

AF PHYSICIAN'S HEALTH

SPRING 2023

A Publication of the Physician's Health Program
of the Tennessee Medical Foundation

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2023 CADUCEUS RETREAT FOCUS IS "THRIVING IN RECOVERY"

Registration is now open for the 2023 Caduceus Retreat, with a focus on "Thriving in Recovery." Presenting speakers include Chip Dodd, PhD, son of the late TMF Medical Director David Dodd, MD, along with Colton Shannon, PhD, and Phil Herndon, MA, both of River Tree Center in Murfreesboro, TN; as well as Sunday Session speaker Steve Lee.

The 36th retreat is scheduled for Friday, June 9-Sunday, June 11, at the Franklin Marriott Cool Springs in Franklin, TN. Details and sign-up information are on the TMF Caduceus Retreat web page at e-tmf.org/2023-caduceus-retreat.

(Continued on page 4)

2023

CADUCEUS RETREAT

JUNE 9-11 FRANKLIN MARRIOTT COOL SPRINGS

FRANKLIN, TN

Register & Rooms by May 20 e-tmf.org/2023-caduceus-retreat



PHP PROFILE

FROM DÉTENTE TO FREEDOM

BY DR. JEFF WHITFIELD TMF Graduate 1991

Furtive glances into the rear-view mirror

divulged blood shot eyes rendered hollow from echoes of self-defeat which never left my soul. I had given up shaving with a blade razor, my daily habit for the previous 20 years or so, until self-loathing became too acute to permit any reflection of how I looked or who I believed I had become. The best I could do was resurrect an old electric razor, which, although unkind in its interactions with my face, could be used without reference to anything which permitted self-reflection of any kind.

My opiate war had raged for about three years. I was the commander in chief, foot soldier, and supply officer. It was up to me to negotiate hostile territory while trying to keep collateral damage at home to a minimum; I was losing on all fronts. This day, like every day before it, was marked by an insatiable craving to gather

opiates; do adequate calculations concerning supplies and the demands I made on them; go home, swallow the requisite dose, and pass out. Surrender was unthinkable. I knew what lay in store for prisoners of this war. It was too horrible to even consider. Of course, I had never talked with anyone who actually had experience with any of this.

Passing the usual landmarks on my way to work, I tried to figure out the amount of drugs I had in the truck, calculate the time I might continue the fight with my current supply, and wondered if today might be the day I actually ended my life.

Armistice occurred on April 25, 1989. Ambassadors from the Tennessee Medical Foundation assured me they would offer me sanctuary and help me reconstruct a

(Continued on page 3)

MEDICAL DIRECTOR'S MESSAGE



WHAT IS AN "APPROPRIATE REFERRAL" TO THE TMF?

(PART 1)

BY MICHAEL J. BARON, MD, MPH, DFASAM

Since the pandemic over three years ago we have seen a 51-percent increase in referrals involving mental or behavioral health, to include distressed behavior, physician burnout syndrome, and primary psychiatric disorders. These physicians and other healthcare providers are referred to us in various ways - by an employer, colleague, friend or family member, health professional school or training program, or even by the troubled individual themselves. Referrals are always welcome as long as the licensee, student, or trainee is under our charge; this includes those licensed by the Boards of Medicine, Osteopathic Medicine, Physician Assistants, Veterinary Medicine, Optometry, Chiropractic, Radiologic Imaging, and the Committee for Clinical Perfusionists.

Most TMF referrals are appropriate and professionally handled. However, we do receive a good number of problematic referrals – leading me to first conclude that our function may not be as clear or as understood as I would like. In Part 1 of this two-part series, we explore these types of referrals.

PROBLEM REFERRALS

Problematic referral scenarios come in many forms, whether from a Medical Executive Committee (MEC), Chief of Staff, Chief Executive Officer, Chief Medical Officer, Medical Staff office, or even anonymous sources:

Undocumented Referrals

We get frequent calls from healthcare professionals saying they were told to contact the TMF but have no idea why – there was no letter, documentation, or meeting explaining the reason for their referral. Our initial thought is that they are not disclosing out of self-preservation or denial but on further investigation, it often turns out the referring source was trying to be protective of the provider by not putting anything in writing. Which leads to my second conclusion: too many entities and individuals in health care are not aware of the protection afforded by Tennessee's Quality Improvement Committee (QIC) statutes (look up Tennessee Code Title 68), or of the legal or official processes they should have in place for addressing medical staff problems (i.e., employee handbooks, policies, bylaws, etc.).

