MEDICAL BOARD OF CALIFORNIA
Executive Office

AGENDA

WELLNESS PROGRAMS - BEST PRACTICES MODEL
INTERESTED PARTIES MEETING

August 17, 2010
10:30 am – 1:00 pm

Department of Consumer Affairs
1625 North Market Blvd.
El Dorado Room, #220-North
Sacramento, CA 95834

Moderator: Dr. Laurie Gregg
Member, Wellness Committee

1. Welcome and Introductions – Dr. Laurie Gregg

2. Background Information
   a. History of the Wellness Committee
   b. Creation of Statewide Survey of Wellness Programs
   c. Outcomes of the Survey (January 2010)

3. Roundtable Discussion
   a. Discussion by those who currently have a Wellness Program in place: what works and what doesn't; successes and what can be improved?
   b. Discussion by those who would like to create a Wellness Program or who would like to reconstitute a stagnant program: what do they need?
   c. What would a "Best Practices Model" include?

4. Discussion of Next Steps: Where do we go from here? Future meetings; sharing of existing documents, further research, recommendations to Wellness Committee, etc.

5. Closing

NOTE: All public comments should be directed toward the Best Practices Model.

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act, and, to promote access to quality medical care through the Board's licensing and regulatory functions.
Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Public Meetings Act. The audience will be given appropriate opportunities to comment on any issue before the Board, but the Chair may apportion available time among those who wish to speak For additional information, call (916) 263-2389.
NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications in order to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Cheryl Thompson at (916) 263-2389 or sending a written request to Ms .Thompson at the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Requests for further information should be directed to the same address and telephone number.

Wellness Committee

Agenda Item #3

Discussion of Results from the Well-Being Committee / Wellness Program Survey and Possible Actions of the Committee – Dr. Gregg and Mr. Schunke

State of California
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, Ca 95815
www.mbc.ca.gov

Memorandum

Date: January 20, 2010

To: Members, Wellness Committee

From: Kevin A. Schunke

Subject: Agenda Item 3: Discussion of Results from the Well-Being Committee / Wellness Program Survey and Possible Actions of the Committee

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The mission of the Wellness Committee is to further the Board's goal of consumer protection by encouraging and guiding licensees to promote a sound balance in their personal and professional lives so that healthy physicians offer quality care to their patients. One of the avenues by which the Committee strives to fulfill its mission is to help identify, assess, and share information on available resources, followed by a charge of making appropriate recommendations to the Board.

At the direction of Dr. Duruisseau, it was decided the Committee would take steps to gain a better understanding of what wellness resources currently are available to California physicians. During the last year, two members of the Committee, Dr. Laurie Gregg and Dr. Peter Moskowitz, with support from numerous other interested parties, volunteered for to create and design the survey. [Regrettably, Dr. Moskowitz recently resigned from the committee to pursue his interest in other related endeavors; however, the committee members and staff would be remiss in not recognizing his contributions.]

The survey was published on-line during November, 2009 and remained open for responses through the middle of January, 2010. With the support of the California Hospital Association (approximately 400 members), the California Association of Physician Groups (approximately 140 members), and the California Medical Association (representing 38 county medical societies), approximately 600 letters of invitation were sent out. The response rate was about 15 percent.

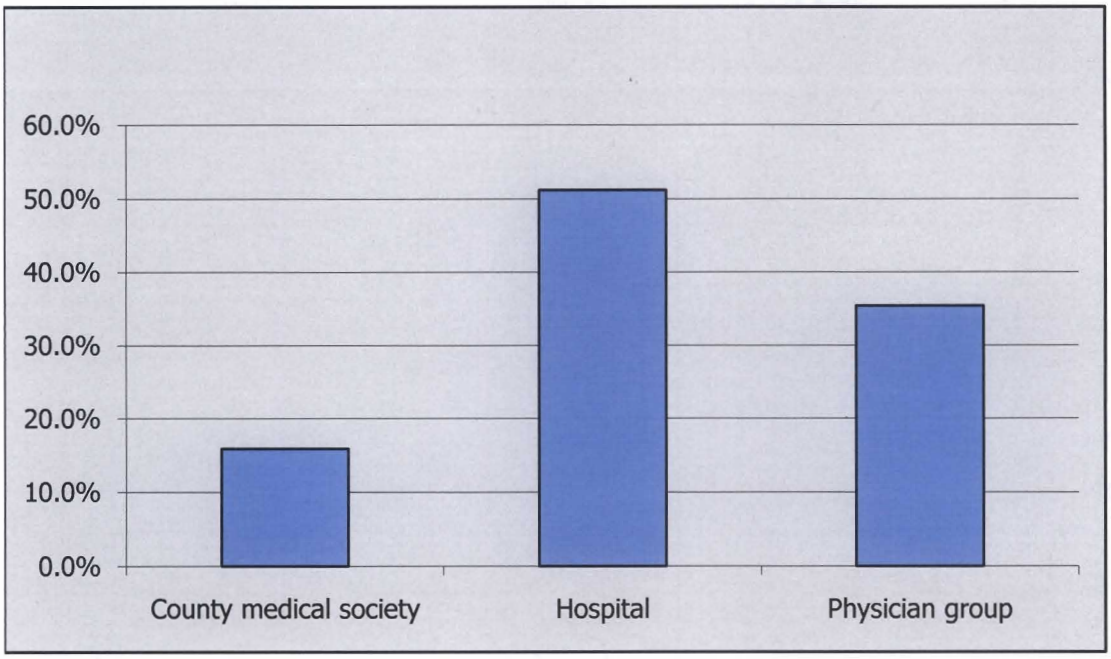
Attached is a copy of the actual survey which participants were asked to complete, followed by a summary which outlines the responses to the survey. There were a total of 84 responses. Please note that the question in Section 2 asks if the responder currently offers a Wellness Committee/Program. If the answer was "no," the person was directed to continue with Section 5 of the survey. Thus, the replies to Sections 3 and 4 have lower response rates.

Dr. Gregg and I look forward to presenting and discussing the materials at the meeting on January 28, 2010. In the meantime, if there is anything I can do to assist you, please do not hesitate to contact me via email (kschunke@mca.ca.gov) or at (916) 263-2368.

Section 1. General Classification about your Organization

A. Are you responding on behalf of a:

Answer Options	Response Percent	Response Count
County medical society	15.9%	13
Hospital	51.2%	42
Physician group	35.4%	29
answered question		**82**



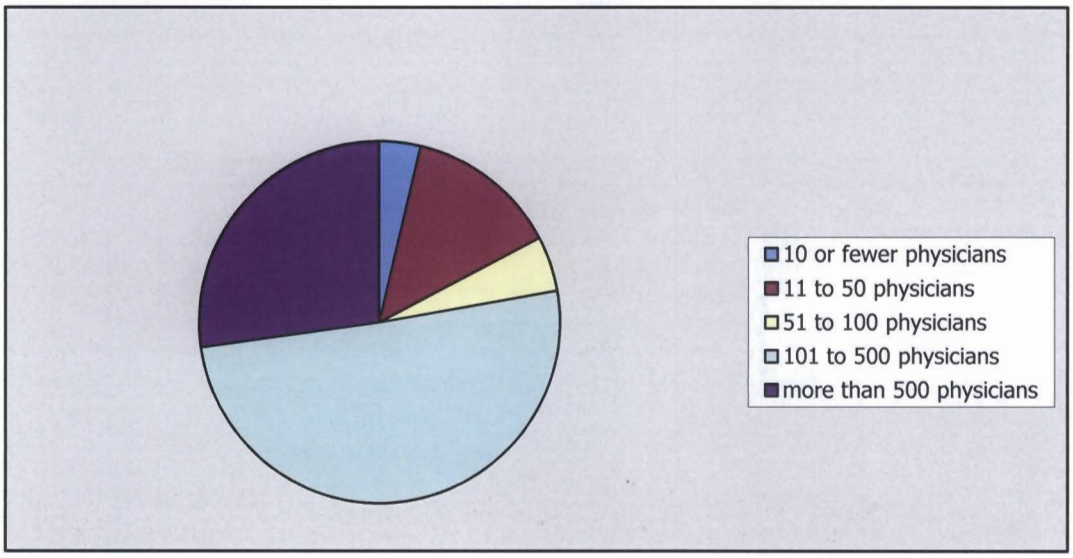
Staff Comments: Approximately 600 letters of invitation were sent out and 84 responses were tabulated (a response rate of about 15%). The "Response Count" above represents answers provided by 13 of 38 county medical societies (about 35%), 42 of about 400 members of the California Hospital Association (about 10%), and 29 of about 140 members of California Association Physician Groups (about 20%).

