the assistance of others. Individuals have choices about how they manage their stress. While medical students seem to have increased rates of depression and suicidal ideation compared to the general population, unfortunately they are no more likely to seek treatment.

Effective coping strategies lead to stress reduction and improved functioning. Coping strategies that are not effective can lead to burnout and impairment. Details on stress reducing methods are given later in the activity.

(Dyrbye 2008, Compton 2008)

V. Stages of Burnout

Three Stages of Burnout

- Stage 1 — Stress Arousal
- Stage 2 — Energy Conservation
- Stage 3 — Exhaustion

These stages usually occur sequentially from Stage 1 to Stage 3, although the process can be stopped at any point.

(Girdano 1996)

Stage 1 — Stress Arousal

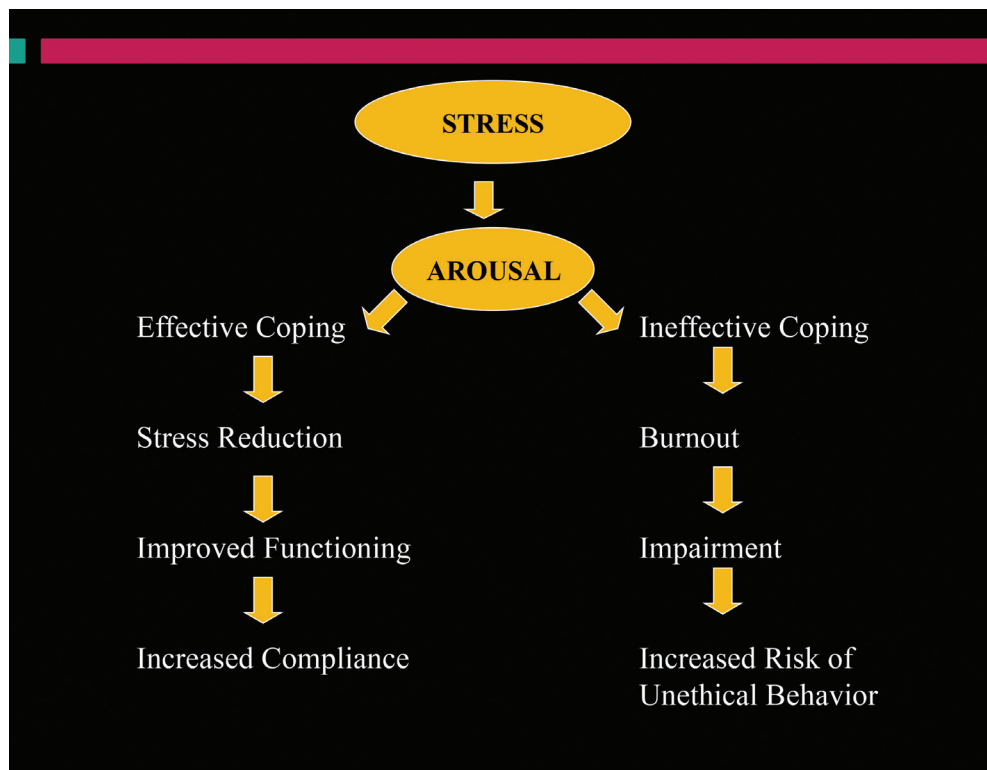
- Irritability, anxiety
- Bruxism
- Insomnia
- Forgetfulness/Poor concentration
- Gastrointestinal disorders
- Headaches
- Self-medication

Stress arousal includes physiological and psychological responses. Some of these include persistent irritability, persistent anxiety, periods of high blood pressure, bruxism (the grinding of teeth during sleep), insomnia, and forgetfulness. Additionally, one may have heart palpitations, unusual heart arrhythmia, concentration problems, headache/stomach problems, and acute gastrointestinal symptoms. **With the presence of any two of these, one may be experiencing Stage 1 stress arousal.**

Stage 2 — Energy Conservation

- Lateness, procrastination
- Excessive time off
- Decreased sex drive
- Fatigue
- Social withdrawal
- Increased substance abuse

Energy conservation attempts to compensate for stress. If those strategies fail, consequences might include excessive lateness, procrastination, excessive time off, decreased desire for sex, persistent tiredness, social withdrawal from friends and family, increased cynicism, resentment, increased substance use (nicotine, caffeine, alcohol, prescription drugs), and excessive apathy. **Again, any two of these symptoms may signal that one is in Stage 2 of the burnout cycle.**



