



ECHO Idaho: Healthcare Vitality CASE RECOMMENDATION FORM

ECHO Session Date: 9/17/24

Thank you for presenting your case to the ECHO Idaho – Healthcare Vitality session.

Summary: “Sahana,” a 27-year-old second-year medical resident, initially started her residency with enthusiasm but is now worried about losing herself in the process. Despite prioritizing self-care in medical school through activities like running, yoga, and maintaining relationships, residency demands have made it difficult to continue these practices, leading to a decline in her well-being. Although her program offers well-being resources, she finds them hard to access due to time, cost, and concerns about confidentiality. The competitive culture of her residency and fear of judgment from peers further discourage her from seeking help. Additionally, her Indian heritage and experiences with implicit bias make her hesitant to stand out. While she'd like to seek external counseling, financial constraints and concerns about its impact on future job prospects hold her back.

Questions:

- What do you feel are the most effective ways for residency programs to address the barriers that discourage students from seeking help?
- What are the key considerations when working to cultivate a residency culture that balances a focus on excellence with a strong commitment to support the well-being of residents?
- What advice would you give to residents who are navigating the power dynamic that makes it difficult to show up authentically, openly express their ideas/concerns and advocate for themselves?

After review of the case presentation and discussion of this case among the ECHO Community of Practice, the following suggestions have been made:

Recommendations:

In safety-sensitive professions like medicine or the military, there's a pervasive fear that seeking counseling or taking medication may impact job performance. However, it's important to reassure trainees that protections are in place, and focusing on well-being is unlikely to have severe career consequences.

Education Needed:

- It's important to reassure people that Idaho is very reluctant to pull medical licenses, and only does so in extreme cases after a thorough legal process with review and appeals, so small mistakes or missteps are unlikely to lead to such actions.
- Provide information about options for counseling separate from EAPs via the Physician Vitality Program (services available to members of IMA, ACMS, IAFP, and MIEC).
 - List of providers [here](#).
 - **Confidentiality:** Participation in the program is voluntary and confidential; no external parties (employer, medical boards) are notified. Limited records are kept, with no insurance billing or medical diagnosis involved. Participation in this program has no impact on performance evaluation.
 - **Competent & convenient:** Contracted mental health providers are screened for compatibility. Appointments are available via telehealth or in-person.
 - **Cost-Free Access:** Eligible members (physicians, PAs, NPs) can use up to 5 sessions annually. Family members can attend sessions, but the member must be present.



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- Efforts are underway to revise invasive mental health history questions on credentialing applications. The focus is shifting to only recent mental health issues that may impair practice, helping reduce stigma around seeking routine mental healthcare. The Board of Medicine and other institutions are progressively supporting this change.

Structure & Systemic Changes:

- Consider opt-out counseling with prepaid sessions and no billing, providing confidentiality and reducing barriers to accessing help.
 - With this approach, residents don't need to go through the hassle of scheduling or navigating systems—everything is pre-arranged, reducing barriers and making it easier to access the resource.

Leadership Role:

- Normalize counseling:
 - One major barrier is the fear of standing out when seeking counseling. Leaders should share their own experiences with counseling to normalize it and show that it's a healthy, respected choice for professionals.
 - Urge leadership to utilize counseling resources so they can say they have—again normalizing counseling.
 - Proactive messaging, like encouraging physicians to get an appointment even just once, helps reduce stigma and emphasizes that seeking help is a normal, self-respecting action.
- Financial backing:
 - By putting the money behind programs that support wellness and giving employees the time to participate, leadership communicates that these programs are important.
- Help address power dynamics
 - When working with residents and students in challenging power dynamics, encourage them to bring their concerns and ideas to those in the community who can brainstorm solutions, talk to influential people, and support them in addressing the issues.

Resources:

- [ECHO Healthcare Vitality Resources](#)
- [Dr. Sandy Mudge's 9/17/24 presentation including resources to establish programs to create supportive workplaces](#)
- <https://drlornabreen.org/removebarriers/>
- <https://www.physicianvitality.org/>