



**SIU MEDICINE**

**SIU Decatur  
Family Medicine  
Residency Program  
Wellness Handbook**

**Program Director: Dr. Jessie Junker  
Wellness Director: Dr. Susan Klein  
Behaviorist: Jordyn Mathias, LPC**

**Resource STFM Prince George Hospital Center Wellness Handbook author Sara Kin MD**

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## **The Need for a Wellness Program**

As individuals, we are happiest and healthiest when we adopt healthy lifestyle choices. This includes physicians and physicians in training. Healthy doctors live longer, lead more satisfying lives and are safer practitioners. When physicians are well, patient care is at its highest quality and the public benefits. In fact, studies show a physician's wellness is associated with fewer medical errors, enhanced satisfaction and a positive environment in the workplace.<sup>1</sup>

In today's society the work of a physician can be stressful, including but not limited to working longer hours, dealing with increasingly complex patients, managing more extensive time-consuming electronic charting and managing the business side of medicine. At times, physicians must work in extremely high pressured environments with limited resources. This can leave physicians feeling overworked and exhausted. Oftentimes physicians fail to take good care of their own physical and emotional health. This is evident by the growing numbers of physician burn out, depression, substance use disorders and suicide reported in the literature.<sup>1</sup> This problem is exacerbated by a physicians' avoidance of taking time out for their own self-care or seeking and accepting assistance when in need.<sup>2</sup>

Among residents, stressful aspects unique to physician training can contribute to symptoms of burnout and have detrimental effects on residents' mental health. These aspects include working long and irregular hours with little to no control over their schedule; balancing the demands of multiple Attending physicians and higher-level trainees; having to make difficult and possibly life-altering decisions while at greater risk for errors due to inexperience or insufficient training; frequent shifts in workplace and co-workers; and potential social isolation due to having less time to spend with family and friends.

On average the United States loses as many as 400 physicians to suicide each year, a number higher than most other professions.<sup>3</sup> Tragically this number includes Physician suicide while in residency. In the fall of 2014, two medical residents in their second month of residency training in different programs jumped to their deaths in separate incidents in New York City. In 2015 an Emergency Medicine resident in Kentucky took his life. These devastating tragedies bring to light the importance of recognizing and prioritizing physician mental health and well-being through support and intervention during training.

Implementing a structured wellness program incorporated into the typical Resident work day is a method of countering these concerns about Resident burnout and its tragic consequences. This wellness program will help residents to learn effective stress management practices and develop healthy coping techniques that will serve to combat burnout and depression in both their personal and professional lives.

**Resource STFM Prince George Hospital Center Wellness Handbook author Sara Kin MD**

## **Statistics on Physician Burnout and Depression**

Burnout is commonly defined as a collective loss of enthusiasm for work, including emotional burnout, feelings of depersonalization, and a low sense of personal accomplishment. A national survey published in the Archives of Internal Medicine in 2012 indicated that US physicians suffer more burnout than other American workers.<sup>4</sup> Furthermore, in the 2015 Medscape Physician Lifestyle Report, 46% of all physicians responded that they had experienced burnout, a substantial increase from the Medscape 2013 Lifestyle Report in which burnout was

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<sup>1</sup> Waguhi William IsHak, MD, FAPA, Sara Lederer, PsyD, et al. Burnout During Residency Training: A Literature Review. J Grad Med Educ. 2009 Dec; 1(2): 236–242.

<sup>2</sup> Dyrbye, Liselott N. MD, MHPE, et al. Ability of the Physician Well-Being Index to Identify Residents in Distress. Journal of Graduate Medical Education: March 2014, Vol. 6, No. 1, pp. 78-84.

<sup>3</sup> American Foundation for Suicide Prevention 2016. Physician and Medical Student Depression and Suicide Prevention <<http://afsp.org/our-work/education/physician-medical-student-depression-suicide-prevention/>>.

<sup>4</sup> Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012;172:1377-1385.

reported in slightly under 40% of respondents. The highest burnout rates were found in critical care (53%) and emergency medicine (52%). Approximately half of all family physicians, internists, and general surgeons reported experiencing symptoms of burnout. Of greater concern, among internists and family physicians who responded to the Medscape survey, burnout rates rose from 43% in 2013 to 50% in 2015, an absolute increase of 7% but a 16% rise in incidence in just 2 years.<sup>5</sup>

Burnout rates among residents are also comparably high. In an anonymous survey of 504 residents done at the University of North Carolina, Chapel Hill collected between May and June 2014 across different specialties, investigators found that 70% of residents met criteria for burnout. Among family medicine residents, about 50% endorsed burnout symptoms. Furthermore, about 17% of these residents met criteria for depression. The most significant factors reported by residents that contributed to burnout included lack of time to exercise, lack of time to take care of oneself, lack of time to engage in enjoyable activities outside of work; conflicting responsibilities between work, home, or family responsibilities; and time spent on electronic records and documentation. This speaks to the overall struggle of work-life balance in residency.<sup>6</sup>

It is equally important to recognize that depression is closely related to the burnout seen in a growing number of physicians. Depression increases risk for suicide, worsens quality of life, and often affects the physician's ability to provide quality medical care to patients. A December 2015 JAMA article published an extensive systematic review and meta-analysis that encompassed 54 different studies and 17,560 residents which looked at the prevalence of depression among resident physicians throughout the world in the last six decades. The results of this analysis indicated the overall estimate of the prevalence of depression or depressive symptoms among resident physicians was an astounding 28.8%, with a range from 20.9% to 43.2%.<sup>7</sup> This is nearly double the overall lifetime prevalence of depression in the general US population (17%).<sup>8</sup> These findings are unacceptably high and suggest that the residency training experience continues to be highly stressful, despite attempts by ACGME to improve resident work hours.

### **Research on Efficacy of a Mindfulness Program on Physician Wellness**

A 2009 study published in JAMA investigated whether an intensive educational program in mindfulness, communication, and self-awareness was associated with improvement in primary care physicians' well-being, a decrease in psychological distress, decrease in rates of burnout, and an increased capacity for relating to patients.<sup>9</sup> 70 primary care physicians participated in an 8-week intensive mindfulness training (2.5 h/wk, 7-hour retreat), followed by a 10-month maintenance course (2.5 h/mo), which included a series of courses on mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion.

The results showed a markedly improved sense of wellbeing, decreased perceived distress and a decline in reported symptoms related to burnout in all domains. These physicians demonstrated improved empathy and mindfulness in their patient interactions. These results were sustained 3 months after the training and maintenance courses. The results of this study strongly suggest that participation in a mindfulness appreciation and communication program is associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care.

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<sup>5</sup> Peckham, Carol. Physician Burnout: It Just Keeps Getting Worse. Medscape, Family Medicine. Jan 26, 2015.

<sup>6</sup> Anderson, Pauline. "Medical Resident Burnout Reaches Epidemic Levels" Medscape Medical News, May 17, 2015, Speaker: Emily Holmes, MD: American Psychiatric Association 2015 Annual Meeting.

<sup>7</sup> Mata, Douglas A., MD, MPH, et al. "Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-Analysis." JAMA. Dec 8, 2015; 314(22):2373-2383.

<sup>8</sup> Kessler RC, Berglund P, Demler O. The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). JAMA. 2003;289(203):3095-105.

<sup>9</sup> Krasner M, Epstein RM, Beckman H, Suchman AL, Chapman B, Mooney CJ, et al. Association of an Educational Program in Mindful Communication with burnout, empathy, and attitudes among primary care physicians. JAMA. 2009;302:1284-93

## **The SIU Decatur Family Medicine Residency Program Wellness Curriculum**

Given the above documented potential for distress, fatigue, burnout and depression, a resident wellness curriculum intended to help residents develop lifelong skills to thrive in medicine is a necessary and beneficial part of training. It will help in preventing burnout which can lead to medical errors and impaired professionalism. It will reduce the risk of depression and its related danger of suicide. Healthier physicians contribute to improved patient satisfaction.<sup>2</sup> A wellness program at SIU Decatur Family Medicine Residency will also fulfill the ACGME mandate that “residency programs must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment” and align with the American Medical Association’s (AMA) *Code of Medical Ethics* that emphasizes the importance of promoting of health and wellness among physicians to ensure not only physician safety, but also patient safety.

## **The SIU Decatur Family Medicine Residency Wellness Program Initiative**

The goal of the wellness program is to promote the physical, emotional, intellectual, social, and spiritual well-being of residents. It will help to promote the resident’s sense of accomplishment, satisfaction and belonging. This Wellness Program will strive to promote resiliency, which by definition means “the ability to preserve and remain positive despite adversity. Resilient individuals find meaning in their work. They take time to engage in recreation. Resilient individuals maintain a positive outlook and strive to maintain a work-life balance. They identify and focus on their values and priorities. Resilient individuals live the life they have as fully as possible and they avoid adopting a survival attitude<sup>10</sup>.