Stage 3 — Exhaustion

- Chronic sadness or depression
- Suicidal ideation
- Chronic GI problems and/or headaches
- Social isolation
- Substance Use Disorders
- Unethical behaviors (disruptive behavior, boundary violations)

The exhaustion stage is where most people finally get a sense that something may be wrong. The symptoms include chronic sadness or depression, chronic stomach or bowel problems, chronic mental fatigue, chronic physical fatigue, chronic headaches or migraines, the desire to “drop out” of society... the desire to get away from family, friends, and even recurrent suicidal ideation. **Like the previous stages, any two of these symptoms can indicate Stage 3 burnout.**

Exhaustion can lead to the increased risk of unethical behavior related to safe patient care.

Remember, burnout is a process that usually occurs sequentially, it progresses through stages, thus giving one the opportunity to recognize symptoms and take the necessary steps to prevent it.

Negative Outcomes

- Addictive behaviors
- Relationship distress
- Emotional/Behavioral problems
- Loss/Lack of spirituality
- Academic consequences
- Death/Suicide

Addictive Behaviors: Increased use of *tobacco, alcohol, prescription medications, and/or illicit substances* “to help cope with stress” places the individual at great risk for physical and psychological dependence.

Relationship Distress:

Depersonalization, which refers to treating people like objects, may arise as a protective mechanism in human services professionals to minimize emotional involvement that could interfere with functioning in crisis situations. In moderation, “detached concern” toward patients by physicians may be appropriate and necessary, but when excessive, it may lead to callousness and cynicism with subsequent negative effects on the patient-physician relationship.

Emotional/Behavioral Consequences:

Emotional exhaustion is caused by excessive psychological and emotional demands made on people helping people that leave individuals drained and depleted. Low morale, reduced effectiveness, burnout, and health problems are often the result.

Loss/Lack of Spirituality: In the process of becoming a young adult, students sometimes ignore or lose spiritual endeavors. In a survey of students by the TMA PHR Committee, 50 percent of those responding reported spending no time on spirituality activities. Students reporting more than 14 hours per week devoted to spirituality activities had the lowest stress-related problem. In the survey, spirituality was defined as church, meditation, and prayer. People who are more connected personally, professionally, and spiritually, tend to do better in life.

Academic Consequences: *Feelings of diminished personal accomplishment* are reflected in symptoms of stress, depression, and a sense of inefficiency and diminished competence. With such feelings, the individual believes that his or her actions no longer can or do make a difference. This adversely affects the patient-physician relationship, patient satisfaction, and perhaps, ultimately, health outcomes.

Asking for help is not a sign of weakness. Needing and asking for help does not mean that you will be expelled from school.

Current Medical Student Drug Use

- 10 to 15 percent of all health care professionals will inappropriately use drugs or alcohol at some point during their careers.
- 15 percent of medical students scored positive for at-risk drinking.
- 33.4 percent of medical students reported using one or more illicit drugs in the past year.
- 16.8 percent of medical students report lifetime use of “club drugs” (MDMA, cocaine)

Physicians should be cognizant of their patterns of substance use and remember that being in the health care field does not necessarily change their risk of developing a disorder in comparison to the general population.

Alcohol is the third leading cause of death among the U.S. population. Substance abuse, including over consumption of alcohol, has been recognized as one of the prevalent methods of stress reduction among national and international medical students.

Predictors for at-risk drinking included younger age, male, unmarried, using illicit drugs, smoking tobacco products within the last 30 days, having low perception of risk, showing impulsive behavior, being depressed, and having gambling problems. Some 15.8 percent of respondents reported having tried one or more tobacco products in the last 30 days. Marijuana was the most common illicit drug reported (14.3 percent) followed by analgesics or prescription pain killers at 13.1 percent.

Some studies have proposed that high levels of anxiety and stress during medical schooling may have negative effects on health-related decisionmaking of medical students.

(Horowitz 2008, Shah 2009)

Susceptibility to Depression

- More than 20 percent of medical students have symptoms of depression (12 percent — probable major depression and 9 percent — probable mild/moderate depression).
- Up to 9 percent of students reported suicidal ideation.
- Prevalence of depression increases over the course of medical school, with a higher risk of stress/depression associated with transition to clinical care rotations (third year).

