

Physician Depression Scenario – FACILITATOR’S GUIDE

1) You are a senior resident. You notice that an intern on your team appears down and a bit unkempt. You are worried about her. What should you do first?

- a) Find a moment to talk to her privately and check in
- b) Report your concerns to the chief resident and/or program director
- c) Ignore it, it’s none of your business and someone else will address it if needed

[Small Group Discussion]

As a group leader, themes to identify would be discussing the concerns people would have regarding privacy/autonomy (i.e. about getting into others’ “business”) as well as whether this would warrant reporting to an attending or supervisor in this case. This is a great opportunity to discuss the culture at your institution surrounding being vulnerable and asking/offering help for others.

Recommended course:

- A. If you have good rapport, you should check in with your intern, listen without problem-solving, offer support, and even possibly an authentic self-disclosure of vulnerability (“I remember when I was an intern...” or “While I was on the PICU, I noticed that ...”). This could work to decrease the stigma and provide a safer space for the intern to be vulnerable. If the intern has insight and is open about feeling down, then help her access mental health resources (section 2), and let her know you would like to check in with the chief resident and/or program director to increase support.
- B. If you talk with her and she is not open about her symptoms, or if her explanation for the recent appearance and behavior seems concerning for depression, it is ok to express your concern for her, suggest a self-screening tool (see section 1), and then talk with your chief resident/ and/or program director.

2) Your intern claimed that she was fine, but over the next week she continues to appear down, is occasionally late to rounds, and appears withdrawn when others are being social. At this time, what should you do?

- a) Attempt to talk to her again
- b) Report your concerns to the chief resident and/or program administration
- c) Do nothing, she said she was fine, and the rotation is almost over

[Small Group Discussion]

Again, as group leader, help facilitate discussion of the intern’s right to autonomy versus the supervisor’s concern about his appearance and symptoms.

Recommended course:

- A. If the intern had been open before, checking in again, sharing your ongoing concerns, and letting her know that you are going to reach out to get her more support is appropriate.
- B. If she was guarded or dismissive when you checked in before, or if you do not feel comfortable, it would be appropriate at that time to let the program administration know of your concerns.

3) Now, you are the Program Director. A senior resident has just alerted you to their concern about an intern seeming depressed. What do you do?

- a) Make an appointment to meet with the intern as soon as possible
- b) Work with the person who alerted you to free up some time during their day to try to connect with the intern again on the wards
- c) Make a notation and follow up in 2 weeks

[Small Group Discussion]

Consider these questions for the small group discussion: How would you have wanted to get alerted? How open is your residency culture to check-ins with administration? Will the intern feel she is getting in trouble if she is asked to come meet with the chief and/or program director? Will the intern feel open in discussing her issues with administration? If your program is not set up to be supportive, you may want to identify someone in the program administration who can serve as a well-being advocate.

Recommended course:

- A. Your next step would probably depend upon how impaired the physician appears to be, but to minimize anxiety that would be added by calling them into your office, especially because this is an intern, creating some space to find her on the wards would be the least intrusive and likely create a more open environment to discuss her symptoms and your concerns.

As a first step, consider checking in with her about work and non-work (family, social, financial, environmental) factors that may be contributing to current stress
(https://journals.lww.com/academicmedicine/Fulltext/2001/02000/Sources_of_Stress_for_Residents_and.10.aspx)

It is important to validate that stress, depression and anxiety are common, that you value her as a clinician, that she is a good doctor, and that your conversation with her is confidential. Consider reading this 2010 article about medical students' beliefs/stigma surrounding having depression
<https://jamanetwork.com/journals/jama/fullarticle/186586>

Screen for suicidality (See suicidality section of toolkit). Remember asking about suicide does not increase the risk; it is silence that is dangerous.

Consider referring her to a screening tool, if it would be helpful to emphasize your point, guide her toward local resources (See section 2), and also look at her upcoming schedule to see if there are modifications that could help decrease current stressors. Finally, set an action plan with her (what resources she will look into, when this will happen), and set a follow-up date with her. This is to respect her autonomy and preserve some sense of self-efficacy. At this point, you are

allowing her to decide what her next steps are, while providing guidance and helping her set up a plan.

As program administration, you should discuss with the intern how to make time to get to these appointments. The intern may feel unable to leave a busy rotation and may struggle to advocate for herself if the culture isn't set up to support this, especially if she wants to maintain her privacy and not want her peers/attendings to know what she is seeking help for. You can remind her that it is an ACGME program requirement that residents are granted time for medical and mental health appointments during work hours, and that you will help her get the help she needs and deserves in a way that makes her feel safe and supported.

4) In a follow-up meeting a week later, the intern discloses that she has not yet called to get into therapy as had been the plan. The intern's supervisors have continued to express concern for her and she called out sick earlier this week without much explanation. The intern wasn't answering pages, and finally the chief resident was able to reach her via cell phone. The intern explained that she was feeling sick but hadn't called to get a doctor's appointment because she is finished with wards next week and was waiting until things slowed down a bit to call for an appointment. What are your next steps?

- a) Place her on medical leave until she gets help
- b) Place her on probation
- c) Require her to get a mental health evaluation
- d) Assess her for suicidal ideation
- e) Give her one more chance to set things up on her own
- f) More than one of the above

[Small Group Discussion]

As a group leader, help facilitate a discussion of the next steps with the likelihood that people likely will have multiple opinions about what the next step is.

Recommended course:

F. At this point, if you are the chief resident, you should get your PD involved.

Consider reading this article which outlines some of the points to consider (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5398126/>).

Before requiring someone to get an evaluation for mental illness, due to the implications discussed in section 4, it would be appropriate to reach out to your DIO and also to your institution's Office of Equal Opportunity, to identify the best next legal steps.

Information for the PD: If you decide to mandate that she receive an evaluation or treatment for depression, you should reassure her that if she gets treatment, there is no reason why she should not be able to continue to practice (make sure to leave them feeling supported and hopeful- hopelessness is a tremendous risk for suicide). Let her know that you will look for this evaluation and treating provider to give her and the program guidance as to what level of work she is able to

perform. Also, if she needs to take leave due to her illness, reassure her that your residency system is set up that her absence will NOT be a burden to other trainees. If she has struggled to call for help, you can facilitate these phone calls in your office to institutional resources, or if she would like help outside of the institution, you can help provide her with recommendations for those services as well (the PD can consult with the GME, OEO, or insurance to identify non-institutional resources). You should make sure that she understands that if she goes on medical leave, she will need documentation that she is ready to return to work.

Finally, you should document your meeting with the intern, your recommendations, the agreed-upon action plans, and what her work schedule will look like from now on. It would be prudent to ensure she knows when she can take time off to get help as well as identify her support systems that will be available to her. If she has none outside of residency, it would be OK to ask for her permission to alert a few of the residents she feels closest with to check in with her. If she does not agree to this, then have your chief resident, APD, or program coordinator check in with her regularly to offer support or a friendly voice, especially if she is going to take medical leave, to allow her to feel connected to being a doctor. Isolation is another risk for suicide.

Of note, placing her on probation is likely premature, as you have not put a formal written action plan in place yet. This would seem to be a jump through a few steps. It would be good to think about at what point that would be appropriate, and also reassure her that she is currently not on probation.