## **Wellness Program –Team and Leadership Roles**

### **Program Director: Dr Jessie Junker**

- Ensures that the wellness curriculum is integrated into residency education and is incorporated into the daily operations of the residency program.
- Ensures all ACGME guidelines and hospital policies regarding wellness are met.
- Facilitates changes and improvements in the wellness program and for individual residents, if and when appropriate.
- Intervenes supportively when issues of Resident fatigue occur, consistent with programmatic and hospital policy.
- Directs necessary interventions in situations where more significant Resident wellness or impairment issues are identified.

### **Director of Wellness and Behaviorist: Dr Susan Klein, Jordyn Mathias LPC**

- Selects topics with the Director of Didactics/Didactics committee for Didactic sessions.
- Leads discussions regarding wellness with small resident groups.
- Facilitates meetings with all residents as a forum where residents can voice concerns and receive support for ongoing distress and advice on wellness.
- Is the point of contact, for residents to discuss mental health and wellness issues providing resources, references and referrals.
- Facilitates changes and improvements in the program, if and when appropriate, in coordination with the Program Director.
- Coordinates/Presents the Didactic presentations on Wellness
- Introduces and teaches Wellness during Orientation for the new class of residents, in coordination with the Behaviorist, including review of this Wellness Handbook.

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<sup>10</sup> Shanafelt TD1, Bradley KA, Wipf JE, Back AL. *Burnout and self-reported patient care in an internal medicine residency program.* Ann Intern Med. 2002 Mar 5;136(5):358-67.

**Assistant Director of Wellness: Dr Johnny Tenegra**

- Leads research efforts with presentations/posters
- Facilitates residents in leadership roles
- Assists directors in their rolls

**Staff Nursing Director: Kathy Davis RN**

- Liaison to Clinical Staff with Wellness initiatives
- Participates in research efforts and presentations

**Residents: Dr. Anuradha Ranganath, Dr. Deepti Sood**

- Presents wellness talks and exercises during didactics as scheduled.
- Distributes articles on wellness as scheduled.
- Encourages addressing wellness issues on resident and faculty monthly meeting agendas.
- Reminds residents and faculty about wellness meetings.
- Serves as a point of contact regarding issues or wellness concerns that arise in the program.
- Oversees, in coordination with the Director of Behavioral Health and Behaviorist, the implementation of wellness intervention and prevention strategies listed below.

**Wellness Awareness and Maintenance**

- During orientation, new interns will receive an introductory lecture addressing tips for healthy coping strategies, effective time management and stress management. This lecture will emphasize positive psychology and education on recognizing stress and early burnout. The lecture is presented by the Director of Wellness and Behaviorist.
- Interns will receive a copy of this Wellness Handbook with attached Appendix that includes support services available and important contact information. The Wellness Team, in cooperation with the Director of Wellness and Behaviorist is responsible for this task.
- Continuing topics incorporating stress management and coping strategies will be presented during didactics on a monthly basis in the form of 'Wellness Moments' (brief exercises or sharing of information) or full didactic presentations as part of the longitudinal Wellness and Behavioral Health curriculum. These lectures will include guest speakers with practical experience on wellness (mind, body, spiritual). Lectures are arranged by the Director of Wellness, Behaviorist and the Wellness Team and Didactics Director. Topics for discussions will include 'mindfulness-based' intervention and relaxation techniques combined with healthy diet and exercise tips.
- During orientation, residents will have an annual picnic provided by the program in which the faculty, residents and staff can get to know the new Intern class.
- An effort will be made, with appropriate consent, for the Director of Wellness, Behaviorist and the Wellness Team to distribute to the new Intern class, prior to their reporting for orientation, a list of every residents' and faculty members' contact information, including preferred emails and phone numbers, so Interns can keep in touch and exchange information. This effort will increase the sense of belonging to the program for new Interns.

- The Wellness Team will regularly provide faculty, residents and Interns with ideas for recreation or optional meet-ups on the weekend/days off to promote comradery and develop social support system. Suggestions for activities: [eventful.com/decaturnil/events](http://eventful.com/decaturnil/events)
- A “buddy” system will be implemented in which PGY2s are paired with an intern. The intern can forward questions to his/her buddy and seek advice regarding the residency experience. When the intern becomes a PGY2 he or she will then get their buddy from the incoming class of interns to continue the tradition.
- A formal review of the ACGME duty hour limitations for residents will occur during orientation (see Appendix). Interns will be educated on the importance of these limits and the basis for their existence. Interns will receive a copy of the duty hour limitations in the Wellness Manual at orientation.
- During orientation or shortly thereafter, the Maslach Burnout Inventory (MBI), the Physician Well-Being Index, and PHQ-9 will be administered and reviewed with each Intern during the first wellness lecture. Interns and Residents will then be asked to fill out each questionnaire about every 6 months in an anonymous process for review by the Director of Wellness, Behaviorist and the Wellness Team. As needed, a root cause analysis can be investigated and changes implemented as appropriate.

### **Wellness Intervention**

- During orientation Wellness discussions, Interns will be encouraged to utilize physician resources when they recognize symptoms of burnout and/or they feel intervention is needed. These resources include: websites, self-help books, apps on physician wellness (See Appendix for recommended list). The list will be provided to residents in the Wellness Manual.
- Interns will be encouraged to be aware of and, if they wish, to meet with an appropriately credentialed mental health professional to proactively address concerns about fatigue management, burnout, depression or other manifestations of stress. Interns will be educated about the benefits available within the employee insurance plan and/or employee assistance program (EAP). Guidance on selecting a professional who is better suited for working with physicians will be provided in the orientation Wellness discussions. Interns will be educated about seeking resources from a national program dealing with physician impairment such as the Federation of State Physician Health Programs (FSPHP). This information and resource list will also be provided to residents in the appendix of this Wellness Manual.

## **APPENDIX**

### **Wellness Topic Discussions and Lecture Ideas**

1. Mindfulness-based Stress Relief
  - a. Conscious Stress Release Breathing techniques
  - b. Meditation- walking around the clinic/hospital together, sitting or focusing on just being present
  - c. Mindful reflection on work-day, this can be done with the person sitting beside you or calling a loved one.
  - d. Mindfulness awareness of pleasant and unpleasant events and routine activities and events such as: eating, weather, driving, walking, awareness of interpersonal communications.
2. Journaling
  - a. Reflecting on the day, discussing experiences, intentions, goals, wishes.
3. Lecture on how to recognize stress, coping strategies
  - a. Learning the Psycho-physiology of stress, recognizing symptoms of stress
  - b. Stress and Performance, Stress Intervention
  - c. Self care and burn-out
4. Exercise
  - a. Stretches
  - b. Listening to music with 10 minutes of quick exercise routines that can be done in the room without any equipments (e.g.: jumping jacks, easy dance or cardio moves). Can put a YouTube video on for demonstration.
  - c. Yoga, tai-chi
5. Diet
  - a. Healthy foods for the mind, good healthy snacks for work
  - b. Nutritionist/Dietician guest speaker
6. Reviewing Time Management Skills
  - a. Recognizing how you spend your time -- identify the time wasters, e.g. telephone calls, socializing meetings, indecision, lack of planning, worrying, watching television.
  - b. Setting goals -- set the long term and short term goals, so that you have a clear sense of where to go. This will maximize the chance of achieving the goals.
  - c. Prioritizing -- developing ABC lists to prioritize activities to be done.
    - A -- must be done
    - B -- like to do and need to be done
    - C -- like to do if you get all A & B lists' activities done
  - d. Scheduling— after you prioritized the activities, you can then schedule them into daily and weekly timetable.
  - e. Saying “NO” – in order to prevent work overload, do not feel guilty to say “no” if necessary.
  - f. Delegating – do not hesitate to seek help when you are short on time and overloaded, you may get others to do those things that do not need your personal attention but need to be done.
  - g. Limiting interruptions – try to minimize interruptions such as telephone calls, visitors. Stick to your schedule as much as you can.
7. Effective Communication
  - a. With patients, other physicians and staff
  - b. Problem-solving



## **8 Dimensions of Wellness Detailed Questionnaire**

**Instructions:** Review your responses to each of the 8 Dimensions of Wellness. Where do you rate yourself, High (8-10), Moderate (4-7) and Low (1-3)? Consider the activities that facilitate or detract from your wellness in any one dimension.

### **Emotional Wellness**

- Are you aware of your emotions throughout the day?
- Do you express your emotions in a way that is respectful to yourself and others?
- Are you generally optimistic?
- Do you practice coping skills that you perceive as healthy?

### **Environmental Wellness**

- Do you live and work in a safe and healthy environment?
- How are you affected by your home and work environment?
- Do you regularly spend time in nature or natural environments?