Medical education is associated with greater increases in stress and symptoms compared with other types of training. These stressors often exert negative effects on students’ and residents’ academic performance, physical health, and psychological well-being, making them more susceptible to depression. Students often react by making personal sacrifices, which may create a loss of control and result in the student incorporating less time for the leisure activities that may alleviate stress.

The transition from didactic to clinical training can be associated with anxieties related to giving incorrect treatment, becoming infected by patients,

inadvertently harming patients, loss of control over sleeping hours, and the performance of clinical skills.

Medical students seem to have higher rates of depression than individuals in the general population, but are no more likely to be treated. Only 22 percent of depressed students seek care due to concerns about confidentiality, stigma associated with using mental health services, cost, fear of documentation in the academic record, and fear of unwanted intervention.

Depressive symptoms affect students' lives, academic performance, and patient care.

Suicidal ideation was predicted by perceived lack of control, certain personality traits, single marital status, negative life events, and anxiety and depression. Students reporting suicidal ideation are more likely to use tobacco, alcohol, and illicit drugs and to engage in other risky health behaviors.

Suicide remains one of the top causes of early death in practicing physicians.

(Compton 2008, Goebert 2009, Smith 2007)

Suicide Is Preventable

Feelings of hopelessness, continuing thoughts or wishes for death, feelings of being trapped, personal losses such as death of a loved one, and a broken relationship are signals that a consultation with a health professional would be beneficial.

If you are aware of these feelings in yourself or a friend, seek consultation through student health services or outside counseling. Depression is very treatable through counseling and/or medication.

Self-Assessment Exercise

Take the following self-assessment exercise to assess your own personal stress level. This exercise is for your own use and does not need to be returned to TMA.

How often do you ...

- (a) almost always
- (b) often
- (c) seldom
- (d) almost never

- ___ 1. Find yourself with insufficient time to do things you really enjoy?
- ___ 2. Wish you had more support/assistance?
- ___ 3. Lack sufficient time to complete your work most effectively?

- ___ 4. Have difficulty falling asleep because you have too much on your mind?
- ___ 5. Feel people simply expect too much from you?
- ___ 6. Feel overwhelmed?
- ___ 7. Find yourself becoming forgetful or indecisive because you have too much on your mind?
- ___ 8. Consider yourself to be in a high-pressure situation?
- ___ 9. Feel you have too much responsibility for one person?
- ___ 10. Feel exhausted at the end of the day?

Calculate your total score as follows:

- (a) = 4 points;
- (b) = 3 points;
- (c) = 2 points;
- (d) = 1 point

Total = _____

This exercise was designed to assess your level of stress due to overload. Overload, or over-stimulation, refers to the state in which the demands around you exceed your capacity to meet them. Some aspect(s) of your life are placing excessive demands on you. When these demands exceed your ability to comply with them, you experience distress.

The four major factors in overload are (1) time pressures, (2) excessive responsibility or accountability, (3) lack of support, and (4) excessive expectations from yourself and those around you. Any one or a combination of these factors can result in stress from overload.

Your total number of points on this exercise will help you assess how stressed you are by overload. A total of 25-40 points indicates a high stress level, one that could be psychologically and physiologically debilitating.

(Girdano, DA, Everly, GS and Dusek, DE. *Controlling Stress and Tension*. Allyn & Bacon, Needham Heights, MA, 1996)

VI. Preventing Burnout

The key is to not try to avoid stress altogether, but to recognize and manage the stress in our lives in such a way that we avoid the negative consequences of stress.

- Maintain a sense of optimism.
- Work on friendships and support systems.
- Take care of yourself/do not overextend yourself:
 - o Exercise regularly/eat right,
 - o Get enough sleep, and
 - o Take time to play.
- Keep a sense of humor.
- Have a hobby that is relaxing and enjoyable.
- Choose specialty residency wisely; remember you can change your mind.
- Get help if you need it.

After attending stress management workshops, many people worry about the stress in their lives. In reality, no one can eliminate all of the stress in his or her life. Stress is not inherently bad, it is how one responds to stressful events that determines the effect individually.

Maintain a sense of optimism. All of us possess at least a kernel of optimism, and we can take steps to cultivate it. One way to strengthen your optimism is to find optimistic role models.