It is not clear why 2 responders failed to answer this initial question.

Section 1. General Classification about your Organization

B. What is the physician population of the organization you represent?

Answer Options	Response Percent	Response Count
10 or fewer physicians	3.7%	3
11 to 50 physicians	13.6%	11
51 to 100 physicians	4.9%	4
101 to 500 physicians	50.6%	41
more than 500 physicians	27.2%	22
	answered question	**81**



Staff Comments:

County medical societies: 2 represented 100 members or less, and 5 represented 101 members or more

Hospitals: 8 represented 100 members or less, and 34 represented 100 members or more

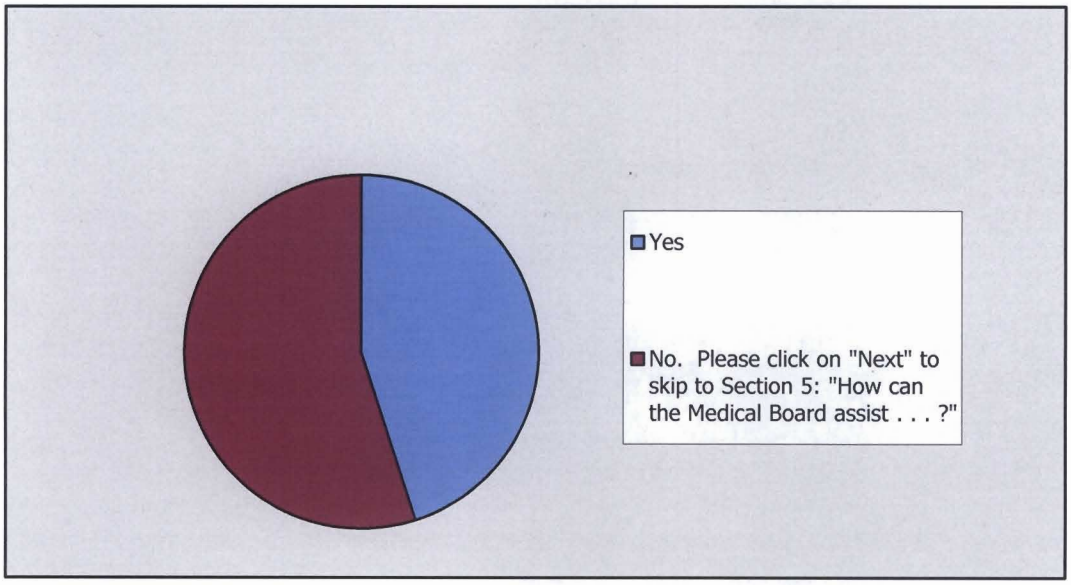
Physician groups: 8 represented 100 members or less, and 20 represented 101 members or more

It is interesting to note that while 18 responders represent organizations with 100 members or less, more than three times as many (59 responders) represent organizations with more than 100 members

Section 2. Do you offer a Wellness Committee/Program?

Does your organization have a Wellness Committee/Program dedicated to the wellness of your staff? NOTE: A "Wellness Committee/Program" is one that assists and promotes work/life balance and encourages improved physician health and wellness, by providing lectures, workshops, retreats, publications, online resources, etc. for staff members. A "Wellness Committee/Program" is different from the statutorily mandate "Well Being Committee" which typically assists the medical staff in obtaining evaluation and rehabilitation services, and often monitors the progress of physicians through most or all of any rehabilitation or treatment program.

Answer Options	Response Percent	Response Count
Yes	45.0%	36
No. Please click on "Next" to skip to Section 5: "How can the Medical Board assist . . . ?"	55.0%	44
	answered question	**80**



Staff Comments:

Country Medical Societies: Yes-5, No-8

Hospitals: Yes-24, No-18

Physician Groups: Yes-8, No-19

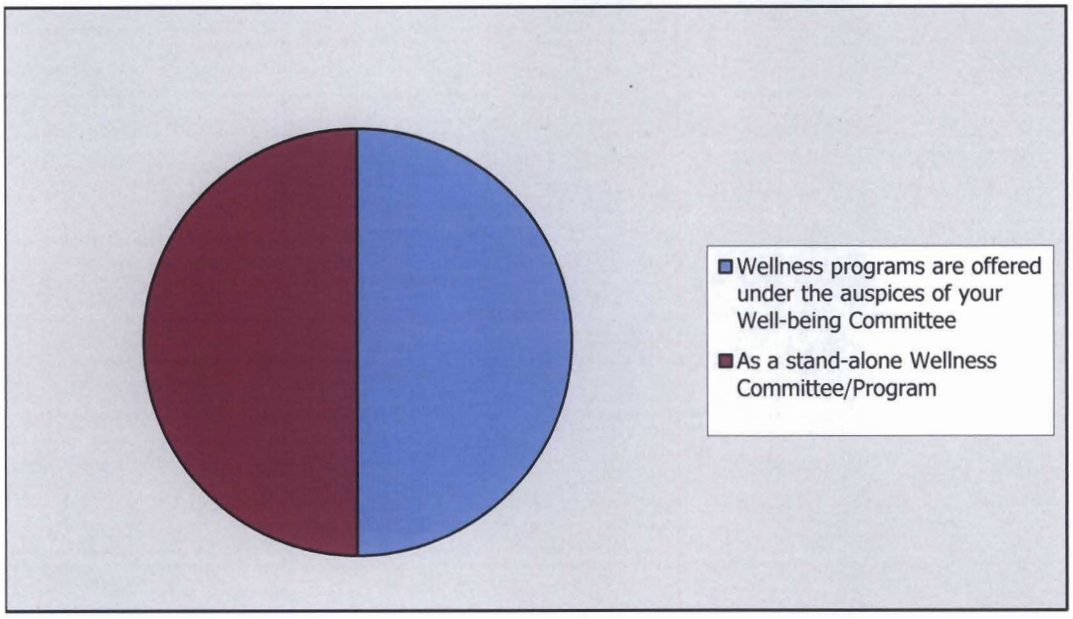
[Staff is aware that the overall response rate is split 36/44; however, when the results are filtered by responder, the totals are 37/45. This reason for this result is unclear.]

NOTE: If the answer was "no," the person was directed to continue with Section 5 of the survey. Thus, the replies to the following questions (Sections 3 and 4) have lower response rates.

Section 3. Tell us about the structure of your Wellness Committee/Program.

A. How does your Wellness Committee/Program operate?

Answer Options	Response Percent	Response Count
Wellness programs are offered under the auspices of your Well-being Committee	50.0%	17
As a stand-alone Wellness Committee/Program	50.0%	17
answered question		**34**



NOTE: The low number of responses is because the questions in Sections 3 and 4 are only answered by those reponders that offer a Wellness Committee/Program.

