



European  
Association for  
Physician Health



# Caring for caregivers

How to train caregivers for sick doctors ?

Preliminary report of a french national training  
program

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Being a doctor and staying a person

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# Physicians for physicians

- ❑ **A globally healthy medical profession:**
  - Ageing
  - Faced with demographic problems
- ❑ **High risk of mental and addictive disorders:**
  - Stress, overwork, burnout, addiction, alcohol, suicide, depression...
  - Due to over-commitment to work, repeatedly required to take responsibility, arduous working conditions.
- ❑ **With a particular role in society that requires the physician to remain in good health and maintain well-being at work in order to avoid:**
  - Becoming exhausted, dissatisfied, demoralised, demotivated, ... attempting suicide.
  - Threatening the quality and safety of health care.
  - Leaving the profession or leaving the zone of practice.
  - Damaging the image of the profession.
  - Losing the patients' confidence.



# Training physicians for physicians

Able to help, provide support to and manage physicians to enable them to reconcile their personal health and life project and their clinical practice.



# Two complementary and synergistic approaches

Global management of a physicians:  
as an individual, their values, their work, their health, their projects, their life

## Occupational medicine

- ❑ Occupational health
- ❑ **Professor JM SOULAT**
- ❑ Occupational health physician – Public Health and Social Medicine Pole – Toulouse-Purpan University Hospital
- ❑ Paul Sabatier University – Toulouse-Rangueil Faculty of Medicine

## General medicine

- ❑ Primary care
- ❑ **Professor E GALAM**
- ❑ General practitioner
- ❑ Paris Diderot University – Department of General Medicine

In collaboration with **Doctor JJ ORMIERES**  
Retired general practitioner  
Toulouse-Rangueil Faculty of Medicine



# Acquire special skills

- ❑ Understand the specificities of physician health, especially diseases related to medical practice.
- ❑ Master the ways of maintaining the psychological balance and mental health of physicians.
- ❑ Master the ways of preventing and managing the health impact of risks related to medical practice.
- ❑ Make the physician-patient the actor of his/her own health: promote autonomy.
- ❑ Exchange and share physician for physician experiences with other physicians.



# Practical degree course

- ❑ **Interactive:** four 2-day face-to-face modules:
  - A special kind of patient
  - Mental health
  - Risk management
  - Referral and management
- ❑ **Reflexive:** self-assessment of psychosocial risks = “taking care of oneself”
- ❑ **Productive:** writing a dissertation and viva on the work-related health and well-being of physicians = “taking care of one’s colleagues”
- ❑ **Degree course** (*Conseil National de l’Ordre des Médecins* [French Medical Board] - 2016)





# Participation

## ❑ Admission and selection:

- Via professional bodies: French Medical Board, regional private health care professionals unions, hospital medical boards
- Based on curriculum vitae and letter of motivation
- Criteria: reserved for physicians with a certain number of years of experience, involved in a mutual aid clinic or structure (French Medical Board, association, insurance, hospital medical board, etc.)

## ❑ First year: 2015-2016:

- 16 participants for 22 candidates
- General practitioner: 8 – Gynaecologist: 1 – Gynaecologist/Obstetrician: 2 – Psychiatrist: 1 – Occupational health physician: 2 – Dermatologist: 1 – ENT surgeon: 1

## ❑ Second year: 2016-2017:

- 17 participants for 25 candidates
- General practitioner: 8 – Gynaecologist/Obstetrician: 3 – Anaesthetist/Emergency physician: 3 – Surgeon-Orthopaedic surgeon: 1 – Retired physician: 1 – Medical Information physician (former Gynaecologist/Obstetrician): 1



# Module 1:

## A physician, a special kind of patient

- ❑ **Physicians' health:**
  - Current situation in France
  - Data from foreign models
  - Diseases associated with medical practice: place and role of the occupational health physician
  - Health of medical students and interns: a health promotion and prevention experience (BIPE)
- ❑ **The hidden curriculum:**
  - The physician's life cycle
  - Becoming a physician, staying a physician, and no longer being a physician
- ❑ **Health care behaviour:**
  - Beliefs and representations of health care behaviour
  - Caring for a colleague
  - Physicians as patients and their illness





# Module 2:

## Mental health of physicians

- ❑ **Psychosocial risks:**
  - Burnout: myth or reality?
  - Prevention, detection and management of psychosocial risks
- ❑ **Physicians with mental illness:**
  - Suicidal crisis: detection and management
  - Substance-abusing physicians (alcohol and psychoactive substances): detection and management
  - Hospitalised physicians: management and follow-up
- ❑ **Physicians dangerous to themselves and to others:** role of an expert psychiatrist appointed by a select committee
- ❑ **The need for attentive listening and psychological support:**
  - What does that mean? Psychological and emotional debriefing. Supervision.
  - Can psychotherapy induce a change in the physician's experience and behaviour?