Work on your friendships and support systems. Physicians need to spend time focusing on how to make other people feel at ease, how to be active listeners, and how to be interesting. In our busy lives, we tend to neglect the friends we've had for many years. But great friendships mature and grow: the older they are, the better they get. The friendships we do develop require nurturing by forgiveness and by reaching out.

Take care of yourself. It is important to keep physically fit and exercise regularly. Exercise is a great way to work off stress that you have built up during the day as well as a way to increase your energy level. Numerous studies have shown that exercise can increase self-esteem, relieve anxiety, improve attentiveness, dissipate stress, and elevate mood. Having an exercise partner may be helpful. Be selective in starting projects that might increase stress (building a new house,

starting another research project). Don't overextend.

Often times when people are stressed, they get out of their normal eating routine and end up grabbing fast food, sodas, and pots of coffee. Remember that caffeine is a stimulant and does nothing to help you relax and deal with the stress you are under. It is especially important to take care of your health by eating regularly and healthy.

When stressed, we often limit our amount of sleep so we can squeeze all of our tasks into a day's work. Our bodies may be able to handle this on a short term basis, but it will eventually catch up with us. If we allow ourselves to get plenty of sleep, we will be much better able to handle the daily stressors we face.

Effective leisure time is time for self and should not be constrained by a clock or evaluated for results. Leisure is a way to deal with stress, increase productivity, and enhance contentment.

Keep a sense of humor. A sense of humor is one of the most important elements of a healthy life. There's no question that people who lack a sense of humor have great difficulty coping with the vicissitudes of everyday living. Try to keep your stressors in perspective.

Have a hobby. Nurturing your creative abilities is important to your overall well-being. Maintaining a sense of balance will enable you to be more optimistic and, as a result, able to study and comprehend the work being asked of you more effectively and more efficiently. If your mind, heart, soul, and body are clear, you will be able to think better and make better judgments, treat others with respect, and gain respect in return.

Choose a specialty wisely. Do homework prior to choosing specialty. Certain specialties produce more stress. Remember, you can change your mind on your specialty.

Get help if you need it. Help is available. Talk with a trusted colleague or faculty member. Seek professional help (counseling/medication) through student assistance program, support groups, or at your student health center.

(Turnbull 1998)

Case Study No. 4: Resilience

- Dr. A dismissed by police officer with warning.
- Dr. B, a friend and colleague, encourages Dr. A to seek help through TMA PHR hotline.
- Dr. A enters treatment and enters monitoring agreement.
- Dr. A is back at work half-time.
- Marriage is salvaged.

Dr. A smiled at his wife as she handed him his coffee. It was his fourth week back at work and he knew he had to leave in 15 minutes. He had started back to work halftime after three months spent at a residential treatment facility. He would be everlastingly grateful to his friend Dr. B. When Dr. B heard that Dr. A had fallen asleep at the wheel and had an accident, he immediately stopped in to check on him the next day. Dr. A told him the whole story, including how his wife had left him, and how he had breathalyzed below the legal limit. The police officer had dismissed him with a warning and no ticket. Dr. B was supportive, but also clear in his suggestions of what Dr. A needed to do. With the help of Dr. B, Dr. A called the PHR hotline and sought help. He attended one of the residential treatment facilities suggested by PHR for three months and was discharged a month ago. He signed up for the ongoing drug and alcohol monitoring program and felt thankful and blessed for his wife's support. She explained that she still loved him and hoped that leaving him would be a wakeup call.

This study demonstrates the third and final stage: resilience. It is important for early intervention and referral to treatment in order to have a successful outcome. Often physicians wait too late, and the consequences of waiting can be very severe. In this vignette, the help of a supportive friend and colleague gave Dr. A the courage to reach out to the PHR hotline. PHR was then instrumental in arranging needed treatment and monitoring that Dr. A requested, thereby allowing Dr. A to continue his emergency department practice. Requesting to come back part-

time lightened the work load. Dr. A felt like he had learned new skills to deal with stress during his three-month stay at the residential treatment facility. He felt that he had learned how to be resilient by calling on his resources of self, family, coworkers, and friends to recover from his depression and alcohol abuse.

VII. Asking for Help

- Professional assistance
 - o Private provider in community
 - o Student health services
- PHR committees
 - o TMA PHR committee
 - o CMS PHR committees
- Peer mentors and coaches
- Support systems

Students have many options in getting help. Your primary care physician can make referrals to private physicians in the community, protecting your privacy. Student services staff also may have a list of community physicians.

