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## TMF MEDICAL DIRECTOR DR. BARON IS FSPHP PRESIDENT-ELECT



The TMF is proud to announce that Medical Director Dr. Michael Baron is the new president-elect of the Federation of State Physician Health Programs (FSPHP), following the FSPHP's 2022 Annual Meeting in New

Orleans, LA earlier this year.

Dr. Baron has served two terms as a Southeast regional representative on the FSPHP Board since 2018. He chairs the Federation's Ethics and Evaluation and Treatment Accreditation committees

and is a member of the Accreditation and Review Council and the Medication-Assisted Treatment (MAT) Advisory Panel.

"It is a great honor to serve as the current president-elect and future president of the Federation, an organization committed to improving the health of medical professionals, thereby contributing to quality patient care. There is not a more pressing issue for medical professionals than our own health and wellness, especially given these unprecedented and challenging times," Dr. Baron said, adding he is especially privileged to follow in the footsteps of the TMF's first full-time Medical Director, the late Dr. David Dodd, who served as the third president of the FSPHP from 1993-1995.

*(Continued on page 7)*

## PHP PROFILE



### MY LIFE FEELS WHOLE AGAIN

BY TIMOTHY J. BILBRUCK, MD  
TMF Participant

It was almost five years ago when I was intervened on by my family and colleagues. They were alarmed by a deterioration in my mental illness and an addiction presenting with all the corresponding unpredictable behavioral manifestations of these disorders.

I met TMF Medical Director Dr. Michael Baron at the Vanderbilt psychiatric unit where I had been involuntarily committed - and was less than thrilled about it at the time. He was kind, he listened, he cared, and he gave me hope. I have since come to rely on his genuine compassionate counsel and truly, I'm not sure where I would be today without him.

From Vanderbilt I went on to treatment as the TMF recommended but left

within a few weeks after learning my house had been burglarized. Sitting alone by the fireplace at Christmas with no electricity, no money, no family, no friends, and no booze, I realized I had hit my "bottom," or at least as low as I was willing to go. So, on December 28, 2017, I made the decision to truly accept the help being offered by the TMF and eventually completed a lengthy residential addiction and psychiatric treatment program.

I returned home from treatment still broke and without work, still estranged from my family, and life still seemed pretty bleak and miserable. However, Dr. Baron and his TMF team encouraged me to enter into a five-year monitoring contract

*(Continued on page 5)*



# MALPRACTICE LITIGATION STRESS: YOU WILL SURVIVE - PART 2

BY MICHAEL BARON, MD, MPH  
Medical Director

**A wise attorney once told me,** “The road to serenity is not paved with litigation.” How true. Unfortunately, those of us who practice medicine are likely to find our serenity traumatized by a lawsuit during our career. The stress can be overwhelming and even debilitating but it doesn't have to be; there are ways to cope. I offer two common idioms to remember if you are sued for malpractice: “You are not alone,” and “You will survive.” This is the second part of a two-part article aimed at helping you through the malpractice litigation process.

## Malpractice-Related Disorders

Much like the grief over a lost loved one, the emotions caused by a malpractice lawsuit can become complicated and lead to other disorders such as Major Depressive Disorder and Trauma Related Disorders.

### DEPRESSIVE DISORDER

The symptoms needed to make a diagnosis of a Major Depressive Disorder include five or more of the following criteria within a two-week period and need to cause clinically significant distress or impairment:

- Subjective feeling of being sad, empty, or hopeless
- Diminished interest and pleasure
- Significant weight loss
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Decreased ability to think or concentrate
- Recurrent thoughts of death or dying including suicidal ideation

### TRAUMA

Trauma and Stressor-Related Disorders can manifest during a malpractice lawsuit – the classic ones being Acute Stress Disorder and Posttraumatic Stress Disorder. The symptoms include:

- Recurrent involuntary and intrusive memories of the case or complaint
- Recurrent distressing dreams of the case or complaint
- Dissociative reactions
- Intense or prolonged psychological distress to cues that resemble an aspect of the traumatic event.

The physician may recoil when facing a patient with the same presentation or disease process or who even looks like the patient involved in the litigation.