### **Financial Wellness**

- Are you intentional and aware in your spending?
- Do you have resources and knowledge to keep yourself financially healthy?
- Do you plan for and feel secure in your financial future?

### **Intellectual Wellness**

- Do you take advantage of opportunities for learning in your personal and professional life?
- Do you find ways to express yourself creatively?
- Do you keep up-to-date with current issues and ideas?

### **Occupational Wellness**

- Do you feel personally fulfilled and energized by your work?
- Do you look forward to going to work?
- Are you satisfied with the direction your career seems to be heading?

### **Physical Wellness**

- Do you choose to eat healthy foods?
- Are you physically active at least 3 days per week?
- Do you use drugs and alcohol to cope with stress?

### **Social Wellness**

- Are your interpersonal relationships close and meaningful?
- Do you actively engage in activities in your community?
- Are there people you can reach out to when you need support?

### **Spiritual Wellness**

- Do you find existential meaning in life events?
- Is it easy for you to treat others who have different values with respect?
- Is the work you do compatible with your values?

Source: University of Colorado Anschutz School of Medicine, Behavioral Health and Wellness Program

# ACGME: Work Hour Guideline for Family Medicine Residents

<http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>

## Clinical Experience and Education

*Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.*

## Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

## Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. (Core)

Residents should have eight hours off between scheduled clinical work and education periods. (Detail)

1) There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)

## Maximum Clinical Work and Education Period Length

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. (Core)

Additional patient care responsibilities must not be assigned to a resident during this time. (Core)

## Clinical and Educational Work Hour Exceptions

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- 1) To continue to provide care to a single severely ill or unstable patient; (Detail)
- 2) Humanistic attention to the needs of a patient or family; or, (Detail)
- 3) To attend unique educational events. (Detail)
- 4) These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)

A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

**Moonlighting**

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)

Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)

PGY-1 residents are not permitted to moonlight.

**Maximum In-House On-Call Frequency**

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

**At-Home Call**

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit. (Detail)

## **Physician Wellness Resources**

**Online Resources:**

- Mayo Clinic Physician Well-Being Program  
<http://www.mayo.edu/research/centers-programs/physician-well-being-program/overview>
- RENEW founded by Linda Hawes Clever, MD  
<http://renewnow.org>
- The Institute for the Study of Health and Illness (ISHI) founded by Rachel Naomi Remen, MD  
<http://www.ishiprograms.org/programs/>
- Columbia University Medical Center – Program in Narrative Medicine  
<http://www.narrativemedicine.org/>

**Books:**

- Firth-cozens, J. (2010). How to survive in medicine: Personally and Professionally. John Wiley & Sons.
- Lipsenthal, L. (2007). Finding balance in a medical life. Publisher: Author. Peterkin, A. D. (2008). Staying human during residency training: How to survive and thrive after medical school (4th ed). Toronto: University of Toronto Press.
- Skovholt, T. & Trotter-Mathison, M. J. (2010). The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals (2nd Ed). Routledge.
- Sotile, W. M. & Sotile, M. O. (2002). The resilient physician: Effective emotional management for doctors and their medical organizations. Washington, DC: American Medical Association Press.
- Wicks, R. (2005). Overcoming secondary stress in medical and nursing practice: A guide to professional resilience and personal well-being. Oxford: Oxford University Press.

### **Mindfulness Resources**

**Online Resources:**

- Mindfulness Awareness Research Center (MARC), UCLA Semel Institute, University of California  
<http://marc.ucla.edu/default.cfm>
- This website provides a bibliography and summary of key research finding.  
<http://marc.ucla.edu/body.cfm?id=38#Programs>
- Center for Mindfulness in Medicine at UMASS Boston - Mindfulness Based Stress Reduction (MBSR)  
<http://www.umassmed.edu/cfm/home/>

**Books:**

- Bien, T. (2006). Mindful therapy: A Guide for Therapists and Helping Professionals, Somerville, MA: Wisdom Publications.
- McCrown, D., Reibel, D. K., & Micozzi, M. S. (2011). Teaching mindfulness: A practical guide for clinicians and educators. New York: Springer.
- Santorelli, S. F. (2000). Heal Thy self: Lessons on Mindfulness in Medicine. New York: Random House.
- Shapiro, S. L. & Carlson, L. E. (2009). The Art and Science of Mindfulness: Integrating Mindfulness into Psychology and the Helping Professions. Washington,DC: American Psychological Association.
- Siegel, D. J. (2010). The Mindful Therapist: A clinician's guide to mindsight and neural integration. New York: W. W. Norton & Company.

**Smartphone Apps:**

- The Mindfulness App by MindApps  
<http://www.mindapps.se/?lang=en>
- Headspace  
<https://www.headspace.com/headspace-meditation-app>
- Mindfulness Meditation by Mental Workout  
<http://www.mentalworkout.com/store/programs/mindfulness-meditation/>

**Treatment Resources for Physicians****Online Resources:****National Level:**

- Federation of State Physician Health Programs (FSPHP)  
<http://www.fsphp.org>
- FSPHP Policy on Physician Impairment:  
[https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/grpol\\_policy-on-physician-impairment.pdf](https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/grpol_policy-on-physician-impairment.pdf)

**State Level:**

- **Illinois Professionals Health Program**

[Illinois Professionals Health Program](#) (800) 215-HELP (4357) [choffman@illinoisphp.com](mailto:choffman@illinoisphp.com) (link sends e-mail)

<https://www.ismie.com/Risk-Management/Illinois-Professionals-Health-Program/>

The Illinois Professionals Health Program (IPHP) is a confidential program that aids physicians with problems related to alcohol and drug abuse, psychiatric disability, dual diagnosis, physical disabilities, problems of aging, sexual misconduct, and the stress of everyday medical practice.

Initially developed by and offered through the Illinois State Medical Society, IPHP is now an independent LLC, and has no disciplinary authority. It is strictly an advocacy group for physicians and those concerned about them. All participant-related information is kept completely confidential and is protected by Illinois state law.

IPHP maintains a 24-hour Help Line (1.800.215.4357) for physicians to call when troubled or seeking help in a crisis situation.

## Suicide Prevention Resources

- American Foundation for Suicide Prevention-

<https://afsp.org/find-support/>

If you are in crisis, call The National Suicide Prevention Lifeline at [1-800-273-TALK \(8255\)](tel:1-800-273-TALK).

### **Contact Our National Office**

Toll-Free: 1-888-333-AFSP (2377)

T: (212) 363-3500

F: (212) 363-6237

General Inquiries: [info@afsp.org](mailto:info@afsp.org)

Press Office: [347-826-3577](tel:347-826-3577)

Mailing Address:

120 Wall Street

29th Floor

New York, NY 10005

### **Contact Our Public Policy Office**

T: (202) 449-3600

F: (202) 449-3601

Mailing Address:

440 First Street, NW Suite 300

Washington, DC 20001

### **Books:**

- Myers, M. F. & Gabbard, G. O. (2008). The physician as patient: A clinical handbook for mental health professionals. Arlington, VA: American Psychiatric Publishing, Inc.
- Goldman, L. S., Myers, M., & Dickstein, L. J. (Ed). (2000). The handbook of physician health: The essential guide to understanding the health care needs of physicians. Chicago, IL: American Medical Association.

### **National Level:**

Federation of State Physician Health Programs, Inc.

515 North State Street – Room 8584

Chicago, IL 60654

Phone: 312-464-4574

[https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/grpol\\_policy-on-physician-impairment.pdf](https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/grpol_policy-on-physician-impairment.pdf)

### **State Level:**

Illinois Professionals Health Program

<https://www.ismie.com/Risk-Management/Illinois-Professionals-Health-Program/>

24-Hour Help Line: (800)215-HELP(4357)

The Illinois Professionals Health Program (IPHP) is a confidential program that aids physicians with problems related to alcohol and drug abuse, psychiatric disability, dual diagnosis, physical disabilities, problems of aging, sexual misconduct, and the stress of everyday medical practice. IPHP maintains a 24-hour Help Line for physicians to call when troubled or seeking help in a crisis situation. Initially developed by an offered through the Illinois State Medical Society, IPHP is now an independent LLC, and has no disciplinary authority. It is strictly an advocacy group for physicians and those concerned about them. All participant-related information is kept completely confidential and is protected by Illinois State Law.