Most medical schools have student health services and/or student counseling services that can provide assessments and treatment. These services are usually provided for little or no cost.

The TMA PHR Committee is a resource for general inquiries, as well as help with specific needs, referrals, and in the advocacy role. Most medical schools are located in counties where the county medical society has a PHR committee. The committee can provide general information, referrals, and function in the advocacy role.

Remember that you have a choice about burnout. You can actively choose to do things differently and take care of yourself. It is important to take regular inventory of your stressors and initiate appropriate action to avoid burnout. It is an ethical dilemma to balance your own life with the demands of the profession.

With appropriate intervention and professional help, physicians can, and do, recover and practice medicine safely.

Potential Barriers

- Stigma
- Residency
- Licensure

Seeking treatment has often been avoided due to the perceived stigma of mental health issues. In addition, concerns for effects on post-graduate training and licensure also have prevented students from getting help.

Although there is still some bias, mental illness does not carry the same stigma it once did. This is due to increased public awareness of mental illness and improvements in effective treatments. It also is evidenced by media coverage of well-known individuals who have completed treatment successfully.

Applying for residency is an exciting, stressful process, and unless one's medical training was extended or interrupted due to mental illness, it should have no impact on his or her application and interview process.

Many state medical boards require reporting only major mental illness. Examples of major mental illnesses in Texas would be schizophrenia or other psychotic disorders. Other examples include Substance Use Disorders and bipolar disorder. Issues of stress and burnout in training are not usually reportable.

Burnout Is Preventable

- You have a choice.
- It is important to take regular inventory of your stressors and initiate appropriate action to avoid burnout.
- It is an ethical dilemma to balance your own life with the demands of the profession.

Remember that you do have a choice about burnout. You can actively choose to do things differently and take care of yourself. You can choose to put it off until it catches up with you (the "I'll take care of myself when" game). You can ignore your needs and the stress will eventually lead to burnout. It is your choice!

It is important to take regular inventory of your stressors and initiate appropriate action to avoid burnout. It is an ethical dilemma to balance your own life with the demands of the profession.

VIII. Summary

- Stress is inevitable.
- Burnout is preventable, treatable, and manageable.
- Identify coping strategies that work best for you.
- Help is available.

Accept the fact that there will be a certain level of stress in your life and work to manage it in a way that you avoid or minimize the negative consequences of the stress, and prevent it when you can.

Letting yourself experience strong emotions, and realizing when you may need to minimize them in order to continue functioning, is important. Stepping forward to take action, and stepping back to rest, also is important.

It is healthy to spend time with others to gain support and encouragement, as well as nurture yourself. Relying on others, as well as yourself, is a significant coping strategy.

The PHR Committee hopes this activity is useful educational information and welcomes your suggestions regarding these or other educational materials you think should be made available to Texas medical students.

Disclaimer

NOTICE: The Texas Medical Association provides this information with the express understanding that 1) no attorney-client relationship exists, 2) neither TMA nor its attorneys are engaged in providing legal advice and 3) that the information is of a general character. **This is not a substitute for the advice of an attorney.** While every effort is made to ensure that content is complete, accurate and timely, TMA cannot guarantee the accuracy and totality of the information contained in this publication and assumes no legal responsibility for loss or damages resulting from the use of this content. You should not rely on this information when dealing with personal legal matters; rather you should seek legal advice from retained legal counsel.

