



— NEWS FROM THE PENNSYLVANIA PHYSICIANS' HEALTH PROGRAM —

Emotional Intelligence & Health Care

By Ed Kim, MD, DABPN, MRO, Medical Director

For decades now, the study of human cognition and psychology has focused on the idea of emotional intelligence: a paradigm which describes a mix of ability and skill, personality, and mental flexibility in terms of how an individual relates to their emotions. The concept appears related to the term psychological mindedness in that both involve some type of examination of an internal state of mind and emotions. On the other hand, emotional intelligence deals more broadly with the interplay of emotional states within oneself and in relation to those around the individual, and furthermore, the application of emoting in a specific environment or situation.



Although popularized by psychologist Daniel Goleman's book on the matter, the term emotional intelligence was originally defined by Peter Salovey (Yale University) and John D. Mayer (University of New Hampshire) as a subset of social intelligence. Specifically, this form of intelligence is "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions." In their seminal paper, the researchers proposed that emotional intelligence could further be conceptualized by separating the model into three different mental processes: "appraising and expressing emotions in the self and others, regulating emotion in the self and others, and using emotions in adaptive ways."

For most workers and students in health care, having a level of emotional intelligence comes hand-in-hand with the level of professionalism expected and fostered in the field. Many individuals inherently display or have displayed emotional intelligence to get to their current station in their career. We can probably recognize the teams or workplaces that demonstrate high utilization of emotional intelligence where individuals likely are operating more harmoniously or appropriately than in situations where the intelligence is lacking. In self-reflection, I try to identify ways in which I might demonstrate some emotional intelligence.

For example, when I arrive at my workplace, I understand that I carry with me a certain set of emotions and accept the presence of these emotions. This understanding comes with the knowledge that I feel these emotions for a particular reason; thus, I am not burdened by the necessity to change these. Regardless of their utility or ability to detract from my workday, I can begin to tap into my current state of emotions by "checking-in" with myself briefly, even before entering the clinic or unit. This process allows me to identify my emotions and perceive them accurately.

When interacting with coworkers or patients, I can also sense, to some degree, their own emotional states. The embodiment of this aspect of emotional intelligence is also known as empathy. By reading another person's emotions, I can better understand their state of feeling. Furthermore, by navigating the awareness of both my emotions and those around me, emotional intelligence provides a litmus test to the "vibes" in the clinic or on the unit that day. We often experience this when we can share either the joys or sorrows of those we encounter in the workplace. In other words, the experience of the workplace can shape our emotions, just as much as we can contribute to the prevailing mood of the collective environment.

Awareness of emotional states is complemented by the ability to regulate emotions which we identify. Again, intelligence is not about eradicating emotions or denying our natural emotions, but rather it leads us to be better

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PA PHP Update

Physicians' Health Program
The Foundation of the Pennsylvania
Medical Society

400 Winding Creek Blvd.
Mechanicsburg, PA 17050
(717) 558-7819

In Pennsylvania: (866) 747-2255

Fax: (855) 933-2605

Email: php-foundation@pamedsoc.org

Website: www.paphp.org

Hours:

Monday – Thursday

7:30 a.m. – 5 p.m.

Friday, Emergency calls only

(717) 558-7817

PA PHP Staff:

Tiffany Booher, MA, LPC, CAADC, CIP, CCSM
Program Director

Charles N. Burns Jr., MD, FASAM
Medical Director

Melissa Devonshire, MBA, CADC, CCDP
Lead Case Manager

Alice Dunkin, NAPT4
Case Manager

Wendie Dunkin
Office Manager

Katie Gruber, MSW, CADC
Case Manager

Edwin Kim, MD, DABPN, MRO
Medical Director

Raymond C. Truex Jr., MD, FACS, FAAN
Medical Director

PA PHP Committee:

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William Woodward, DO

— FROM THE PROGRAM DIRECTOR —

Expanding Services with Excellence, Welcoming Pharmacists!



Every three years our team is tasked with developing goals for our strategic plan. These goals drive our efforts and guide our day-to-day activities to move our program forward with a consistent growth mindset. Our organization has a strong commitment to excellence and expanding our services to provide peer support for licensees across the Commonwealth. We strive to share our message of hope for health care professionals struggling with substance use disorders, mental illness, and behavioral concerns that impair their ability to practice their chosen profession.