County Medical Societies: Under Well-being-3, Stand-alone-2

Hospitals: Under Well-being-14, Stand-alone-9

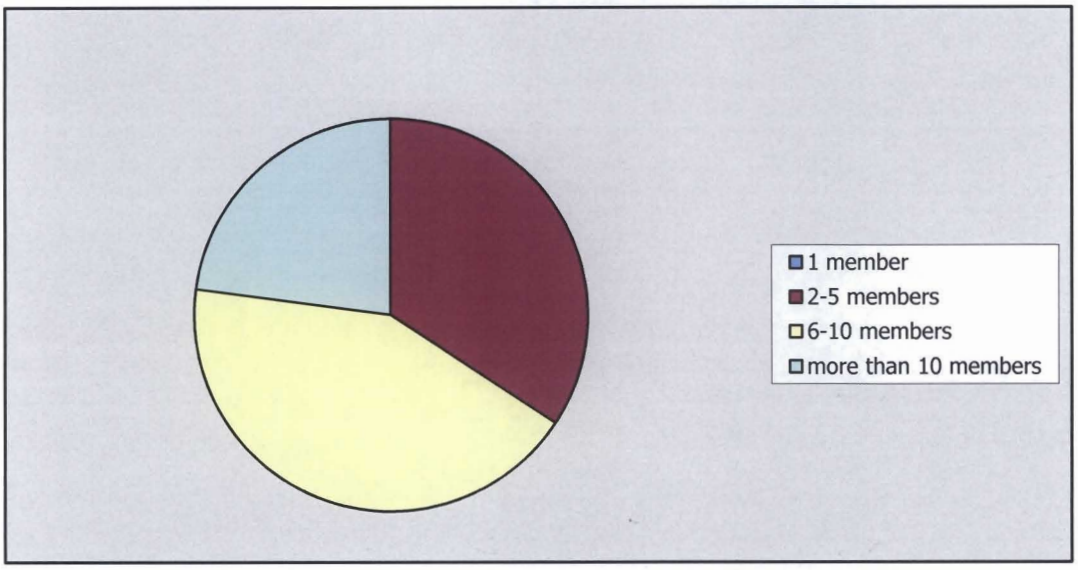
Physician Groups: Under Well-being-1, Stand-alone-6

[Staff is aware that the overall response rate is split 17/17; however, when the results are filtered by responder, the totals are 18/17. This reason for this result is unclear.]

Section 3. Tell us about the structure of your Wellness Committee/Program.

B. How many members serve on your Wellness Committee/Program?

Answer Options	Response Percent	Response Count
1 member	0.0%	0
2-5 members	34.3%	12
6-10 members	42.9%	15
more than 10 members	22.9%	8
	answered question	**35**



Staff comments:

County Medical Societies: 1 member-0 responses, 2-5 members-1 response, 6-10 members-3 responses, and more than 10 members-1 responses

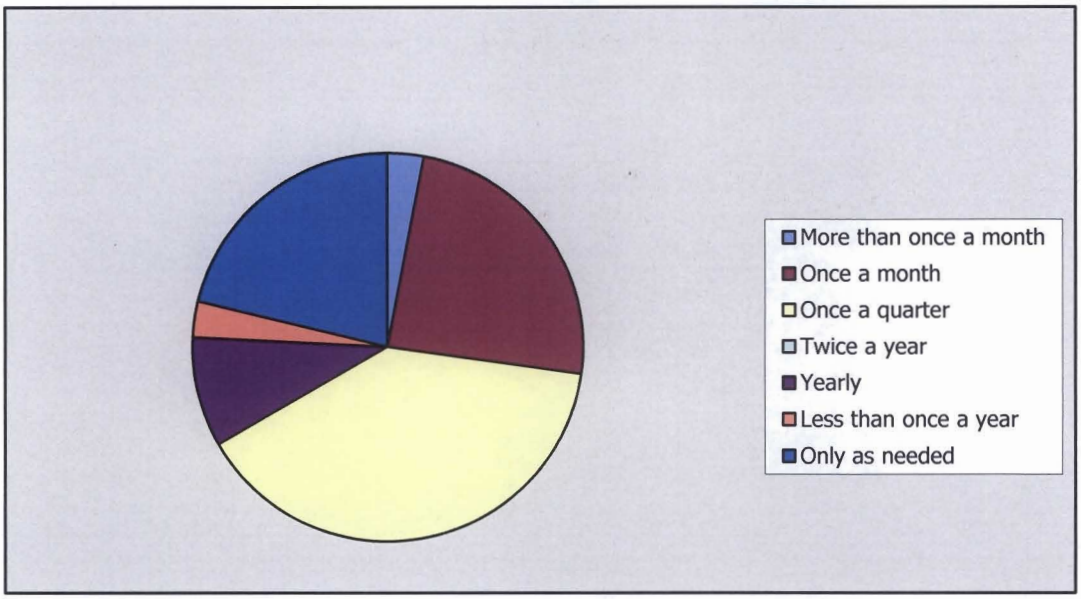
Hospitals: 1 member-0 responses, 2-5 members-10 responses, 6-10 members-10 responses, and more than 10 members-3 responses

Physician groups: 1 member-0 responses, 2-5 members-1 response, 6-10 members-2 responses, and more than 10 members-4 responses

It is of interest to note that while the majority of hospitals seem to have small- to medium-sized committee memberships, the majority of physician groups that responded indicate they have larger memberships

Section 3. Tell us about the structure of your Wellness Committee/Program

C. How often does your Wellness Committee/Program meet (for organizational, administrative, or planning purposes)?		
Answer Options	**Response Percent**	**Response Count**
More than once a month	3.0%	1
Once a month	24.2%	8
Once a quarter	39.4%	13
Twice a year	0.0%	0
Yearly	9.1%	3
Less than once a year	3.0%	1
Only as needed	21.2%	7
	answered question	**33**



Staff comments:

County medical societies: quarterly-3, yearly-1, less than once a year-1

Hospitals: at least monthly-4, quarterly-10, as needed-5

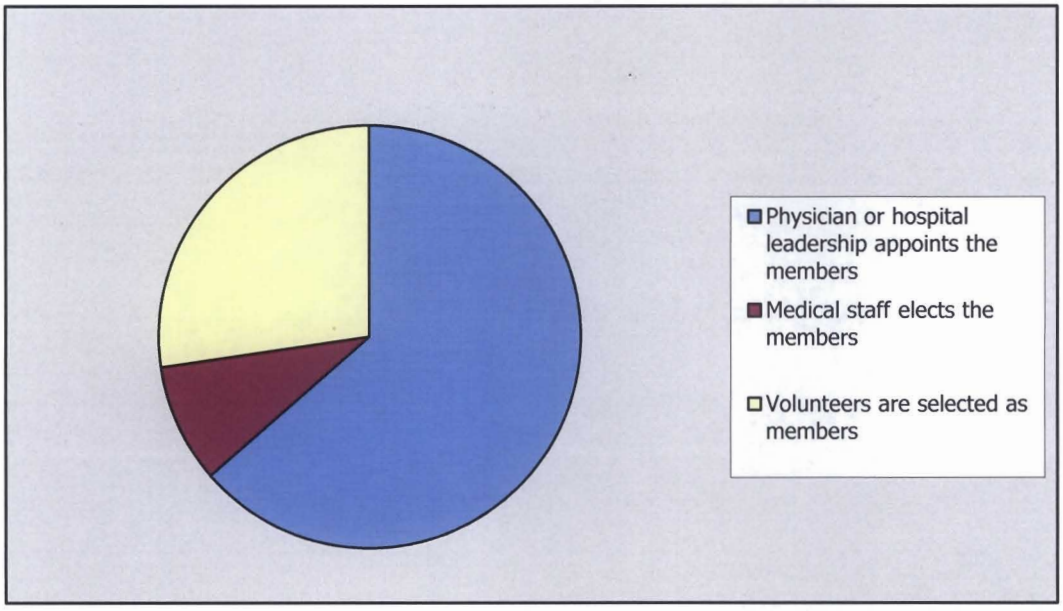
Physician Groups: at least monthly-5, as needed-2

It is of interest to note that over 60% of the responders indicate that administrative meetings are held at least on a quarterly basis.