- Avoidance of thoughts or feelings closely associated with the traumatic event
- Inability to remember important aspects of the event, persistent or exaggerated negative beliefs or expectations, distorted cognitions about the cause or consequences of the event, persistent negative emotional state, diminished interest or participation in significant activities
- Irritable behavior and angry outbursts, self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration and sleep

Symptoms of Acute Stress Disorder begin immediately after the traumatic event and need to persist for at least three days and up to one month. When they persist more than one month – which they invariably do as the lawsuit can take years – the diagnosis changes to posttraumatic stress disorder.

### IMPAIRMENT

The symptoms of depression and trauma can lead to impairment, which presents another set of problems. They carry over into the physician's personal life, putting a strain on their closest relationships. Family members are generally the first to suggest there is a problem and that the physician should seek help. If the physician doesn't talk about the case at home, whether under instruction or due to shame or other reasons, the connection between the lawsuit and the physician's symptoms is not well appreciated and the family can experience cognitive dissonance.

Physicians are not good at seeking help for health or mental health problems – unfortunately they learn in residency that asking for help is a sign of weakness and getting help can have licensure and hospital privilege repercussions. This misinformation adds to the stigma physicians face, so they go unhelped and untreated until disaster happens. Many physicians do not have a primary care provider and use “hallway consults” or treat themselves. A physician who self-treats gets substandard care and is on a slippery slope to self-medication with alcohol or mood-altering drugs. This scenario only makes matters worse.

(Continued on Page 6)



## WHAT I KNOW: LOSS AND ITS LEGACY

BY MICHAEL R. MILLER, DO, DAAFP  
President

**I remember I was told in my college journalism class to write about what I know.** Unfortunately, what I know right now is loss. My wife Becky died suddenly on June 9; she had no significant health problems but suffered a cerebral aneurysm. I came home to find her, and life has taken a difficult turn.

It has been a very tough time for me and my family. My wife and I had planned a two-week vacation the following week for our 35th wedding anniversary; thankfully, this planned absence gave our family time to take a trip to Florida together to process and to grieve. I had time to think about my profession, as well. We as physicians have the obligations of our family, but we also have hundreds of other lives that count and depend on us. I was able to return to work with minimal interruption, but what if I had not been capable of returning? What do I do about the many questions and requirements that suddenly appear, for which I have no previous knowledge or experience?

Presently, we at TMF are proud of the initiation of a wonderful resource for depressed or stressed physicians to evaluate their mental health and receive assistance - the Tennessee Professional Screening Questionnaire, or TN-PSQ. It's online, anonymous, voluntary, and completely free, thanks to our donors.

I would like to see continued expansion of the TMF as a resource center for information and guidance for physicians like me who find themselves dealing with the

previously unknown issues - issues that include loss of a family member, ending of a marriage, concerns around abusive drinking or medication use, or concerns and fears about aging and mental decline.

That is not to say the TMF should directly address each of these; rather, it could have information and trusted resources to direct health professionals to, in order to decrease distress during these difficult times - to help them answer questions regarding the legal, financial, employment, and practical concerns that arise. Much of this already exists, while other resources would need to be created or aggregated.

I would love to see the TMF be the first place health professionals think of and turn to during these crises for guidance, resources, and trusted advice. Many of these issues eventually cause repercussions that require advocacy but could possibly be prevented with proper intervention at the proper time. I would view this expanded mission as somewhat of a legacy for my beloved Becky.

As always, the TMF never accomplishes anything without help from its partners, donors, and volunteers. We owe our existence to all of you and are beyond grateful for your continued support. 🙏

*Michael R. Miller, D.O.*

### GRADUATE GRATITUDE

*"Thank you so much for everything.  
Your work is truly saving lives - Lord knows, it saved mine.  
I look forward to a future, in large part because of the work  
your foundation provides. God bless!"*

PHYSICIAN ASSISTANT  
TMF Graduate, January 2022

Your support helps the TMF to Save Lives, Save Careers. Read more TMF participant success stories at [e-tmf.org/stories](https://e-tmf.org/stories).

