



Physicians'
HEALTH
Program

The Foundation of the Pennsylvania Medical Society

FALL
2020

PHP UPDATE

— NEWS FROM THE PENNSYLVANIA PHYSICIANS' HEALTH PROGRAM —



Persist, persevere, prevail

By Gwendolyn A. Poles, DO, FACP

In the mid-1950s, a three-year-old, African American girl told her mom she wanted to be a “missionary surgeon

doctor.” Now a retired physician, her memory goes back to approximately seven-years-old, always wanting to be a “missionary surgeon doctor.”

From hence did that language come? How did a three-year-old toddler form that phrase given the era and that her parents were not well educated? Was it because she

heard the word “doctor” at the hospital or “missionary” at church? Hmmm... she developed theories over the course of her career.

Despite racism, sexism, classism/caste (a word Americans don't like to admit exists here), and physical disability, she persisted, persevered and prevailed. Between hospitalizations, frequent clinic appointments and regular blood transfusions, she graduated in the top two percent of her high school class, completed her

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The effects of witnessing traumatic current events

By Ericka Pinckney, Ph.D., NCC, LPC

It is essential to recognize how life events contribute to our development. How did ones' racial, spiritual, cultural, sexual, among other identities develop? (Arminio, 2014; Arminio 1993).

Was there a good balance, or is there a problem with the messages one received over time? If so, how do we acknowledge and work to change any maladaptive thoughts that could negatively impact the ability to connect and empathize with others' experiences?

The recent expressions of civil unrest related to Breonna Taylor and the released portion of George Floyd's public death prompted discussions about trauma and secondary trauma.

Ford and Bride (2019) noted helping professionals and staff who are directly and indirectly exposed to the graphic details of others' traumatic experiences that could cause a significant consequence. It is vital to establish and maintain an individualized self-care plan to avoid burnout.

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PHP UPDATE

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FROM THE DIRECTOR



Adapting during the pandemic

The Physicians' Health Program adjusted operations to support the health and well-being of our participants during the COVID-19 pandemic.

Some of these program adaptations include changes in drug testing for immunocompromised or high-risk participants, digitizing our database system, and a move to virtual platforms for the following: evaluations when not contraindicated, teletherapy and therapy, 12 Step and other support group meetings, PHP monitor meetings and agreement signings.

We continue to encourage participants to follow the COVID-19 recommendations of the Pennsylvania Department of Health and the Centers for Disease Control and Prevention guidelines. The PHP staff began working remotely March 17, 2020, and implemented new technology to ensure seamless service to participants, including DocuSign, Microsoft Teams, Digital Fax and Zoom platform.

During these unprecedented times, it has been essential for our treatment and evaluation providers to switch to virtual platforms. The majority of outpatient evaluations and treatment services are now delivered via telehealth or virtual platform. This has allowed for continued therapy for participants and a continuation of evaluation services to determine whether individuals need PHP services.

As stay-at-home orders in Pennsylvania counties were implemented, in-person 12 Step and other support group meetings were cancelled or moved to a virtual platform. The PHP adapted by accepting virtual 12 Step and other support group meeting attendance. The PHP also shared a list of virtual resources for these meetings via a mass message center message as well as on the participant home page on Affinity to support participants in continuing their sober support network efforts in a virtual capacity.

Participants and their PHP monitors have been encouraged to forego meeting in-person and switch to telephone calls, FaceTime, Skype, Zoom or other platforms. This switch allows continued peer support while keeping both monitor and participant safe.

The PHP developed procedures and implemented virtual agreement signings via confidential Zoom platform. Meetings with the medical directors and case managers are conducted via Zoom and documents are signed digitally via DocuSign.

As change is the only constant during these times, we remind participants the PHP is here to support them through these difficult times. The PHP developed a list of behavioral health providers specializing in working with health care professionals experiencing COVID-19 related stressors, depression, anxiety, trauma, substance use, etc. Many of these providers offer virtual and telehealth services to make health and safety a top priority.

Tiffany M. Booher, MA, LPC, CAADC, CIP, CCSM | PHP 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.

You are not alone



During this COVID-19 pandemic, I've heard many say, "I've never been more connected and yet, I've never felt so alone."

