Physician Health Services, Inc., is dedicated to improving the health, well-being, and effectiveness of physicians and medical students while promoting patient safety. This is achieved by supporting physicians through education and prevention, as well as assessment, referral to treatment, and monitoring.
DEAR FRIENDS & COLLEAGUES:

We are pleased to share with you the 2011 Annual Report of Physician Health Services, Inc. (PHS), a corporation of the Massachusetts Medical Society. PHS is a confidential resource for physicians and medical students who are at risk or need help addressing health concerns, including those that arise from the stress and demands of modern practice. In sharing this report, it is our goal to spread awareness among health care providers and administrators of the scope of the services we offer to support the personal and professional well-being of our colleagues.

In reviewing this report and learning about the benefits of our services to medical students and physicians, it is our hope that you or your organization will consider a donation to support this important work. A form for contributing to PHS through our Caring for Physician Health Campaign is included in this report on page 9.

PHS not only helps students and physicians, but through our educational programs, we also increase knowledge of health and wellness practices for a large number of providers. One such program is PHS’s Caring for the Caregivers. The next offering is on October 14, 2011 (visit our website, www.physicianhealth.org, for details). Another educational program, offered to physicians twice yearly, is Managing Workplace Conflict: Improving Personal Effectiveness, which includes a unique combination of didactic and participatory sessions to help physicians gain advanced skills and techniques for addressing interpersonal challenges in the medical workplace (see page 37). We invite you to take advantage of these popular and successful programs.

Additionally, we assist students and physicians by delivering presentations at medical schools and health care organizations upon request. We welcome the opportunity to deliver a presentation to your staff. To schedule a presentation, email jvautour@mms.org or visit our website, www.physicianhealth.org, for a speaking engagement form, which can also be found on page 31. To find out more about any of our services, call (781) 434-7404.

We are grateful for our many supporters, and we look forward to being of service to you the way we have numerous physicians and medical students across Massachusetts. Please share this report with any individuals and institutions you feel would be interested. Additional copies are available upon request.

Sincerely,

— Edward J. Khantzian, MD
      President

— Luis T. Sanchez, MD
      Director
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ABOUT PHYSICIAN HEALTH SERVICES, INC.

Physician Health Services, Inc. (PHS) is a nonprofit corporation founded by the Massachusetts Medical Society to address issues of physician health. PHS is designed "to help identify, refer to treatment, guide, and monitor the recovery of physicians and medical students with substance use disorders, behavioral health concerns, or mental or physical illness. Luis T. Sanchez, MD, a board-certified psychiatrist with additional qualifications in addiction psychiatry, has been the director of PHS since 1998. With the help of physician associate directors located throughout Massachusetts, Dr. Sanchez assists physicians, medical students, hospitals, colleagues, and family members of physicians who may be at risk.

Organizational Structure

The PHS Board of Directors governs the charity to carry out its mission, oversees the PHS director/chief operating officer, and oversees the financial management of the organization (see page 12 for a complete listing of board members). In addition, PHS benefits from the expertise of a Clinical Advisory Committee (see page 13), which provides guidance to the PHS director on specific clinical matters. Committee members are nominated by the PHS director and approved for one-year terms by the PHS Board of Directors. This peer-review committee meets five times each year to review deidentified case presentations.

The PHS Advisory Committee provides input regarding the organization’s nonclinical matters. Appointed by the director, its members represent PHS’s major funding organizations, health care administrators, and physicians who can offer knowledge on the impact physician health matters have on health care delivery.

Additionally, in order to address the need for scientific-based data on physicians with health concerns, PHS formed the PHS Research Committee in 2001. For a description of the committee’s projects, see page 14. This committee is currently reviewing research priorities among its new members. Also, PHS is participating on the Federation of State Physician Health Programs Research Committee to stay abreast of national research project opportunities.

Finally, PHS established the Medical Student Advisory Committee in 2004 to provide a forum for medical schools to effectively exchange information on issues of student health (see page 15). Comprised of representatives from the four medical schools in Massachusetts, the committee has become a springboard for assisting medical students who have been or may be at risk for having health-related problems. It is the goal of PHS to enhance the health practices of future physicians through early outreach and education during medical school.

Confidentiality

Confidentiality is a cornerstone of Physician Health Services. PHS recognizes the importance of respecting the privacy of those who come forward to seek help and is committed to devoting its resources to protecting their privacy. It is critical to PHS for physicians to feel confident that the information they share will remain confidential and be protected to the full extent of the law.

How PHS Works

Physician Health Services, Inc. (PHS) is a confidential resource for physicians, residents, medical students, group practices, HMO networks, and hospitals with medical student or physician health concerns, including behavioral or mental health issues, substance use disorders, and/or physical illness. PHS provides a safe environment for physicians to talk to their peers about the stress and demands of modern medical practice. Our assessments are
designed to identify the health concerns impacting the affected individual's life and provide recommendations and resources to assist that person.

Anyone is welcome and encouraged to contact PHS on his or her own behalf. PHS receives referrals from colleagues, family members, friends, hospitals, medical schools, and the Board of Registration in Medicine.

When someone contacts PHS, the director and associate directors assess the situation and guide the individual through the appropriate channels. Participation with PHS is voluntary and confidential. PHS will strongly urge a physician who is ill to get help, and although PHS does not provide direct treatment, we will suggest specific resource and treatment options. PHS hosts a number of support group meetings for physicians and medical students in recovery, as well as for those who are seeking peer support.

When PHS determines that a physician has a substance use disorder, is at risk for impairment, or has a behavioral health concern that warrants monitoring, the physician is encouraged to enter into a PHS monitoring contract. The monitoring contract specifies a course of treatment and documents the physician’s compliance with the treatment plan. The standard contract requires individual therapy, group support meetings, regular meetings with a designated PHS associate director, random urine drug tests (if indicated), and regular interaction with a monitor and chief of service who agree to help document the physician’s compliance.

PHS services are confidential, and most are provided at no cost. Services include expert consultation and assessment designed to encourage medical students and physicians to obtain help for substance use, behavioral or mental health concerns, or physical illness. PHS and its practitioners are not direct treatment providers. However, PHS does provide the following services:

- Referral to treatment and counseling
- Recovery monitoring and documentation
- Support groups for physicians, medical students, and their families
- Networking opportunities with colleagues experiencing similar issues
- Educational programs and presentations for hospitals, HMOs, and medical staff meetings
- Guidance to hospitals and health care organizations regarding how to handle matters of physician health
- Grand rounds, lectures, and speeches at committee and specialty society meetings

PHS provides assistance with a wide variety of personal and professional situations. Any one of the following issues may represent a reason to refer someone to PHS or contact us:

- Difficulties managing a practice or coping with a competitive work environment
- Financial pressures
- Dealing with administrative burdens
- Difficulty balancing work and family
- Marital problems
- Compulsive gambling
- Domestic violence
- Challenges in retirement planning or a career change
- Distressed or disruptive behavior
- Professional boundary issues
- Depression or anxiety
- Post-traumatic stress disorders
- Malpractice stress
- Coping with having witnessed and/or participated in an atrocity-producing situation
- Medically induced trauma
- Stress following an unexpected outcome or medical error
- Personality disorders
- Comorbid psychiatric disorders
- Mood disorders
- Concerns about loss of memory and age-related challenges
- Alcohol and substance use concerns
- Attention issues
- Learning disabilities
- Sleep disorders
- Eating disorders
- Medical problems
Dr. Khantzian is a graduate of Boston University. He received his medical degree from Albany Medical College in New York in 1963. He served residencies in psychiatry at the Massachusetts Mental Health Center and the Cambridge Hospital, and he completed his psychoanalytic training at the Boston Psychoanalytic Society and Institute in 1973. He is a Distinguished Life Fellow of the American Psychiatric Association and a former chair of the Massachusetts Psychiatric Society Committee on Alcoholism and the Addictions. Dr. Khantzian was founding chair of the Group for the Advancement of Psychiatry Committee on Alcoholism and the Addictions. He is also a founding member and past president of the American Academy of Addiction Psychiatry and was the recipient of their Founders Award in 2000. Dr. Khantzian is a clinical professor of psychiatry at Harvard Medical School, a founding member of the Department of Psychiatry at the Cambridge Hospital, and associate chief emeritus of psychiatry at Tewksbury Hospital. He is a practicing psychiatrist and psychoanalyst, a participant in numerous clinical research studies on substance abuse, and a lecturer and writer on psychiatry, psychoanalysis, and substance abuse issues. In addition, he is a recipient of the PHS Distinguished Service Award (1998) and the Massachusetts Medical Society Award for Excellence in Medical Service (2002).

Periodically, as an organization, we reflect upon and reconsider our mission to insure that we are and remain effective in our efforts to help physicians who are struggling with health-related challenges. Toward this end, in the fall of each year, we dedicate one of our board meetings to a strategic retreat, and this past fall was no exception with an expanded retreat. We included our associate directors, committee members, annual funders, medical society members, and PHS staff who support and work with us. In concert with all these players, I have concluded that the mission of PHS is principally about alliances and partnerships. The alliance primarily has to do with those we serve — the physicians whose personal and professional challenges have led to vulnerabilities involving behavioral difficulties or misuse of addictive drugs. In responding, we are constantly challenged with how to best meet their needs. A main vehicle is through the alliances established with the associate directors. The special relationship that develops between them and the doctors becomes critically important in assuring that the elements of support, referral, treatment, and monitoring are effectively implemented. Such an alliance is vital for recovery and restoration of our colleagues who turn to us for help.

