Evidence-based interventions to improve doctors' health

Jenny Firth-Cozens

Preventive programmes for healthcare workers

- Stress management and stress reduction***
  - Better coping styles (Rø et al)
  - Problem-solving skills
  - Relaxation skills
- Group discussion for medical students with junior doctors (Coombs et al, 1990)*
- Tailored individual programmes are better than group ones

Organisational preventive programmes

- Organisational approaches alone: involvement, skills training, etc. (Golembiewski et al 1987) *
- Organisational approach plus stress management: good for staff, for patients and for the organisation (medication errors and legal claims ↓) (Jones et al.1988) ***
- Job design: consistency of workplace in junior doctors (Firth-Cozens et al, 2002). ***

Staff with depression/anxiety

- Strong evidence for short-term psychotherapy (eg, CBT and/or psychodynamic, counselling) (Firth & Shapiro, 1986; Reynolds 1997; Ro et al, 2008)***
- CBT face-to-face or via computer-based software is effective (Van der Klink 2003, Grime 2004) ***
- Teaching other doctors to recognise common mental health problems in staff is effective for staff retention (Schoenbaum et al 2001)*

Doctors with substance abuse

- Early detection via patient satisfaction reports, record keeping, adherence to standards, staff complaints etc (Ghodse, 2002).

- Reasonable success for PHPs (Femino & Nirenberg, 1994 review; McLellan et al, 2008) and Alcoholics Anonymous (Khantzian & Mack, 1994).

The Disruptive Doctor

No good evidence for interventions, but:

- Develop policy
- Define reasonable behaviour and educate (Pfifferling, 1999.)
- Assess and intervene:
  - Look at patterns, life events, job changes
  - Consider depression
  - Coaching for interpersonal skills

Outcome research

- Where possible, use interventions with established evidence base in general population
- Pilot the intervention for doctors
- Use a waiting-list control where possible

Outcome research

- Measure clinical effectiveness and cost-effectiveness, including:
  - Symptoms
  - Absence
  - Sick-leave
  - Error/Accidents
  - Discipline
- Analyse meaningful clinical change: not purely pre-post statistical change
- Assess outcomes long-term (6 months and 2 years)