Anonymous Referrals

We do have HCPs referred to us anonymously. Most obvious is when an unknown individual calls with concerns about a named provider; they are too frightened or worried about consequences to identify themselves. These are usually medical staff members supervised by the offending HCP, but sometimes can be friends or colleagues. Another type of anonymous referral comes from an employer sharing a problem or concern, events, even statements made by the individual they are calling about – but not the name of that individual. When we ask for the identity, we are told the MEC does not wish to disclose it. At that point we ask the MEC to instruct

the referred provider to give us a call; we always need to speak directly with the person being referred. A third anonymous referral is a call asking how to refer an unnamed HCP for a certain problem – again, the employer or MEC is trying to protect the individual. We provide the requested information but never hear back. We follow-up a few weeks later, only to be told the situation was "handled internally." We will typically receive another call several months later after a new incident involving the same individual has occurred, putting everyone at risk.

The Retraction

We get a lot of calls from a partner or manager of a small practice; they have a physician or provider with problems they are not sure how to handle. We are given the provider's name but few details, as they don't want to create conflict or let the person know they called. We then get a call back, sometimes the same day, retracting the first call. Over the course of a few months, we will accumulate many of these types of calls regarding the same physician or provider -- none of them generating any detail or official referral.

The "Report"

An inappropriate scenario is when an employer or other supervisor states that a problem provider will be "reported" to the TMF. At this point we stop the referral and explain that while we accept referrals, we are not a reporting entity, we are separate and unaffiliated with state health regulatory boards, and we are not punitive.

In Part 2 of our article series, we will share about appropriate referrals and hopefully alleviate fears associated with contacting the TMF. \r



MEET OUR PARTNER:

THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE

We are proud to announce we have received a renewed grant from The Community Foundation of Middle Tennessee. These funds will support our Physician's Health Program and will directly help us assist those in crisis, as well as continue our health and impairment education statewide and ensure continued operation of the TN-PSQ mental health screening tool.

PRESIDENT'S MESSAGE



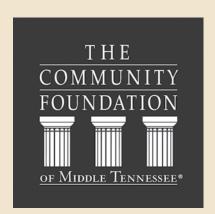
TMF ANNIVERSARY CALLS FOR REFLECTION

BY MICHAEL R. MILLER, DO

As we celebrate the 45th year of the Tennessee Medical Foundation, I am reflecting on my connection with the organization since my arrival in Nashville in 1991. My initial job was in the ERs at Parkview and Westside Hospitals, now TriStar Centennial Medical Center. At Westside, we would sometimes encounter a group of physicians in the doctor's lounge who would smile and get completely silent until we left. We jokingly called them the "Party Boys" and I now know those were early Caduceus support group meetings for physicians in recovery. How ironic to find myself, a few years later, becoming one of the "Party Boys." The stressful ER work and problems at home caused my drinking to escalate. As the effects of my drinking worsened, I found a 12-step program through a friend in 1999. I immediately made it my focus and saw my life turn around. At two-and-a-half years sober, I was asked on a job application about my oversight organization; I had no clue until another physician in the program explained and instructed me to contact Dr. David Dodd at the TMF. I did so but feared being asked to go to a rehabilitation facility; working with my sponsor, I became willing to take any direction to maintain sobriety even if it meant going to treatment. Dr. Dodd sat smoking

his pipe, listening kindly and thoughtfully as I poured out my story. He concluded that I had obtained what rehabilitation was meant to achieve and invited me to start attending Caduceus meetings, which I did gladly. I was thankful I had that short time to know him before he passed in 2010. Eight years ago, I agreed to represent my fellow osteopaths on the TMF Board. I've had the pleasure of working closely with the late Dr. Roland Gray and now Dr. Michael Baron. They differ slightly in style and approach but share the same dedication to the advancement of the TMF and its advocacy for the affected physician. I have watched as we have grown stronger in our infrastructure and financial stability and added new ways to aid the suffering health professional, such as the hugely successful TN-PSQ program. I am honored and thankful to have been a part of such a lifesaving program and for the relationships I have developed with the wonderful people in the TMF. *