## TMF PHOTO GALLERY



In April, Development Coordinator **Brenda Williams-Denbo** represented the TMF at the Tennessee Medical Association's House of Delegates and Annual Meeting. She staffed the exhibit booth and delivered the TMF's annual address to delegates on behalf of Medical Director Dr. Michael Baron. The Physician's Health Program was founded by the TMA in 1978 to address physician impairment; we are grateful for its strong partnership and support over the past 44 years.

*Photo courtesy of The Tennessee Medical Association*



In June, TMF Medical Director **Dr. Michael Baron** spoke and led a breakout session on impairment and physician health during a resident orientation at Ascension Saint Thomas West Hospital in Nashville.

*TMF Staff Photos*



TMF joined with the **American Foundation for Suicide Prevention (AFSP)** to present an abstract on the Tennessee Professional Screening Questionnaire (TN-PSQ) at the Federation of State Physician Health Programs Annual Meeting in New Orleans in April. FSPHP Past-President Dr. Doris Gunderson (podium) introduces TMF Medical Director Dr. Michael Baron, AFSP Interactive Screening Program Director Laura Hoffman, and TMF Development Coordinator Brenda Williams-Denbo at the beginning of their session.

*Photo courtesy of the FSPHP*

# NEW LOOK, NEW OPTIONS IN TMF GIVING!

## Notice anything different about the envelope in this edition of *Physician's Health*?

We have revised it to reflect changes that are happening for the TMF. Our donors and partners will see that the amounts for gifting a full year and five years' worth of TMF services to a health professional in recovery have been updated to reflect current actual costs.

At the very bottom, donors can now sign up for updates from the TMF via email and/or text. We want to communicate and allow you to give in a way that is simple and convenient, and for a lot of our partners that will be via mobile and email.

Please return the envelope with your preferences or contact us at [brendaw@e-tmf.org](mailto:brendaw@e-tmf.org) to tell us how you want to stay connected. Thank you to all of our supporters! 🙌

### Glue Strip

**I WISH TO SUPPORT TENNESSEE HEALTH PROFESSIONALS WITH A GIFT TO THE PHYSICIAN'S HEALTH PROGRAM.**  
**I would like to contribute:**

A full five-year commitment for PHP services for a health professional in recovery: \$10,450

One year's PHP services to support a health professional in recovery: \$2,090

\$1,000     \$750     \$500     \$250     other \_\_\_\_\_

A multi-year gift of \$ \_\_\_\_\_ per year for \_\_\_\_\_ years

**I would like to make my contribution as follows:**

Check, made payable to the *Tennessee Medical Foundation*

Quarterly, in equal installments (*Feb, May, Aug, Nov*)

Semi-annually, in equal installments (*May, Nov*)

Credit Card:  Visa     Mastercard

Please help us ensure that Tennessee's future health professionals always have the support they need. In addition to your annual gift, please consider making a contribution to the TMF Endowment Fund. Thank you!

Card # \_\_\_\_\_ CVC/CVV# \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I wish to make my contribution in honor/memory of: \_\_\_\_\_

Name & address of person to be notified: \_\_\_\_\_

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Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Yes, please sign me up for quarterly updates from the TMF:     Email     Text: Mobile # \_\_\_\_\_

## "PHP PROFILE" *Continued from Page 1*

to support my recovery and ensure my safe return to the practice of medicine. They provided both accountability and advocacy, which are necessary in early recovery. The TMF advocated for me to return to work when I was ready, helped with a worksite monitoring plan, credentialing, and malpractice coverage, and connected me with other professional men and women in recovery who I've grown to know and love.

Initially, I was embarrassed to return to work, terrified of what people would think or say when they found out. However, I confront stigma surrounding mental illness and addiction every day as an advocate for my patients, so I had to ask myself, "Why am I not speaking out about my own mental health and addiction issues?" It was a struggle to reach the point where I would share my story, but I

readily do it now and it has made me more reliable and more effective in my work.

This process of recovery and growth provided by the TMF has been the most rewarding experience of my life. I no longer live in the secrecy and shame of my addiction nor in the denial of my mental illness. I have accepted my diagnosis of bipolar disorder and alcohol use disorder, which were impairing my ability to function both at home and work. This journey of lived experience has added tremendous value to my practice of psychiatry and addiction medicine.