Section 3. Tell us about the structure of your Wellness Committee/Program

D. How do you select Wellness Committee/Program members?

Answer Options	Response Percent	Response Count
Physician or hospital leadership appoints the members	63.6%	21
Medical staff elects the members	9.1%	3
Volunteers are selected as members	27.3%	9
answered question		33



Staff comments:

County medical societies: appointed members-1 response, elected members-1 response, and volunteer members-3 responses

Hospitals: appointed members-19 responses, elected members-2 responses, and volunteer members-1 response

Physician groups: appointed members-2 responses, elected members-0 responses, and volunteer members-5 responses

Here, it is of interest to note that according to the responses, hospitals are more likely to have committee members appointed, whereas the country medical societies and physician groups are more likely to use volunteers

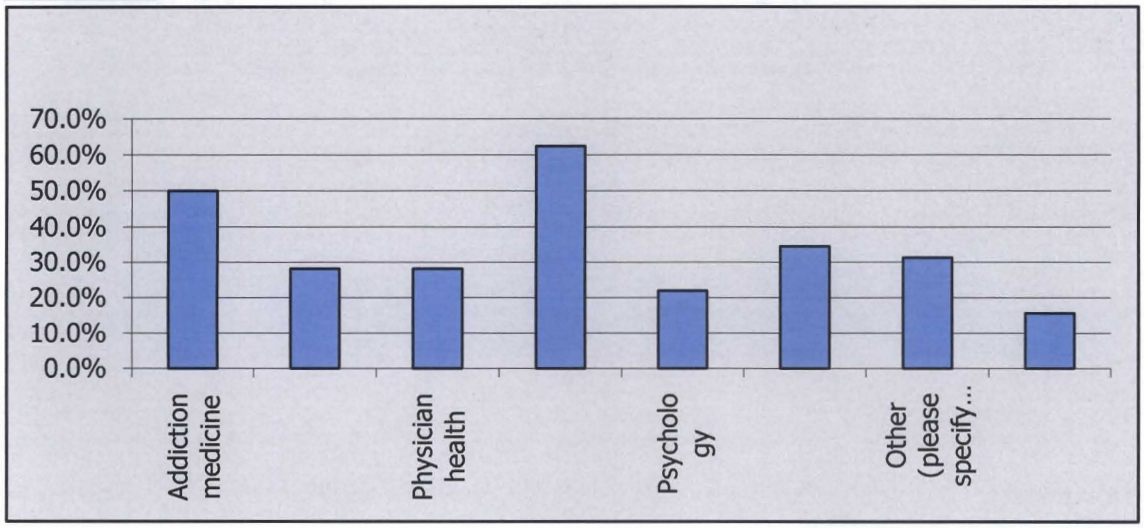
Section 3. Tell us about the structure of your Wellness Committee/ Program

E. Do you appoint, elect, or recruit Wellness Committee/Program members with specific training or expertise? (Check all that apply.)

Answer Options	Response Percent	Response Count
Addiction medicine	50.0%	16
Anesthesiology	28.1%	9
Physician health	28.1%	9
Psychiatry	62.5%	20
Psychology	21.9%	7
Physician(s) who are in recovery from addiction	34.4%	11
Other (please specify below)	31.3%	10
No special training or expertise is sought	15.6%	5
If "other," please specify:		13
	answered question	**32**

If "other," please specify:

1. elected/appointed based on experience/training and interest.
2. Those serving already on hospital wellness committees or who show special interest in peer review and peer support
3. not sure
4. we try to select members representative of all different specialties within our med center setting, to have a connection with each department
5. OB-GYN, Pediatrics, Surgery, Primary Care, Medicine, DEM
6. We choose senior +/or respected members, who have been leaders on the Professional Staff.
7. MDs with prior WBC experience, or highly respected senior members of the medical community.
8. We seek diversity so as to best represent our 900+ physicians.
9. Medical Staff Committee of the Whole
10. Respected Medical Staff leaders who are interested and are strong physician advocates. Generally
11. More experienced staff
12. Surgery, EM
13. Former Chiefs of staff



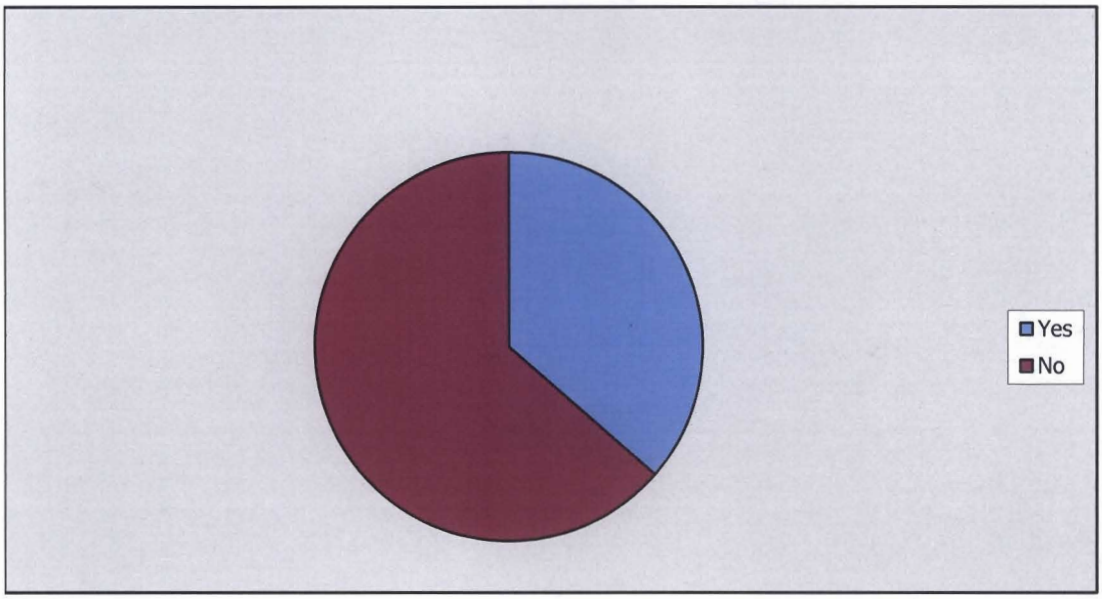
Staff comments:

County medical societies: primarily addiction medicine and psychiatry
Hospitals: primarily psychiatry, addiction medicine, and those in recovery
Physician groups: primarily psychiatry

With these responses, it appears that Wellness Comm/Program members are sought based on their expertise with addiction or personal-management issues

Section 3. Tell us about the structure of your Wellness Committee/Program

F. Is specific training or education provided to new members of the Wellness Committee/Program?		
Answer Options	**Response Percent**	**Response Count**
Yes	36.4%	12
No	63.6%	21
	answered question	**33**



Staff comments:

County medical societies: yes-2, no-3

Hospitals: yes-9, no-13

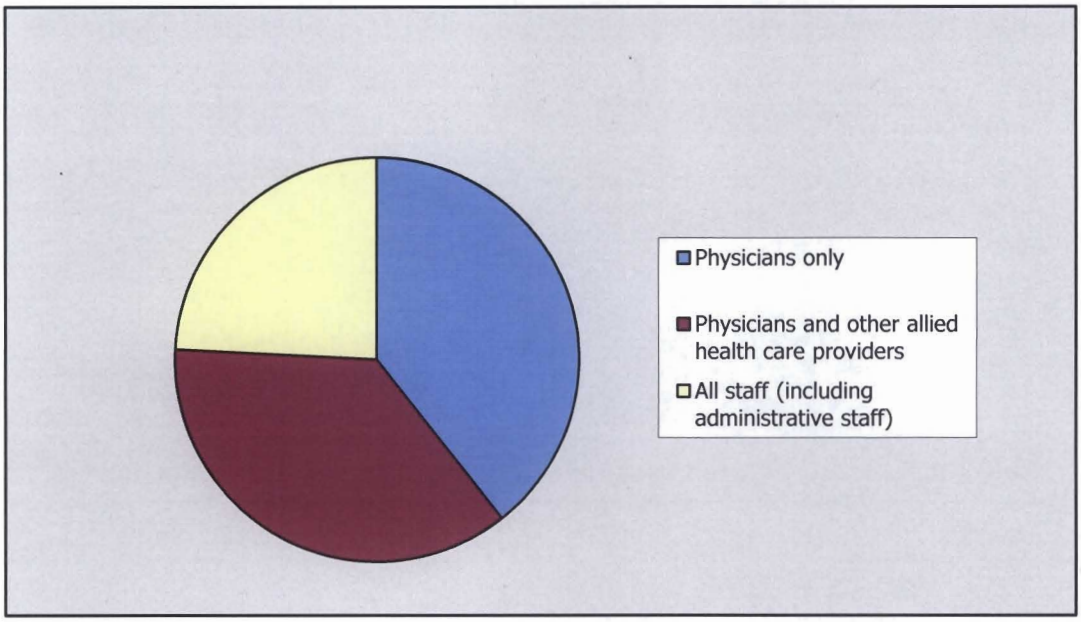
Physician groups: yes-2, no-5

It was unexpected that over 60% of the responders indicate that no specific training or education is provided to new members of a Wellness Committee/Program.