## **Local Licensed Psychologists/Therapists:**

- **Specialty: Career Counseling, Anxiety/Depression, Substance Use**

For Complete List with Contact Information:

<https://therapists.psychologytoday.com/> (Enter Nearest Zip Code)

## **Treatment Centers (Substance Abuse/Mental Health Services):**

### **Local:**

- A&A PRESCRIPTION DRUG ADDICTION TREATMENT CENTER 2
- 1601 E Mound Rd Decatur, IL 62526
- A & A Drug Rehab & Alcohol Detox Treatment Center 24 Hour Helpline
- Decatur, IL 62521
- Psychiatric Associates of Central Illinois
- 1124 S 6th St Springfield, IL 62703
- PRAIRIE CENTER HEALTH SYSTEMS INC
- 122 W Hill St Champaign, IL 61820
- DUI SOLUTIONS & TREATMENT ALTERNATIVES INC
- 207 W Jefferson St Ste 501 Bloomington, IL 61701
- Adult Chemical Dependency Treatment
- 702 W Chestnut St Bloomington, IL 61701
- Employee Assistance & Workplace Services
- 1003 Martin Luther King Dr Bloomington, IL 61701
- Adolescent Chemical Dependency Treatment
- 1003 Martin Luther King Dr Bloomington, IL 61701
- IWIN
- 482 Wylie Dr Normal, IL 61761
- Lighthouse Institute
- 448 Wylie Dr Normal, IL 61761

### **DMH- EAP Resources:**

Decatur Memorial Hospital provides an Employee Assistance Program to all employees, including interns and residents and family members. This counseling and referral service is provided by Chestnut Global Partners and can be accessed by calling 1-800-433-7916.

Employees and their immediate family members may receive up to eight (8) sessions of problem assessment, consultation, and counseling at no cost to them. If any additional help is recommended, your health insurance and other benefits may apply. Areas covered include:

Anxiety	Depression
Parenting concerns	Marital conflict
Anger management	Credit or budget problems
Legal questions	Domestic violence
Mood swings	Alcohol or drug abuse
Grief and loss	Family concerns
Communication problems	Identity theft
Care of aging parents	

Steps for participation in the employee assistance program: Available 24 hours/day, 7 days/week.

1. Call (800) 433-7916.
2. A brief telephone intake will be conducted.
3. An appointment will be arranged for you at a convenient time.
4. You will meet with a counselor to discuss your problem in strict confidence.
5. Your personal problem may be resolved within eight (8) sessions or you may be referred to a professional resource who has expertise within your problem area.

### Quick Reference for Mental Health Assistance and Treatment



Published by

### **SIU School of Medicine**

Office of Residency Affairs 301 North 8<sup>th</sup>  
Street Room 3A158  
Springfield, IL 62794-9656  
(217) 545-8853

Revised 8.2016

***If you are employed by Southern Illinois Healthcare Your Insurer is  
either Health Alliance or Consociate***

The most current information regarding the panel of psychiatrists  
and psychologists is available from  
Health Alliance at 800-851-3379 and Consociate at 800-798-2422



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## **If you are employed by Decatur Memorial Hospital Your Insurer is Consociate**

The most current information regarding the panel of psychiatrists and psychologists is available from Consociate at 217-423-7788 or from their web site at [www.consociategroup.com](http://www.consociategroup.com)

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### ***On-Line Resources***

A variety of interesting materials regarding nutrition, wellness, stress management and mental health are available at the Office of Residency Affairs website ([www.siumed.edu/resaffairs](http://www.siumed.edu/resaffairs)).



Residency training is a time of tremendous personal and professional growth. It can also be very stressful. It is not at all uncommon for residents from time to time to feel stressed, overwhelmed, burned-out, or even to develop clinical depression. If you should experience any of these, we encourage you to seek or accept help. You do not need to shoulder these burdens alone. If you are feeling overwhelmed, find someone you trust to talk to, whether it be a colleague, friend or family member, your doctor, your pastor, or your program director. For any resident who needs some professional assistance, multiple resources are available.

### **EAP**

An employee assistance program is provided for all residents and fellows by their employing hospital. This program provides professional, confidential assistance by a counselor to anyone in need. This is free, and no record of contact with the counselor is placed in your medical records, Health Service records or personnel file. All contact is kept confidential, except as required by law or in situations deemed potentially life-threatening.

<b>Springfield Programs</b>	
Memorial Medical Center Employee Assistance Program	Toll Free (888) 817-8989
HSBS Employee Assistance Program	(217) 744-2255 or (800) 879-7005
<b>Affiliate Programs</b>	
Decatur Memorial Hospital Employee Assistance Program	Toll Free (800) 433-7916
Blessing Hospital Employee Assistance Program	217 223 1200 ext 4525
Memorial Hospital of Carbondale Employee Assistance Program	618-549-0721

## Psychiatric Care

Any resident or fellow who is in need of brief intervention by a psychiatrist has available to them one evaluation and up to six follow-up visits, free of charge and no questions asked. Any resident wishing to utilize this service can contact the Office of Residency Affairs (5458853) and be assigned a confidential number. You do not need to give your name. All treatment information is kept confidential except as required by law, or if the resident gives permission. Participating psychiatrists are:

<i>Springfield Area Psychiatrists</i>	
Vine Street Clinic~ (217-726-7300) <ul style="list-style-type: none"><li>• Richard Alexander, MD</li><li>• Rodica Brisan, MD</li><li>• Catherine Fox, MD</li><li>• Fareed Tabatabai, MD</li><li>• Sankrant Reddy, MD</li><li>• Kuldeep Singh, MD</li><li>• Richard Schenkelberg, MD</li></ul>	~ Memorial Self Funded PlanHealth Alliance PPO providers  # Coventry Healthcare HMO providers  * Coventry Healthcare Platinum PPO providers
SIU Psychiatrists ~ # * To make an appointment with an SIU psychiatrist, please contact Jill Koester at 217-545-7675.	

## *The Illinois Professionals Health Program*

An advocacy program for impaired Illinois health professionals sponsored by the Illinois State Medical Society, the Illinois State Medical Insurance Exchange and other professional health organizations. This program is available to provide initial intervention, screening, and referral services as well as coordination of care and case management for impaired professionals (including substance abuse). They can coordinate intervention services, handle referrals to approved treatment providers for assessment and treatment, and make after-care arrangements. This program is available to all Illinois physicians, residents, and medical students. This program is independent from the Illinois Department of Finance and Professional Regulation and has no disciplinary role or authority.

**24 Hour HelpLine: 1-800-215-4357**

<http://www.advocatehealth.com/illinoisprofessionalshealthprogram>

Resources taken from SIU website- <http://www.siumed.edu/gme/resident-well-being.html>

- **SIU/DECATUR FAMILY MEDICINE RESIDENCY Policy- INTERN/RESIDENT WELL-BEING**

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The Decatur Family Medicine faculty is very interested in fostering both the professional and the personal well-being of the interns/residents. Formal opportunities to discuss issues of the interest and/or concern to residents will be scheduled regularly. Each intern/resident is assigned a faculty advisor. Faculty also will make themselves available informally at intern/resident request. Every effort will be made to safeguard the privacy and confidentiality of intern/residents.

Intern/resident retreats provide an opportunity for residents to improve cohesiveness and to have an opportunity to discuss residency issues with a non-program facilitator.

Intern/resident class support groups are conducted to provide support and guidance during residency.

Confidential Employees Assistance Program is available to interns/residents.

- **SIU/DECATUR FAMILY MEDICINE RESIDENCY- EDUCATIONAL POLICIES – Work HOURS**

The SIU Decatur Family Practice Residency insures compliance with the Accreditation Council for Graduate Medical Education (ACGME) Duty Hours Requirements through the following process:

1. The learning objectives of the program are not achieved by excessive reliance on residents to fulfill service obligations.
2. Work hour assignments recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
3. A senior resident is available to the first year resident in-house to provide advice and supervision at all times and assistance at times of unusual workload.
4. A faculty physician is available to the chief and resident for advice and supervision at all times and to assist with patient care at times of unusual patient care demands.
5. Residents and faculty will be educated each year regarding the signs of fatigue and ways to prevent and counteract the potential negative effects.
6. Work hours are defined as all clinical and academic activities related to the residency program, including patient care, administrative duties related to patient care, in-house call, and conferences. Time reading or on call from home are not included.
7. Work hours will not exceed 80 hours per week, averaged over a four-week period. In most cases, 80 hours per week will not be exceeded in a single week.
8. Residents will be provided one day each week free from duty hours.
9. A 8-hour period should be provided between scheduled clinical and educational periods.
10. The objective of in-house on-call duty is to allow continuity of patient care experiences throughout a 24-hour period. No resident will be scheduled to be in-house more often than every third night on average, and more often will be scheduled every fourth night.
11. When a resident taking call from home is called into the hospital to care for a patient, the hours spent at the hospital will be counted as duty hours and will be counted toward the 80-hour limit. If the resident is working too many hours, the schedule will be adjusted.
12. Each resident will record his/her duty hours daily. This information shall be reviewed by the Faculty each month and will be reported to each JCAHO accredited hospital involved.
13. Faculty will be responsible for remedying any scheduling problems that exceed the Duty Hours Requirements.