The Community Foundation awarded more than \$2.8 million in grants to 435 nonprofit organizations as part of the 2022 annual grantmaking process. These grants are awarded annually through an open application process to Middle Tennessee nonprofit organizations addressing community needs and benefiting the well-being of citizens through valuable programs and innovative services. The TMF is proud to be one of those organizations again this year. To learn more, please visit www.CFMT.org. **

PHP PROFILE (Continued from page 1)

new world order for myself. I agreed to lay down my defenses and enter a period of détente. I had run out of options. The battle was over.

I soon discovered that each person involved had also lost their own personal battles, but they had won the war together. I was invited to join them and, although hesitant at first, I agreed on principle to follow their lead. Recovery would not be easy, but it was simple: all I had to do to win was surrender. They would help me do the rest.

Upon my return, the doors of the operating room were the heaviest I had ever pushed to open. The burden of shame was not completely laid down in my time away. To my astonishment, 30 people were lined up to welcome me home. It was as if I never left.

I recently retired after practicing at the same hospital, with the same group, for another 32 years. My imaginings assured me that addressing my painful existence meant certain ruin, but my experience has been that the TMF advocated for me every step of the way. I never had any problems with board certification, insurance, hospital privileges, nothing. My wife Pat and I have been married 48 years. Without the TMF, I don't think it could have lasted another 48 hours. Thank you for giving me the opportunity to live my absolute best life. I am forever grateful. 🔻

CADUCEUS RETREAT

(Continued from Page 1)

REGISTRATION

Registration for the 2023 Retreat is \$110.00 per person. May 20 is the registration deadline. Attendees can register and pay online or download a PDF form and mail registration in with payment. To register, visit the Caduceus Retreat web page at *e-tmf.org/2023-caduceus-retreat*.

Rooms at the Franklin Marriott Cool Springs are available at a special TMF rate of \$165.00 per night, plus tax; the deadline to book with the TMF rate is May 20 and the room block is limited, so early reservations are encouraged. Reservations can be made via the TMF Retreat web page at e-tmf.org/2023-caduceus-retreat or by calling the Franklin Marriott Cool Springs directly at 615-261-6100; to receive the special rate please mention you are with the TMF Caduceus Retreat.

SESSIONS & SPEAKERS

THRIVING IN RECOVERY - Chip Dodd, PhD; Colton Shannon, PhD; Phil Herndon, MA

Description: The day's experience explores our ultimate problem according to AA Founder Bill Wilson—our difficulty forming true partnerships with others; and how we are created to live fully in relationship with ourselves, others, and God. This will be an interactive presentation with tools and experiences that offer "take home" benefits.



Dr. Dodd

Chip Dodd has guided thousands of professionals from all walks of life and their families across the "Badlands" of addiction, stress illnesses, and burnout to the lives they were created to have. For 23 years, he was the executive director of the Center for Professional Excellence (CPE), a treatment center in Nashville, working with

TMF participants along with other professionals. In 2019, Dr. Dodd started a consulting, mentoring, and counseling practice, which can be found at *chipdodd.com*. He is the author of 13 books, including his best-selling *The Voice of the Heart: A Call to Full Living* (2001).



Dr. Shannon

Colton Shannon is passionate about calling people back to their hearts to become reengaged with their mission for living. He primarily sees men who struggle with compulsive/addictive behaviors, anxiety, burnout, or trauma. Dr. Shannon has experience working in both inpatient and intensive outpatient settings in Memphis and Murfreesboro where he facilitated

various mental health and addiction groups.



