



THE WELLNESS CONNECTION

Recognizing and supporting distressed physicians and learners

Medical professionals are caring, dedicated and resilient; however, most individuals experience stress and fatigue at some point in their career. Indeed, physicians, residents and medical students are at an increased risk of burnout, depression and suicidal ideation. When medical professionals are in distress, their usual response is to push through the difficulty: they want to continue to care for patients, and they don't want to let their colleagues down. Prioritizing patients and pushing forward are common — even encouraged — within the culture of medicine. **As physicians and learners, it's important for you to be able to recognize signs of distress — both in yourself and in your colleagues — and to be prepared to respond appropriately.** Distress manifests uniquely from person to person, but there are indicators of distress that are important to be aware of and to look out for.

Approaching someone in distress can be uncomfortable, so this resource also provides practical recommendations for how to respond to colleagues in distress, along with a comprehensive list of physician-specific resources that you can offer as additional support.

Recognizing signs of distress

Distress manifests uniquely in different people, and physicians are well practised in managing their outward emotions, but here are some concerning indicators to look for in yourself and in your colleagues:

Physical indicators

- Deterioration in physical appearance and/or personal hygiene
- Excessive fatigue, exhaustion (e.g., falling asleep at work)
- Statements about changes in appetite (e.g., lack of or increased appetite)
- Statements about changes in sleep (e.g., lack of or increased sleep)
- Visible cuts, bruises or burns
- Excessive sweating
- Frequent or chronic illness (e.g., headache, stiff neck, shoulder and back ache)
- Confusion, disorganization, rapid or slurred speech
- Lack of eye contact
- Shakiness, tremors, fidgeting, twitching or pacing
- Increased substance use (e.g., tobacco, marijuana, stimulants, alcohol)

Behavioural and emotional indicators

- Expressions of severe anxiety or irritability
- Direct statements demonstrating distress (e.g., family problems, loss, financial problems, career concerns)
- Difficulty controlling emotions (e.g., crying, short temper, uncontrolled anger, aggressive comments)
- Expressions of hopelessness or worthlessness (e.g., low self-esteem, loss of interest, no sense of purpose)
- Loss of sense of humour
- Excessively demanding or dependent behaviour
- Withdrawal from peers, family, society
- Lack of concentration
- Reduced motivation
- Indecisiveness and poor judgment

If an individual is exhibiting any of the following safety risk indicators, they may pose an immediate danger to themselves. **Act quickly by offering them contact information for their provincial physician health program (PHP; see details below) or call 911 for immediate assistance if outside of PHP hours.**



Safety risk indicators

- Written or oral statements that mention despair, suicide or death
- Severe hopelessness, helplessness, depression, social isolation and withdrawal
- Statements about “going away for a long time”
- Written or oral expressions of a desire to injure or kill someone else

If an individual is exhibiting any of the following emergency indicators, **call 911 and ask for immediate assistance.**

Emergency indicators

- Engaging in self-harm or acting in a physically or verbally aggressive way toward other people, property or animals
- Unresponsive to the external environment (e.g., they are incoherent or passed out)
- Demonstrating a severe disturbance of cognitive, behavioural or emotional functioning
- Displaying disruptive behaviour that appears to be out of control
- Behaving in any other way that feels threatening or dangerous to you

References: Content adapted from the following sources: More Feet on the Ground
“Calls to action: Recognize”: <https://morefeetontheground.ca/calls-to-action/recognize/> ;
AMA Steps Forward “Physician suicide and support”: <https://edhub.ama-assn.org/steps-forward/module/2702599>

Supporting distressed colleagues

If you have identified a colleague in distress, reach out and speak to them directly. Choose a private, comfortable location to talk (if in person) at a time that's convenient for them. When speaking with your colleague, be sure to listen empathetically, be friendly, open, approachable and trustworthy, offer your support and direct them to professional resources. Here are some specific steps to follow:

- When you have time, and when you feel ready, reach out to your colleague.
- Begin the conversation by asking your colleague how they're feeling. ("How have you been feeling?" "Are you alright?")
- Express your concerns about specific behaviours or patterns of behaviours that you have observed and ask permission to discuss the problem. ("I'm concerned about XXX. I wonder if we could talk about XXX?")
 - If your colleague is reluctant to speak with you, leave the door open to connect when they feel ready. ("Please call me if you ever want to chat.")
- Emphasize the importance of maintaining personal well-being. ("Seeking care is not selfish; you deserve to be healthy and well." "Seeking help for your own challenges can also help improve the care you provide to your patients.")
- Listen empathetically and encourage them to speak by asking open-ended questions. ("How are things?" "What happened?" "Tell me more about that."). Refrain from relating their situation to your own experiences.
- Minimize judgment and resist the righting reflex — it's not up to you to solve their problems.
- If there are signs of safety risk or emergency, directly ask the individual if they're considering suicide. ("Tell me, have you been thinking about suicide?")
- Restate what you've heard, emphasize your concern and show that you care. ("Thank you for sharing with me. I'm concerned about XXX and would like to help get you back on a healthy path. What do you think would help?")
- Provide information about professional resources and make it clear that they can get help confidentially. ("I know the PHP folks and they're really good at helping us physicians work through these kinds of situations in a confidential manner." "Many PHP services are free or offered at a low cost.")
- Emphasize autonomy/choice. ("Which of these mental health resources do you think might be most helpful to you?" "It's ultimately up to you to decide.")
- Encourage the use of personal supports. ("Friends and family can help in these times. What supports do you have?" "Is there someone you can talk to or be with?" "What's helping or what has been helpful for you in the past when you were going through a stressful time?")
- Discuss the importance of maintaining the basics. ("Some personal strategies that could help improve your mood are eating healthily, getting adequate sleep and exercising.")
- Summarize a plan for change. ("It sounds like you recognize that XXX. Specifically, you plan to XXX.")
- Acknowledge and support your colleague's courage in disclosing a personal difficulty. ("I know that talking about XXX can be difficult. I appreciate your willingness to share with me.")

- Honour, validate and normalize their emotions. Let them know they're not alone. ("You're not alone. Practising medicine is tough. Most physicians feel stressed, burned out or depressed at some point in their career.")
 - Offer hope. Let them know that what they're experiencing is temporary and treatable. ("People have shown improvements with appropriate support." "I know things may seem impossible now, but things will get better.")
 - Keep the door open. Let your colleague know you would like to check in to see how they're doing in a day or two and be sure to follow up with them at that time. ("I'd really like to hear how things are going with you. Would you feel comfortable with me checking in?")
 - When following up, ask how things have been going with the change plan you discussed previously. ("Have you had a chance to reach out to your family physician?" "Have you contacted your PHP?")
 - Only break confidentiality if the individual is at an imminent risk.
 - Be sure to maintain your own mental health by establishing boundaries and prioritizing self-care.
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Resources and referral

Familiarize yourself with the resources available to physicians and learners. Encourage colleagues to reach out to their provincial physician health program if they need personal assistance or are experiencing distress, and make sure to do the same if you need support. For more information on physician support services available in each province and territory, please visit the [Wellness Support Line](#).

For immediate assistance call 911 or Canada Suicide Prevention Service at 1.833.456.4566

References: Content adapted from the following sources: More Feet on the Ground "Calls to action: Respond": <https://morefeetontheground.ca/calls-to-action/respond/>; AMA Steps Forward "Sample script for approaching distressed physicians": <https://edhub.ama-assn.org/steps-forward/module/2702599#resource>; Well Doc Alberta "Helping each other through the pandemic: Providing informal physician-to-physician peer support": https://bb31a78a-5cf6-4d5b-950e-8d7723740e07.filesusr.com/ugd/021036_7b5cc31fc84a4297a52f2c1e06e412e1.pdf?index=true; "6 Tips for Supporting a Colleague: LISTEN" developed by Jon S. Novick [not available online].