Physician wellness: Doctors taking care of doctors

he four Joint Collaborative Committees (JCCs), a partnership of Doctors of BC and the BC government, work collaboratively to lead system change. The committees—General Practice Services Committee, Specialist Services Committee, Shared Care Committee, and the Joint Standing Committee on Rural Issues—are unique partnerships in Canada. Physicians partner with government and work closely with health authorities to make system change while strengthening the role of physicians as leaders in innovation at provincial, regional, and community levels.

Physician health and wellness is paramount, and every day the JCCs work toward reducing the burdens that contribute to physician burnout and stress, but there is much more work to do. The strong relationships developed at these committees, and through divisions of family practice and medical staff associations (MSAs), have helped to realize significant changes that have improved doctors' lives by tackling some long-standing organizational-level issues. Rates of physician burnout and moral distress were rising before the COVID-19 pandemic, and they continue to rise due to increasing demands on physician time and resources in a complex and, at times, constrained health care system that involves heavy workloads and clinical practice requirements, inefficient system processes, and evolving technology. However, this burden is not experienced equally by all. Sponsored by a JCC initiative, a 2020 physician-led study found that emotional exhaustion and feelings of low personal accomplishment were higher in physicians who identify as a woman or a person of color.1 Physicians in rural communities have also felt a higher level of professional and personal isolation during this challenging time.

This article is the opinion of the Joint Collaborative Committees (JCCs) and has not been peer reviewed by the BCMJ Editorial Board.

During the pandemic, the JCCs supported BC's quick pivot to ensure equitable access to health care for all patients by initiating virtual care fees, funding and deploying Zoom licences, and ensuring access to free personal protective equipment for community physicians. In 2021,

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the JCCs partnered with the Physician Health Program of BC to start developing and supporting provincial resources, including:

- Networks of trained physicians offering their colleagues one-to-one peer support.
- Services to match physicians with their own family physician to support their primary care needs.
- Core cognitive behavioral skills training for physicians to support their health and

Through the JCCs, physicians continue to lead a spectrum of quality improvement initiatives to energize and stimulate better practice environments for other physicians.

Breaking down systemic and organizational barriers and burdens

Vancouver Coastal Health and the Vancouver Physician Staff Association have joined forces to address physician wellness and are encouraging department-level solutions. They polled members to assess the complexity of factors contributing to physician burnout. Guided by these insights and supported by ICC engagement funding, department and division heads are further discovering specific impediments, developing interventions, and identifying trusted and respected wellness champions from within the profession.

For example, at the Vancouver General Hospital Emergency Department, four physicians are now part of an interdisciplinary wellness team and have identified improvements such as new radiology processes, outpatient clinics, and shift scheduling. They are also exploring space optimization and deeper systemic issues such as clinical and administrative workloads.

Managing immediate impacts to support resilience and balance

Through the Rural Coordination Centre of BC (RCCbc)-led Real-Time Virtual Support (RTVS) pathways, 150 physician colleagues (referred to as virtual physicians) now provide rural health care providers with on-demand, 24/7 clinical support via video or telephone. RTVS offers three patient-facing pathways and four peer-to-peer pathways that enhance health equity in rural, remote, and First Nations communities across BC. The program has facilitated more than 40 000 encounters/calls since April 2020. The peer-to-peer pathways in particular have seen significant, steady use by clinically courageous physicians² in low-resource settings across 91 communities. Participants report that this helps build communities of practice and stronger interprofessional and collegial relationships, and promotes and enhances practitioner recruitment and retention. In addition to improving access to patient-centred care and reduced out-of-pocket costs for patients, participating end users have also expressed that the RTVS strengthens core competencies, clinical skills, and confidence; reduces feelings of isolation, loneliness, and stress; and improves psychological well-being.

Many practical, meaningful efforts have been organized to foster a culture of collegial appreciation and respect to help maintain and restore physician health and wellness, such as the following examples:

The Campbell River Spirit Awards honoring local physician peers and community heroes who keep the community healthy.