Recently our program met one of our strategic goals, to expand our services to other license types in the Commonwealth. I am thrilled to announce the PA PHP has been awarded the contract for Pharmacy Peer Assistance Monitoring for the Commonwealth effective October 1, 2023. I want to express our gratitude to the Commonwealth for this opportunity and privilege.

Our program staff look forward to providing the pharmacists with exceptional customer service, advocacy, and support. The PA PHP team is poised to come along side and join them on their recovery journey. I want to give a heartfelt welcome to pharmacists in the commonwealth and encourage them to reach out to us as a trusted partner. Our team is ready to connect and collaborate to facilitate your recovery process.

As we continue to grow, I want to emphasize PA PHP's commitment to all participants. The assistance we provide continues to be reliable and steadfast. Your professional and personal wellbeing are paramount. We remain your dependable ally. ■

A handwritten signature in black ink that reads 'Tiffany Booher'.

Tiffany M. Booher, MA, LPC, CAADC, CIP, CCSM, Director

PA PHP MISSION STATEMENT

Our mission is to promote early identification and facilitate rehabilitation of physicians and other eligible health care professionals and trainees with concerns relating to substance use disorders, mental health disorders, and/or behavioral concerns. Our goal is to coordinate assessment and treatment as well as provide monitoring and advocacy to ensure the safe practice of their profession, and the safety of the public.

— FROM THE EXECUTIVE DIRECTOR —

A Heartful Expression of Appreciation



When you travel to new places that are unfamiliar you are often greeted by folks with the words, “welcome”. Greeters don’t say, “hi” or “hey”, they say, “welcome” which is a much warmer expression of respect and courtesy. In that spirit,

the trustees and staff of Foundation of the Pennsylvania Medical Society (Foundation), and its Pennsylvania Physicians’ Health Program (PA PHP) express a sincere “welcome” to pharmacists and pharmacy interns as the newest licensees served by the PA PHP.

When meeting new people and experiencing new environments, there can be uncertainty and a bit of trepidation. Our newest participants may be wondering, “Will my recovery program significantly change? What if the guardrails for peer monitoring that I am accustomed to change? Do these people understand the challenges I face in my workplace and at home”? Our answer is a resounding, “We hear you; we see you and we are committed to assisting you.” We are committed to adhering to the highest standards of confidentiality and offer you education, support, and monitoring to elevate the effectiveness of your recovery journey.

Initially formed in 1975 as the Committee on Impaired Physicians, Pennsylvania physicians

and clinicians have reached out to potentially impaired individuals to try to enroll them into a rehabilitation program and discuss rehabilitative alternatives. Formally established in 1986, the PA PHP is guided by its mission to promote early identification and facilitate rehabilitation of physicians and other eligible health care professionals and trainees with concerns relating to substance use disorders, mental health disorders, and/or behavioral concerns.

Our goal is to coordinate assessment and treatment as well as provide monitoring and advocacy to ensure the safe practice of their profession, and the safety of the public. Operating as an affiliate of the Pennsylvania Medical Society, the Foundation is a 501(c)3 nonprofit organization. We are committed to prioritizing the well-being of pharmacy participants while safeguarding public health.

Current and former participants who work with our PA PHP staff will share that their careers have been saved, families preserved and lives changed. On behalf of our volunteer trustees, our PA PHP Advisory Committee and our entire Foundation staff - Welcome! It is a privilege and honor to have the opportunity to serve you. ■

Be well,

A handwritten signature in black ink that reads "Heather A. Wilson".

Heather A. Wilson, MSW, CFRE, CAE
Executive Director



OUR MISSION

The Foundation of the Pennsylvania Medical Society provides programs and services for individual physicians and others that improve the well-being of Pennsylvanians and sustain the future of medicine.

New Medical Director at the PA PHP: An Introduction



I'm Dr. Charlie Burns Jr. Beginning this June, I've stepped into a new role as a Medical Director at the Pennsylvania Physicians' Health Program (PA PHP). I'm a person in continuous long-term recovery from substance use disorder and a lifetime participant in the PA PHP, beginning in October of 1989.

I am board certified in perpetuity by the American Board of Urology, and also board certified in Addiction Medicine, obtaining certification in 2022. Since retiring from Urology in 2017 after 39 years, I have worked as Medical Director of CTC Dunmore (PA) Methadone clinic, part time clinician in Medication Assisted Treatment (MAT) for The Wright Center for Community Health, and for the Geisinger Health system in MAT.