Section 4. Tell us about the events sponsored by your Wellness Committee/Program.

A. Who is invited to participate in the events sponsored by your Wellness Committee/Program?

Answer Options	Response Percent	Response Count
Physicians only	39.4%	13
Physicians and other allied health care providers	36.4%	12
All staff (including administrative staff)	24.2%	8
	answered question	**33**



Staff comments:

County medical societies: physicians only-3 responses, physicians and other providers-2 responses, and all staff-0 responses

Hospitals: physicians only-6 responses, physicians and other providers-9 responses, and all staff-7 responses

Physician groups: physicians only-4 responses, physicians and other providers-2 responses, and all staff-1 response

These responses were not as expected from a layperson's point of view. Since county medical societies are comprised of physician members, staff expected that participation would be limited to physicians only. Conversely, it was expected that hospitals (and possibly physician groups) would welcome all staff.

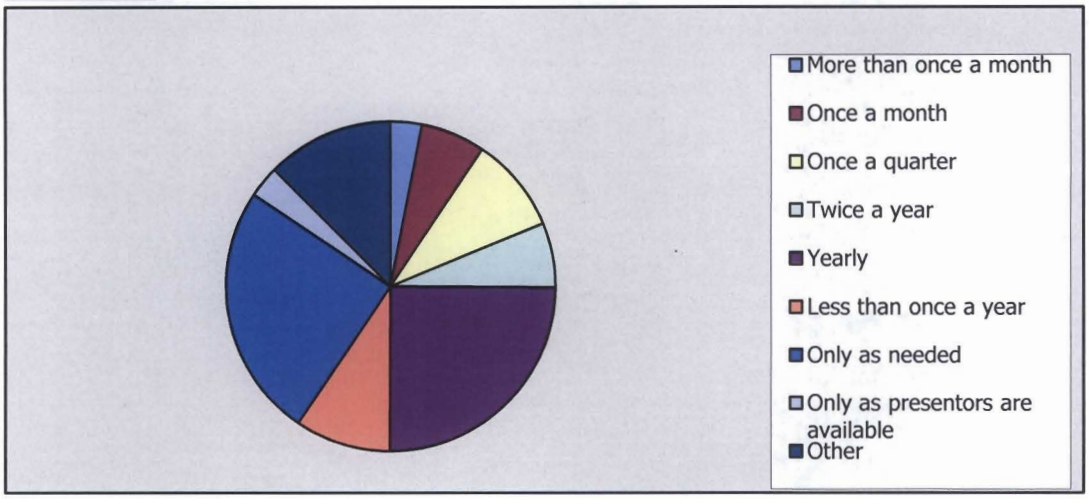
Section 4. Tell us about the events sponsored by your Wellness Committee/Program.

B. How often does your Wellness Committee/Program offer educational programs?

Answer Options	Response Percent	Response Count
More than once a month	3.1%	1
Once a month	6.3%	2
Once a quarter	9.4%	3
Twice a year	6.3%	2
Yearly	25.0%	8
Less than once a year	9.4%	3
Only as needed	25.0%	8
Only as presentors are available	3.1%	1
Other	12.5%	4
If "other," please specify:		5
	answered question	**32**

If "other," please specify:

1. varies depending on the year
2. Does not do specific programs. Meets only when necessary
3. Never
4. about three times a year or on request.
5. never



Staff comments:

Country medical societies: yearly-3, as needed-1, three times a year-1

Hospitals: yearly-5, as needed-6, never-2, less than once a year-3

Physican groups- at least monthly-2, quarterly-2, as needed-1, as available-1

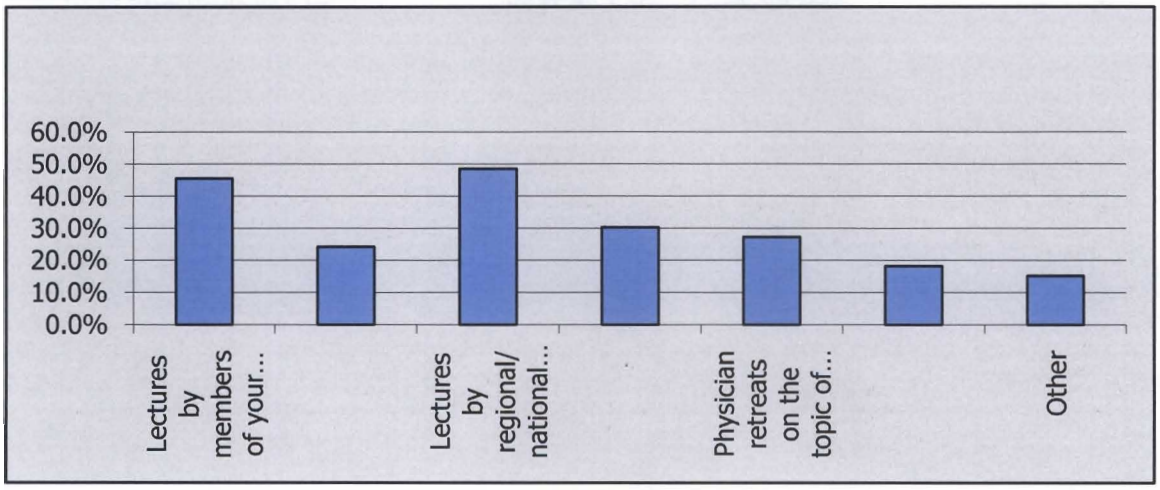
It is of interest to note that only 25 percent of the replies indicate that programs are offered more frequently than on a yearly basis.

Section 4. Tell us about the events sponsored by your Wellness Committee/Program.

C. During the past five years, what types of programs has your Wellness Committee/Program provided to your medical staff? (Check all that apply.)