The partnerships have to do with the relationships we must forge and maintain with regulatory and caregiving organizations involved with the practice of medicine, including the Board of Registration in Medicine, hospitals, credentialing agencies, and other related organizations. We succeed in developing these essential partnerships through the efforts of our directors and staff. They have the challenge of establishing and maintaining visibility, reliability, and credibility with the agencies that share our interest and responsibility in assuring safety and excellence in medical care. From my perspective, PHS continues to be respected and trusted because of effective outreach, educational activities, and consultative efforts with all the organizations and individuals with whom we collaborate.

And finally, as I like to always remind our colleagues and collaborators, our success rests on the financial sustenance of the Medical Society and other contributors and the efforts of our dedicated administrative and support staff. Beyond the MMS, the malpractice underwriters generously continue to support our work. They include CRICO, ProMutual Group, Physicians Insurance Agency of Massachusetts (PIAM), Tufts Medical Center, Connecticut Medical Insurance Company (CMIC), Boston Medical Center, Baystate Health Systems, Lahey Clinic, Brigham and Women’s Hospital, UMass Memorial Health Care, Inc., Steward Health Care System, Berkshire Health Systems, Brigham and Women’s Hospital, and Cape Cod Healthcare. In addition, individual contributions continue to be a growing source of financial support. Individual contributors are listed on page 21 of this report. The ongoing work of our director, Dr. Luis Sanchez; the associate directors, Drs. Sara Bolton, Philip Candilis, Gary Chinman, Wayne Gavryck, Ruthann Rizzi, Marianne Smith, and John Wolfe; and the emeritus associate directors, Drs. Judy Eaton and Michael Palmer, as I have indicated, are crucial in accomplishing our mission, as are the efforts of Linda Bresnahan, our director of operations; Debra Grossbaum, legal counsel; and Jessica Vautour, our outreach and education manager. Their work is essential and extraordinarily important in assuring a smooth and effective administrative underpinning for PHS, as is the work of Deborah Brennan, project assistant and medical transcriptionist; Deborah Canale, client services assistant; Mary Howard, monitoring services assistant; and Shari Mahan, secretary.

— Edward J. Khantzian, MD
President and Chair of the Board of Directors, Physician Health Services
A MESSAGE FROM THE DIRECTOR

I am excited to be entering my thirteenth year as director of PHS and could not be more pleased with how well our program has served the medical students and physicians of Massachusetts. Referrals of medical students are steadily increasing, allowing PHS to address health concerns earlier in training and pave the way for a smooth transition to medical practice. Also, referrals for mental health issues, stress, workplace behavioral problems, and cognitive concerns continue to increase as hospitals and medical practices recognize the availability of PHS to address these particular challenges.

As we wrap up the current fiscal year, I would like to laud the accomplishments of the PHS associate directors. In the past year, Drs. Gary Chinman and Philip Candilis joined PHS. They, along with Drs. Wayne Gavryck, John Wolfe, Sara Bolton, Ruthann Rizzi, and Marianne Smith, have brought vitality and a breadth of knowledge to our program. Dr. Judy Eaton, an associate director for many years, retired from practice, and we are pleased that she has joined Dr. Michael Palmer as a PHS associate director emeritus. This knowledgeable and committed team has provided a strong network of support for the physicians of this state.

In December 2010, PHS held a retreat to develop a three-year strategic plan. The plan targets three major goals: improving funding, expanding program operations, and increasing outreach. Tasks have been delineated for each year of the plan to ensure the goals will be attainable. The overall purpose of the strategic plan is to further our mission of assisting students and physicians in addressing health-related issues so they can practice medicine with optimal skill and safety.

At the core of PHS’s success are the individuals who lead and guide the organization. The PHS Board of Directors has been essential in structuring a program that brings an expansive array of services to physicians. The Advisory Committee meets regularly to contribute fiscal guidance to PHS, and the Clinical Advisory Committee provides practical input by reviewing anonymous fact patterns and contributing clinical expertise. The Medical Student Advisory Committee brings the student perspective and relevant concerns to PHS, which also allows for a dialogue among the medical schools on topics of student health. As the parent organization of PHS, the Massachusetts Medical Society and its Board of Trustees have demonstrated a heartfelt commitment to creating a resource for physicians where they can come together to heal, grow, and then give back to the medical community. We could not be more grateful for this support.

As we move ahead, an important PHS goal remains expanding our outreach in the medical community, educating medical professionals as to our role and accessibility, and encouraging early referrals of students, residents, and physicians who can benefit from our services. I also applaud the commitment of those program participants who are being assessed and monitored by PHS for their willingness to accept the support offered to them. With the confidentiality and peer-review protection offered by PHS, the sooner we become aware of concerning situations and problems, the better for the physician and others involved.

I look forward to the coming year.

— Luis T. Sanchez, MD
  Director of Physician Health Services

Dr. Sanchez is responsible for the clinical requirements of the program. He establishes and maintains all clinical systems necessary for effective outreach, intervention, and monitoring of physicians. He also maintains PHS’s important relationships with external agencies such as the Board of Registration in Medicine. Dr. Sanchez graduated from Harvard Medical School and completed his internship and residency in psychiatry at Cambridge Hospital. He became a member of the PHS Clinical Advisory Committee in 1994, and since 1998, he has served as PHS director. Dr. Sanchez has been recognized nationally as a leader within the field and is a past president of the Federation of State Physician Health Programs.
The most effective form of support is peer-to-peer. This concept is the basis on which PHS was founded — “by physicians for physicians.” Philanthropic support plays a pivotal role in PHS’s stability and much-needed growth. Please consider supporting your colleagues by contributing to PHS. PHS preserves physicians’ health, which can result in medical license retention and improved health care for all.

The success of PHS and its ability to restore physicians' health and well-being centers on a partnership with those who support the services we provide to physicians. By donating to PHS, you can feel assured that your contribution is directly related to one or more of the following efforts:

- Confidential assessment, support, consultation, and monitoring for medical students, residents, and physicians in Massachusetts
- The development of resources to increase referrals for substance abuse, mental health concerns, physical illness, and expanding behavioral health services
- Critical research necessary to document outcomes of and successful strategies for physician health treatment
- Increased educational offerings including courses, newsletters, and lectures throughout the state
- Support groups for physicians and medical students
- Improvements to the personal and professional lives of those we serve

All donations will be recognized in the PHS Annual Report, with your permission. Share the benefits of physician health with your colleagues. Invite them to donate.

WAYS YOU CAN SUPPORT PHS

In Honor or In Memoriam
Any contribution to PHS can be made in honor of or in memory of someone to whom you wish to pay tribute.

General Donation
A gift of cash or a check is the simplest and most immediate way to give to Physician Health Services. PHS will accept unrestricted contributions toward the program’s operations, which include research, educational activities for physicians, support groups, and special projects. Many of the health care organizations listed on page 21 of the PHS Annual Report provided generous charitable contributions in appreciation of PHS’s educational lectures given at the donors’ institutions.

Restricted Gifts
Contributions can be designated to a specific area of personal interest within the scope of PHS activities.

Endowed Donations
A contribution can be made to PHS as a gift toward future growth. The principal is preserved, and the income supports the purposes of the fund as specified by the donor.
THANK YOU FOR SUPPORTING PHS

I/we would like to support PHS and its mission.

Donor Name: ____________________________________________________________
Address: ________________________________________________________________
City/State/Zip: _____________________________________________________________
Telephone: ______________________ Email: ________________________________

Enclosed is my/our gift in the amount of:

☐ $1,000  ☐ $500  ☐ $250  ☐ $100  ☐ $50  ☐ Other $ ___________________
☐ Check No. __________________ (Please make payable to Physician Health Services, Inc.)
☐ Visa  ☐ MasterCard  ☐ AMEX
☐ Credit Card No. ___________________________ Expiration Date: _____ / _____
Signature: ________________________________________________________________

This gift is made:

☐ In memory of  ☐ In honor of  ☐ On the occasion of __________________________

Please notify:

Name: _________________________________________________________________
Address: ________________________________________________________________
City/State/Zip: ___________________________________________________________

Donor Recognition

☐ I authorize PHS to list my name as a contributor in the PHS Annual Report and PHS publications. This is how I would like my/our name(s) to appear in all donor recognition listings for which I/we may qualify:

☐ I do not wish my/our name(s) to appear in donor listings.

Other Ways to Give

☐ I would like to include PHS in my estate planning. Please contact me.

☐ I would like to discuss other ways to give to PHS. Please contact me.

A written acknowledgment of your contribution will be provided to you. Contributions to PHS are tax-deductible to the extent provided by law (tax identification number 22-3234975).

Please call us with any questions at (781) 434-7404. To learn more about PHS, visit www.physicianhealth.org.

Return this completed form to:
Physician Health Services, Inc., 860 Winter Street, Waltham, MA 02451
Hi. My name is Steven, and I'm an alcoholic. My associate director asked me if I would write a short article describing my experience. I learned in Alcoholics Anonymous that if I do the right thing, good things will happen in my life. Every day for the past three years, this is what I have learned through my experience in recovery.