My personal passions are spending time with my wife Sheila of 50 years, our four children and nine grandchildren. We have been blessed in 12 step and 12 step family recovery in ways we never thought possible in 1989.

Professionally, my passion as Medical Director is to assist our PA PHP participants in any way possible, a satisfying and sustaining recovery. I have attended the Northeast PA Caduceus meeting since 1989 and continue to believe it is a welcoming forum for particularly new recovering health care professionals to learn about recovery. ■

Emotional Intelligence & Health Care ...continued

able to channel the emotions. The ability to regulate emotions can be demonstrated by thinking of positive reminders or noticing pleasant people or environments to prolong a positive state. On the other hand, the ability of an individual to prolong unhelpful or inappropriate emotions is also present. Looking in the workplace, I also understand the potential impact that I have on my coworkers' or patients' emotional states: moods can be contagious. In a way, emoting intelligently means that I understand that my actions, behaviors, and emotions can have direct causality to others around me.

One pertinent concept within emotional intelligence is the notion that we can tap into our emotions in a way that is flexible, creative, and productive. For health care professionals, the outcome can be related directly to personal wellness as well as the well-being of our patients. I can certainly see how adapting emotions in the workplace could be an invaluable skill. By recognizing that humans often hold a mixed bag of emotions at any given time, I also realize that I can decide or make a concerted effort to channel the emotions that help me manifest as a better clinician or coworker. For example, even in the most stressful of times, I can still try to identify my anxiety, frustration, or despair, regulate them in a way so that one emotion is not dominating my thought process or other feelings. Finally, I can reidentify and tap into gratitude, sense of calm, and humor as ways more appropriate or effective ways to emote on a job site.

Emotional intelligence is a model of thinking and feeling that continues to evolve, particularly in applications involving the workplace. There are differing views on whether these skills can be taught in the form of competencies, or whether they are innate in personalities. What is clear is that intelligence is ever-present at varying degrees, and it is the application or utilization of this intelligence in an appropriate manner that interests health care professionals or workers in safety-sensitive positions. Ultimately, gauging our own intelligence may be a good start to learn how to effectively cope with stressors or relate better with coworkers and patients. There are implications of emotional intelligence in discussions of workplace wellness, burnout, and employee mental health.

If you are interested in learning more, particularly in a time where we are learning to become more connected with our colleagues and patients, then check out Daniel Goleman's *Emotional Intelligence: What and Why*. Another excellent method of learning to identify emotions, build coping skills, or finding ways to channel emotions effectively is to connect with peers, therapists or counselors who can systematically guide the journey of gaining personal insight. Please also consider reaching out to the PA PHP, which may be a great first start in connecting with peer groups or a professional mental health practitioner. ■

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Goleman, D. (2007). *Emotional Intelligence* (10th ed.). Bantam Books.
Salovey, P. & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition, and Personality*, 9, 185-211.

Systemic Management of Dental Professionals with Impairing Conditions

By Raymond C. Truex, Jr. MD, FACS, FAANS

Dentists are, first and foremost, human beings, with a variable genetic predisposition toward substance use disorders which they have inherited from their parents, and with environmental exposures which may predispose them to substance use disorders, such as psychological trauma, physical pain and mental illness. In this general sense, they are just like everyone else. But in addition, dentists share generalized personality characteristics which are like physicians, such as being intelligent, being success oriented, willing to experience delayed gratification and being perfectionistic. Like physicians, they develop confidence in their abilities and decisions, and thus like to be in control of situations. Dentists and physicians enjoy societal respect and high economic status. And like physicians, they experience shame when their substance use disorder is exposed and fear professional licensure sanctions from State Boards of Dentistry.



On the other hand, there are some distinct differences between physicians and dentists. One difference is the way they practice their profession. Physicians for the most part practice within hospital systems and are accountable for supervision from within their system. They tend not to be their own boss. Dentists, on the other hand, are more likely to practice independently; depending on the source 50 – 80 percent of dentists are self-employed, although younger dentists are trending toward systemic employment. Dentists are much more likely than

physicians to be their own supervisor. This position of authority and isolation makes it less likely that a dentist will seek help when they succumb to a substance use disorder, because they have employees to support, a reputation to protect, and no-one to step in and take their place if they needs to take time away to enter a rehabilitation facility. It is generally harder for a dentist than a physician to seek help; dentists are underrepresented in the Pennsylvania Physicians' Health Program (PA PHP).