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- 4. Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder. June 2017. Accessed 15 October 2021. www.healthquality.va.gov/quidelines/MH/ ptsd/VADoDPTSDCPGFinal012418.pdf
- National Institute for Health and Care Excellence. Post-traumatic stress disorder. NICE Guideline. 5 December 2018. Accessed 15 October 2021, www .nice.org.uk/guidance/ng116.
- 6. Phoenix Australia. Australian guidelines for the prevention and treatment of acute stress disorder, posttraumatic stress disorder and complex PTSD. Accessed 15 October 2021. www.phoenixaustralia .org/australian-quidelines-for-ptsd.
- 7. Starcevic V. No role for benzodiazepines in posttraumatic stress disorder? A surplus of certainty despite scarce evidence. Australas Psychiatry 2017:25:339-341.
- 8. Guina J, Rossetter SR, DeRhodes BJ, et al. Benzodiazepines for PTSD: A systematic review and metaanalysis. J Psychiatr Pract 2015;21:281-303.
- Tupper, Wood E, Yensen R, Johnson MW. Psychedelic medicine: A re-emerging therapeutic paradigm. CMAJ 2015:187:1054-1059.
- 10. Krediet, Bostoen T, Breeksemaet J, et al. Reviewing the potential of psychedelics for the treatment of PTSD. Int J Neuropsychopharmacol 2020;23: 385-400.
- 11. Brooks S, Amlôt R, Rubin GJ, Greenberget N. Psychological resilience and post-traumatic growth in disaster-exposed organisations: Overview of the literature. BMJ Mil Health 2020;166:52-56.
- 12. Finstad GL, Giorgi G, Lulli LG, et al. Resilience, coping strategies and posttraumatic growth in the workplace following COVID-19: A narrative review on the positive aspects of trauma. Int J Environ Res Public Health 2021:18:9453.

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- A dedicated space for physicians' children at smaller division meetings and supervised child-friendly activities/play stations at larger events hosted by the Thompson Region Division of Family Practice to help support member attendance and engagement.
- A new healthy snack program at Powell River General Hospital introduced by the Powell River Division of Family Practice after learning that some of its members felt unsafe to leave the facility to get meals while challenged with managing patient loads.

Doctors are encouraged to connect with their division, MSA, or RCCbc to learn more about supports for physician wellness in their area. For resources from the ICCs, visit www .collaborateonhealthbc.ca. ■

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References

- 1. Khan N, Palepu A, Dodek P, et al. Cross-sectional survey on physician burnout during the COVID-19 pandemic in Vancouver, Canada: The role of gender, ethnicity, and sexual orientation. BMJ Open 2021;11:e050380.
- 2. Walters L, Couper I, Stewart RA, et al. The impact of interpersonal relationships on rural doctors' clinical courage. Rural Remote Health 2021;21:6668.

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References

- 1. McDonald HI, Tessier E, White JM, et al. Early impact of the coronavirus disease (COVID-19) pandemic and physical distancing measures on routine childhood vaccinations in England, January to April 2020. Euro Surveill 2020;25:pii=2000848.
- 2. Patel Murthy B, Zell E, Kirtland K, et al. Impact of the COVID-19 pandemic on administration of selected routine childhood and adolescent vaccinations - 10 U.S. jurisdictions, March-September 2020. MMWR Morb Mortal Wkly Rep 2021;70:840-845.
- 3. Causey K, Fullman N, Sorensen RJD, et al. Estimating global and regional disruptions to routine childhood vaccine coverage during the COVID-19 pandemic in 2020: A modelling study. Lancet 2021; 398(10299):522-534.
- World Health Organization. COVID-19 pandemic leads to major backsliding on childhood vaccinations, new WHO, UNICEF data shows. 15 July 2021. Accessed 8 November 2021. www.who.int/news/ item/15-07-2021-covid-19-pandemic-leads-to-major -backsliding-on-childhood-vaccinations-new-who -unicef-data-shows.
- BC Centre for Disease Control, BC Ministry of Health. Continuity, prioritization and safe delivery of immunization services during COVID-19 response. Updated 15 October 2021. Accessed 8 November 2021. www.bccdc.ca/resource-gallery/Documents/ Guidelines%20and%20Forms/Guidelines%20 and%20Manuals/Epid/CD%20Manual/Chapter%20 2%20-%20Imms/Continuity_of_Immunization _Services_During_COVID-19.pdf.