I think perhaps he wanted me to describe the process — what happens exactly when a physician such as myself is referred to PHS. What happens at the intake interviews, how and why I was referred to treatment, the monitoring contract, the urine testing, the physician support groups, the monthly meetings with my associate director. That is, the nuts and bolts, the recovery plan. It's important. It made me well again.

But all I want to do is thank the caring, professional people who were there for me. When I was referred by my physician group to PHS, my life was unmanageable. I was powerless over alcohol, although I didn't believe that at the time. PHS helped me save my career, my sanity, and maybe even my life. The physicians there knew what was wrong with me when I didn't have a clue, and they knew I needed help when I didn't want it. Today, it is no exaggeration to say that I have the life of my dreams, second to none, and they set my feet on that path. And for three years, they kept me on the path, until, with the help of a higher power and my recovery community, I decided I can do this myself. There are so many people to thank in this story.

So what's my story? How did this happen?

In the spring of 2007, I was the chair of my department and the director of a very successful fee-for-service group. I lived in my dream home in a beautiful seaside village. My family drove three BMWs, and I had three antique BMW motorcycles. I was also suicidally unhappy. I was a terrible husband, a cheat and a liar, an absent father, a poor excuse for a brother. I had few friends who could still put up with my antics and lying. I felt like a shell of a man, empty inside, with nowhere to go. Actually, I wasn't any kind of a man at all. I was a kid who had gotten old.

How did I wind up here? Who cares. By this point, the only thing that still made life livable was alcohol. I loved to drink, and I loved to drink until it didn't hurt anymore. I liked to drink by myself at night so no one would know how much I was seeking oblivion. As they say, alcohol was not my problem, it was my solution.

By the fall of 2007, my physician group saw, as I could not, that I was in trouble and needed help. I was never drunk or hung over on the job, but my friends had seen how I was drinking — and how I was acting. I brought the “isms” of alcoholism to work with me. So I was “advised” to make an appointment to see the director at Physician Health Services. I had spoken with him many times before in my capacity as director of my physician group. I had referred several of our docs to him for a variety of issues — anger management, conflict resolution, that kind of thing — and he had helped us out. I knew he was a reasonable man and a professional. He would see that I wasn’t really an alcoholic. Maybe he could help me, too. I was definitely going through a rough spot in my life and could use some help. I was depressed. I was so afraid, I was angry. I was confused. I didn’t know it, but I was in deep trouble.

What happened next was the beginning of my new life, my real life, the life I always dreamed of but didn’t believe I would ever have.

In talking with the physicians at PHS, I was able to let go of the facade I had been living. I was ready to take suggestions. They listened to me. I felt that they heard me and understood what was up with me. They’d seen cases like this before, and they knew what I needed. I felt really safe and well cared for. I am still amazed at the time and care they put into saving a drunk like me!

Next came 100 days of inpatient treatment in a treatment facility for physicians and other stubborn people. Since my livelihood depended on my participation, I participated. I just was not interested in quitting drinking, or going to support meetings, or service to my fellow man. All of that changed. Everything changed!

After discharge from treatment, staying sober was not easy. I needed a lot of help. After treatment, I undertook a three-year monitoring contract with PHS that involved frequent urine testing, weekly physician support group meetings, monthly meetings with my associate director, and quarterly written reports to PHS. The urine testing did help me remain aware of the danger of relapse. I never objected, and in fact, it made me feel safe and cared for. After three years, I felt safe to do without it.

I looked forward to my monthly meetings with my associate director. New to the recovery community and to living without alcohol, I could count on my associate director to listen and provide suggestions, guidance, and reassurance. I miss those meetings.

The weekly physician groups are just another miracle at work. It is a chance for me to rejoin the human race. They don’t know it, but I love those docs.

I am looking back on these three years in utter amazement and gratitude. I still get to labor in my wonderful profession. I have more friends in and out of the recovery community than I ever imagined possible. My children talk to me. My grandkids, too. I have never felt closer to my family. I am enjoying life, one day at a time. The beautiful promises of recovery are being fulfilled in my life, sometimes quickly, sometimes slowly. A guy like me!

Thank you to everyone at PHS. Thanks to the docs in my group who didn’t give up on me. Thank you all. You guys do good work. I think maybe you do God’s work. God bless you all.

I’m Steven, and I’m an alcoholic.
PHS welcomes its newest board member, Dr. Mary Anna Sullivan. Dr. Sullivan has served as a member of the PHS Advisory Committee since 2005. Also, while serving as a member of the Massachusetts Board of Registration in Medicine, Dr. Sullivan functioned as the board designee to the physician health and compliance unit of the board, which included a significant role in working with PHS and those PHS clients with licensing board involvement.

THE BOARD OF DIRECTORS

To guide the development and strategic direction of Physician Health Services, members of the PHS Board of Directors are nominated by the board and elected by the PHS sole voting member, the MMS Board of Trustees, based on a demonstrated record of involvement with physician health matters and a comprehensive understanding of and commitment to the PHS mission. Typically, PHS board members serve on a PHS committee prior to being nominated to the board. Board members are selected based on a diversity of corporate and governance experience; medical specialty; expertise with physician health matters such as substance use, mental disorders, physical illness, and behavioral health problems; and familiarity with the Massachusetts Board of Registration in Medicine statutes and regulations.
THE CLINICAL ADVISORY COMMITTEE

This distinguished committee of volunteer experts on physician health provides assistance on specific case matters such as evaluation, referral for treatment, and monitoring of physicians based on anonymous case presentations. The members of the Clinical Advisory Committee represent a broad range of specialties. They serve as peer-review consultants to PHS for one-year terms and are nominated by the PHS director and approved by the PHS Board of Directors. Our dedicated committee members volunteer their time to assist PHS.

Luis T. Sanchez, MD, Chair
Mark J. Albanese, MD
Sara M. Bolton, MD
Booker Bush, MD
Philip J. Candilis, MD
Gary Chinman MD
John L. Doherty, MD
Michael A. Drew, MD
Judith Eaton, MD
John A. Fromson, MD
Wayne A. Gavryck, MD
Edward J. Khantzian, MD
Mary Kraft, MD
Karsten D. Kueppenbender, MD
Dubravko M. Kufinec, MD
Aaron M. Leavitt, MD
Bernard S. Levy, MD
David Lovas, MD
John D. Matthews, MD
Malkah T. Notman, MD
Michael S. Palmer, MD
Glenn S. Pransky, MD
John A. Renner Jr., MD
Ruthann Rizzi, MD
Zev D. Schuman-Olivier, MD
William Shea, MD
Marianne L. Smith, MD
Jacquelyn Starer, MD
John C. Wolfe, MD

PHS would like to extend special appreciation to John L. Doherty, MD, for his dedication and expertise to PHS. Dr. Doherty has served on the PHS Clinical Advisory Committee since 1987. His participation has been a valuable resource in assisting PHS with difficult matters.
THE ADVISORY COMMITTEE

The PHS Advisory Committee consists of representatives from our major funding organizations (listed on page 20). The committee meets approximately two to three times each year to provide additional perspectives and assistance to PHS on the following matters:

- The development of educational and outreach programs
- Interfacing PHS with risk management programs
- Acting as a liaison to educational institutions
- The identification of new opportunities for PHS involvement
- Enhancing community participation

Evan Benjamin, Senior Vice President, Healthcare Quality, Baystate Health, Inc.

David H. Bor, MD, Chief, Department of Medicine, Cambridge Health Alliance

Richard W. Brewer, President and Chief Executive Officer, ProMutual Group

Robert Hanscom, Senior Vice President, Patient Safety and CRICO Strategies, CRICO

Anne Huben-Kearney, RN, CPHQ, CPHRM, Vice President of Risk Management, ProMutual Group

John G. O’Brien, President and Chief Executive Officer, UMass Memorial Health Care

Luke Sato, MD, Senior Vice President and Chief Medical Officer, CRICO

Paul Summergrad, MD, Frances Arkin Professor and Chair, Department of Psychiatry, Tufts University School of Medicine; Psychiatrist-in-Chief, Tufts Medical Center

THE RESEARCH COMMITTEE

The PHS Research Committee was established in 2001 as part of a strategic effort to increase the scientific knowledge base in the field of physician health. Over the years, the committee has conducted several studies assessing different aspects of the PHS program. The most relevant studies in physician health in which PHS has been involved include the following:

- Outcomes of a Monitoring Program for Physicians with Mental and Behavioral Health Problems (2006)
- Five Year Outcomes in a Cohort Study of Physicians Treated for Substance Use Disorders (2008)
- Participant and Monitor Satisfaction with a Physician Health Monitoring Program (2009)

For copies of these studies, please contact PHS.

