



*This article is based on a presentation by Arthur S. Hengerer, MD, Former Board Chair, Federation of State Medical Boards and Carolyn A. McManus, PT, MSPT, MA, Swedish Medical Center & VA Puget Sound Health Care, at the 2018 FSBPT Annual Meeting.*

## **Promoting Resilience and Reducing Burnout: Lessons and Opportunities for Regulators**

Burnout among health care practitioners is becoming an increasingly discussed topic. In recent years, the Federation of State Medical Boards (FSMB) established a workgroup to study issues related to physician mental health and how questions on the licensure application could have unintended consequences on individuals addressing these mental health conditions.

There were fourteen national organizations involved in the workgroup, which drafted a report that contained twenty-five recommendations. The workgroup first needed to define what was illness and what was impairment. Additionally, the workgroup needed to determine the most important thing that a regulatory board could do related to mental health among physicians.

The Federation of State Physician Health Programs policy on physician illness vs. impairment defines illness as the existence of a disease and impairment as a functional classification that implies the inability of the person affected by the disease to perform specific activities.

The FSMB Policy on Physician Impairment states that “impairment is the inability of a licensee to practice medicine with reasonable skill and safety as a result of a mental disorder, physical illness or condition, or substance-related disorders.”

Finally, Ethical Opinion 9.3.2 from the American Medical Association indicates that “physical or mental health conditions that interfere with a physician’s ability to engage safely in professional activities can put patients at risk, compromise professional relationships, and undermine trust in medicine.”

As is common among health care licensure applications, many medical boards asked questions regarding the mental health status of the applicant. Were these kinds of application questions deterring individuals from accessing treatment for mental health conditions? Indeed, discussion in the workgroup indicated that many physician applicants were afraid to seek out treatment because they knew they’d have to include it on the licensure application.

A recent survey of New York State physicians by FSMB and the Medical Society of the State of New York indicated that 69 percent of physicians who were experiencing symptoms of burnout were significantly more likely to avoid seeking treatment if required to report this on licensing

applications or renewals. This was a hypothetical question as New York does not currently include any questions about mental health or substance use on applications.

The FSMB recognized that state medical boards needed to address licensure application questions. The FSMB policy on Physician Wellness and Burnout, which was adopted by the FSMB in April 2018, proposed new guidelines on initial and renewal application questions. These proposals were based on a review of the Americans with Disabilities Act and the recommendations of the American Psychiatric Association on how to address mental health issues on licensure applications.

The goal of the FSMB policy was to remove the stigma that people have about mental health issues, which can deter individuals from accessing treatment that they'd then have to report. If regulators ask too many questions about the mental health of the applicant and the individual doesn't go get the help that is needed, it leads to an impaired practitioner who might have received the needed treatment if they felt safer. In essence, is the regulator truly protecting the public by asking about mental health in the traditional way, which can lead to individuals not seeking help?

After collaborating with all of the major stakeholders in medicine, FSMB adopted the following language, which FSMB determined should be the only question that addresses impairment, both physical and mental, on licensure applications:

"Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?" Yes or no?

Some key elements of the license application recommendations are to ensure the differentiation between illness (diagnosis) and impairment. This is done by not seeking information of past impairment (greater than two years), but instead focusing on if the individual is currently impaired. The draft question also addresses mental health in the same manner that boards address physical health.

Many boards have concerns that applicants, whether it's this proposed question or the more historic questions, just don't answer these questions honestly. If an applicant answers no to this question and it is determined that there is a condition, they can be sanctioned for submitting a fraudulent application. But ideally, the boards are giving applicants the opportunity to go get help without worrying about needing to report that as part of the application process.

Is there an opportunity for medical boards to work with physician health programs to assist physicians dealing with mental health issues? For example, of the 1,300 physicians enrolled in the New York physician health program, only 400 are there for impairment issues. The rest are there for mental health and other issues. If physician health programs can be restructured away from solely handling impaired physicians as a result of disciplinary actions, they could become a place where physicians feel safe seeking assistance.

FSMB's goal is to encourage physicians to seek help early by removing the stigma of asking for help. FSMB also wants to change the perception of the board's role as one that is always punitive. Ultimately, improving the well-being of the physician will improve the quality of care provided to patients.

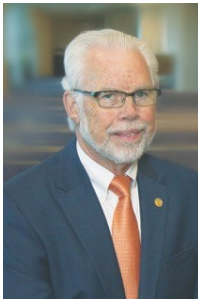
One practical strategy that can be used by practitioners to help with burnout is mindfulness. Mindfulness is really a skillful way to pay attention. Said another way, mindfulness is the

awareness that arises through paying attention in the present moment in a nonjudgmental manner, to whatever is arising.

By using mindfulness techniques, practitioners can be in the present moment with stability, friendliness, and curiosity toward both themselves and their patients. As a result, they are able to be present to their patients with greater calm and ease, which both reduces their stress and supports the therapeutic alliance.

How might mindfulness actually be working? There are four proposed mechanisms through which the individual can achieve an improved stress response. These mechanisms include attention regulation, body awareness, emotional regulation, and change in perspective.

In a study looking at mindfulness for healthcare providers from multiple disciplines, there was a significant reduction in burnout, including decreases in emotional exhaustion and depersonalization and increases in personal accomplishment. Mindfulness has also been shown to improve provider mood, empathy for patients, communication, patient satisfaction, and patient safety.



**Arthur Hengerer, MD**, is an otolaryngologist from the University of Rochester, where he has practiced for his entire career, including serving as the department chair for twenty-seven years. In addition to chairing the New York State Board of Medical Conduct, he served on the Board of Directors of the Federation of State Medical Boards from 2010 to 2018, including serving as Board Chair in 2016-2017. He is a co-lead for the National Academy of Medicine's "Action Collaborative" that is working on wellness and resilience in health care providers.



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