As we continue in this period of uncertainty, it is imperative to take the time to mindfully

appreciate those who live, lead, serve, play and work beside you. Therefore, my message today is one of heartfelt gratitude.

During this time of challenge, the Foundation has reconfigured its workflows and processes to ensure we are responding to the newest drivers of stress

for our PHP participants, LifeGuard clients and medical students. Dr. Edwin Kim, one of our PHP medical directors, created a helpful guide for practices and other employers to

identify when the signs of stress are becoming a deeper clinical concern. This free resource is available at www.foundationpamedsoc.org/physicians-health-program/physician-burnout-resources.

Amidst our coronavirus adjustments, our trustees kept their eye on multiple key issues. In an effort to support diversity within the physician profession, the 2020 Foundation Award will be given to a medical student from a minority background. Within this publication, Dr. Gwendolyn Poles and Dr. Ericka Pinckney

address the trauma associated with re-experiencing the videos that call to our attention the continued need to stand against racial injustice. The PHP Advisory Committee and Board of Trustees completed a year-long process to review and finalize our policy regarding medication-assisted treatment.

While caring for those we serve, we have also endeavored to demonstrate care and commitment to our staff who are the backbone of our daily operations. We ask, "How are you – really?" We pause to make sure we are truly listening to the spoken and unspoken answer. We are intentionally making sure we remain connective and supportive.

At the Foundation, we want our donors, clients, students, participants and colleagues

to know – you are not alone. We are here to help, to listen and to serve. We are here to authentically connect whether it be a Zoom meeting, a call or an in-person meeting spaced six feet apart. We

We are here to help, to listen and to serve.

thank you for your continued support that ensures that we can continue our life-saving and life-changing work regardless of the challenges ahead.

Take good care, stay safe, and be well,



Heather Wilson, MSW, CFRE, CAE
Executive Director

bachelor's degree at Franklin and Marshall College (F&M) in 3.5 years and graduated from the Philadelphia College of Osteopathic Medicine (PCOM). Her teachers, school counselors, nurses and physicians told her to pursue a more "realistic career." Girls – let alone poor, African American girls – were not supposed to be physicians. In contrast, her parents told her to study hard to get a scholarship and her church prayed for her health and supported her goal. Did I mention that this aspiring physician had Sickle Cell Disease? Even then she had to learn self-advocacy to prevent conflict between clinic visits and school.

I am that three-year-old that had the audacity to dream big and work hard at achieving my dream, my calling. Between my family, church and the Christian faith that I embraced I was able to and continue to endure the racism, sexism and classism that persists in America. Although my undergraduate college experience was academically challenging, more importantly it was psychologically and emotionally grueling. F&M had turned co-ed two years prior to my matriculation but did not welcome women nor minorities. Out of more than 500 students, 20 were African American. Students, administrators and professors displayed overt racism. I persisted, persevered and prevailed fighting new barriers that were intentionally designed to derail my calling.

Fast forward to eight years after graduating from college when I entered PCOM, whose culture was in stark contrast to my undergraduate experience. With some exceptions, administration, classmates and professors were kind and supportive. What a breath of fresh air! Then during clinical rotations, the racism, sexism, classism and ageism rose their ugly heads. Again, I persisted, persevered and prevailed, but it was still exhausting.

I urge you to take steps to evaluate how you have participated in the continuance of the status quo or have actively sought to tear down the institutional and structural racism in the systems in which you work, the community where you live, the faith community you embrace and the governmental policies you support.

Residency was physically challenging, but I remained relatively healthy even completing an on-call night which resulted in working 36-hours with fever, chills and sweats due to a breast abscess. For young physicians in those days you absolutely could not call out sick and there were no "work hour restrictions." The predominate patient population at my hospital was wealthy, white people, so here we go again. I was assumed to be

the dietary aid – "Can you take my tray?"; the "TV Girl" – "I'm so glad you're here to turn my TV on" to which I politely replied, "I'll tell your nurse, I'm Doctor Poles, how are you today?" Then, "you're too young to be a physician." (I was in my 30s, but I'll take the compliment.)

The last place I wanted to relocate to was Harrisburg – I swore I would never return to central Pennsylvania given my horrendous experiences at F&M and in Lancaster. Never say never as the saying goes.