Answer Options	Response Percent	Response Count
Lectures by members of your staff	45.5%	15
Lectures by other local physicians	24.2%	8
Lectures by regional/national authorities	48.5%	16
Workshops by local, regional/national authorities	30.3%	10
Physician retreats on the topic of physician	27.3%	9
None	18.2%	6
Other	15.2%	5
If "other," please specify:		5
	answered question	**33**

Number	If "other," please specify:
1	We have a robust program which offers opportunities for our physician staff to have some recreation together. These have included white water rafting, bowling, skiing, retreats with families, etc.
2	Meet with physicians in need as needed.
3	Physician specific courses and training tailored to individual needs.
4	A work/life balance program called "Creating Margin in Busy Lives," numerous social events designed to engage the families of our physicians and build esprit de corps, a web hub for wellness activities called mdthrive.com
5	encourage attending the RCMA wellness meetiing yearly



Staff comments:

Country medical societies: all options, but primarily lectures

Hospitals: all options, but primarily lectures

Physician groups: all options, evenly split

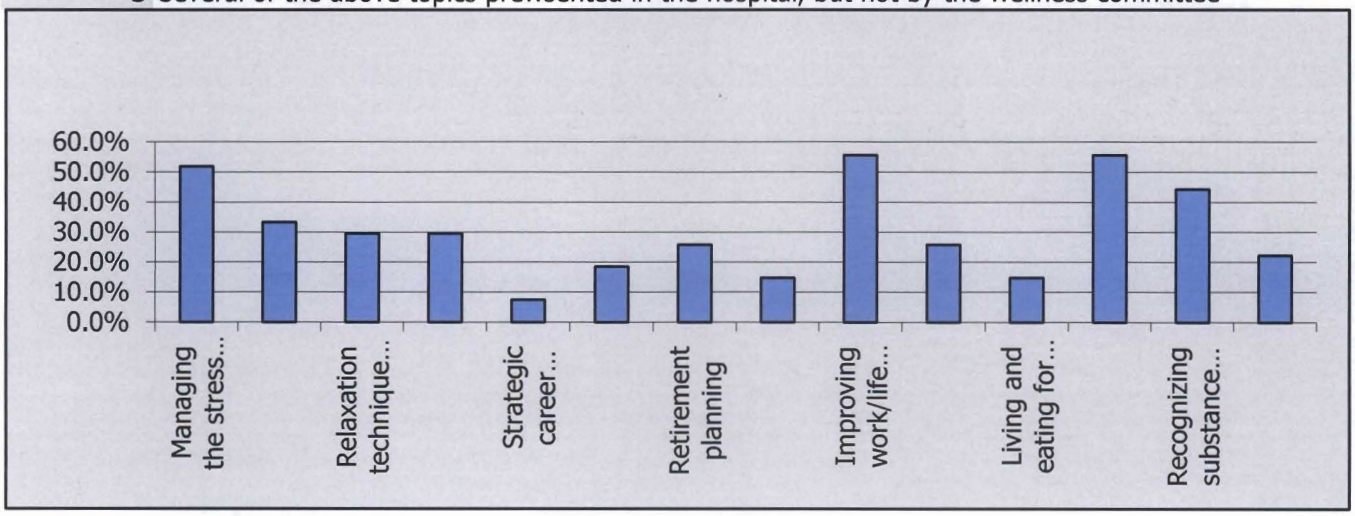
Lectures seem to be a popular and common source of training and high on the list of responses from all three groups

Section 4. Tell us about the events sponsored by your Wellness Committee/ Program.

D. During the past five years, has your Wellness Committee/Program provided lectures or workshops to your staff on any of the following topics? (Check all that apply.)

Answer Options	Response Percent	Response Count
Managing the stress of medical practice	51.9%	14
Dealing with litigation stress	33.3%	9
Relaxation techniques, such as meditation	29.6%	8
Improving time management skills	29.6%	8
Strategic career management	7.4%	2
Life planning	18.5%	5
Retirement planning	25.9%	7
Strategic money/financial management	14.8%	4
Improving work/life balance	55.6%	15
Strengthening and enhancing personal relationships	25.9%	7
Living and eating for health	14.8%	4
Recognizing burnout/depression	55.6%	15
Recognizing substance abuse/unhealthy behaviors in self or colleagues	44.4%	12
Other	22.2%	6
If "other," please specify:		5
	answered question	**27**

Number	If "other," please specify:
1	Dealing with Death and Dying
2	the Medical Staff has presented topics on how to respond to medical errors and avoid lawsuits. Also our psychiatrist presented a talk on recognizing substance abuse.
3	communication skills dealing with specialist-primary care interactions
4	the Wellness committee never organizes these types of education however the organized medical staff does include these periodically as part of our CME program/lectures.
5	Several of the above topics prewsented in the hospital, but not by the wellness committee



Staff comments:

County medical societies: all options, primarily managing stress (workplace and litigation)
Hospitals: all options, primarily recognizing burnout/depression, recognizing substance abuse, and improving work life balance
Physician groups: primarily managing stress (workplace), time management skills, and improving work/life balance

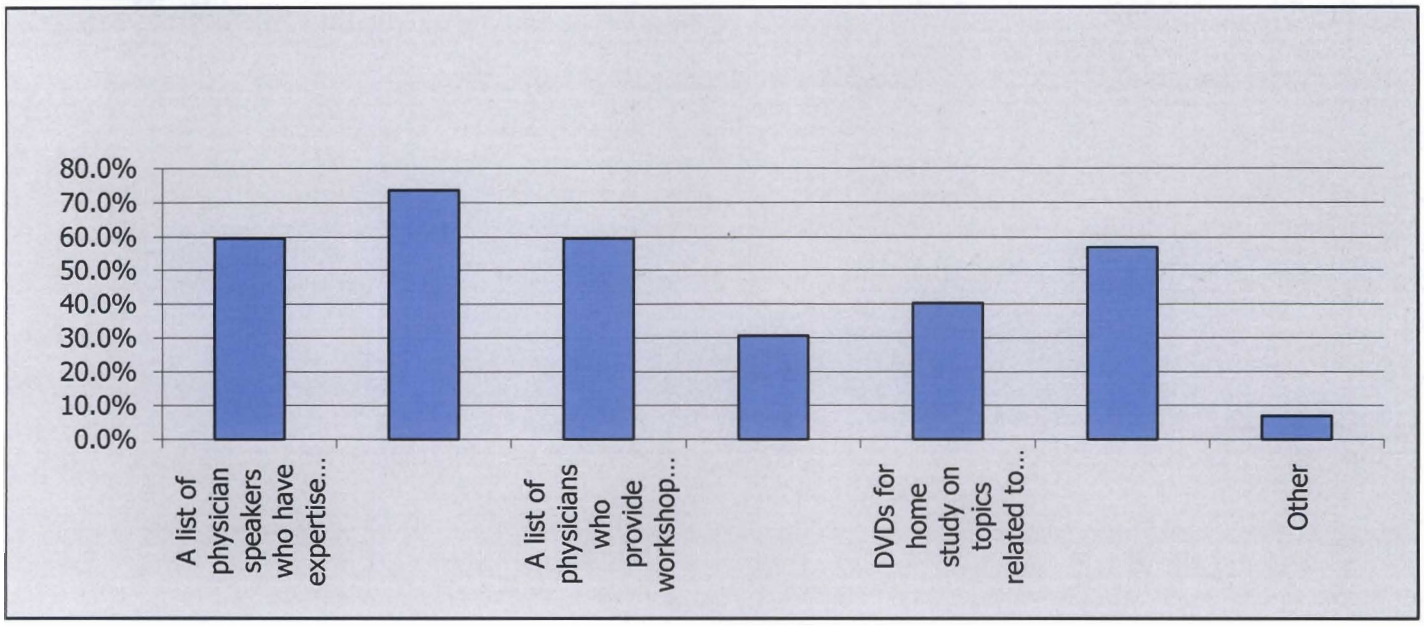
The first step towards creation of the Board's Wellness Committee was an article on Physician Burnout and stress-related issues; these responses seem to validate the issues raised in past meetings of the Committee

Section 5. How can the Medical Board assist your Wellness Committee/Program or help you create one?

A. Which of the following resources would be most helpful to support your organization as you strive to strengthen and enhance the wellness of your staff?