IX. Resources

Websites

Ephysician Health

<http://ephysicianhealth.com/>

Finding Balance in a Medical Life

www.findingbalanceprograms.com/about-us.asp

The Heart of Medicine

<http://theheartofmedicine.org/>

Wellness Coaches for Physicians

Kristen Bently

Healthcare Burnout Coaching

<http://thehealthcareburnoutcoach.com/>

Heather Fork, MD

Life and Career Coaching

<http://doctorscrossing.com>

Helane Fronck, MD

Coaching and Consulting

www.helanefronckmd.com/index.html

Elizabeth Frates, MD

Wellness Coaching

www.wellness-synergy.com/

Iris Grim

The Balanced Physician Coaching and Training

www.balancedphysician.com/

Maria C. Lesetz

www.invinciblemd.com

Sara Miller

True North Coaching

www.tncoaching.com/

Peter Moskowitz, MD

Center for Personal and Professional Renewal

www.cppr.com

Physician Wellness Services

www.physicianwellnessservices.com/

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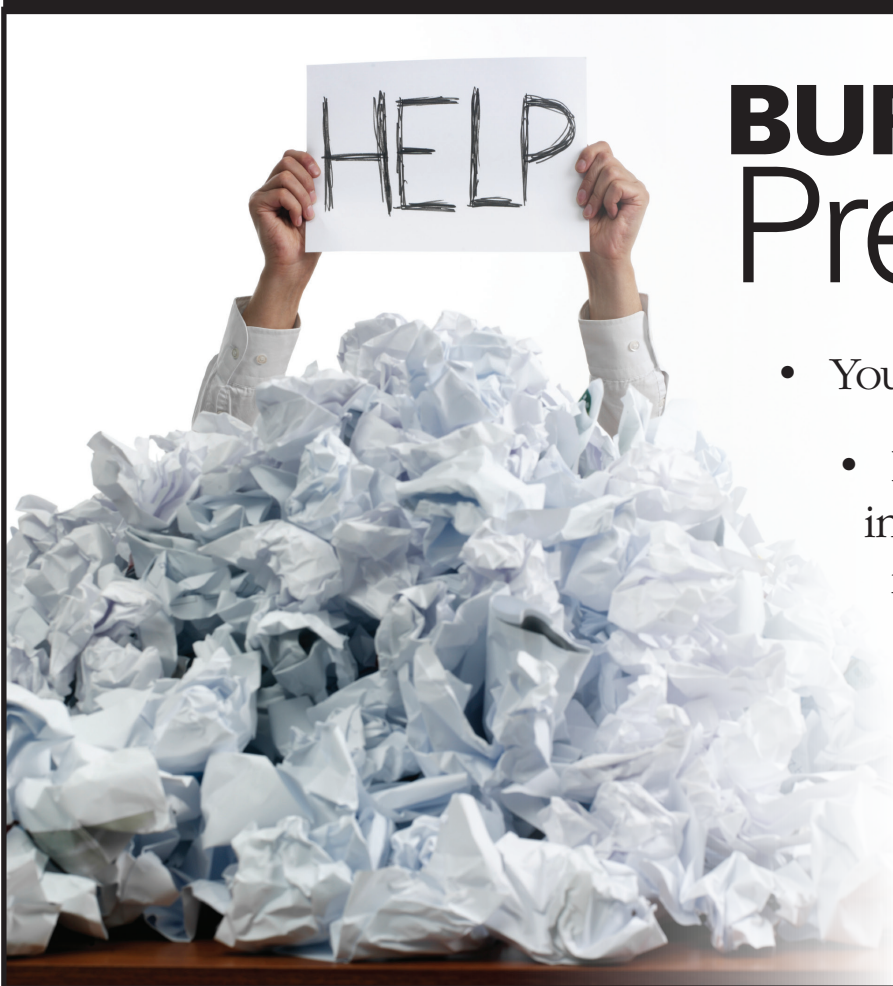
Texas Medical Board Physician Online Application www.tmb.state.tx.us/professionals/physicians/applicants/PhysicianOnlineApplicationFacsimile.pdf (accessed 9/20/12)

Texas Medical Board PIT Online Application www.tmb.state.tx.us/professionals/physicians/training/Text-Facsimile-of-PIT-app_12-06-09.pdf (accessed 9/20/12)

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BURNOUT is Preventable

- You have a choice.
- It is important to take regular inventory of your stressors and initiate appropriate action to avoid burnout.
- It is an ethical dilemma to balance your own life with the demands of the profession.

Committee on Physician Health and Rehabilitation

Providing Physician Health Education for Physicians of All Specialties

History

The Texas Medical Association House of Delegates established the Committee on Physician Health and Rehabilitation (PHR) in November 1976. The committee's charge is to "identify, strongly urge evaluation and treatment of, and review rehabilitation provided to, physicians with impairments within Texas." (TMA Bylaws, Section 11.621).

Composed of physicians who are concerned about the health and well-being of their colleagues, the PHR Committee endeavors to provide help and assistance. The function of the committee is three-fold: 1) to promote physician health and well-being, 2) to ensure safe patient care by identifying physicians who have a potentially impairing illness, and 3) to advocate for the physician while maintaining confidentiality and the highest ethical standards.