Prior to relocating, a white man confirmed my worst fears and advised me to live on the East Shore versus the West Shore, otherwise called the "White Shore" – his words. Then I arrived and quickly experienced racism within the medical community and area at large. Examples included nurses refusing to help find

patients' charts or refusing written orders, security guards repeatedly stopping me when coming back at night to see a patient, being ignored in leadership meetings and being called the "N" word standing in line at a department store.

Although I and others will persist and persevere, African Americans cannot prevail alone. Our profession takes pride in being a healing profession and "doing no harm," so why are we (you)

not helping to actively heal our profession? Health disparities are not new. They stem from structural and institutional racism. Racial implicit and explicit biases persist.

The percentage of African-American physicians has decreased from an average of seven percent from 1978-2008 to five percent in 2018 (AAMC Diversity in the Physician Workforce Facts & Figures 2010; 17th Report of COGME). Minority representation

in academia and leadership is dismal at best. The “ball” is no longer in my court or the court of minorities aspiring to, pursuing a career in or currently in the practice of medicine.

After reading the accompanying article by Dr. Ericka Pinckney, I urge you to take steps to evaluate how you have participated in the continuance of the status quo or have actively sought to tear down the institutional and structural

racism in the systems in which you work, the community where you live, the faith community you embrace and the governmental policies you support. Physician heal thyself for the sake of all.

Gwendolyn A. Poles, DO, FACP is a member of the Foundation of the Pennsylvania Medical Society Board of Trustees.

The effects of witnessing traumatic current events *continued from page 1*

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) and The National Institute of Mental Health (NIMH, 2020) outline the formal diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) as; you were exposed to one or more events that involved the threat of death, death, actual or threatened serious injury, and threats of sexual violation. Further, directly experiencing an event, witnessing the event as it occurred to someone else (i.e., close relative, friend), suffering repeated exposure to an event’s distressing details. For example, scholars report survivors of the September 11, 2001, attack on the World Trade Center Towers and beyond, Hurricane Katrina and other natural disasters reported heightened sensitivity to extreme weather alerts or annual references to 9/11.

The critical race theory (CRT) explains how everyday forms of racism and microaggressions impact organizations and institutions (Huber, 2014). The more we create a safe space with

Let’s aspire to hold ourselves and others accountable for the positive change we want to see striving to make this a beautiful and just world.

and for colleagues, families and friends to engage in heartfelt dialogue, new insight and ways of being can transpire.

Beginning in June 2020, WITF presented a bi-weekly moderated

series with panelists, titled, “Toward Racial Justice.” The program addresses systemic racism and injustice in central Pennsylvania and beyond. Each segment focuses on various

factors that impact systemic racism (i.e., housing, education, mental health, race). I believe it is critical to engage in purposeful conversations designed to raise awareness, increase access, and build healthy relationships and partnerships promoting cross-system collaboration and implementation of key points.

In closing, personally or professionally, we have been impacted by the current pandemic and the aftermath of civil unrest as it plays out before our eyes. The golden rule still applies as a moral principle all could follow, “treat others the same way you would like to be treated.”

For example, asking one's self questions like:

1. How would I feel if treated that way?

2. Is this practice fair? Fair for some, or all?

3. Would I treat my family member, friend or colleague in this manner?

4. Do I treat others with dignity and respect?

5. What are my triggers and blind spots?

Let's aspire to hold ourselves and others accountable for the positive change we want to see striving to make this a beautiful and just world.

Finally, Dr. Gwendolyn Poles and I encourage professionals to find solace, support and balance during these unprecedented times.

Ericka Pinckney, Ph.D., NCC, LPC is associate clinical director at Keystone Human Services in Harrisburg, Pa.

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OPIOID AND CONTROLLED SUBSTANCES PRESCRIBING COURSE & EDUCATION PROGRAM

The Opioid and Controlled Substances Prescribing Course and Education Program is presented by LifeGuard, a nationally recognized physician assessment program. This two-day, virtual program covers prescribing issues for physicians to become more comfortable with controlled substances and opioid guidelines.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and the Foundation of the Pennsylvania Medical Society. The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians. The Pennsylvania Medical Society designates this live activity for a maximum of 20 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the educational activity.