# Module 3:

## Prevention and risk management

- ❑ **Health care-related risks:**
  - Prevention and management, the best solutions to prevent burnout: can the climate of medical malpractice, guilt and damages constitute an opportunity for progress?
  - Medical errors and adverse events: detection and identification
  - Safe practice: the general practitioner's check-list
- ❑ **Announcement of health care-related injury**
- ❑ **Sharing, analysis and correction of one's errors**
- ❑ **Assistance to a colleague involved in a medical malpractice lawsuit**



# Module 4:

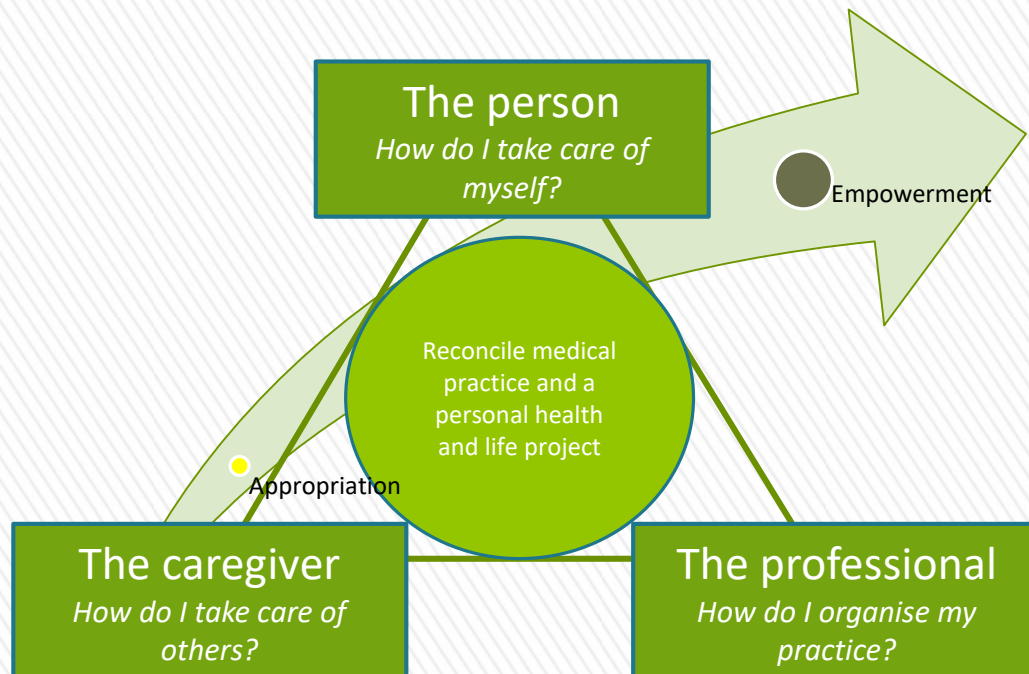
## Referral and management

- ❑ **Referrals and aids:**
  - French Medical Board: organisation and philosophy (medical board resources: financial aid, replacement, settlement, reconversion, reclassification, etc.)
  - Legal
  - Psychosocial
  - Administrative
- ❑ **Quality of life at work, quality of care and participative management**
- ❑ **Collective approach to health prevention for physicians**
  - Health promotion for physicians
  - Primary and tertiary prevention



# Self-assessment

## Taking care of oneself



- ❑ A personal, reflexive, systemic and global approach
- ❑ To detect medico-psycho-socio-occupational risks, measure their impacts and identify solutions
- ❑ In a dynamic of appropriation and empowerment