Answer Options	Response Percent	Response Count
A list of physician speakers who have expertise in wellness topics	59.7%	43
A Web site devoted to resources on topics related to wellness	73.6%	53
A list of physicians who provide workshops on topics related to wellness	59.7%	43
A reading list of books/articles addressing issues related to wellness	30.6%	22
DVDs for home study on topics related to wellness	40.3%	29
Web-based e-learning modules on topics related to wellness	56.9%	41
Other	6.9%	5
If "Other," please specify:		6
	answered question	**72**

Number	If "Other," please specify:
1	We have conducted research in physician burn out and held meeting to discuss stressors and abuse among interested physicians. There was little participation (AND BIG EXPENSE OF TIME AND MONEY) in those meetings. Physicians in their community do not want and will not join with others in the same room to discuss their personal problems and abuse issues. AA is something different. How long do you think it would take for a physicians to say that they saw so and so at the wellness committee last night? These problems are a sign of weakness (that's how many feel) and physicians are just like the rest of us.
2	political pressure for physician wellness to be a goal at the individual, departmental and facility levels, with accountability measures.
3	Support for us to figure out what will help in our particular environment.
4	Our county Medical Soc. would be happy to work with the MBC to review content of any such resources for usefullness and relevance.
5	return of state support of MDs in recovery
6	not used



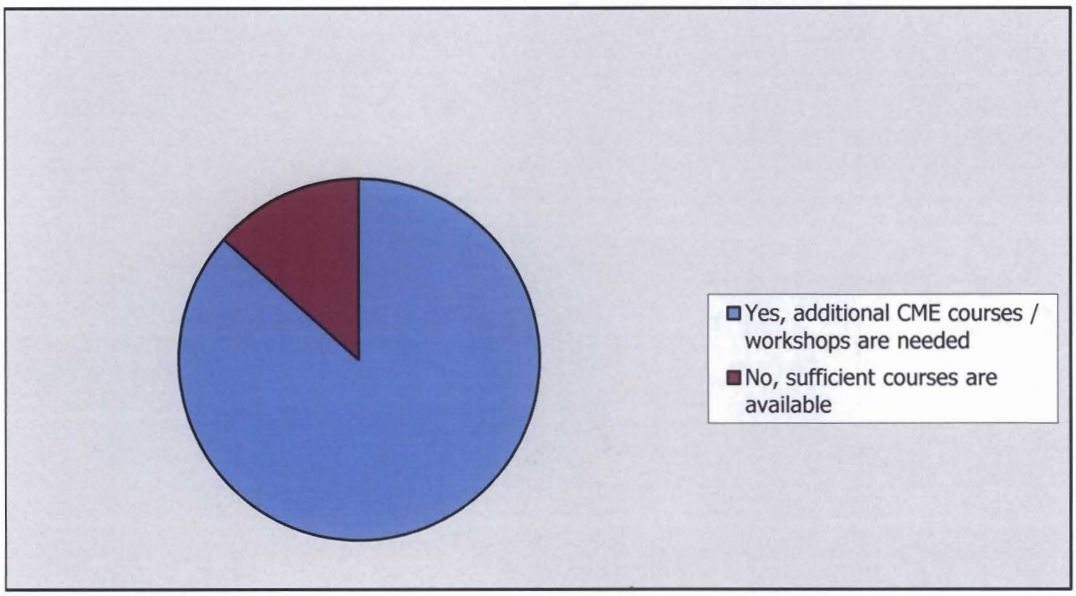
Staff comments:

All responders would take advantage of any resources available; however, responses confirm the initial focus of the Board's Wellness Committee -- that available resouces should be web-based

Section 5. How can the Medical Board assist your Wellness Committee/Program or help you create one?

B. Should CME courses/workshops devoted to topics listed in the previous question be made available to California physicians, or are sufficient courses

Answer Options	Response Percent	Response Count
Yes, additional CME courses / workshops are needed	86.5%	64
No, sufficient courses are available	13.5%	10
answered question		**74**



Staff comments:

County medical societies: Yes-8, no-4

Hospitals: Yes-35, no-3

Physician groups: Yes-22, no-3

These responses confirm the Committee's initial thoughts that the promotion of wellness is needed and gives directions to the Committee on what avenues to pursue and what kind of resources are needed

Section 5. How can the Medical Board assist your Wellness Committee/Program or help you create one?

C. What other thoughts or suggestions would you like to share with the Medical Board?

County Medical Societies:

1. Our Medical Society/Community has watched with great disappointment the MBC shift in philosophy from well established public protection that includes rehabilitation/prevention to a very punative enforcement philosophy these past few years. The demise of the Diversion Program is a case in point. We fear this will discourage physicians from seeking help. We hope you pursue Well Being efforts vigorously, and support the proposals put forth by CMA, CSAM, CPA and others for scientifically formulated/best practices intervention and treatment of impaired physicians. These proposals will complement the educational/preventive efforts suggested in this survey.

2. Regional treatment centers specializing in physicians and health care providers are needed because the affected do not tend to seek help locally.

3. Practice viability provide increased pressure on physicians due to the economic climate in California.

4. restore the diversion program. it seems completely preposterous for the mbc to pretend it cares about this issue when the mbc killed it, then told the governor to veto the bill that CMA worked for a year to get to his desk.

5. The medical board should never have dropped the diversion program. The result of self referral to the Board was a strong incentive. It was the only tool available outside of hospital interventions to get physician help with the appropriate amount of pressue. It was a great disservice to medicine and the public to discontinue. More and more physicians do not practice in or need hospital privledges.

6. More cost-effective CME programs would be worthwhile as long as the MBC DOESN'T consider making this a requirement for licensing.

Hospitals:

1. better communications

2. Most physicians are so busy that issues of 'wellness' are not a priority, and perhaps this is part of the problem. It is wonderful that the board make resources for education and support available but the reality is that most will only avail themselves of said resources when things are bad, and better opportunities to help them have passed. If the board wants to have a more substantive impact on the issue, education via CME will need to be mandated.

3. It is important to be able to continue the confidentiality of physician wellness/aid committee work which has returned several physicians to productive practice in this community.

4. The loss of the physician diversion program was a travesty and should be reconsidered.

5. I am happy to see the state organizations advocate education of all physicians as to the value of "Wellness" via any and all of the tools listed above.

In addition, I hope the Med Boasrd will continue to press for the creation of an entity that assist hospitals with the difficult task of strongly and yet fairly guiding the state physican groups and its hospitals along a path that centrally records the names of impaired physicians and their treatment goals. If the individual hospitals and county groups are left to individual create (or in most cases recreate) a system, it will be analagous to the inadequate way the law inforcement systems operated prior to centralized, computer aided systems became available to track violators and to aid in assisting those unfairly accused. Without a central state -wide system physicians run a similar risk. They can change hospitals or lose privileges based on such inefficient monitoring tools. We all nneed ways to verify our physicians are safe members of the community --where ever they practice, and physicians need to know that the same system will afford them a method to confirm their status or document successful completion of care for a previously identified impairment issue.

6. Most physicians would benefit from wellness programs. However, we are so stretched financially and from a time standpoint that participation would be minimal.

7. The Medical Board should set guidelines or standards with regard to the credentials (education or CME) and makeup for the members of each Wellness Committee, the method of evaluation of a physician, and support the findings and recommendations of the hospital's Wellness Committee. A Mission Statement may be indicated as well.

8. That a portion of the CME hours be devoted to Physician Wellbeing for example 25 hours per year for Professional Education and 15 hours for Wellbeing Education.

9. too many to write in the box here.

10. requirements for stress reduction courses/workshops would both educate physcians and encourage those who recognized stress in their life to use alternatives other than drugs and alcohol. It is not likely that physicians at risk would seek these programs out until they are forced to. Physicians not at risk still need to be educated on the signs of stress and abuse so they can communicate with and refer physicians who are at risk. So making these courses a requirement helps everybody.

11. Our County Medical Society Well Being Committee has created the annual conference for physician wellness and this year included spouses and utilized the Auxiliary of SCCMA (wive's organization) to publicize it.

Physician groups:

1. The elimination of state support during supervised recovery was an act of political cowardliness of the first rank. Turning your gaze from a distressing sight-say, the Congo wars-is below the standard for physicians but well within the expected for politicians.

2. too many to write in the box here.

3. The approach should be tailored to proactively address this issue as well as for early intervention. Reaching those who do not perceive it as a problem for themselves is a challenge- making it a mandatory CME requirement would be one way to encourage participation in listening to a message on the topic.

4. this is a very important topic - glad it's getting more recognition nationally.