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The Medical Record Documentation course, a collaborative effort between LifeGuard and KSTAR, is a two-day, virtual program designed for physicians to increase their ability to effectively maintain medical records. Maintaining proper medical records reduces risk to the provider, enhances quality of care and assists in meeting compliance standards.

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Compassion in the time of COVID-19

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



I have been pretty lucky so far. But that is not by accident. For the most part, I stay at home, and when I go out, I wear a mask and wash my hands frequently. I try to maintain social distancing. Fortunately, the Foundation has made it possible for me to work from home using Zoom conferencing software.

Although somewhere deep in my mind I still see myself as a vital 35-year-old, the reality is that I am older, and should I become infected, the virus probably would not treat me well.

Not everyone has been as lucky as I. Hospital systems have been stressed financially by the COVID-19 pandemic, and in my own locality, the hospital system has been forced to lay off health care workers. My own practice experienced the recent furlough of our practice manager and a doctorate-level nurse practitioner. A new, young physician neighbor of mine recently lost his job a month after moving into his new home.

But more pressing than the financial hardships health care workers have to face is the existential threat of the virus itself. Across the nation, between 600¹ and 900² health care workers have succumbed to the virus, including 21 physicians.² In Pennsylvania, there are six known deaths of health care workers.³ Add to this the threat of caring for very sick patients with limited protective equipment, exposure of family members, sick colleagues and overwhelmed hospital facilities, then you have a very reasonable cause to worry.

Those working in the addiction field see the results of this stress, particularly in physicians who already have underlying mental health or addiction problems. Nationally, drug overdoses increased by 16.6 percent in the first six months of 2020, compared to the same time frame in 2019 (18.6 percent non-fatal, vs 11.4 percent fatal).⁴ Our own Pennsylvania Physicians' Health Program (PHP) physician statistics demonstrate

a doubling of the drug and alcohol relapse rate among our participants over the second quarter of 2020.⁵ Although I could find no confirmatory statistics to prove it, psychiatrists are expecting a new wave of suicide attempts.⁶

The staff at the PHP is acutely aware of these issues. My associate, Dr. Edwin Kim, is continuously updating our compiled resources for physicians experiencing stress and burnout in this pandemic. This can be found at www.foundationpamedsoc.org/physicians-health-program/physician-burnout-resources. Our case managers are trained and experienced with suicide screening, and beyond that, are compassionate individuals who spend many hours counseling physicians who need to vent. If it becomes apparent that a physician requires more expert therapy by a mental health professional, the PHP maintains a list of qualified psychologists and psychiatrists to whom we can offer a referral.

Depression, anxiety and substance use disorders are medical diseases. Suffering from these diseases is not a moral failing or sign of weakness. They are effectively treated through evaluation and treatment supervised by the Pennsylvania PHP, but these therapies only work if they are utilized. If you know a physician, dentist, student or physician assistant who is burdened by the stress of the COVID-19 pandemic, and is willing to get help, we are only a phone call away.

References

¹ Centers for Disease Control

² The Guardian and Kaiser Health News, Lost on the Frontline Database, August 2020

³ The Guardian and Kaiser Health News, Lost on the Frontline Database, August 2020

⁴ Office of National Drug Control Policy, Overdose Data Mapping Application Program

⁵ PA PHP Internal Statistics

⁶ Suicide Mortality and COVID 19 Disease, A Perfect Storm, JAMA Psychiatry April 2020, (Reger, Stanley, and Joiner)

Mental health in the pandemic – It's a marathon, not a sprint

By Kenneth M. Certa, MD

As the weeks drag on into months, with only a glimmer of hope mid-winter, the pandemic is becoming more and more difficult to endure. We are winning the numbers war, at least in Pennsylvania, but the need to keep socially distant is taking a toll that is beginning to show. As a psychiatrist working in inner city Philadelphia, I am seeing a rising tide of addiction-related emergency room visits and hospitalizations. The same is true all over the country.

A big part of what keeps all of us sane is our interactions with other people. Human beings have evolved to exist in cooperative societies, as all primates do. Our brains are not suited for solitary confinement; we can literally go crazy without being able to make a connection with another person.

Addiction is a disease with complex roots, but a big part of healing depends on the ability to somehow get outside of our own thoughts and rely on something else. The higher power of the 12 Steps can be conceived in a lot of ways, but there is a common thread of recognizing that by myself I will get into trouble.