# Changes induced by self-assessment

## Goods resolutions

Take a computer training course

Limit the number of new patients

Become a mentor

No more interruptions during a consultation

Stop smoking

More effectively manage my e-mails

Register with an online appointment and SMS reminder website

Develop my support network

Turn off my telephone during a consultation

Avoid getting behind in my consultations

Spend more time sharing experiences with my associates

Set a multidisciplinary clinic

Eat less

More exercise

Change my software

Hire a secretary

Vaccinate myself against the flu





# First year dissertation subjects:

## Taking care of my colleagues

- ❑ **PHYSICIAN SELF-DIAGNOSIS.** I am a physician and I treat myself.
  - ❑ **MANAGEMENT OF PHYSICIANS WITH PSYCHOLOGICAL PROBLEMS AT BORDEAUX UNIVERSITY HOSPITAL.** Construction of a care pathway.
  - ❑ **ASRA NETWORK SUPPORT PHYSICIAN:** *Aide aux Soignants en région Rhône Alpes*: Evaluation of four years of physician-to-physician support.
  - ❑ **SUPPORT FOR PHYSICIANS WITH BURNOUT, PSYCHOSOCIAL DISTRESS OR TO PRESERVE THEIR HEALTH: TOWARDS A NEW DISCIPLINE?**  
Preliminary assessment of the management of 120 physicians in a dedicated structure.
  - ❑ **CURA TE IPSUM UT ALIOS CURES** ("Heal yourself before healing others"). Contribution to the prevention of burnout among physicians of the Cher department.
  - ❑ **SERIOUS ACCIDENTS IN THE MATERNITY WARD: HOW ARE THEY EXPERIENCED AND WHAT ARE THE CONSEQUENCES FOR PHYSICIANS?**  
Survey and proposals.
- ❑ **IMPACT OF A COLLECTIVE BURNOUT PREVENTION ACTION AMONG PRIVATE PHYSICIANS IN THE CENTRE-VAL DE LOIRE REGION.** Experimentation in the form of specific, voluntary and confidential workshops: description, conduct and impact assessment.
  - ❑ **INTRODUCTION OF A PROFESSIONAL HEALTH PREVENTION APPROACH FOR GENERAL PRACTITIONERS.** For what reasons? Using what tools? What methods?
  - ❑ **DEVELOPING SELF-EMPATHY.** Active attention: a key to physician health promotion.
  - ❑ **TAKING CARE OF ONESELF IN ORDER TO TAKE CARE OF OTHERS.** Physician support proposal in a mutual aid structure.
  - ❑ **PROSPECTS FOR THE DEVELOPMENT OF MEDICAL BOARD-BASED MUTUAL AID FOR PHYSICIANS.** Reflections, suggestions and questions based on the experience in the Oise department.





# Evaluation: strong points

- ❑ **Support from the French Medical Board and its National President**
- ❑ **Interactive et participative training:**
  - “Group dynamics” and “fruitful exchanges”, “meetings with other physicians”, “general atmosphere”, “mutual respect”, “an example of team work”, and “a model of prevention of burnout”.
  - *“Attentive listening and goodwill of teachers and directors”, “who helped the group to progress”*
- ❑ **Self-assessment:**
  - *“without pressure and even without realising it”, “personal changes occurred” (concerning the organisation of medical practice) but “the process is not yet complete”.*
  - *“awareness of the predisposing and protective factors”*
- ❑ **Content:**
  - Risk management = role play
  - Practical tools of the “systemic approach”, “ethics”, and the “philosophy of this new discipline”.
  - Professional approach to mutual aid
  - The need for “multidisciplinary management”: constitution of a “network of resource persons”; the BIPE approach to the “support of medical students and interns”; “management of physicians in distress”.



# Evaluation: weak points

- ❑ **Title:**
  - “Treating physicians” = a more medical and curative connotation?
  - “Taking care of physicians” = a more global and preventive connotation?
- ❑ **The target** for the first two years that only concerned physicians
- ❑ **Content:**
  - Poor approach to suicidal crisis: sense of guilt; detection and evaluation of the risk of suicide by the RUD tool was not clearly explained...
  - The collective and environmental dimension = not adequately discussed; organisation in the context of collective prevention.
  - Experience and organisation of mutual aid in other countries = only a superficial overview.
- ❑ **More role-playing or simulated cases**
- ❑ **Dissertation viva** = for some graduates



# Conclusion and prospects

- ❑ **This university degree promotes a new conception of mutual aid, which, “in addition to financial support, must be extended to include psychological, organisational and legal support, professional and social support, but also facilitated access to care” (French Medical Board mutual aid charter)**
- ❑ **The programme creates a pool of qualified professionals (33 physicians to date) able to methodically and rigorously provide this assistance.**
- ❑ **Planned improvements:**
  - Open the course to other health care professionals: nurses, pharmacists, physiotherapists, etc.
  - Organize an annual, open, national conference for old and new participants = a day devoted to recent progress in the field, followed by a day devoted to the year’s dissertation vivas
  - Introduce “physician health care” training in the internship reform: a cross-sectional occupational health training module should allow the inclusion of this specific training (in the process of validation).