5. Mandate 2 credits for recertification

6. Dr. Charlea Massion and Dr. Nancy Greenstreet and other women physicians run a 5 day wellness retreat for women physicians every other year at Esalen Institute with CME credit. 1/2 the attendees are from Calif. 1/2 from elsewhere.

7. Dr Lee Lipsenthal does an excellent program "Finding Balance in a Medical Life" that we have offerd to our physicians a few times

8. Consider making Physician Wellness education a requirement of license renewal, much like was was done with End of Life care and Pain Management

Physician Wellness Committee/Program

Introduction: Physician Wellness Committee/Program Survey

The Medical Board of California has created a Physician Wellness Committee to advise the Board on topics related to the health and wellness of physicians licensed in our State.

Whereas California hospitals statutorily are required to establish a well-being committee, which generally is responsive to unhealthy coping behaviors only AFTER they have been identified, the focus of the Wellness Committee is prevention before a problem arises. The mission of the Committee is to encourage and guide licensees to promote a sound balance in their personal and professional lives so that healthy physicians offer quality care to their patients. Along those lines, we are aware that many hospitals, physician groups, and county medical societies also have developed similar wellness programs.

The Board and the members of the Committee believe that there is a direct relationship between the wellness of physicians and the quality of care they provide to patients. The charge given to the Committee is to develop recommendations that promote and sustain the emotional and physical health of physicians, as part of the Board's overall responsibilities to oversee the professional performance of physicians and to protect the safety of healthcare consumers.

The intent of the Committee is to act as a conduit to provide information to California physicians regarding the availability of suitable educational programs, books, courses, lectures, and online resources addressing physician wellness. As physicians take a more personal and proactive approach to supporting their health, the result will be greater career fulfillment, less stress and burnout, and improved patient safety and satisfaction.

To gain a better understanding of what wellness resources currently are available to California physicians, the Committee has developed this brief survey. We thank you for your willingness to participate in this project.

This survey will require less than five minutes to complete. We suggest that the survey be completed by the medical staff representative who oversees the development of your wellness programs. IN AN EFFORT TO COLLECT AS MANY RESPONSES AS POSSIBLE, WE HAVE LEFT THE SURVEY OPEN UNTIL THE MIDDLE OF JANUARY, 2010.

Best Regards, Members of the Physician Wellness Committee
Shelton Duruisseau, Ph.D., Chair
Jorge Carreon, M.D.
John Chin, M.D.
Daniel Giang, M.D.
Laurie Gregg, M.D.
Peter Moskowitz, M.D.
William Norcross, M.D.

Physician Wellness Committee/Program

Section 1. General Classification about your Organization

A. Are you responding on behalf of a:

- ☐ County medical society
- ☐ Hospital
- ☐ Physician group

B. What is the physician population of the organization you represent?

- ☐ 10 or fewer physicians
- ☐ 11 to 50 physicians
- ☐ 51 to 100 physicians
- ☐ 101 to 500 physicians
- ☐ more than 500 physicians

Section 2. Do you offer a Wellness Committee/Program?

Does your organization have a Wellness Committee/Program dedicated to the wellness of your staff?

NOTE: A "Wellness Committee/Program" is one that assists and promotes work/life balance and encourages improved physician health and wellness, by providing lectures, workshops, retreats, publications, online resources, etc. for staff members. A "Wellness Committee/Program" is different from the statutorily mandate "Well Being Committee" which typically assists the medical staff in obtaining evaluation and rehabilitation services, and often monitors the progress of physicians through most or all of any rehabilitation or treatment program.

- ◯ Yes
- ◯ No. Please click on "Next" to skip to Section 5: "How can the Medical Board assist . . . ?"

Section 3. Tell us about the structure of your Wellness Committee/Program.

A. How does your Wellness Committee/Program operate?

- ◯ Wellness programs are offered under the auspices of your Well-being Committee
- ◯ As a stand-alone Wellness Committee/Program

B. How many members serve on your Wellness Committee/Program?

- ◯ 1 member
- ◯ 2-5 members
- ◯ 6-10 members
- ◯ more than 10 members

C. How often does your Wellness Committee/Program meet (for organizational, administrative, or planning purposes)?

- ◯ More than once a month
- ◯ Once a month
- ◯ Once a quarter
- ◯ Twice a year
- ◯ Yearly
- ◯ Less than once a year
- ◯ Only as needed

D. How do you select Wellness Committee/Program members?

- ◯ Physician or hospital leadership appoints the members
- ◯ Medical staff elects the members
- ◯ Volunteers are selected as members

E. Do you appoint, elect, or recruit Wellness Committee/Program members with specific training or expertise? (Check all that apply.)

- [ ] Addiction medicine
- [ ] Anesthesiology
- [ ] Physician health
- [ ] Psychiatry
- [ ] Psychology
- [ ] Physician(s) who themselves are in recovery from addiction
- [ ] Other (please specify below)
- [ ] No special training or expertise is sought

If "other," please specify:

F. Is specific training or education provided to new members of the Wellness Committee/Program?

- ◯ Yes
- ◯ No

Section 4. Tell us about the events sponsored by your Wellness Committee/P...

A. Who is invited to participate in the events sponsored by your Wellness Committee/Program?

- ◯ Physicians only
- ◯ Physicians and other allied health care providers
- ◯ All staff (including administrative staff)

B. How often does your Wellness Committee/Program offer educational programs?

- ◯ More than once a month
- ◯ Once a month
- ◯ Once a quarter
- ◯ Twice a year
- ◯ Yearly
- ◯ Less than once a year
- ◯ Only as needed
- ◯ Only as presentors are available
- ◯ Other

If "other," please specify:

C. During the past five years, what types of programs has your Wellness Committee/Program provided to your medical staff? (Check all that apply.)

- ☐ Lectures by members of your staff
- ☐ Lectures by other local physicians
- ☐ Lectures by regional/national authorities
- ☐ Workshops by local, regional/national authorities
- ☐ Physician retreats on the topic of physician health/wellness
- ☐ None
- ☐ Other

If "other," please specify:

Physician Wellness Committee/Program

D. During the past five years, has your Wellness Committee/Program provided lectures or workshops to your staff on any of the following topics? (Check all that apply.)

- [ ] Managing the stress of medical practice
- [ ] Dealing with litigation stress
- [ ] Relaxation techniques, such as meditation
- [ ] Improving time management skills
- [ ] Strategic career management
- [ ] Life planning
- [ ] Retirement planning
- [ ] Strategic money/financial management
- [ ] Improving work/life balance
- [ ] Strengthening and enhancing personal relationships
- [ ] Living and eating for health
- [ ] Recognizing burnout/depression
- [ ] Recognizing substance abuse/unhealthy behaviors in self or colleagues
- [ ] Other

If "other," please specify:

Section 5. How can the Medical Board assist your Wellness Committee/Progra...

Physician Wellness Committee/Program

A. Which of the following resources would be most helpful to support your organization as you strive to strengthen and enhance the wellness of your staff?

- [ ] A list of physician speakers who have expertise in wellness topics
- [ ] A Web site devoted to resources on topics related to wellness
- [ ] A list of physicians who provide workshops on topics related to wellness
- [ ] A reading list of books/articles addressing issues related to wellness
- [ ] DVDs for home study on topics related to wellness
- [ ] Web-based e-learning modules on topics related to wellness
- [ ] Other

If "Other," please specify:

B. Should CME courses/workshops devoted to topics listed in the previous question be made available to California physicians, or are sufficient courses already available?

- ◯ Yes, additional CME courses / workshops are needed
- ◯ No, sufficient courses are available

C. What other thoughts or suggestions would you like to share with the Medical Board?

Section 6. Your contact information

For future reference, who is the appropriate person to contact about your hospital's Wellness Committee/Progam?

Contact Person:	
Position/Title:	
Organization Name:	
Address:	
City:	
Zip Code:	
Telephone:	
E-mail Address:	