Further, a dentist is much less likely than a physician to know that help for their substance use disorder is available. Since physicians work in larger systems, there are usually human resource employee assistance specialists who are aware of the PHP's which are available in almost every state. A dentist in a small individual practice usually will have no such systemic backup, and surveys have demonstrated that only 40 percent or so of dentists are aware that professional help for their substance use disorder is available to them.

This situation is changing, however. Several simultaneous things have happened. 1) The American Dental Association has become attuned to the disadvantageous position that dentists are in, especially with the recent understanding of the high suicide risk facing dentists, and the professional stresses which resulted from the COVID-19 pandemic. 2) Dr. Alan Budd, a dentist practicing in the Boston, MA area, became acquainted with Linda Bresnahan, Executive Director of the Federation of State Physician Health Programs (FSPHP), also in Boston. The FSPHP serves to coordinate and establish standards of practice for state PHPs across the country. Dr. Budd realized that dentists were in need of an organized structure similar to that provided for physicians by the FSPHP. Dr. Budd was the driving force behind the establishment in 2022 of the National Council of Dentist Health Programs, which will replicate the function of the FSPHP, only for dentists.

Recognizing that in 50 percent of states, dentists are monitored by PHP's, Dr.

Budd considers it best for the NCDHP to work within the structure of the FSPHP, rather than being a distinct organization. This integration is being considered currently.



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So, it is apparent to me that this is a critical juncture for the dental profession regarding management of dentists who suffer from substance use disorders, mental health issues and professional boundary and behavioral issues. Dentists are currently orphans in the physician treatment world. But their unique situation is about to undergo a transformation similar to what happened in the physician world about 20 years ago, with the establishment of statewide Physician Health Programs and their organization within the FSPHP. The American Dental Association will be studying best practices and how to make substance use disorder and mental health treatment systems more standardized and available to dentists in a Summit conference which will be held in Chicago this September, with stakeholders from many states participating. These are exciting times, and I look forward to being a participant in the Summit and being a witness to history unfolding. ■



Working to Raise Awareness of Physician Suicide

Follow along with us throughout September as we work together to raise awareness of physician suicide.



#NPSADay #PhysicianSuicide

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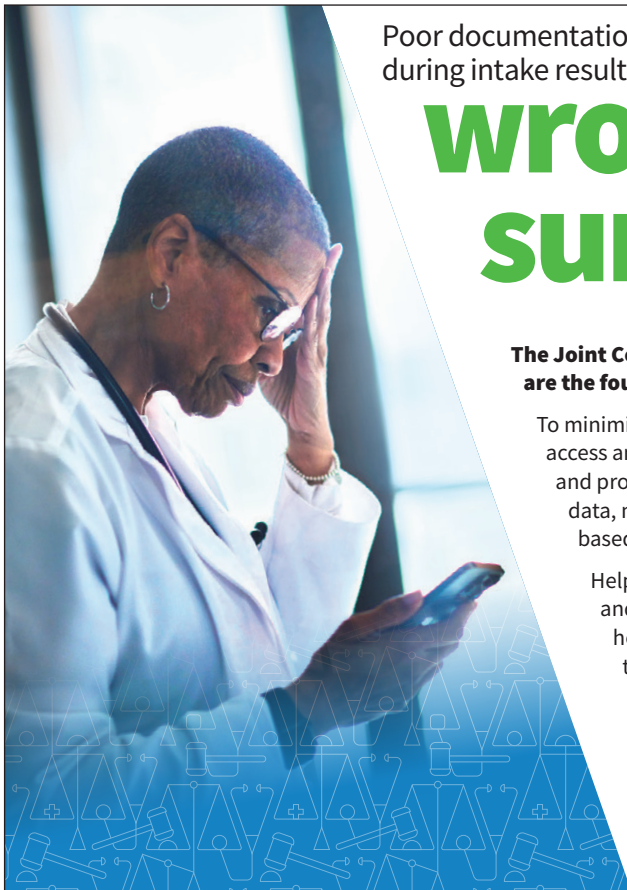


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