Most of all, my family has embraced me with unimaginable generosity and my life feels whole again, or perhaps, truly wholesome for the first time. I am grateful today! Thank You, TMF! 🙌

## TMF BY THE NUMBERS

**214**

CURRENT CONTRACTS

**47**

2021 NEW CONTRACTS

**117**

2021 IDENTIFICATIONS

**30**

2021 GRADUATES

**16**

GRADUATES UNDER VOLUNTARY MONITORING

## MEDICAL DIRECTOR'S MESSAGE

Continued from Page 3

### Defense Mechanisms

When physicians are stressed, they react by working harder, which may be contrary to what a distressed physician needs. This is a form of sublimation, a defense mechanism in which unacceptable feelings are transformed into socially acceptable behaviors, i.e., work. Physicians can also suppress unwanted and unpleasant feelings while they are working. Unfortunately, during personal time the emotions caused by a lawsuit can come spewing out in all directions, causing family members to recoil.

### It's Not Personal

There are ways to successfully maneuver through the minefield of a malpractice lawsuit. Even though it feels like a personal attack, physicians need to realize this is a business decision for the attorney and, many times, for the patient. When working with a physician in the midst of a lawsuit, I often quote from Mario Puzo's *The Godfather*, "It's not personal, it's business." It is simple but true. Removing the personal assault tends to lighten the emotional response.

### Help

There are other "treatment modalities" that can help a physician successfully navigate this process. The first place to turn is their own family – a simple but effective strategy. While they are under legal advice not to discuss details, they can share the emotional experience of the lawsuit with their spouse or significant other. It helps reduce the emotional energy and power it can have over the physician.

Other helpful options include practicing a Mindfulness-based meditation program. Mindfulness is an excellent form of meditation that has been shown to promote gray matter changes for the better – and it can help calm the emotional reaction.

Seeking individual psychotherapy is another solid approach to coping with a malpractice lawsuit. Many therapists are now using telehealth which makes utilization even easier. When starting with a new therapist, I advise giving the therapist three appointments; if by the third appointment there is no trust, comfort, or therapeutic alliance formed, go to the next therapist on your list. Your health insurance provider will have a panel of therapists; the TMF also has lists of vetted therapists in Tennessee's major metropolitan areas.

Support groups are another effective strategy. There are many types available, including malpractice-specific, gender-specific, trauma-focused, substance use-focused, and time-limited, to name a few. These groups have the same protections as other forms of therapy, meaning what is said in the group is confidential and protected. It is more therapeutic to talk about the emotions they are having, rather than the specifics of the clinical case.

### Trust the Experts

Remember that you will be represented by a competent defense attorney retained by your malpractice insurer. Just as you understand the practice of medicine, your attorney understands and knows the law and the litigation process. When discussing the lawsuit, you may experience a flood of emotions; please remember the heightened emotions are caused by the lawsuit itself and generally not by your attorney. Trust your attorney's expertise, the same way you want your patients to trust yours.

### "I Will Survive"

Being named as a medical malpractice defendant is an experience that we physicians are not trained or prepared for. When this happens to you, please reach out for help – to loved ones, friends, therapists, and our staff at the Tennessee Medical Foundation. Keep in mind that in Tennessee, a physician does not have to report to the licensing board that they reached out to the TMF for emotional support. We are here for you and will help you through it. And believe it or not, you will survive. 🙌



*This series was adapted from an article Dr. Baron wrote for State Volunteer Mutual Insurance Company. Share your thoughts with Dr. Baron at [michaelb@e-tmf.org](mailto:michaelb@e-tmf.org).*