Mr. Herndon

Phil Herndon uses a dynamic approach to help his clients recover their hearts and redeem their stories. His therapeutic approach is grounded in the Spiritual Root System™, and is informed by the work of Irvin Yalom, Curt Thompson, Dan Siegel, and Dan Allender. He also integrates perspectives from Judeo-Christian traditions, existential philosophy,

and pastoral care. Mr. Herndon works with individuals who have lost their way through addiction, anxiety, depression, struggles with spirituality, or burnout to walk them through the tumultuous and scary times that are so common to the human experience. A former Texas pastor and clinical director at CPE, he is now clinical director and co-owner of River Tree Center.

THE KEY IS IN THE HOUSE - Steve Lee

Description: The problem is not what I thought it was and the solution is not where I thought it was.



Mr. Lee

Steve Lee has worked in the field of addiction treatment and behavioral health for the past 10 years. Active in his own 12-Step recovery since 1989, Mr. Lee clearly articulates the 12-Step experience with "real world" practicality that makes him a master plenary speaker, workshop presenter, and retreat facilitator.

ABOUT THE RETREAT

The Caduceus Retreat is required attendance for current participants in the Physician's Health Program; graduates are encouraged to attend to continue learning and growing in recovery, and to connect with and support colleagues who are just beginning their recovery journey.

Each June, recovering health professionals and their families throughout Tennessee gather for a weekend of sharing, renewing, and learning. The annual retreat is a time totally devoted to recovery, allowing for networking with other healthcare professionals. Those newly under contract can learn from veterans with years of recovery. New ideas and old standards are shared in group and lecture venues. The schedule includes time for 12-Step meetings as well as time with family.

For more information, visit the Retreat webpage at e-tmf.org/2023-caduceus-retreat or contact Jennifer Rainwater at 615-467-6411 or jenniferr@e-tmf.org.

QUESTIONS?

TMF: 45 YEARS OF HOPE & HEALING

This article by then-Tennessee Medical Association President Dr. John Dorian was published in the Journal of the TMA in November 1978, following the April direction of the TMA Board of Trustees to establish a Committee on Impaired Physicians. Dr. Dorian made the case for establishing the program and outlined the plan, including some striking predictions on how the program would progress. Thank you to the TMA for archive access.



JOHN B. DORIAN

president's page

Impairment — the Profession's Agony in Victory

A lifetime of professional and personal dreams is dissipated by many in medicine because there's no place to turn. Frequently, the compassion exhibited by a physician daily in his practice does not extend to his colleagues.

In 34 states, including Tennessee, state medical associations have implemented, or are in the process of implementing, programs for the rehabilitation of impaired physicians. Our Impaired Physicians Committee was established by the Board of Trustees in April 1978 at the direction of the House of Delegates in Knoxville and will be operational by Jan. 1, 1979.

Most of the thrust for such programs has been generated in the past five years. The impetus is derived from the staggering realization, by the profession, that one out of every ten physicians will be disabled at some time in his practice life, most of them by chemical dependence on alcohol or drugs. There are more than 100 documented physician suicides in this country annually. It is estimated that many more occur, but are not documented as suicides.

The most successful program has been that sponsored by the Medical Association of Georgia. Now in its fourth year of operation, their program has identified 130 physicians with known psychiatric, alcohol, or drug impairment; 91 have agreed to treatment and, most significantly, 70 have been returned to practice.

There is an increasingly voluminous amount of literature on this subject. Two striking aspects are emphasized in the studies. The basic premise is that the sick doctor cannot reach out for help. Compounding the situation, there is a conspiracy of silence which exists among colleagues in regard to such illnesses. Only 44% of physicians in one survey said they would disclose a colleague's disability. These two factors make it imperative that any such effort be directed toward reaching out or soliciting information regarding individual physician problems.

The second premise is that the program must serve in an advocacy role for the affected member. The goal, therefore, must be rehabilitative, not coercive. Until recently, the profession has had little except coercion to bring attention to the matter. This, basically, is why a colleague has been reluctant to be a party in reporting a friend's problem. The coercive approach is useless in solving the overall situation. This fact has been demonstrated repeatedly in Tennessee, as well as in other states.

Briefly, our program will accept information on a special telephone line. It will then be passed to a physician who will be responsible for maintaining confidentiality while verifying the information. Ideally, the physician himself will call; but it just won't happen that way. Initially, more than 50% of the calls will come from spouses. Later, as the program's credibility is established, we expect that physicians will be the chief source.