The committee was inactive for a couple of years while other priorities took center stage. However, a new research committee was formed and met for the first time in June 2011 and includes Dr. Luis Sanchez, chair, and Drs. Philip Candilis, Gary Chimman, Judith Eaton, Ruthann Rizzi, and Marianne Smith. Staff liaisons to the committee include Linda Bresnanan and Mary Howard. PHS also participates in the Federation of State Physician Health Programs Research Committee to stay abreast of national research project opportunities.
THE MEDICAL STUDENT ADVISORY COMMITTEE

The PHS Medical Student Advisory Committee’s purpose is to provide a forum for the exchange of information among medical schools on issues of student health, wellness, and professionalism in order to develop effective strategies to educate and assist medical students who have or are at risk of having problems with substance use, behavioral health, or mental or physical illness.

The Medical Student Advisory Committee, a standing committee appointed by the PHS Board of Directors in 2004, established an independent mission statement, goals, and objectives, and developed its own medical student monitoring contracts for both substance use and behavioral health monitoring. PHS continues to explore funding alternatives to help support the growing need for medical student outreach, support, and monitoring.

PHS recently examined medical student referrals. From the inception of PHS in 1978 to 2007, PHS assisted 40 medical student referrals, averaging 1.5 per year. Since 2007, we have assisted 43 more medical students, averaging 8 per year. This significant increase in support to students is largely attributed to the effective outreach of the following committee members within their schools.

Medical School Representatives
BOSTON UNIVERSITY SCHOOL OF MEDICINE
John Polk, MD
Assistant Dean for Student Affairs

HARVARD MEDICAL SCHOOL
Laurie Raymond, MD
Director, Office of Advising Resources

HARVARD UNIVERSITY HEALTH SERVICES
Peter J. Massicott, MD
Director, Medical Area Health Service

TUFTS UNIVERSITY SCHOOL OF MEDICINE
Amy Kuhlik, MD
Dean for Student Affairs

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
James Broadhurst, MD
Director, AIMS Program

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
Ruthann Rizzi, MD
Director, Student Counseling Service and Assistant Professor of Psychiatry

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
Mai-Lan Rogoff, MD
Associate Dean for Student Affairs and Associate Professor of Psychiatry

“There are many complex issues to consider when dealing with medical students’ academic performance, health, and personal situations — balancing individual confidentiality, providing optimal treatment and assistance during training, and realistically preparing them for licensing and residency. Having the opportunity in this committee to discuss these issues with colleagues from our four different medical schools in the context of Dr. Sanchez’s and his associates’ extensive experience with practicing physicians has been invaluable.”

– Laurie Raymond, MD
THE ASSOCIATE DIRECTORS & ASSESSMENT DIRECTOR

Functioning as independent contractors, PHS associate directors provide outreach, intervention, treatment referrals, monitoring, and assessment for each physician, resident, and medical student referred to PHS. The success of PHS is based on the program’s confidentiality protections and the personal collegial support provided by its associate directors, who guide physicians through treatment and recovery.

Sara M. Bolton, MD
Assessment Director (2009–2011)
Sara Bolton, MD, joined Physician Health Services in July 2009. She completed her medical degree at Harvard Medical School (HMS) and trained at the McLean-Mount Auburn Combined Program in Psychiatry at HMS, completing advanced training in neuropsychiatry. Dr. Bolton is an advanced candidate of the Boston Psychoanalytic Society and Institute. She is board certified by the American Board of Psychiatry and Neurology, is an assistant clinical professor of psychiatry at Harvard Medical School, and served as a clinical associate psychiatrist at McLean Hospital. She is also a consultant at the Levinson Institute. She just completed three years on the Massachusetts Psychiatric Society council.

Philip Candilis, MD
Southeast Region
Philip Candilis, MD, DFAPA, joined PHS in 2010 to serve as an associate director and interim assessment director. Dr. Candilis, a psychiatrist board certified in general and forensic practice and an associate professor of psychiatry at UMass Medical School, completed his training at Massachusetts General Hospital and the Harvard Medical School Fellowship in Medical Ethics. A product of the UMass Law and Psychiatry Fellowship, Dr. Candilis treats patients in the UMass system, conducts empirical research in clinical and research ethics, teaches, and consults on professionalism and ethical issues in medicine.

Gary Chinman, MD
Boston-Central Region
Dr. Gary Chinman became an associate director of PHS in 2010. He is assistant professor of psychiatry at Harvard Medical School. He graduated from Dartmouth Medical School and completed his psychiatry residency training at the Massachusetts Mental Health Center, after which he completed clinical fellowships at Harvard University Student Health Services and Harvard Community Health. He has been affiliated with Brigham and Women’s Hospital for over 10 years, and he directs courses and teaches in the Harvard Longwood Psychiatry Residency Training Program. Dr. Chinman is board certified by the American Board of Psychiatry and Neurology and maintains an active private practice in general adult psychiatry.

Judith Eaton, MD
Associate Director Emeritus
Judith Eaton, MD, has been an associate director for PHS since its inception. She retired from her private practice of psychiatry in Worcester in January 2008. She was in practice for 27 years. She is certified by the American Board of Psychiatry and Neurology.

Wayne A. Gavryck, MD
Springfield/Western Massachusetts Region
Wayne A. Gavryck, MD, is certified by the American Board of Internal Medicine and the American Society of Addiction Medicine. He currently practices internal medicine in Turners Falls. He has been an associate director for PHS since its inception. Dr. Gavryck is also a certified medical review officer, and he serves PHS in this capacity.
Michael S. Palmer, MD  
Associate Director Emeritus  
Michael S. Palmer, MD, is board certified in internal medicine and has practiced both internal medicine and emergency medicine. He is a clinical instructor in medicine at Tufts University and served on the faculties of Harvard Medical School and the University of Cincinnati School of Medicine. He has been working in the area of physician health since 1982 and has been an associate director for PHS since its inception. He is currently an associate director emeritus and continues to serve as an advisor to PHS while working as a full-time writer of bestselling suspense novels.

Ruthann Rizzi, MD  
Worcester Region  
Dr. Rizzi became an associate director for PHS in 2009 and has served on the PHS Medical Student Advisory Committee since its establishment in 2004. Dr. Rizzi graduated from the State University of New York Health Science Center at Syracuse. She completed a transitional internship at St. Joseph’s Hospital Health Center in Syracuse, New York, and trained in psychiatry at Tufts/New England Medical Center and Boston University School of Medicine. Dr. Rizzi is certified by the American Board of Psychiatry and Neurology and is a fellow of the American Psychiatric Association. She is an assistant professor of psychiatry and director of the Student Counseling Service at the University of Massachusetts Medical School. She is a staff psychiatrist at the UMass Memorial Medical Center and maintains a private practice in general adult psychiatry.

Marianne L. Smith, MD  
Worcester Region  
Marianne Smith, MD, became an associate director for PHS in 2010. She graduated from the Medical College of Virginia and completed a psychiatry residency at the University of Massachusetts Medical Center. Dr. Smith is an assistant professor of psychiatry at the University of Massachusetts Medical School and coordinated the substance abuse curriculum for psychiatry residents at UMass. Her career has focused on public sector psychiatry and campus mental health. She worked in the Student Counseling Service at UMass Medical School. She is board certified by the American Board of Psychiatry and Neurology.

John C. Wolfe, MD, FACP  
North Shore Region  
John Wolfe, MD, joined Physician Health Services as an associate director in 2004. Dr. Wolfe is a graduate of Cornell University Medical College. He completed an internship and residency in internal medicine and a yearlong fellowship in infectious disease at the New York Hospital Cornell Medical Center. After training, Dr. Wolfe served in the U.S. Army Medical Corps, was the chief of medicine at Addison Gilbert Hospital, and served on the board of trustees of Partners Community Health, Inc. He is a certified medical review officer. He currently gives a summer course in addiction medicine for counselors at Rutgers University.
THE STAFF

Our staff expertly handles the diverse array of tasks required to keep the program developing and operating on a day-to-day basis while offering the best possible service and assistance to physicians. Physician Health Services is proud to introduce a professional, experienced, and dedicated staff. Special acknowledgement is in order this year for Deborah Brennan, Linda Bresnahan, and Jessica Vautour who each celebrated 20-year anniversaries working with PHS and/or the Massachusetts Medical Society.

Linda R. Bresnahan
Director of Program Operations
Linda R. Bresnahan is responsible for the daily operations of PHS. She establishes and manages all administrative, educational, and operational activities. She coordinates PHS's governance meetings and committee activities, and she oversees information technology and the procedures necessary to support physician case management. Ms. Bresnahan received her bachelor's degree in economics with a concentration in management information systems from Boston College. She received her master of science degree in health care management from Lesley College and has worked in physician health for more than 18 years. Ms. Bresnahan also contributes nationally to the work of physician health, serving as a board of director's officer of the Federation of State Physician Health Programs.

Debra A. Grossbaum
General Counsel
Ms. Grossbaum oversees all legal aspects of PHS, including issues of confidentiality, interpretation of relevant regulations and statutes, and PHS contracts. She reviews all participant contracts, negotiates vendor agreements, and works closely with the Board of Registration in Medicine. She also represents PHS with respect to corporate legal matters since PHS is a 501(c)(3) subsidiary corporation of the Massachusetts Medical Society. Ms. Grossbaum chairs the Bylaws Committee of the Federation of State Physician Health Programs, and she is a member of the American Bar Association, the Massachusetts Bar Association, and the American Society of Medical Association Counsel. Ms. Grossbaum is a graduate of Brown University and the Boston University School of Law.