Educational Materials

The PHR Committee offers several ongoing courses on a wide range of topics to educate physicians, TMA Alliance members, hospital administrations, and others. PHR activities encourage physicians to promote and maintain their health and wellness, which fosters healthy lifestyles in patients. The PHR Committee is committed to providing ongoing education for all physicians and medical students regarding physician health and wellness as well as services for health-related conditions that may affect a physician's ability to practice medicine with reasonable skill and safety.

Speakers' Bureau

PHR Committee courses can be given upon request as live presentations at meetings of county medical societies, hospitals, and other entities. The committee charges an administrative to offset speaker travel and administrative expenses. To ensure that we can secure a speaker for your program, please make your request at least one month before the scheduled presentation. Contact Sasha Toj at TMA at (800) 880-1300, ext. 1343, or sasha.toj@texmed.org for more information.

Speakers who participate in the PHR Committee's regional education teams are knowledgeable about physician health and rehabilitation issues. The committee offers training annually for new team members, which also serves as a refresher course for other team members.

Services

As advocates, the PHR Committee helps with:

- Intervention;
- Referral for evaluation and treatment, if necessary;
- Monitoring upon return from treatment; and
- Education for physicians, family members, and support staff regarding possible impairments.

The PHR Committee seeks to rehabilitate, rather than punish, physicians who are impaired. All referrals made to the committee are confidential — both for the physician who has a potentially impairing illness and for the individual making the referral. The committee is interested in the health and well-being of the physician, patient, and families of all constituents.

Activities

- 24-hour hotline: (800) 880-1640
- Continuing medical education programs
- Drug screen program for physicians
- PHR Assistance Fund
- Outreach to medical students and resident physicians
- Hospital/Joint Commission Standard re: Licensed Independent Practitioner Health

A 24-hour toll free number is available that anyone may call if he or she is concerned about a physician who may have a potentially impairing illness.

The Committee on Physician Health and Rehabilitation (PHR) provides CME activities on a wide variety of topics related to physician health and well-being. In addition, the committee offers statewide conferences and local workshops each year.

The drug screen program for physicians provides a statewide, consistent method for random drug screening of physicians under agreement with county medical society PHR committees, district coordinators, and hospital-based peer assistance committees.

Through the PHR Assistance Fund, financial assistance is available to physicians who cannot afford treatment for depression, substance use disorders, or other problems. Financial assistance also is available for short-term living expenses while a physician receives treatment. Donations to the fund are appreciated and are tax-deductible.

The committee also offers assistance, education, and literature to help medical students and resident physicians who may know of a peer who needs assistance or who may need assistance themselves.

The PHR Committee developed resources available to hospitals to help them respond to the Joint Commission requirement related to physician health.

Types of Referrals

- Substance use disorders
- Mood disorders
- Sexual boundary violations
- Disruptive behavior
- Personality disorders
- Cognitive disorders
- Ethical misconduct

The majority of cases referred to Texas county medical society PHR committees have involved substance use disorders. However, as hospitals and medical societies are more aware of physician impairment, disruptive and dysfunctional behaviors of all types are being reported. A psychiatric illness may be at the root of the behavior. Psychiatric illnesses can be diagnosed with a proper evaluation and most often respond to treatment.

Stress management and boundary issues also are referred to the PHR Committee, as well as mood disorders, sexual boundary violations, and cognitive disorders.

Ethical misconduct does not only include sexual misconduct, but can include things such as sexual harassment in the workplace.

There are many institutional guidelines laid down by hospitals, large medical groups, as well as the federal government that spell out sexual harassment. Other forms of ethical misconduct can include such things as double billing and overcharging for services.

Table: Recent Statistics

Type	Percentage of Cases
Substance Use Disorders	76%
Disruptive behavior	30%
Physical disabilities	30%
Other psychiatric disorders	15%
Other	15%

(TMA PHR Quarterly Reports 2011)



Physicians and medical students may be referred to the TMA PHR Committee 24 hours a day by calling the toll-free hotline number, **(800) 880-1640**. The direct line to committee staff is **(512) 370-1342**.



Physicians Caring for Texans

Committee on Physician Health and Rehabilitation

401 W. 15th Street, Austin, TX 78701

(512) 370-1300

www.texmed.org