After verification, the physician will be visited by two other physicians from outside his geographical area. Two or more visits by a pair of confronters or consultants may be necessary before the impaired physician is convinced of our role of advocacy, and that treatment and rehabilitation are possible.

The physician then enters a treatment program. The committee, through its confronters, offers support, advice, encouragement. Areas of concern are family, licensing, disability insurance, and reentry into practice. Family involvement and aftercare are essential components. Later, the incompetent and dishonest physician's situation will become a part of the program.

More than 45 members of TMA will be involved in this voluntary effort. The program will be structured for Tennessee physicians, not just TMA members, and not just practicing physicians. The goal is rehabilitation through compassion. It is our profession's urgent responsibility to its members.

The Impaired Physicians Committee of the TMA has been in the process of publicizing, within the profession, its proposed approach to this devastating situation. Medical and administrative staffs of hospitals, pharmacists, and nurses are all being made aware of our efforts. Most importantly, the role played by the TMA Auxiliary will be vital to the success of the program.

There are potentially more than 400 physicians in Tennessee who are, through impairment, at serious risk to themselves, their families, and their patients. For the sake of a friend, won't you help us find, treat, and return them to productivity?

Sincerely,

John B. Dorrain, M.D.
PRESIDENT

DONOR ACKNOWLEDGEMENTS

The TMF annually enjoys strong financial support from State Volunteer Mutual Insurance Company (SVMIC), the State of Tennessee Board of Medical Examiners (BME), Board of Osteopathic Examiners (BOE), Board of Physician Assistants (BOPA), and the Tennessee Medical Association (TMA). Together they provide approximately 70% of the annual budget for the Physician's Health Program. Without their support, our crucial work would not be possible.

Below are contributors who provide the rest of our program funding. We thank each and every one of you for the support you give to the mission of Saving Lives, Saving Careers,

Our acknowledgements have changed to a single annual listing in the Spring issue of Physician's Health, reflecting all gifts received in the prior year.

Organizational Contributions 2022

GROUP MEDICAL PRACTICES

| HOSPITAL & HEALTH SYSTEMS | |
|---|----------|
| Ascension Saint Thomas | \$10,000 |
| Ballad Health | \$5.000 |
| Blount Memorial Hospital | \$5.000 |
| CHI Memorial Health Care System | |
| East Tennessee Children's Hospital | |
| Erlanger Health System | |
| Fort Sanders Regional Medical Center Medical Staff | \$4,000 |
| Holston Valley Medical Center-Ballad Health Medical Staff | \$2,000 |
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| Maury Regional Medical Center | |
| Methodist Le Bonheur Healthcare | \$10,000 |
| Parkwest Medical Center Medical Staff | |
| Saint Francis Hospital | |
| Southern TN Regional Health System-Winchester | |
| Sumner Regional Medical Center | |
| Sweetwater Hospital Association | |
| TriStar Summit Medical Center Medical Staff | \$5.000 |
| University of Tennessee Health Science Center Office of GME | |
| University of Tennessee Health Science Center | \$1,000 |
| University of Tennessee Medical Center-Knoxville | \$7.500 |
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| | |
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| Fred & Gertrude Perlberg Foundation** | |
| HCA Foundation | |
| Memorial Foundation, Inc. | |
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|--|---|
| CORPORATIONS Pinnacle National Bank Ross E. Rainwater and HealthMarkets+ | \$2,500 \$1,000 |
| SOCIETIES/SPECIALTIES Franklin County Medical Society Green County Medical Society Lakeway Area Dental Society Maury County Medical Society Montgomery County Medical Society Nashville Academy of Medicine Northwest Tennessee Academy of Medicine Tennessee Academy of Physician Assistants Tennessee Academy of Physician Assistants Tennessee Chapter-American Academy of Pediatrics Tennessee Osteopathic Medicial Association. Tennessee Society of Addiction Medicine Tennessee Society of Anesthesiologists Tennessee Veterinary Medical Association Washington-Unicoi-Johnson Medical Society West Tennessee Consolidated Medical Association Williamson County Medical Society | \$250 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,500 \$2,000 \$2,000 \$5,500 \$1,500 |
| ORGANIZATIONS Knoxville Academy of Medicine Alliance Tennessee Medical Association Alliance** | \$3,000 |