Jessica L. Vautour
Outreach and Education Manager
Ms. Vautour is responsible for the supervision of administrative staff and oversees training for all administrative activities. She is responsible for managing and implementing all PHS outreach and educational programs. Ms. Vautour received her bachelor's degree in accounting from Bentley College and her master's degree in management from Cambridge College. She has an extensive background in health care management and has been with the Massachusetts Medical Society for more than 20 years. Additionally, Ms. Vautour has been a member of the Massachusetts Association of Medical Staff Services (MAMSS) for more than 13 years. She currently serves on the MAMSS Board of Directors as part of the organization's leadership.

Deborah J. Brennan
Project Assistant and Transcriptionist
Ms. Brennan handles all of the transcription for PHS. She also assists with other projects and special events and provides administrative support and assistance to PHS on a part-time basis. Ms. Brennan has an extensive background in health care as an administrative assistant, having served the Massachusetts Medical Society and PHS for more than 20 years.
Mary M. Howard
Monitoring Services Assistant
Ms. Howard coordinates all monitoring service activities and quality management, which consists of primary support for the random drug testing program, placing random test calls, reviewing lab results, and tracking and maintaining reports of positive results and prescribed medications. She also coordinates the quarterly report process for monitors of PHS participants under contract and for the Board of Registration in Medicine. Ms. Howard received her bachelor’s degree in biology from Brown University. She has a background in bookkeeping and data administration as well as health care and research.

Shari L. Mahan
Secretary
Ms. Mahan provides administrative support and assistance to PHS, preparing correspondence and coordinating special mailings and events. She also provides support regarding expense reports, payment requests, and travel coordination. In addition, Ms. Mahan oversees laboratory billing and facilitates the PHS donation process. Ms. Mahan received her bachelor’s degree in psychology from Oklahoma State University.

Deborah M. Canale
Client Services Assistant
Ms. Canale monitors and maintains all client activity data including the intake data process, new contracts, monitor changes, and case transactions. She provides administrative assistance for all documentation related to clients, including coordinating requests for information from third parties, such as compliance documentation and consent forms. Ms. Canale received her bachelor’s degree in psychology from the University of Massachusetts at Lowell.
MAJOR CONTRIBUTORS

The following organizations provide PHS with essential financial support in recognition of the critical role good health plays in physician performance. The contributors featured here are committed to annual contributions to PHS at a minimum level of $30 per insured physician and/or contribute greater than $5,000 each year. Physician Health Services and the Massachusetts Medical Society gratefully acknowledge their consistent support of PHS in its quest to improve the health of physicians.

As Richard Brewer of ProMutual Group retires, Physician Health Services (PHS) would like to extend a special thanks to him for his heartfelt dedication to the PHS mission throughout his tenure. His recognition of the importance of supporting the health and well-being of physicians and promoting patient safety helps PHS continue to serve as an important resource for health care providers. He has offered invaluable guidance as the president and CEO of one of PHS’s largest funders and as a member of the PHS Advisory Committee. We wish him well.

“For ProMutual Group, giving back by supporting the health of physicians through PHS is part of our fiber.”

– Richard W. Brewer, President and CEO, ProMutual Group
MEDICAL SCHOOLS
SUPPORT PHS PROGRAM

PHS would like to thank the four Massachusetts medical schools for their contributions, which will assist PHS in its mission of reaching out to medical students in need. The support of our medical schools is of great significance. Not only will the funding further our efforts, but we also believe the schools’ involvement demonstrates the importance of prevention and wellness to medical students.

Boston University School of Medicine
Program in Medical Education, Harvard Medical School
Tufts University School of Medicine
University of Massachusetts Medical School

THOSE WHO HAVE GIVEN
PHYSICIANS SUPPORT
FOR THEIR HEALTH

In addition to the contributors listed on pages 20 and 39, individuals and numerous health care organizations contributed to PHS this year. PHS is enormously appreciative of the generosity of its donors. There are also many participants in the PHS program who contribute each year to the Annual Dinner Fund, which supports physicians, residents, and medical students who would otherwise be unable to attend the event.

AdCare Hospital of Worcester
Berkshire Medical Center
Richard W. Brewer, in honor of Philip E. McCarthy, MD
James B. Broadhurst, MD
Drew Brodsky, MD
Corinne Broderick
Dr. and Mrs. James D. Butterick
Cape Cod Healthcare
Les Cohen, MD
Tristram and Beverly Dammin
Abhijit Desai, MD, in memory of Madhvi Desai
Doctors Concerned with Doctors
Donna Singer Consulting, LLC
Dr. Dragana Doran
Dr. Judith Eaton
Good Samaritan Medical Center
Greater Lawrence Family Health Center
Debbie and David Grossbaum
Rachel Haft, MD
Hallmark Health Medical Staff
Hampden District Medical Society
In honor of Michael Palmer, MD
In honor of Dr. Luis Sanchez
In memory of Roland Herrington, MD
Jordan Hospital Medical Staff
Dr. and Mrs. Edward J. Khantzian
Lawrence General Hospital
David A. Margoliou, MD
Merrimack Valley Hospital Medical Staff
Milford Regional Medical Center
Milton Hospital
New England Sinai Hospital
North Shore Medical Center
Norwood Hospital — Steward Health Care System
On the occasion of Dr. Eaton’s retirement
Lee Perrin, MD, and Karen Mann
Katherine L. Phaneuf
Drs. Edith Jolin and Richard Pieters
Luis T. Sanchez
Bill and Laura Shea
Mrs. Beatrice Solomon
Tufts Health Care Institute, in honor of Dr. Luis Sanchez
Peter and Sheryl Vieira
Robert Wespiser

Every effort has been made to ensure the accuracy of the donors’ names. We regret any errors or omissions. Please notify us with any questions or concerns.
PHS maintains ongoing involvement with **134** physicians and medical students with monitoring contracts. This number represents a slight decrease from prior years due to a slight decrease in the number of new contracts and a small increase in successful completions. Of note is that PHS recommends a monitoring contract to approximately 25% of those referred each year. Therefore, a significant percentage of those who complete assessments are recommended to alternative resources and strategies for remediation.
During the past year, PHS has improved physicians’ lives in the following ways:

214 physicians have been helped directly through personalized consultative support services and monitoring contracts.

125 new physicians and medical students were referred this year (see Figure 1).

112 health care professionals consulted with PHS for resources. These services are provided to physicians, hospital administrators, attorneys, and anonymous individuals who contact PHS for advice regarding administrative, clinical, and legal matters pertaining to physicians with health or behavioral concerns.

44 educational sessions were provided by PHS to physicians, hospitals, and individual practices. An estimated 2,900 physicians, medical students, and health care professionals were in attendance at the physician health education offerings this year.
CASE DESCRIPTIONS
During the past year, PHS provided services aimed at improving physicians' health; saving physicians' lives and careers; and educating physicians, other health care professionals, and health care organizations about physician health and recovery. During the past year, 26 physicians successfully completed monitoring contracts.

PHS addresses a broad range of physician health issues (listed by category in Table 1). Behavioral health continues to be the largest group (N=50), followed by substance use disorders (N=33) and single-diagnosis mental health (N=28). Physicians also presented with co-occurring mental health and substance use disorders and physical disabilities.

The referrals for behavioral health include performance complaints such as difficulty completing medical charting and other similar issues. These assessments have resulted in diagnoses of attention disorders, learning issues, executive function issues, and physical illness such as sleep disorders. PHS recommendations following these assessments included therapy, specialized treatment, professional coaching, education courses, clinical remediation and/or monitoring.

<table>
<thead>
<tr>
<th>TABLE 1: PHS PHYSICIAN REFERRALS BY PRESENTING PROBLEM — FISCAL YEAR 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE DESCRIPTION</td>
</tr>
<tr>
<td>Behavioral Health*</td>
</tr>
<tr>
<td>Mental Health**</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Drug</td>
</tr>
<tr>
<td>Physical Illness</td>
</tr>
<tr>
<td>Drug &amp; Alcohol</td>
</tr>
<tr>
<td>Drug &amp; Mental Health</td>
</tr>
<tr>
<td>Alcohol &amp; Mental Health</td>
</tr>
<tr>
<td>Other†</td>
</tr>
</tbody>
</table>

N=125 physicians referred to PHS this year.
*Behavioral health includes personality problems, interpersonal conflicts, boundary issues, and stress.
**Mental health includes depression, anxiety, and bipolar disorder.
†Other includes clinical competency, career counseling, and financial issues.
PHS continues to serve a spectrum of physician specialties, including residents and medical students, as shown in Table 2.

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>34</td>
<td>27.2</td>
</tr>
<tr>
<td>Surgery‡</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>8</td>
<td>6.4</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6</td>
<td>4.8</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Family Practice</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Radiology</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>3</td>
<td>2.4</td>
</tr>
<tr>
<td>Other†</td>
<td>1</td>
<td>.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL OF TRAINING</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents (All Specialties)</td>
<td>21</td>
<td>16.8</td>
</tr>
<tr>
<td>Medical Students</td>
<td>12</td>
<td>9.6</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td></td>
</tr>
</tbody>
</table>

‡Surgery includes ophthalmology, general surgery, and urology subspecialties.
†Other includes pathology, research, and unknown.