14. All moonlighting must be approved and monitored by Faculty. Moonlighting hours will be applied to the 80-hour limit.
15. Residents will be provided with a room for rest and privacy when in-house.
16. Residents will be provided with a meal allowance for call.
17. The Program Director is responsible for monitoring Duty Hours Requirements and reporting annually on compliance to the medical staff and governing body of each major participating JCAHO accredited hospital.

• **SIU/DECATUR FAMILY MEDICINE RESIDENCY EMPLOYMENT POLICIES AND PROCEDURES – FATIGUE AWARENESS AND MITIGATION PLAN**

The resident must stop working and acquire rest when fatigued. The resident must monitor themselves for the following signs suggestive of fatigue that usually occur after prolonged periods of sleeplessness:

- Sluggish thought patterns, inability to concentrate, having to check work repeatedly, difficulty focusing
- Inability to maintain wakeful state in the absence of external stimulation, falling asleep in conference
- Feeling confused or forgetful
- Irritability, sudden anger, intolerance, apathy
- Nausea or stomach cramps unassociated with physical illness
- Tremors, particularly intention tremors while performing delicate procedures

Supervisors should also be mindful of this warning signs in others:

- Nodding off
- Closing eyes during rounds
- Makes errors on presentations
- Appears irritable
- Appears forgetful and confused

If the resident experiences any of these symptoms, he/she must immediately obtain rest. If these symptoms are observed by supervisors or colleagues in the resident, the resident must be advised to immediately obtain rest.

If a resident is too fatigued to work, take call, perform other work related issues, or other resident duties, he or she must:

- The resident must first notify the attending (hospital, preceptor or adviser). The attending will discuss the fatigue related issue with the resident.
- If it is determined that it is a warranted concern, the attending may remove the resident from clinical and rotational obligations for the remainder of that day.
- The rotation preceptor will be notified by the resident and the clinic will remove patients from the residents schedule if they are in clinic. Notify the Nurse Supervisor as soon as possible once a decision is made. Those patients will either be rescheduled or placed on another provider's schedule, be it a resident or an NP/PA schedule that day.
- If this fatigue issue involves a first year resident, the first year should be going home by 10pm. The upper level will be back up to the first year.
- If this is an upper level that has a fatigue concern; depending upon the time this occurs, the faculty will remain in backup or a second upper level will be called in to cover the call.
- A second or third year will be asked to trade or fill in the call for the fatigued resident.
- The fatigued resident will hand off their patients to the upper level taking on call.
- The fatigued resident may then go home or use a call room at the hospital if they choose.
- Faculty should be notified in any circumstance of a fatigue related issue regarding a resident.

In any instance where this policy is invoked, the program director is to be notified and will oversee assuring there are no intended or unintended negative consequences for the resident who so invokes the policy.

Sometimes intermittent periods of fatigue can result in depression. If the resident experiences these symptoms, the Program Director will certainly be willing to help. If the resident would like to keep the situation confidential from the residency office, the GME office would be able to make appropriate referrals. Adequate patient care and education requires alert and responsive residents. Appropriate rest is important. Review the Office of Graduate Medical Education fatigue policy.

For residents and fellows, taking care of you is a challenge in the best of times. In the most stressful times, it can become nearly impossible if you are not familiar with tools and support systems to make it easier. Please take advantage of the information available at the link above.

- **SIU/DECATUR FAMILY MEDICINE RESIDENCY PROGRAM- EMPLOYMENT POLICIES AND PROCEDURES – EMERGENCY ABSENCE**

Any Resident or Faculty who is unable to work weekdays between 8am- 5pm must call the clinic charge nurse at pager number **217-424-0140** by **7:00 AM** to report his/her absence. The faculty and Chief on call must also be notified at this time by the resident. The charge nurse will inform the appropriate clinic staff to adjust schedules and inform the supervising faculty.

If a resident is sick and on call or has any Family Medicine responsibilities on a weekend or after hours, he/she is to contact the Chief resident and the faculty on call as soon as possible. The Chief is then to contact the faculty on call of any call changes. If the Chief is sick, he/she is to call the faculty on call as soon as possible.

- **RESIDENCY DIRECTOR- DR JESSIE JUNKER**

**Open Office Hours for Residents**

Monday 7:30 AM- 8:30 AM

Wednesday 4:30 PM- 5:30PM

Also anytime her door is open or you can make an apt by checking with her or Tina Hartwig. She also has posted open hours on her calendar outside her office door.

DECATUR MEMORIAL HOSPITAL  
HUMAN RESOURCES POLICY

<b>SUBJECT:</b>	<b>SUBSTANCE ABUSE/DRUG TESTING</b>
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<b>EFFECTIVE:</b>	<b>8/04</b>
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**POLICY:** Decatur Memorial Hospital has a vital interest in maintaining a safe and healthy work environment and in protecting the safety and well-being of our patients, employees, and others by providing a work place that is free from drug-related activity on the part of our employees.

“Drug-Related Activity” includes, but is not limited to:

- Violation of DMH’s written work rules prohibiting the use, possession, sale, or distribution of drugs or alcohol while the employee is working or while the employee is on the employer’s premises or operating the employer’s vehicles, machinery or equipment (the consumption of alcohol on-the-premises is only permitted for selective functions receiving Senior Management approval).
- Being under the influence of drugs or alcohol.
- Having sustained a personal injury or having caused another employee, patient, or visitor to be injured while performing work-related duties and the injury can reasonably be determined to be impairment related.
- Having caused a work-related accident or was operating or helping to operate machinery, equipment, or vehicles involved in a work-related accident and the injury/damage can reasonably be determined to be impairment related.

**IMPLEMENTATION:**

The use of illegal drugs or the participation in any drug-related activity by our employees is not acceptable and is not compatible with our goals of providing high quality health care services.

DMH’s substance abuse testing policy is pursuant to the federal and Illinois state Drug-Free Workplace Act.

Substance abuse testing will be required in the following circumstances:

1. Pre-employment
2. Reasonable suspicion that an employee is under the influence of any drug/alcohol substance
3. Random testing

All applicants will be required, as a condition of employment, to submit to testing. Employees will be subject to reasonable suspicion testing and random testing in accordance with this policy. The use of any adulterants will be considered the same as refusing to take the test, and involves all sanctions of refusal. If your urine sample is adulterated (contaminated with a foreign substance), DMH will regard the sample as tampered and will be treated as a refusal to take the test. You will be subject to immediate discharge. In addition, Illinois law P.A. 93-0691 views any attempt to defraud a drug/alcohol-screening test as a felony.

**I. Scope of Policy**

For the purpose of this policy, a drug is defined as any of the following:

- Any prescribed medication
- Any illegal or unprescribed controlled chemical substance
- Any alcoholic beverage
- Any substance causing unusual or abnormal behavior which adversely affects the employee’s work performance (e.g. lack of concentration/focus, poor coordination, impaired speech, drowsiness, hyperactivity, etc.)

A. Pre-employment Testing

DMH's policy requires all candidates who are selected for employment to undergo a urine substance screening test prior to the first day of employment. A positive test may result in the offer of employment being rescinded.

In case of positive results due to a prescription drug, the Employee Health Physician/MRO will determine if the prescription might cause impairment on the job. In consultation with the MRO, the Director of Human Resources and the prospective Department Director will make a final determination concerning the candidate's employment status.

B. Reasonable Suspicion Testing

Substance Screening Includes:

- Drug and Alcohol testing with the analysis of a body component and sample for the purpose of measuring the presence or absence of drugs, alcohol or their metabolites.
- Reasonable suspicion is defined as a reasonable basis for forming a belief that is based on facts with rational inferences drawn from the facts.

When an employee is reasonably suspected by one or more members of management of violating this policy, the employee will be directed to immediate substance abuse testing. Testing will be done by Employee Health during their business hours or the DMH Respiratory Care Department when Employee Health is closed.

Substance abuse testing will include a urine drug screen and breath alcohol test (threshold of .04). If the screen indicates the presence of alcohol, a confirmatory test will be done immediately.

Employees involved in motor vehicle accidents or associated with a work related injury involving the use of any DMH equipment will automatically be required to undergo immediate substance abuse testing as mentioned in the preceding paragraph.

Employees will be sent home without pay, pending the results of the substance abuse test. DMH will assist employees in obtaining necessary transportation. If the results are negative, the employee will be paid for the scheduled work time lost. Positive test results will involve corrective action, up to and including termination.

Drug testing may be required of an employee who has been referred for chemical dependency treatment or evaluation or who is participating in a treatment program. In these circumstances, the employee may be required to undergo testing without prior notice during the evaluation or treatment period and for a period of up to two (2) years following completion of a prescribed treatment program.