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EXECUTIVE DIRECTOR'S MESSAGE



GRATITUDE

BY JENNIFER RAINWATER

As the TMF celebrates 45 Years of Hope & Healing, I find that I am filled with gratitude. I think of the many medical professionals helped by the TMF who have

been able to practice and have gone on to help tens of thousands of patients in Tennessee. I am sure that many patients' lives have been saved as a result. Our Tennessee Professional Screening Questionnaire (TN-PSQ) has been proactively reaching medical professionals struggling with mental health issues and has become a model for other PHPs in the country. In just three years the TN-PSQ has been utilized by 648 medical professionals, most of whom had never asked for help before. Our many dedicated donors continue to humble me with their sacrificial giving. Many Tennessee hospitals, medical staff and orga-

nizations make us a priority in their financial support. And our amazing staff and remarkable TMF Board of Directors and Quality Improvement Committee continually raise the bar in the care of our participants. Yes, I have much to be grateful for and I look forward to many more years of Hope & Healing for the medical professionals of Tennessee. As always, thank you for your continued support as we seek to uphold our mission of *Saving Lives, Saving Careers*.

Jennifer Rainwater

Executive Director

Share your thoughts with Ms. Rainwater at jenniferr@e-tmf.org.

APRIL MALLORY JOINS THE TMF AS CASE MANAGER



April Mallory, LCSW

The Tennessee Medical Foundation Physician's Health Program (TMF PHP) welcomes April Mallory, LCSW, as a new case manager.
Ms. Mallory is working with health professionals who do not have a licensing board referral.

"Ms. Mallory brings a wealth of experience to the TMF; she has been providing direct social work services in Middle Tennessee for over 20 years and also has a decade of experience in social work education," said TMF Executive Director Jennifer Rainwater, adding, "We are confident she will make a great addition to our team."

Ms. Mallory comes to the TMF from the Vanderbilt Comprehensive Assessment Program

(VCAP) where she has worked since 2011 and served as program manager for the past two years. "After working with the amazing TMF team for over a decade, I am delighted to be working with them every day as a fellow staff member. The move from evaluator to case manager has been a good one," Ms. Mallory said.

A licensed clinical social worker with a background in behavioral health and social work education, her educational workshops and publications have focused on reducing the stigma of behavioral health issues. She completed her MSW at University of Southern Indiana and returned to Nashville, TN, working in court services at Cumberland Heights treatment center, the day reporting center at Davidson County's first drug court, and with inpatients on the dual diagnosis unit at Vanderbilt Psychiatric Hospital. Since 2011, Ms. Mallory has been teaching social work students at all levels, most recently at the University of Tennessee College of Social Work.

Away from work, she frequently attends live music events, constantly has a home construction project underway, and spends time with her retired racing greyhound. \uparrow



TMF Board member Pat Eller-Lee, pictured here with Dr. Phil Burns of the Erlanger Health System Foundation, was among honorees at the Foundation's 19th Annual Dinner of Distinction in Chattanooga in February. Recently retired as the longtime head of Erlanger Medical Staff Services, she was recognized for her commitment to improving the health of the community, demonstrating unquestionable character and human compassion, contributing a lifetime of medical benefit to the community and commitment to the healing mission and values of Erlanger Health. Congratulations, and well-deserved!



5141 Virginia Way, Suite 110 Brentwood, TN 37027 Phone: 615-467-6411 Fax: 615-467-6419 www.e-tmf.org

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TMF MEDALLION SOCIETY

RECOGNIZING SPECIAL COMMITMENT

Every donation to the TMF is deeply appreciated. Yet, special acknowledgement is given to those of you whose contributions exemplify your commitment to TMF mission of *Saving Lives, Saving Careers*. Your leadership is recognized by membership in the **TMF Medallion Society,** honoring individuals who have given \$10,000 or more over a 10-year period. We honor you for your generosity and commitment.

THE MEDALLION SOCIETY: January 2012 - December 2022

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*New member