PHS is pleased that accessibility and confidentiality protections result in a broad range of referral sources, with self-referrals being the highest (see Table 3).

<table>
<thead>
<tr>
<th>TABLE 3: REFERRAL SOURCES — FISCAL YEAR 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
</tr>
<tr>
<td>Hospital Administration</td>
</tr>
<tr>
<td>Hospital Staff</td>
</tr>
<tr>
<td>Residency Program</td>
</tr>
<tr>
<td>Medical School</td>
</tr>
<tr>
<td>Licensing Board</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Colleague</td>
</tr>
<tr>
<td>Hospital Physician Health</td>
</tr>
<tr>
<td>Attorney</td>
</tr>
<tr>
<td>Therapist</td>
</tr>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Other State PHP</td>
</tr>
<tr>
<td>Primary Care Physician</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

PHS is pleased that accessibility and confidentiality protections result in a broad range of referral sources, with self-referrals being the highest (see Table 3).
OUTREACH ACTIVITIES: JUNE 1, 2010, TO MAY 31, 2011

PHS presentations provide information on physician health issues and the role of PHS and include helpful information about how to identify those at risk, factors that can impact patient care, ways to access help, and steps to improve the physician-patient relationship.

If we haven’t been to your hospital or health care organization, please contact us at (781) 434-7404 or complete the speaking engagement request form on page 31.

More than 2,900 physicians and medical students from the following institutions across Massachusetts were in attendance at PHS presentations this year.

2010 International Conference on Physician Health
Affiliated Monitors
Berkshire Medical Center
Boston University School of Medicine
Bournwood Hospital
Cape Cod Symposium on Addictive Disorders
Carney Hospital
CRICO/Harvard Surgical Chiefs Safety Collaborative
CRICO/RMF: Risk Managers Collaborative — The Disruptive Clinician
Dana-Farber Cancer Institute
Fenway Health
FSPHP/FSMB Annual Meeting
Good Samaritan Medical Center
Harvard Medical School: Liability Prevention for Physicians and Health Care Professionals
Harvard South Shore Psychiatry Residency Program
HealthAlliance Hospital — Leominster Campus
HRI/Arbour Health Services
In the Wake of an Adverse Event: Healing the Healers — CRICO/RMF and the Kenneth B. Schwartz Center
Jordan Hospital
Lahey Clinic
Lawrence General Hospital
Lynch Wellness
MAMSS Membership Meeting
Marworth Treatment Center
Massachusetts/Rhode Island Medical Group Manager’s Association (MGMA)
Massachusetts Hospital School
McLean Hospital
Melrose Wakefield Hospital
Metro West Medical Center
Milford Regional Medical Center
Milton Hospital
Mississippi Addictions Conference
New England Sinai Hospital
North Adams Regional Hospital
Norwood Hospital
ProMutual Risk Managers
Sierra Tucson
Spaulding Rehabilitation Hospital
The Hanley Center
The Holland Group
The McLean Center at Fernside
The McLean Residence at the Brook
Tufts University School of Medicine
Tufts Medical Center
UMass Medical Center
University of Massachusetts Medical School
Union Hospital
Worcester District Medical Society
OUTREACH AND EDUCATION

ARTICLES, PRESENTATIONS, AND CONSULTING

One of the most important activities of Physician Health Services is educating physicians, residents, medical students, health care administrators, hospitals, HMOs, and the public regarding the prevention, early identification, and treatment of addiction and other illnesses that affect physicians. Areas emphasized include stress prevention, prescribing practices, communication skills, and time management. PHS also provides education regarding the types of services we offer, which are not limited only to substance use disorders. Our services include assistance with physical, emotional, and behavioral problems, as well.

Articles regarding issues of physician well-being are a regular feature in Vital Signs, the monthly member publication of the Massachusetts Medical Society. These articles also appear on the Massachusetts Medical Society website at www.massmed.org. PHS regularly exhibits materials at conferences and professional meetings, where we are able to personally meet with physicians and present the various ways in which the program can be of service to them. (See the speaking engagement request form on page 31.)

PHS EDUCATIONAL DVD

The PHS educational DVD is available at no cost to hospitals, medical schools, and health care professionals. It can be viewed independently or as a complement to a PHS lecture given by a PHS physician. The DVD includes an overview of the mandated reporting statute and the exception to reporting as it pertains to substance use disorders.

For a copy of the DVD, please call (781) 434-7404 or email jvautour@mms.org.

WWW.PHYSICIANHEALTH.ORG

The Physician Health Services website, www.physicianhealth.org, can be accessed directly or via a link at the bottom of the Massachusetts Medical Society homepage, www.massmed.org. The PHS site features integrated search capabilities and user-friendly accessibility. The site’s primary audiences are physicians, their families, and health care organizations. The key areas of the website are as follows:

- About PHS
- How to Make a Referral
- Helping Yourself or a Colleague (This special section includes personal stories from physicians who have participated in the program.)
- Education and Resources
- Forms for Clients and Monitors
- Joint Commission Requirements
- Relationship to the Licensing Board
- How to Make a Donation

The website has helped enhance outreach, education, and fundraising opportunities for PHS. It is our goal to make our services known to every physician and health care organization in the state. PHS has carefully selected menu options displayed across the top of the homepage and down the left-hand side to support easy navigation and highlight primary topics. We invite you to visit our website and learn more about PHS.

FACING THE LOSS OF A PHYSICIAN

PHS experiences great sadness when a physician is lost as a result of an illness or unexpected death. During times such as these, PHS makes every effort to provide support to the physician’s family and colleagues. We recognize the tremendous grief a family faces and share each loss with the medical community. It is important for PHS to ensure that outreach is supportive, comprehensive, and helpful while remaining respectful of physician confidentiality.
VITAL SIGNS

Physician Health Services features a monthly column in the Medical Society’s member newsletter, Vital Signs. The column is dedicated to timely topics of interest related to physician health and wellness. You can contact PHS for a copy of any of the articles, or visit www.massmed.org and click on “News and Publications.” For a complete listing of articles on related topics, search for “physician health” in the Vital Signs section.

Articles Published
June 2010 to May 2011

- “Professional Boundary Considerations for Physicians” (Volume 15, Issue 6, Summer 2010)
- “Stimulant Misuse Among Physicians in Training a Growing Concern” (Volume 15, Issue 7, September 2010)
- “Paying Attention to Prescribing Parameters” (Volume 15, Issue 8, October 2010)
- “Massachusetts’ Enhanced Prescription Drug Monitoring Program” (Volume 15, Issue 9, November 2010)
- “Processing Anger in Constructive Ways” (Volume 16, Issue 1, December 2010/January 2011)
- “Mindfulness: Paying Attention to the Present” (Volume 16, Issue 2, February 2011)
- “Reporting Impaired and Incompetent Colleagues” (Volume 16, Issue 3, March 2011)
- “AMA’s Physician Guide to Personal Health” (Volume 16, Issue 4, April 2011)
- “Adhering to Joint Commission Standards of Physician Health” (Volume 16, Issue 5, May 2011)

PHS IS AVAILABLE TO YOUR HOSPITAL OR MEDICAL PRACTICE

PHS is available to provide tailored educational programs appropriate for hospital grand rounds, group medical practices, health care organizations, and specialty society meetings. Our goal is to reach every Massachusetts health care organization and medical school on an annual basis. Presentations are eligible for CME credit and meet the criteria for risk management study. Please contact us to coordinate an educational program at your organization.

The Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 17,000 health care organizations and programs in the United States, adopted a physician health requirement (Physician Health MS.2.6) effective January 1, 2001. In 2004, the Joint Commission further expanded the requirement to all health care professionals (originally LIP Health MS.06, now MS.11.01.01). This provision requires the medical staffs of all hospital organizations to implement a process to identify and manage the health of licensed, independent practitioners separate from medical staff disciplinary functions. One element of the Joint Commission requirement is annual education on matters of physician health. PHS consults with medical staff, medical executive committees, and hospitals throughout the state to help them implement and maintain this requirement by providing presentations.

In addition, effective January 1, 2009, the Joint Commission instituted a leadership standard for accreditation programs (LD.03.01.01) that addresses disruptive and inappropriate behaviors in two of its elements of performance. First, the hospital/organization must have a code of conduct that defines acceptable and disruptive and inappropriate behaviors (EP 4). Second, leaders must create and implement a process
for managing disruptive and inappropriate behaviors (EP 5). Additionally, standards in the medical staff chapter have been organized to follow six core competencies to be addressed in the credentialing process, including interpersonal skills and professionalism (see the introduction to MS.11.01.01). The Joint Commission also added leadership standard LD.02.04.01 to address how a hospital should manage conflict between leadership groups to protect the quality and safety of care. The standard states that the hospital should engage an individual with conflict management skills to implement and carry out the conflict management process. The process should include (1) meeting with the involved parties as early as possible to identify the conflict, (2) gathering information regarding the conflict, (3) working with the parties to manage and, when possible, resolve the conflict, and (4) protecting the safety and quality of care. PHS is available for consultation with medical staff and hospital leadership on policies in these areas, individual circumstances, or educational programs.

Presentations provide up-to-date information on physician health issues and the role of PHS and include a discussion on how to identify those at risk, factors that can impair patient care, ways to access help, and steps to improve the physician-patient relationship. An educational DVD about PHS, brochures, and other supportive materials are also available.