C. Random Testing

Employees may be tested at any time on a random, unannounced basis. Periodically, employees will be asked to report to Human Resources for testing. For a test to be truly random, all employees are eligible for selection at every occasion of random testing. Selections will be done using a computerized random selection process.

Random testing will include a urine drug screen and may include a breath alcohol test (threshold of .04). If the screen indicates the presence of alcohol, a confirmatory test will be done immediately. Employees who test negative at random, where there is no reasonable suspicion, will be allowed to report back to work immediately after testing.

Employees testing positive for prescription medications will undergo an interview with the MRO, who will determine suitability for return-to-work pending the confirmatory results.

Positive test results will have the same consequences, options, and procedures as reasonable suspicion testing.

## • **PREVENTION OF STRESS DURING RESIDENCY POLICY**

SIU Decatur Family Medicine Residency recognizes that residency training and medical practice demand intellectual excellence and continuous education, long hours, progressive responsibility and a caring and compassionate approach to individual patients and their families who may themselves be greatly stressed. Resident physicians are often stressed financially, in their personal and intimate relationships as parents and spouses as well as in their personal obligations. Since resident stress may lead to alcohol and other substance abuse, divorce and suicides, the institution and the residency program has the responsibility to educate residents in particular about occupational and personal stress. Of equal importance is the responsibility of the residency program to minimize avoidable and unnecessary negative stresses and guide residents how to manage the stress they encounter.

The purpose of this policy is to provide guidance for residents and faculty and assist them in identifying stress, becoming familiar with the causes and responses to stress and suggesting ways to manage stress. Residents and faculty are encouraged to monitor and prevent stress on themselves and other residents.

○ **STRESS AWARENESS:** Manifestations of stress are numerous and varied but they generally fall into four categories (this is only a partial list of most common symptoms):

Physical: fatigue, headache, insomnia, muscle aches/stiffness (especially neck, shoulders and low back), heart palpitations, chest pains, abdominal cramps, nausea, trembling, cold extremities, flushing or sweating and frequent colds are all possible physical manifestation of stress. Sleep difficulties as well as constantly feeling tired and ill may also be physical manifestations of stress.

Mental: decrease in concentration and memory, indecisiveness, mind racing or going blank, confusion, loss of sense of humor are often consequences of stress.

Emotional: anxiety, nervousness, depression, anger, frustration, worry, fear, irritability, impatience, and short temper are all manifestations of the effects of stress.

Behavioral: stress can manifest itself with pacing, fidgeting, nervous habits (nail-biting, foottapping), increased eating, smoking, drinking, crying, yelling, swearing, blaming and even throwing things or hitting.

○ **CAUSES OF STRESS:** There are multiple potential causes of stress, some of which are listed below. Perhaps the most dangerous cause, yet readily preventable, is sleep deprivation as well as fatigue. Great care must be taken to identify and to prevent these potentially avoidable causes of stress.

▪ **Situational:**

- Sleep deprivation
- Time
- Fatigue
- Workload
- Difficult patients
- Inadequate learning environment
- "Scut" work



- **Personal:**
  - Family
  - Finances
  - Isolation
  - Lack of leisure time
  - Psychosocial problems
  - Coping difficulties
- **Professional:**
  - Patient care responsibility
  - Supervising others
  - Difficult patients
  - Difficult patient problems
  - Information overload
  - Career plans

## ○ **RESPONSES TO RESIDENCY TRAINING STRESS**

- Normal responses to training stress
  - Anticipation and excitement
  - Dysphoria, depression, self-doubt
  - Tedium
  - Sense of accomplishment and success
  - Satisfaction
- Abnormal responses to training stress
  - Severe affective disorders
  - Alcohol or substance abuse
  - Antisocial or criminal behavior
  - Suicide

○ **WAYS TO MASTER STRESS:** Strategies for reducing and/or preventing stress during the residency training include strategies related to effective communication, free time, friendship and social activities and counseling protocols. Preventing sleep deprivation by adhering to the work hour limits and utilizing off hours to obtain rest, may be the most important defense against stress.

- **Effective Communication**
  - Clear, written training policies and responsibilities
  - Orientation to progressive responsibilities each year
  - Respectful interactions with faculty and staff
  - Performance feedback with program director
  - Mentors
- **Free Time:** Take a time-out (anything from a short walk to a vacation) to get away from the things that are bothering you. This will not resolve the problem, but it gives you a break and a chance for your stress levels to decrease. Then, you can return to deal with issues feeling more rested and in a better frame of mind.

- Maternity/paternity leave policies
  - Mandated days off, personal time. In accordance with the Program Requirements and institutional policy, residents are provided an average of one day off in every seven. Certain circumstances may create a need for more frequent time off. This should be considered by the Program Director on a case-by-case basis and shall not be held against any resident requesting additional time off.
  - Breaks (take them as appropriate)
- Friendship and Social Activities
    - Don't isolate yourself. Talk about things with your colleagues. Talking to others about how you feel is useful.
    - Pursue and encourage outside interests
    - Participate in residency social gatherings
    - Orientation/support sessions for spouses, significant others
  - Counseling Protocols
    - Institution and Program shall provide formal education about stresses in training
    - Seek assistance from the institution's formal Employee Assistance Program which offers residents assistance in identifying and resolving personal and family problems and provides free assessment and counseling by qualified professionals.

**MEDICAL STAFF/MEDICAL EDUCATION MANUAL ON POLICIES AND GUIDELINES  
FOR ACCREDITED RESIDENCY PROGRAMS, item 36, page 28**

**IMPAIRED PRACTITIONER:**

The Hospital and its Medical Staff as well as the Residency program are committed to providing patients with quality care. The delivery of quality care can be compromised if a member of the Residency Program is suffering from an impairment. The American Medical Association defines the impaired practitioner as "one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol."

**A. MECHANISM FOR REPORTING AND REVIEWING POTENTIAL  
IMPAIRMENT:**

1) If any individual has a concern that a member of the Residency Program is impaired in any way that may affect his or her practice at the Hospital, a written report shall be given to the Vice President, Medical Affairs/Medical Education . The report shall include a description of the incident(s) that led to the concern and must be factual in nature. The individual making the report does not need to have proof of the impairment, but must state the facts leading to suspicions.

2) If, after discussing the incident(s) with the individual who filed the report, the Vice President, Medical Affairs/Medical Education believes there is enough information to warrant a review, the matter shall be referred to a Practitioner Health Committee, which is appointed by the President of the Medical Staff. If there is reason to believe the staff member's condition presents an imminent

threat to the health or safety of any individual, Vice President, Medical Affairs/Medical Education may take immediate action to suspend the resident from the program.

3) The Practitioner Health Committee shall act expeditiously in reviewing concerns of potential impairment that are brought to its attention, by meeting on the issue within three working days of notice. The Committee must make a recommendation to the Vice President, Medical Affairs/Medical Education within seven working days of its meeting.

4) As part of its review, the Practitioner Health Committee shall have the authority to meet with the individual(s) who prepared the report.

5) If the Practitioner Health Committee has reason to believe that the resident is or might be impaired, it shall also meet with the resident. At this meeting, the resident should be told that there is a concern that he or she might be suffering from an impairment that affects his or her practice. The resident should not be told who filed the initial report, but should be advised of the nature of the concern.

6) As part of its review, if the Practitioner Health Committee determines the resident has, or may potentially have, a drug or alcohol problem, they will request that the Vice President for Medical Affairs/Medical Education refer the resident for further evaluation by an appropriate individual/organization.

7) If the Practitioner Health Committee concludes in its report to the Vice President for Medical Affairs/Medical Education that the impairment is due to physical or other health reasons, depending upon the severity of the problem and the nature of the impairment, the following options are available:

- a. recommend that the resident voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation or treatment program to address and resolve the impairment;
- b. Require that the resident undertake a rehabilitation program as a condition of continuance in the program.
- c. Recommend that urgent action must be taken.

8) If the Practitioner Health Committee recommends that the resident participate in a rehabilitation or treatment program, it should assist the resident in locating a suitable program.

9) If the resident agrees to abide by the recommendation of the Practitioner Health Committee, then a confidential report will be placed in the resident's file. In the event there is concern by the Vice President, Medical Affairs/Medical Education that the action of the Practitioner Health Committee is not sufficient to protect patients, the matter will be referred back to the Practitioner Health Committee with specific recommendations on how to revise the action or it will be referred to the President of the Hospital for further action.

