Physician Safety

Presented at the National Specialty Societies Human Resources for Health Dialogue (HRH) and Specialty Medicine Summit

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Health Systems and Policy Unit

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Physician Safety: Approach

- Physician safety emerged from feedback received from Regional Advisory Committee meetings last year. Members felt it is an issue that the Royal College should examine.
- Review and synthesis of research literature and grey literature from past few years. Includes work by the CMA and the Royal College, as well as studies in Canada, United Kingdom, Europe, United States, New Zealand and Australia.
- Work done by Nursing Associations.

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Physician Safety: Draft Conceptual Framework

RISK FACTORS

- Workload
- Abuse
  - Physical
  - Verbal
  - Harassment
  - Intimidation
- Biological Hazards
  - Blood borne pathogens
  - Percutaneous needle injury
- Workplace health and safety
  - Poor wiring
  - Temperature
  - Fumes, etc.

EFFECTS

Physician

- Mental/Psychological
- Physical harm(infections/injuries)
- Impaired performance/lost days
- Professional licensure
- Physician liability (if employer)
- Death

Patient Care

- Patient safety incidents
- MD-PT relationship erosion

Workplace & Health System

- Increased wait times
- Reduced quality of care
- Relationships
- Increased costs

STRATEGIES

Components

- Self care / Self awareness
- Physician education programs
- Culture of safety in workplace (e.g., prevention measures)
- Income safety net (e.g., to cover loss of income)
- Tools/Resources :
  - Prevent PSIs*
  - Post PSI – obligations
- System elasticity to deal with physician absences/reduced work loads
- Reporting mechanisms:
  - quantify PSIs,
  - develop, align resources & programs with needs
  - assess effectiveness

Mediated by:

- Physician's underlying health condition & capacity to cope
- Culture of medicine
- Location (urban, rural, remote)
- Practice (solo, group, hospital, specialty)
- Occupational health and safety legislations
- Stage of medical career

**PSI: Physician Safety Incident*

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Physician Safety: Comments received on the review paper by the HPPC and RACs

- Consider issues faced by indigenous physicians
- Consider differences between older and newer physicians (e.g., work-life balance issues)
- Add more on addictions
- Reputational risk
- Self-education: an important factor in physician safety
- Personal health
- Can medical students be better educated on the issues?
- Psycho-social profile of students going into medical school – personality characteristics/traits? What are the broader societal factors involved here?

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Break-out group discussions

- **Small break-out discussions**
- **Break-out groups summarize these on Comment Sheets provided**
- **All Comment Sheets will be summarized and reported back to the larger group by Malcolm after lunch.**

Q1: What has been the experience of physicians on this subject matter in your region?

Q2: Which of the various safety risk factors or strategies should the College focus on?

Q3: What approaches should the College undertake to address the risk factors or strategies that emerged in Question 2? (e.g., Position statement, develop educational modules, explore partnerships, host a conference)

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Item 8: Physician Safety

THE ARGYLE SWEATER

BY SCOTT HILBURN

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Some Facts and Findings #1

- **Risks:** Traditional (long) periods of work are physical and mental health risks to physician safety.
- Medical students have a high prevalence of depression & anxiety, consistently higher than rates for the general population
- **Burnout:** Extent of burnout widely reported in the research literature, ranging between 25% to 75% of physicians.
- Burnout can lead to substance abuse, low morale, job turnover, broken relationships, and suicide ideation.
- **Mental health:** Physicians have highest incidence of work-related mental ill health.
- Each year in the US approx.300-400 physicians die by suicide

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Some Facts and Findings #2

- **Needle-stick injuries:** Medical staff and students attribute stress (48.3%) and tiredness (36.6%) as main factors responsible for needle-stick injuries (also working conditions, poor work routines) (Wicker et al, 2014).
- Only 51% of health care professionals receiving needle-stick injury report all needle-stick injuries (Elmiyeh et al, 2004).
- **Patient safety:** Physician burnout & distress negatively affect health system & patient care; Burnout important predictor of patient safety incidents.
- **Abuse:** In a Canadian study, 90% of 774 family physicians state have been abused by patients; 70% abused by family members during their careers. 57.8% experienced some form of physical aggression, 17.8% physical assault, & 7.7% sexual assault.

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Some Facts and Findings #3

- Individual and organizational/ systems approaches are needed to address burnout and stresses of physicians
- Workplace health and safety practices and policies are important contextual factors for physician health and safety.
- Occupational Health and Safety legislation in place to protect physicians and other health professionals in the workplace.
- Research shows that organizations that implement psychologically healthy and safe workplace strategies are better performers in all key performance categories
- Strategic pillars of a psychological health and safety system are <u>prevention of harm</u> (the psychological safety of employees), <u>promotion of health</u> (maintaining and promoting psychological health), and <u>resolution of incidents</u> or concerns