The speaking engagement request form can be found on page 31.
For physicians, medical students, and residents seeking support from other physicians in recovery, PHS coordinates several weekly confidential physician support group meetings throughout the state. Please contact PHS at (781) 434-7404 for more information about these meetings. Some groups require meeting with a facilitator before attending the first meeting. As always, contact and involvement with PHS is confidential.

PHS SUPPORT GROUP LIST

- **Monday and Thursday Support Group** — This facilitated group follows AA guidelines and is held on Mondays and Thursdays at 7:00 p.m. in Waltham.

- **First and Third Wednesday Support Group** — This group is open to spouses and significant others in addition to the affected physician. It is sponsored by PHS and meets on the first and third Wednesday of each month from 7:00 to 8:30 p.m. in Waltham.

- **Physician Health Support Group (second and fourth Wednesday and fourth Monday)** — This three-times-per-month behavioral health support group meeting is designed to respond to the needs of physicians, residents, and medical students who are experiencing the rigors of medicine and who could benefit from collegial support. The focus is on strengthening the ability to effectively deal with patients, employers, hospitals, coworkers, colleagues, peers, family members, and significant others. The group meets on the second and fourth Wednesday and fourth Monday of each month from 6:30 to 7:45 p.m. in Waltham.

- **Greenfield Group** — This group meets on Wednesdays from 7:00 to 8:00 p.m. in Greenfield.

- **Tuesday Evening Support Group** — This group meets from 7:00 to 8:00 p.m. in Falmouth.

- **Faith-Based Support Group** — This weekly men’s group, affiliated with the Vineyard Christian Fellowship of Greater Boston, provides support to professionals and others within a faith-based context. The group meets on Mondays from 8:00 to 10:00 p.m. in Brookline.

- **Worcester Monday Doctors’ 12-Step Group** — This group is open to any doctoral-level health care professional with substance use concerns. It meets every Monday from 7:30 to 8:30 p.m. in Worcester.

- **Health Care Professionals Recovery Group** — This weekly meeting is a self-help format group open to any licensed health care professional. The group meets every Tuesday from 7:00 to 8:00 p.m. in Pittsfield.

In addition to PHS support groups, a list of AA meetings is available from AA Central Service, 368 Congress Street, Boston, (617) 426-9444. PHS can provide information on a number of other professional peer-support groups, as well.

“The Physician Health Services peer support group meets three times a month with 10 to 15 people present each time. It is a joy for me to see them change. Calling themselves different people now, they often describe becoming wiser, more careful, each a more educated and better doctor with a much better perspective. They say they feel good that they can bring their worst nightmares here, public and private. One of their goals is to teach other beginning doctors what they have learned.”

— Diana Barnes Blood, Support Group Facilitator
Date of Request: __________________________________________________________

Name of Organization: _____________________________________________________

Requested Date for Presentation: ____________________________________________

Second Choice: ____________________ Third Choice: ___________________________

Times: __________________________

The length of a PHS lecture can be adapted to meet your needs.

Location of Presentation: ___________________________________________________

Address: ________________________________________________________________

Name of Meeting Room: ____________________________________________________

CME Contact Person: __________________________________________ Phone: ________

Fax: _______________________________ Email: _______________________________

Audience (Primary Specialty in Attendance): _________________________________

Number of Attendees Expected: _____________________________________________

An honorarium is not required. However, please consider a contribution to PHS in lieu of an
honourarium. Our tax identification number is 22-3234975. Contributions to PHS are tax-
deductible to the extent provided by law. Your organization will be acknowledged in the PHS
Annual Report and PHS publications.

☐ In lieu of an honorarium, I would like to contribute to Physician Health Services.

☐ $1,000  ☐ $500  ☐ Other: $ ___________________________________________

☐ Enclosed is my check payable to Physician Health Services, Inc.

☐ American Express  ☐ MasterCard  ☐ Visa

☐ Credit Card No. _______________________________ Expiration Date: _____ / _____

Signature: _______________________________________________________________

Faculty will be selected from the following list based on availability:

Linda R. Bresnahan, MS  Michael S. Palmer, MD
Philip J. Candilis, MD  Ruthann Rizzi, MD
Gary A. Chinman, MD  Luis T. Sanchez, MD
Wayne A. Gavryck, MD  Marianne L. Smith, MD
Debra A. Grossbaum, Esq.  John C. Wolfe, MD
PHS is independent of the Board of Registration in Medicine (BRM), the state agency responsible for the licensure and discipline of physicians in Massachusetts. However, PHS serves as an important resource for physicians dealing with licensing issues as a result of health impairment or other health concerns. PHS helps facilitate physicians’ interactions with the BRM by educating physicians about licensing procedures, providing documentation of compliance for physicians being monitored, and offering resources for outside services and legal representation to assist with board actions.

PHS regularly interacts with the BRM Physician Health and Compliance (PHC) unit, the division responsible for health-related matters. PHS meets with the PHC unit each month to provide continuity for physicians under monitoring agreements with both PHS and the BRM and enhance communication regarding areas of mutual concern, including physician support services, remediation, and protection of the public. PHS also meets individually with designated BRM members and staff to address policy and programmatic issues likely to impact physicians facing health problems.

DIVERSIONARY STATUS
PHS serves as a BRM-approved “diversionary” program. Massachusetts law requires certain health care professionals to report to the BRM when they become aware that a physician has violated BRM rules or regulations. This includes reporting when there is a reasonable basis to believe that a physician is practicing medicine while impaired by drugs or alcohol. However, under specific circumstances, a report can be “diverted” from the BRM, and instead, a referral can be made to PHS, allowing the physician to obtain remedial services. Diversion is possible when all of the following criteria apply:

- The circumstances involve a drug or alcohol problem.
- There is no allegation of patient harm or other violation of law.
- The physician agrees to participate in PHS.
- The reporter receives timely confirmation from PHS that the physician is in compliance with our program [243 CMR 2.07 (23)].
MONITORING CONTRACTS AVAILABLE TO PHYSICIANS

Our Substance Use and Behavioral Health Monitoring Contracts help guide physicians and medical students in recovery. They serve as tools for documenting the recovery process and helping physicians return to the practice of medicine. The success of our program is not only dependent on the physicians who willingly participate, but also on the countless physician volunteers who are instrumental in making our peer-support network and monitoring contracts successful.

PHS drug test collection procedures are based on validated National Institute on Drug Abuse (NIDA) standards. Collections are primarily performed at Quest Diagnostics Laboratory Collection Centers. In regions where such centers are limited, PHS seeks the assistance of volunteer physician test monitors. All test monitors (including Quest Diagnostics Laboratories Collection Centers) are provided with procedural guidelines for collections and are trained to follow them. Numerical identification badges are issued to physicians in order to ensure proper identification while maintaining confidentiality.

Substance Use Monitoring Contract

This contract is a minimum of three years in length and is designed to guide and document a physician's abstinence from substances of abuse. Components of the contract include, but are not limited to, face-to-face monthly meetings with an associate director, attendance at support group meetings, participation in random drug testing, and regular contact with a therapist, work monitor, and chief of service.

Behavioral Health Monitoring Contract

PHS developed the behavioral health monitoring contract to address physician mental and behavioral health issues resulting from stress, emotional problems, and mental illness. The contract duration is a minimum of two years and includes, but is not limited to, monthly meetings with an associate director, regular attendance at a support group meeting, and regular contact with a therapist, work monitor, and chief of service.

Extended Voluntary Monitoring Contracts

These contracts are available to physicians who have successfully completed a substance use or behavioral health monitoring contract and choose to participate in extended monitoring. The contract includes contact with an associate director and therapist and participation in random testing when indicated.

QUALITY MANAGEMENT

PHS recognizes its accountability to physicians and the community and strives to assure continuous assessment of and improvement in the quality of the program. Quality management is part of an ongoing process for evaluating and improving the quality of the support and monitoring activities of the program.

The purpose of PHS’s quality management is as follows:

- To identify and monitor critical aspects of the support and monitoring services
- To focus attention on administrative and clinical processes that affect outcomes
- To resolve identified problems, improve services, and evaluate the effectiveness of the services
Monthly Meeting Requirement

PHS examined the monitoring requirement of monthly face-to-face meetings with clients. The documentation shows a 98.8% compliance rate with these meetings (347 expected monthly meetings, 343 took place). Of the 4 meetings that were missed, 3 had corresponding documentation describing scheduling difficulties. PHS will look to ensure 100% documentation explaining the circumstances for all missed meetings.

Physical Examinations

PHS requires each physician with a monitoring contract to select a primary care physician. The participant undergoes a physical examination, makes the primary care physician aware of the problem, and enlists his or her assistance in providing treatment. PHS reviewed compliance of the 41 physicians enrolled in the monitoring program over the past year in meeting this requirement. It was determined that the requirement was fulfilled 80.4% (33) of the time; 19.5% (8) were noncompliant with the requirement and referred to their associate directors for review. This finding will be reviewed further with PHS associate directors and more attention will be given to the physicians who are pending with this requirement going forward. This finding does reveal an improvement from last year. Delays in meeting this requirement within the 60-day timeframe are common as a result of difficulty getting an appointment with a primary care physician.