## **B. REINSTATEMENT:**

Upon sufficient proof that a resident who has been suffering from an impairment has successfully completed a rehabilitation or treatment program, the Vice President for Medical Affairs/Medical Education in conjunction with the Practitioner Health Committee may recommend that the resident be reinstated into the program. In making a recommendation that an impaired resident be reinstated, concern for patient safety issues must be paramount. Prior to recommending reinstatement a letter must be obtained from the professional overseeing the rehabilitation or treatment program. The letter must address the following:

1. the nature of the resident's condition;
2. whether the resident is participating in a rehabilitation or treatment program and a description of the program;

3. whether the resident is in compliance with all of the terms of the program;
4. to what extent the resident's behavior and conduct need to be monitored;
5. whether the resident is rehabilitated;
6. whether an aftercare program has been recommended to the resident and, if so, a description of the aftercare program; and
7. whether the resident is capable of resuming medical practice and providing continuous, competent care to patients.

Before recommending reinstatement, the Practitioner Health Committee may request a second opinion on the above issues from a resident of its choice. Assuming that all of the information received indicates that the resident is capable of resuming care of patients, the resident shall be required to provide periodic reports to the Vice President of Medical Affairs/Medical Education from his or her attending resident, for a period of time specified by the Vice President of Medical Affairs/Medical Education, stating that the resident is continuing rehabilitation or treatment as appropriate, and that his or her ability to treat and care for patients in the Hospital is not impaired. The resident must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests.

#### **C. DOCUMENTATION AND CONFIDENTIALITY:**

The original report and a description of any recommendations made should be included in the resident's file. If, however, the review reveals that there was no merit to the report, the report should be destroyed. If the review reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the resident's file and the his/her activities and practice shall be monitored until it can be established whether there is an impairment. The resident shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his or her credentials file. The Vice President of Medical Affairs/Medical Education shall inform the individual who filed the report that follow-up action was taken.

Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in this policy. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardizes the safety of the resident or others, law enforcement authorities or other governmental agencies may be contacted.

#### **D. SELF-REPORTING BY NEW APPLICANTS OR CURRENT STAFF MEMBERS:**

When the Vice President for Medical Affairs/Medical Education receives notice from a resident that he is currently impaired or is participating in a treatment program, the mechanism for reviewing impairment and reinstatement, above, shall be followed



## **SIU SCHOOL of MEDICINE- Resources for Resident Wellness on the website**

<http://www.siumed.edu/gme/resident-well-being.html>

[Home](#) » [Graduate Medical Education](#) » Resident Well Being

### ***GENERAL WELLNESS AND STRESS MANAGEMENT***

[Stress Managment Techniques](#)

[AMA Physician Wellness](#)

### ***MENTAL HEALTH RESOURCES***

[International Doctors in Alcoholics Anonymous](#)

[National Council on Alcoholism and Drug Dependence](#)

[Employee Assistance Program](#)

[Illinois Physicians Health Program](#)

### ***PROFESSIONAL SUPPORT***

[AAMC - Resources for Resident](#)

[AAMC - Organization of Resident Representatives](#)

[AAMC - Financial Aid Resource](#)

### ***TIME MANAGEMENT***

[Five Priority-Setting Traps](#)

[The 80/20 Rule of Time Management](#)

[Creating the Time of Your Life](#)

[Mind Tools](#)

[13 Time Management Tools for Harried Residents](#)

[Six Ways to Make Play a Priority](#)

[Five Ways to Say "No" Effectively](#)

# Time Management Tips 🕒

## **Use a to-do list or an appointment book.**

Writing down your responsibilities has a number of benefits. Not only will it ensure you don't forget anything, it also reduces stress by allowing you to drop your mental checklist.

## **Prioritize your tasks.**

Focus on completing the most important, and the quickest tasks, first. If you have a few "to-dos" that will only take five minutes, knock them out quickly for the peace of mind.

## **Break large tasks into smaller pieces.**

It's easy to feel overwhelmed when you have a really big task before you. Breaking big tasks into small pieces will help you get started, which is often the hardest part. For example, writing a paper can be reduced to pieces such as doing research, preparing an outline, and writing an introductory paragraph.

## **Limit distractions.**

Spend a few days recording how much time you spend on distractions such as social media or TV. Then, cut out the distractions you don't actually enjoy, and schedule time for the ones you do enjoy. Always set an alarm so you know when to get back to work.

## **If you can't limit your distractions, get away from them.**

If you know that you will succumb to distractions, get away from them. Create clear boundaries between work and play by putting up a "Do Not Disturb" sign on your door, turning off your phone, or going to a coffee shop without a TV. Everyone is different in this regard—make the changes *you* need to focus.

## **Give yourself time between tasks.**

Plan on arriving to appointments 15 minutes early, and bring something to do in case you find yourself waiting. Scheduling some buffer time will help to reduce your stress when things inevitably run long.

## **Let yourself be less than perfect.**

If you try to complete every task to perfection, some of your other responsibilities won't get done at all. Focus on completing everything to an acceptable level, and then go back to improve upon your work if you have time.

# Stress Management Tips

## **Keep in mind that stress isn't a bad thing.**

Stress motivates us to work toward solving our problems. Reframing thoughts to view stress as an acceptable emotion, or as a tool, has been found to reduce many of the negative symptoms associated with it. The goal is to *manage* stress, not to eliminate it.

## **Talk about your problems, even if they won't be solved.**

Talking about your stressors—even if you don't solve them—releases hormones in your body that reduce the negative feelings associated with stress. Time spent talking with friends and loved ones is valuable, even when you have a lot on your plate.

## **Prioritize your responsibilities.**

Focus on completing quick tasks first. Having too many “to-dos” can be stressful, even if none of them are very big. Quickly knocking out the small tasks will clear up your mind to focus on larger responsibilities.

## **Focus on the basics.**

Stress can start a harmful cycle where basic needs are neglected, which leads to more stress. Make a point to focus on your basic needs, such as eating well, keeping a healthy sleep schedule, exercising, and other forms of self-care.

## **Don't put all your eggs in one basket.**

People who are overinvolved in one aspect of their life often struggle to deal with stress when that area is threatened. Balance your time and energy between several areas, such as your career, family, friendships, and personal hobbies.

## **Set aside time for yourself.**

Personal time usually gets moved to the bottom of the list when things get hectic. However, when personal time is neglected, everything else tends to suffer. Set aside time to relax and have fun every day, without interruptions.





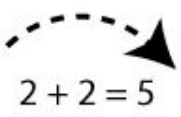




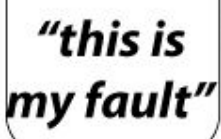
## **Keep things in perspective.**

In the heat of the moment, little problems can feel bigger than they are. Take a step back, and think about how important your stressors are in a broader context. Will they matter in a week? In a year? Writing about your stressors will help you develop a healthier perspective.

## Unhelpful Thinking Patterns

Cognitive distortions are irrational thoughts that influence our emotions. Everyone experiences cognitive distortions to some degree, but in their more extreme form they can be maladaptive and harmful, specifically during times of stress or if one is experiencing feelings of depression. Use the below information as a reference point to help identify irrational thought patterns that could potentially cause harm both personally and professionally.

### Unhelpful Thinking Styles

<b>All or nothing thinking</b>  Sometimes called 'black and white thinking' <i>If I'm not perfect I have failed</i> <i>Either I do it right or not at all</i>	<b>Over-generalizing</b>  Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw
<b>Mental filter</b>  Only paying attention to certain types of evidence <i>Noticing our failures but not seeing our successes</i>	<b>Disqualifying the positive</b>  Discounting the good things that have happened or that you have done for some reason or another <i>That doesn't count</i>
<b>Jumping to conclusions</b>  There are two key types of jumping to conclusions: • <b>Mind reading</b> (imagining we know what others are thinking) • <b>Fortune telling</b> (predicting the future)	<b>Magnification (catastrophizing) &amp; minimization</b>  Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important
<b>Emotional reasoning</b>  Assuming that because we feel a certain way what we think must be true <i>I feel embarrassed so I must be an idiot</i>	<b>should must</b>  Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed If we apply 'shoulds' to other people the result is often frustration
<b>Labelling</b>  Assigning labels to ourselves or other people <i>I'm a loser</i> <i>I'm completely useless</i> <i>They're such an idiot</i>	<b>Personalization</b>  Blaming yourself or taking responsibility for something that wasn't completely your fault Conversely, blaming other people for something that was your fault



### **Daily Affirmations: for Health, Gratitude and Positivity**

Affirmations can be a powerful tool to help you change your mood, state of mind, and manifest the change you desire in your life. If you find yourself struggling with being positive, thankful or accepting (of yourself or others), repeating an affirmation 2-3 times a day can be a way to reprogram your mind to believing the stated concept. Below are examples of affirmations that may be helpful. Creating your own or combining affirmations to best suite your current struggles will create the most potential for positive change.

I am capable.

It's okay to think about what I need.

I believe in my capabilities and value the unique talents I can offer the world.

I am a person of high integrity and sincere purpose.

I trust in my ability to succeed at my goals.

I am a valuable and important person, worthy of the respect of others.

