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Physician Wellness Resources  John Kuhn, MD, Medical Director OHPP	
Michael Leake, JD, Executive Director, Osteopathic Board of Examiners Paul Tobin, PhD, PC, Director, Oklahoma Physician Wellness	
Lowell Robertson, MD, Director, ÖHPP Nicole B. Washington, DO, MPH, Founder PhysicianMentalHealth.com	
E⊗DLODE	
EXPLORE HEALTHCARE SUMMIT	
Learning Objectives	
Compare and contrast differences between burnout and depression	
Identify signs and symptoms that a peer may be experiencing mental health or substance challenges	
<ul> <li>Name resources available in the state of Oklahoma to help physicians with mental health or substance use disorders</li> </ul>	
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Beyond Objectives	
Beyond Objectives	
It is my hope that everyone here who has direct influence on other	
It is my hope that everyone here who has direct influence on other physicians (department chairs, supervisors, residency program directors) will not only take this information in on a personal level but also think about how all of this affects those physicians who	
work under you and your physician patients	
*	3

Physician Burnout	
Demand is perceived as exceeding the individual resources	
*	
Burnout symptoms	
Fatigue Emotional, physical, both	
Increase in physical symptoms Headaches, muscle tension, GI issues, agitation	
Irritability  Negative and sarcastic about things or people you work with	
Negative feelings about clients	
Change in performance Bare Minimum approach	
₩ 5	
Causes of Burnout	
Budget constraints Increasing workload	
System inefficiencies	
Overstressed Administrative	
× ×	

	Policing and complaints		
	HER		
	Insufficient Income		
Causes of Burnout	Long work hours		
	Too many bureaucratic tasks		
	Culture of medicine		
*			
Causes of Burnout			
	rators/employers, colleagues, or staff		
Lack of respect from patients			
Emphasis on profit over patie	nts		
Lack of control		•	
Culture of medicine		-	
Overly empathic		-	
Stress of working with margin	alized communities		
*	8	3	
•		•	
Burno	ut Depression	-	
Витю	ut Depression	-	
		-	
*	9	•	

Physician Depression	
24% of physicians reported clinical depression	
64% of physicians reported colloquial depression How many of these are depressed?	
w.	
Xinatopy, 2022	
Physician Depression	
Over half felt that depression didn't affect their patient care	
34% reported being easily exasperated with patients	
23% Less motivation to be careful with taking patient notes	
11% Making errors that might not normally be made	
14% Expressing frustration in front of patients	
2/3 of physician reported no history of seeking care in the past and no plan to seek care in the future	
Medscape, 2022	
**	
Physician Depression	
Of those who said they were depressed:	
Nearly 22% of physicians reported thoughts of suicide but not attempting	
1% have attempted suicide	
Nearly 40% with suicidal thoughts have not spoken to anyone about those thoughts	
Medscape, 2020	
<b>X</b> 12	

Physician Suicide		
300-400 physician completed suicide annually		
Women physicians at increased risk Higher suicide rates than male physicians		
Dutheil et al. (2019)		
*	13	
Physician Anxiety		
Difficulty falling asleep/staying asleep		
Impaired concentration		
Fatigue		 
Physical restlessness/difficulty relaxing		
Irritability		
Worry thoughts		
*	14	
Primary trauma		
Secondary trauma		 
	nd	 
Trauma Experiences an Burnout	11/1	
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PTSD		
Exposure to trauma		
Directly experience		
Witness it occur to someone else		
Learning that a trauma happened to someone close		
Experiencing repeated or extreme exposure		
First responders, Police officers, Mental health workers, Physicians, etc		
*	16	
<b>*</b>		
DTCD Intervalen Communications		
PTSD – Intrusion Symptoms Recurrent memories		
Recurrent memories		
Recurrent dreams		
Flashbacks		
i idditiodord		
Distress with exposure to reminders		
*	17	
PTSD – Avoidance Symptoms		
Internal memory		
External cues		
*	18	

PTSD - Altered Cognitions/Mood			
Inability to remember an important aspect of trauma	Decreased interest or participation in activities	•	
Negative beliefs about oneself,others or the world	Feeling detached or estranged from others	•	
Self-blame	Inability to experience positive emotions		
Negative emotional state		•	
-			
*	19		
PTSD – Altered arousal and react Irritable behavior/anger outbursts with I		,	
Reckless/self-destructive behavior	•	·	
Hypervigilance			
Exaggerated startle response			
Impaired concentration		,	
Impaired sleep		,	
*	20		
		,	
Substance Use Disorder			
Using for longer time or larger amounts	s than intended		
Unsuccessful attempts to stop or cut do	own	,	
Spending a lot of time obtaining, using,	or recovering from the effects	•	
Cravings, urges to use			
Interferes with ability to fulfill major obli		,	
Continued use despite interpersonal pr	oblems	•	
*	21		

	Substance Use Disorder			
3	Limiting recreational, social, or occupational activities as a re	esult of substance		 
	use			
	Recurrent use in physically unsafe environments			
	Persistent use despite knowing that it may cause or exacerb physical/psychological problems	pate		
	Tolerance			
	Withdrawal			
×			22	
_				
Т	Treatment avoidance			
	2/3 of physician reported no history of seeking care in the pa seek care in the future	ast and no plan to		 
	M	ledscane 2020		
	M	ledscape, 2020		
	M	ledscape, 2020		
	Mi	ledscape, 2020		
*	M		23	
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	Treatment avoidance		23	
			23	
	Treatment avoidance		23	
	Freatment avoidance 49% - I can deal with this without help from a professional		23	
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	Freatment avoidance 49% - I can deal with this without help from a professional 43% - Don't want to risk disclosure to medical board 32% - Concerned about it being on my insurance record		23	
	Freatment avoidance  49% - I can deal with this without help from a professional  43% - Don't want to risk disclosure to medical board  32% - Concerned about it being on my insurance record  25% - Concerned about my colleagues finding out		23	
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## Oklahoma Physician Wellness Program



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