## EVENTS CALENDAR

**International Conference on Physician Health**  
Oct 13-15, 2022

Hyatt Regency Orlando — Orlando, FL

**TMF Board Meeting**

Oct 14-16, 2022

Fall Creek Falls — Spencer, TN

**TMF PHQIC Meeting**

December 7, 2022

Tennessee Medical Association — Nashville, TN

**FSPHP Annual Education Conference**

May 2-6, 2023

Hyatt Regency Minneapolis — Minneapolis, MN

**2023 Caduceus Retreat**

June 9-11, 2023

Franklin Marriott Cool Springs — Franklin, TN

**IDAA Annual Meeting**

July 5-9, 2023

El Conquistador Tucson-Hilton — Tucson, AZ



# A MOMENT OF JOY

BY JENNIFER RAINWATER  
Executive Director

I recently read an inspiring article about a nursing home director in Japan who began recruiting babies three-years-old and younger to regularly visit her residents. She noticed that many of the residents were cheered up by visiting with her infant grandchild and thought that regular visits from babies in the community would be therapeutic. Her program has grown to 32 babies who are welcomed to "visit any time they want and walk around as much as they like." She reports that residents love their interactions with the children, and many develop close relationships that they hope will continue as the children get older. The visits from these newest little humans are a joy to them.

The article made me think about our recent Caduceus Retreat. Every year, on the first night of the retreat, we have a Newcomers Night. This is an opportunity for our newest TMF participants to share their stories with our TMF veterans. It is always a joy to hear from our new

participants because we know they are beginning a journey that will change their lives forever. A new future is ahead of them, and it is filled with hope. For those who have been in the program for a while or who are program graduates, it is a time to remember how far they've come in their own journeys. It also gives them an opportunity to develop mutually beneficial friendships that will strengthen the entire recovery community.

I am grateful to witness these moments of joy between veteran and newcomer. And I am so thankful for your ongoing support of the TMF. You help make these moments possible! 🙏

### "FSPHP PRESIDENT-ELECT ..." *Continued from Page 1*

"Dr. Baron's work ethic is unparalleled and his care for medical professionals in the recovery community is evident in everything he does," said TMF Executive Director Jennifer Rainwater. "It is fitting that Dr. Baron should be the president-elect of the Federation of State Physician Health Programs as he has demonstrated exceptional leadership on multiple committees for the FSPHP over the past five years and has had an active role in standardizing important policies and procedures for state PHPs. Medical professionals in Tennessee and across the country will no doubt benefit from his tenure as president."

Michael Baron, MD, MPH, FASAM, has been medical director of the TMF Physician's Health Program since February 2017, after succeeding the late Dr. Roland Gray. A psychiatrist and addictionologist, Dr. Baron has served on the State Board of Medical Examiners and as chair of the state's Controlled Substance Monitoring Database. He helped write the Federation of State Medical Boards (FSMB) policy on Professional Sexual Misconduct in 2019 and the Impaired Physician Policy in 2020. Dr. Baron also serves as volunteer Medical Director for the Nashville/Davidson County Drug Court (DC4). Prior to the TMF, he worked in private psychiatric practice and as medical director of a Middle Tennessee addiction treatment program.

The FSPHP is a national membership association



TMF Medical Director Dr. Michael Baron (far right) stands with other award recipients during the FSPHP Annual Meeting in April. Dr. Baron received an award for Outstanding Service to the Federation as a board and committee member.

*Photo courtesy of FSPHP.*

of Physician and Health Professional Programs (PHPs). Member programs provide confidential assessment, referral to treatment, resources and monitoring for physicians and healthcare professionals, and those in training who may be at risk of impairment from mental illness, substance use disorders and other health conditions. Learn more at [fshp.org](https://fshp.org). 🙏



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 www.e-tmf.org

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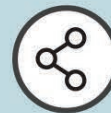
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**LIFE CAN BE STRESSFUL AT TIMES.**

Whatever you’re struggling with—family pressures, work, relationship issues, grief, stress or financial concerns—it is easy to get overwhelmed without an idea of where to turn for support.

The TN PSQ is a **SAFE AND SECURE ONLINE TOOL** now available to health professionals in Tennessee, both licensed and in training: physicians, PAs, chiropractors, veterinarians, podiatrists, optometrists, x-ray technologists, clinical perfusionists. **It’s as simple as:**



CLICK • CONNECT • CHAT

*Visit the link below to take an anonymous mental health screening and find resources nearby.*

**TN.PROVIDERWELLNESS.ORG**