I am optimistic about life. I look forward and enjoy new challenges.

I know what my values are and am confident in the decisions I make.

I take pride in what I've accomplished and look forward to what I intend to achieve.

I believe in my ability to succeed.

I will face whatever comes today with a positive attitude.

I nurture myself so I can nurture others.

I have the power to create change.

I am stronger than this challenge, and this challenge is making me even stronger.

I am the architect of my life; I build its foundation and choose its contents.

My ability to conquer my challenges is limitless; my potential to succeed is infinite.

Though these times are difficult, they are only a short phase of life.

I am at peace with all that has happened, is happening, and will happen.

I enjoy working with my team.

I am thankful for each member of my team and what they have to offer.

I am setting priorities and making time for what is important.

## **Self-Care and Reflection through Journaling**

Journaling allows for emotional, spiritual, mental and physical health and wellness through the purposeful use of reflective writing. By recording thoughts and feelings in an intentional way, a deeper understanding of oneself or life's issues may emerge as concerns, confusions and both internal and external conflicts are addressed; leading to greater perspective taking on life events and release of tension. While there is no right or wrong way to journal, journaling can be done freely or through the use of prompts. Below are two examples of specific types of journaling.

### **Gratitude Journal**

Take 5-10 minutes to create a "Things I am grateful for" list.

1. Note 3-5 things you are grateful for.
2. Pause to imagine what life would be like if these things were not in your life.
3. Feel the gratitude for these blessings by taking a couple of deep breaths.
4. Take time once a week to reflect on what you are thankful for.

### **Intention Journal**

Are you in survival mode? Are you starting to see the majority of your job duties as a hassle? Are you feeling like you have no control of your day? The best way to turn around 'survival mode' is to create intention.

1. Think about the most meaningful patient encounter you have had during your career as a physician; one of those moments that reminded you why you became a physician in the first place.
2. With this event in mind, write down all of the details you can remember from the event. Read it back to yourself and focus on how you felt during this encounter.
3. Before your next work day, take a moment to remind yourself of that moment and be on the lookout for a meaningful moment, encounter or feeling of satisfaction during your workday, with either a patient or staff member.
4. Take a moment to write down your intention of finding a positive interaction. Writing down your intent will help bring your thought and commitment to reality.

**Scheduling Activities**  
**Pleasant- Social- Physical**

As schedules become hectic and time less available, we often put personal needs, wants or activities on hold. Time for oneself, though, is an important way to deal with stress and mitigate depression. Scheduling pleasant, social or physical activities each day is key in maintaining a healthy work-life balance.

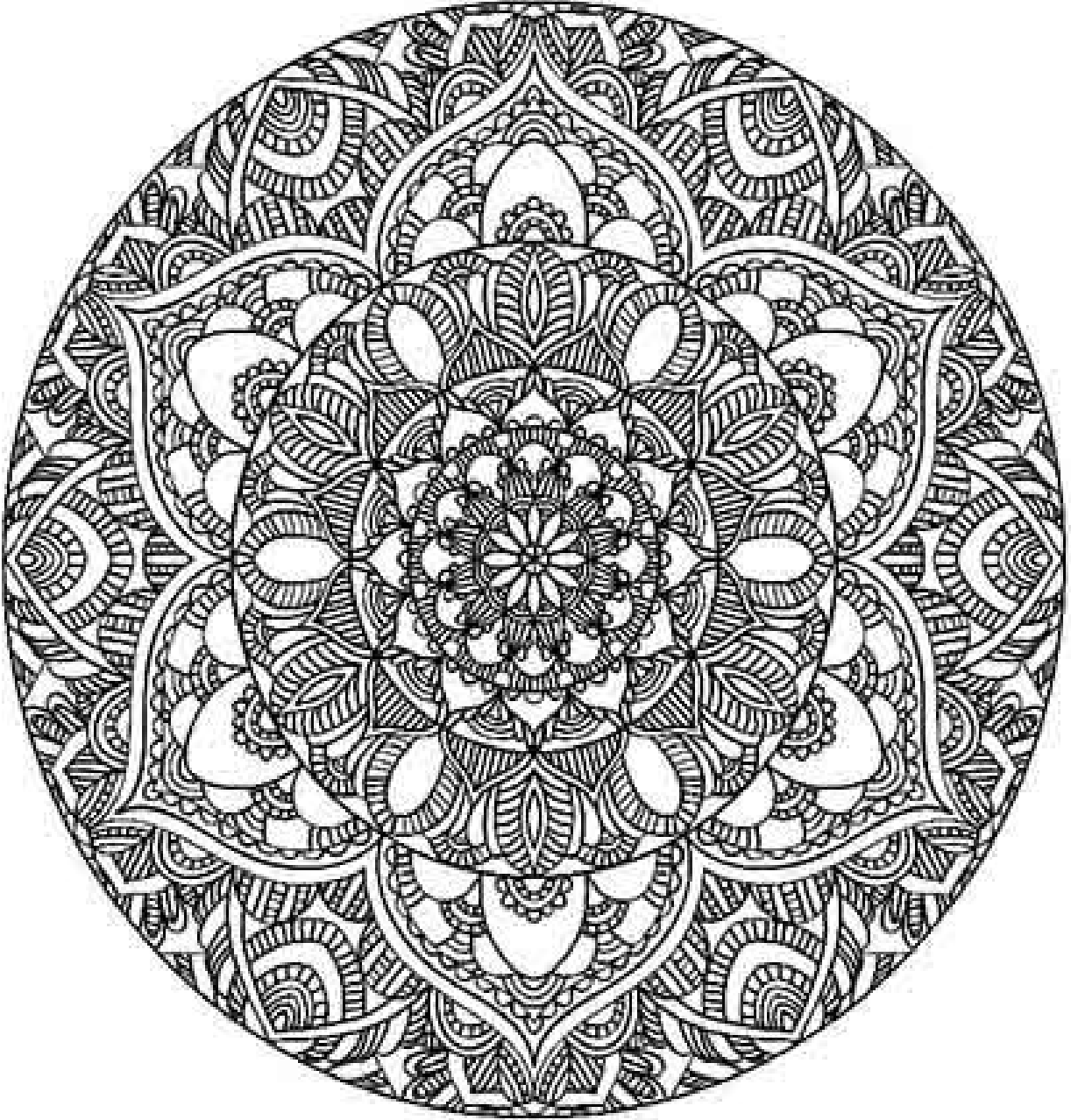
As planning time for yourself may be new, it may be helpful to visually plan and keep track of enjoyable activities a week's worth of daily activities at a time. Enjoyable activities may include such things as taking time for a hobby, meditation, going for a walk or having coffee with a neighbor.

The schedule below is an example of a way to keep track of and schedule daily enjoyable activities.

<b>Daily Activities</b>			
Day	Date	Activity	Completed? Y/N
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### De-stress and Relax

Carl Young, a famous psychiatrist, prescribed coloring to his patients. Coloring helps to reduce stress because it allows the fear center of the brain to take a break. By giving your brain time to rest, stress is relieved, even after we've stopped coloring.





## SIU Decatur Family Medicine Residency

## Wellness Checks

[illegible]

## Women 22 to 49 Recommendations

Wellness Schedule	Screening Schedule	Immunization Schedule
<a href="#">Well-care visit</a> at least once every 4 years	<p><a href="#">Pap test</a> every 3 years through age 29. Starting at age 30, every 5 years with a test that includes HPV screening.</p> <p><a href="#">Chlamydia test</a> every year for sexually active women through age 24.*</p> <p><a href="#">HIV test</a> one time during adulthood (through age 64).</p> <p><a href="#">Mammogram</a>: There are risks and benefits in starting breast cancer screening before age 50. Talk with your doctor. Women who wish to begin screening at age 40 can self-refer to a <a href="#">mammogram location</a>.</p> <p><a href="#">Cholesterol check</a> every 5 years, beginning at age 45.</p> <p><a href="#">Blood pressure check</a> every 2 years.</p> <p><a href="#">Hepatitis C test</a> one time during adulthood if you were born 1945-1965.</p>	<p><a href="#">Tetanus-diphtheria</a> every 10 years.**</p> <p><a href="#">Flu vaccine</a> yearly</p>

## Men 22 to 49

Wellness Schedule	Screening Schedule	Immunization Schedule
<a href="#">Well-care visit</a> at least once every 4 years	<p><a href="#">Blood pressure check</a> every 2 years.</p> <p><a href="#">Cholesterol check</a> every 5 years, beginning at age 35.</p> <p><a href="#">HIV test</a> one time during adulthood (through age 64).</p> <p><a href="#">Hepatitis C test</a> one time during adulthood if you were born 1945-1965.</p>	<p><a href="#">Tetanus-diphtheria</a> every 10 years.**</p> <p><a href="#">Flu vaccine</a> every year.</p>