Quarterly Reports

For each physician monitored under a PHS contract, both the physician and his or her monitors are mailed a quarterly report form for feedback. This includes a self report from the client detailing therapy, support group, and associate director meeting attendance. Monitors include a workplace or colleague monitor, a chief of service (if applicable), and a therapist and/or psychiatrist. Additional monitors may be indicated for individual circumstances. These forms are mailed to monitors each quarter and are due within 20 to 30 days. Clients and the respective monitors who do not respond are sent reminder notices. All reports are received, reviewed, and entered into a tracking database system. PHS reviewed data for the fourth quarter of 2010. A total of 592 reports were sent out for feedback. Of these, 562, or 94.9%, were received following reminder notices. A total of 572, or 96.6%, were received following associate director intervention. Ultimately, 591, or 99.8%, were received, resulting in just one report to the licensing board for missing monitoring information.

Positive Test Reporting

PHS monitoring contracts for substance use require that all positive tests be reported to the Board of Registration in Medicine (BRM) and other parties, including the workplace. The physician understands this requirement, and PHS provides additional assessment information regarding the circumstances of the test results. It is our goal to be efficient at PHS in our review of test results, which includes assessment by a medical review officer so positive tests are reported in a timely manner. PHS examined the timeframe between when the results are received by PHS for review until a verbal report is made to the BRM. From July 1, 2010, to December 31, 2010, there were 11 confirmed positive tests that resulted in a report to the BRM. Of these 11 results, PHS determined a 3.73-day timeframe from result received to report to the BRM and other relevant parties.

SEEKING VOLUNTEER MONITORS TO SUPPORT PHYSICIANS IN NEED

The assistance and support volunteer monitors provide to their colleagues is an essential element of each PHS contract and contributes to the recovery of the contracted physician. Workplace monitors, test monitors, and hospital chiefs of service are asked to participate in physician monitoring and provide ongoing support to their fellow physicians and information to the program. PHS dedicates resources to ensure monitors are provided with information that outlines the important details of the role they play in the contracting physician’s recovery.

The monitoring program is designed to support the recovery process for physicians and medical students and to help assure the safe practice of medicine.

PHS would like to extend special thanks to those physicians who have supported their colleagues by serving as volunteer monitors. Please encourage your colleagues to assist PHS in this capacity.
PHS STRATEGIC GOALS

PHS conducts a retreat every two to three years to review the organization’s strategic priorities and determine future goals. A strategic retreat was held this year attended by PHS’s key stakeholders, including representation from the PHS Board of Directors, associate directors and staff, the Advisory Committee, the Clinical Advisory Committee, and the Medical Student Advisory Committee, along with a consultant who helped PHS develop a three-year plan of strategic priorities that met the Board of Directors’ approval. Past program participants shared their powerful stories of recovery and offered valuable commentary on the future direction of PHS. PHS priorities are reviewed and updated with the invaluable insight of the distinguished and experienced health care professionals dedicated to improving the health and lives of the physicians and students PHS serves.

Following are the organization’s current priorities.

FINANCIAL MANAGEMENT
- Expand fundraising efforts to target all Massachusetts hospitals and the health plans

OUTREACH
- Advocate for a strong relationship with the Board of Registration in Medicine
  - Advocate for greater confidentiality of participants’ medical records (Submission of treatment and medical records is sometimes required for licensure review)
  - Continue to work with the BRM and MMS to support an exception to mandated reporting for behavioral health

PROGRAM OPERATIONS
- Encourage greater involvement by advocating for more frequent grand round lectures at hospitals
- Increase lectures to group practices
- Expand the online content of the PHS website (www.physicianhealth.org) to include information for monitors
- Reactivate the research committee to study the impact of the behavioral health support group on attendees’ lives and examine indicators of relapse

NATIONAL EFFORTS

The Federation of State Physician Health Programs (FSPHP) is a national organization whose purpose is to facilitate the exchange of information and develop common goals and standards for physician health. PHS is an active member of the FSPHP.

Dr. Luis Sanchez completed an extended three-and-a-half year term as president of the FSPHP Board of Directors and continues to serve in a leadership role as past president. He also serves on the FSPHP Annual Meeting Program Committee.

Linda Bresnahan serves as an officer on the FSPHP Board of Directors. She is currently serving a two-year term as secretary. She also serves on the Program Committee, the Publications Committee, and the Task Force on Research. Debra Grossbaum serves as chair of the Bylaws Committee and is also a member of the Audit Committee.

As referrals to physician health programs increase, the programs are challenged to provide increased services. At the FSPHP conferences, speakers respond to this need by sharing strategies for development and growth in the areas of behavioral health, fundraising, providing efficient and effective services, and making improvements in random drug testing, treatment, and spirituality.
MANAGING WORKPLACE CONFLICT: IMPROVING PERSONAL EFFECTIVENESS

Jointly sponsored by the Massachusetts Medical Society and Physician Health Services, Inc.

Recognizing that disruptive behaviors can impact and interfere with a physician’s ability to practice medicine effectively, PHS designed the Managing Workplace Conflict program to help attendees assess difficult relationships and stressful situations and consider ways to respond differently to minimize conflict.

Twice each year, PHS offers this interactive program, which combines didactic presentations, role-playing exercises, and focused feedback for physicians with motivation to make changes in the way they interact with their colleagues and patients. Pre-, post-, and follow-up evaluations demonstrate improvement in the skills of the physicians who attend (an average increase of 3.1 to 5.1 on a scale of 1 to 6). Both hospitals and physicians welcome this tangible resource to assist physicians with interpersonal communication, conflict resolution, and stress management. PHS is proud to have developed such a successful program.

The course is available to all physicians and residents interested in learning methods to improve relationships at work and interpersonal skills to combat difficulties in the workplace.

Course Instructors

Ronald Schouten, MD, JD, is the director of the law and psychiatry service and a psychiatrist at Massachusetts General Hospital, a clinical affiliate in psychiatry at the McLean Hospital, and an associate professor of psychiatry at Harvard Medical School. He is the founder and president of KeyPeople Resources, Inc., an organizational and behavioral health consulting firm.

Charles W. Swearingen, MD, is a psychiatrist and management consultant and the founder and principal of Pierian Consulting.

Luis T. Sanchez, MD, is the director of Physician Health Services. Dr. Sanchez is certified by the American Board of Psychiatry and Neurology and has additional qualifications in addiction psychiatry.

Diana Barnes Blood, MSW, LICSW, has private practices in Lincoln and Brookline working with individuals and couples in psychotherapy. She currently facilitates a support group three times a month designed to provide physicians with strategies to enhance coping skills.

Advisory Committee

Linda R. Bresnahan, MS, director of program operations, Physician Health Services, Inc.

Caroline Carregal, director of continuing education and certification, Massachusetts Medical Society

Michele G. Kayden, PhD, organizational psychologist, executive behavioral coach, and principal, Kayden Enterprises

Kenneth Kraft, PhD, clinical and organizational psychologist

Joseph Pereira, LICSW, CAS, clinical social worker, Outlook Associates of New England

Julia M. Reade, MD, director, Harvard Forensic Psychiatry Fellowship, and clinical associate in psychiatry, Massachusetts General Hospital

Jessica L. Vautour, MM, outreach and education manager, Physician Health Services, Inc.

FOLLOWING ARE SOME COMMENTS FROM COURSE ATTENDEES:

“This was an extremely balanced and excellent conference — it reminded me of ways to communicate effectively, and the pitfalls docs and medical staff can fall into. Thank you for an extremely helpful conference.”

“The content increased my self-awareness in stressful situations.”

“I feel I can achieve more without conflict.”

“This course should be mandatory to all physicians.”

“This is truly an excellent workshop. I felt a strong sense of community with the other physicians as we shared our travails. All of the instructors/facilitators contributed to allowing the group to work as it did.”

“The first time I took this course, it was just the opening to a whole new world for me. Learning to begin to see that intent didn’t equal impact and how to change my impact. Two years later, the course impacted me on a deeper level and I was able to listen more closely and learn about different people’s personalities and perceptions on a deeper level. And hearing the lectures the second time around had an even greater effect. I had many epiphanies (“ah ha moments”) during these past two days, and it is still valid and appropriate to my practice... for conflict will always exist... it’s how we interact and address the conflict that really matters! Thanks!”

NEXT COURSE OFFERING — NOVEMBER 17 & 18, 2011
PHS and the Massachusetts Medical Society extend special thanks to the organizations that have served as the primary funders of PHS. Their financial support makes growth and outreach efforts possible. The level of funding from the following organizations has been essential to the stability and success of PHS:

- Baystate Health Systems
- Berkshire Health Systems
- Boston Medical Center
- Brigham and Women’s Hospital
- Cape Cod Healthcare
- Connecticut Medical Insurance Company (CMIC)
- CRICO
- Lahey Clinic
- Physicians Insurance Agency of Massachusetts (PIAM)
- ProMutual Group
- Tufts Medical Center
- Steward Health Care System
- UMass Memorial Health Care, Inc.

PHS IS AVAILABLE TO ASSIST ANY MASSACHUSETTS MEDICAL STUDENT, RESIDENT, OR PHYSICIAN.

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