The pandemic requirement of social distancing, of not meeting up with friends, of not going to the movies or out to dinner or just hanging out, takes away the natural way that our society helps us get back to center. There is a lot that can be done by phone, text, Zoom and Teams, but our brain is not so easily fooled. We have a visceral need to be in the presence of others, even those we don't really know. It is comforting.

Our ancestors who roamed Africa in troops were reassured when they saw others of their kind, getting a greater sense that this must be safe if these fellow primates are here.

I am too much of a scientist – and have seen too much of how ill COVID-19 can make someone – to argue strongly that we should go back to business as usual. For the sake of all of us, we need to maintain our work to limit viral transmission, wearing masks and staying apart.

But I am also too much of a student of human behavior to ignore the cost to the psyche. Many of the pleasures which keep us going are not available right now. Older folks who struggle with chronic illness get the motivation to stick around by thinking of the next time they can have their grandchildren over. It is hard to keep this thought in mind when you know we may not be able to meet until New Year's. (And no Mummings Parade!)

There is a hierarchy of defense mechanisms which our minds use to fend off anxiety; things like repression, reaction-formation, stuff you might remember from psych 101. People quibble over what sorts of thoughts and actions are related to which particular defense mechanism, but what is very clear is that the defense mechanisms which involve other people are the most effective.

So what to do? It can be helpful just to recognize what is happening – to cut yourself some slack and not get worried about that glum feeling. It is a natural response to enforced

isolation; no need to feel bad about feeling bad.

It is important to take affirmative steps to interact with others when possible. Keep the six feet between you, but see your friends and family. Call, text, Zoom and try to be in the physical presence. If you can't be together, engage in the same activity while in contact electronically. Watch the same show on Netflix in real time and comment on the action, put the iPad by the stove and make the same recipe together, or do an online yoga class together. Our brains appreciate the simulation. It helps.

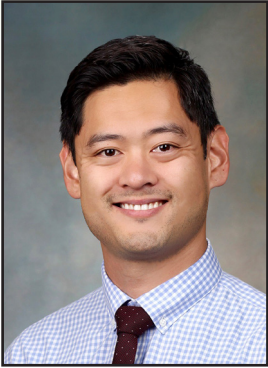
For those who traditionally rely on support groups such as 12-Step meetings, the move to an all-virtual platform has been a two-edged sword. It is a lot easier to make a meeting if you can do it in your living room in your pajamas. They are good and helpful but lacking in the many other sensory elements that make meetings powerful (like forcing you to get dressed).

For those struggling during this difficult time, the Physicians' Health Program has compiled resources, which can be found at www.foundationpamedsoc.org/physicians-health-program/physician-burnout-resources.

Kenneth M. Certa, MD is an associate professor of psychiatry and human behavior at Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia. He is also a member of the Foundation of the Pennsylvania Medical Society Board of Trustees.

Update on burnout/stress related to COVID-19 pandemic

By Edwin Kim, MD, MRO



I am grateful to connect with counselors, therapists, psychologists and psychiatrists across Pennsylvania. These clinicians have expressed their strong interest in helping physicians and medical workers cope with the stresses related to the pandemic, as well as the ongoing burden of workplace-related burnout.

Most have adopted telemedicine into their practice in order to broaden their therapeutic reach during these times. And I am glad the Physicians' Health Program has the foresight to build this referral for Pennsylvania doctors and staff because there is growing evidence and confirmation of problematic mood, anxiety and substance use rising during the COVID-19 pandemic.

Our colleagues at the Ontario Medical Association Physician Health Program collaborated with University of Toronto researchers to characterize the impact of pandemic on health care workers. The preliminary results demonstrate that indeed women health care workers are at increased risk for stress, depression and burnout. Unsurprisingly, they noted various factors that exist at the individual, organizational and system level that contributed to negative outcomes in these women. This study reaffirms the widespread belief that we must prioritize physician health and well-being.

For leadership and employers interested in promoting employee health in the workplace, I invite you to view the webinar, "A Physical and Psychosocial Response for a Post-COVID-19 Workplace," which is available on the Foundation's website at www.foundationpamedsoc.org/physicians-health-program/physician-burnout-resources. This guide highlights the components of a holistic and humanistic approach to your employees' health.

While organizational change can inherently take time to implement, I encourage individuals to take steps to fortify their own mental health as well. My primary suggestion for individuals is to focus on their innate ability to overcome stressful times, and to recognize

their strength when facing ongoing adversity, trauma, tragedy, threats and significant sources of stress. In essence, individuals can focus on what psychologists describe as resilience.

As it turns out, resilience, as a learnable, fortifiable skill, is consistently identified as a significant way to combat burnout and rise above (and potentially thrive) in dynamic, challenging situations.

As it turns out, resilience, as a learnable, fortifiable skill, is consistently identified as a significant way to combat burnout and rise above (and potentially thrive) in dynamic, challenging situations. And fortunately, the American

Psychological Association further clarifies that resilience is ordinary, not extraordinary.

Psychologists suggest that resilience is not a personality trait nor a characteristic. Rather, it is best conceptualized as an exercisable skill. In their roadmap for adapting to life-changing situations, they suggest building social connections, fostering mental and physical health and wellness, avoiding negative

FROM THE MEDICAL DIRECTOR

outlets such as alcohol and drugs, proactively finding purpose in helping others and oneself, and embracing healthy thoughts in the form of a broader perspective, hopeful outlook and learning from one's past. Lastly, they suggest seeking help from a licensed mental health professional who can assist in developing a strategy for moving forward.

As we continue coping in 2020, I also encourage you to actively negate the impact of social isolation. Reach out to peers from medical school, residency and fellowship. Build new relationships with leadership and staff and learn more about the triumphs and struggles across other disciplines and specialties.

By growing our
understanding of suffering
outside ourselves,
we can gain a broader
perspective and hopefully
reduce suffering.

For more insight, please also read Medical Director Dr. Raymond Truex's reflections on empathy. If you or someone you know is in need of professional mental help, therapy or counseling, please contact the PHP staff for assistance in finding options in your area.

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This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

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Welcome New Committee Members

WELCOME TO THE NEWEST MEMBERS OF THE PHYSICIANS' HEALTH PROGRAM COMMITTEE



Rebecca Borders, MD
Staff Radiologist, WellSpan
Medical Group

Why did you choose to serve on the PHP Committee?

I am gratefully indebted to the PHP and was honored to be nominated to serve.

Why do you believe the work being done at the PHP is so important?

Unfortunately, the general population statistics for sobriety success are not good... and yet the success of health care professionals to achieve and maintain sobriety are inversely very good. State PHPs are an integral part of that success, and Pennsylvania's is one of the best. We are so lucky to have such kind and professional staff that only want the best for us.



Jagdeep Kaur, MD
Clinical Director of
MAT services, Addiction
Psychiatry, Keystone Health,
Chambersburg, PA

Why did you choose to serve on the PHP Committee?

Physicians, other health care professionals and trainees are precious and invaluable parts of our society. Their physical and mental well-being is essential for the safe practice of their profession, and the safety of the public. I chose to serve on the PHP Committee because

PHP comprises of dedicated staff members who live PHP's mission and vision.

Why do you believe the work being done at the PHP is so important?

PHP's work is not just important, it is essential. Sound and healthy health care workforce is a must for whole society's physical and mental well-being as current COVID-19 pandemic has proved that. Health care workforces are not just providing medical care, they are supporting mentally, emotionally and spiritually their patients as well. As a society, we need to preserve this valuable resource and for the last 30 years PHP is tirelessly working on this task.

Be kind to your mind.

Feel happier, less stressed, and build coping skills to improve resilience anytime you need it with the Pennsylvania Medical Society's (PAMED) new partnership with Headspace. **PAMED members can download the Headspace meditation app for free (\$65 value).**

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In an act of enormous generosity as his PAMED presidency comes to a close, Dr. Lawrence John has offered to match donations to The Foundation of the Pennsylvania Medical Society up to \$10,000.

Dr. John has been a champion of the Foundation's causes during his PAMED presidency. He dedicated valuable resources to physician wellness throughout his term, addressing burnout and mental health issues affecting our family of medicine.

Double the impact of your gift with Dr. John's generous match and give to the Foundation!

Visit www.pamedsoc.org/challenge to donate today.