Winter 2023 Newsletter

President's Message

Greetings, dear colleagues and friends! And welcome to the next year in herstory. With the turn of the year comes the annual observances of National Women Physician Day on Feb 3rd, Black History month in February, International Women's Day on March 8th, and Women's History month in March. I encourage you to take a moment to reflect on the meaning of these observances and how we as individuals and as a professional community can continue to work towards greater equity and justice for all.

2023 marks the 40th anniversary of the founding of AWP, a defining moment our founding mothers created for the mentorship and promotion of women in psychiatry. We are marking this milestone with two special programs and hope you can join for both!

- Inaugural AWP virtual conference focused on intergenerational mentoring, Friday, April 28th 9am-3pm PT/12pm-6pm ET
- Presidential session focused on social justice in psychiatry at the APA Annual Meeting in San Francisco, Sunday, May 21st 10:30am-12pm PT.

This issue of the newsletter focuses on several important themes that highlight both the progress we have seen over the last 50 years as well as some of the heaviness of recent U.S. history. I hope you will appreciate the attention to physician wellbeing, the book reviews underscoring the wisdom of working women, and the pieces that highlight the importance of advocacy and social justice.

To the trainees in our membership, a reminder that the call for applications for the AWP Symonds Award for residents/fellows and the AWP Leah J. Dickstein, M.D., M.A. Award for medical students are open! Applications are due March 1st.

Finally, I would like to extend my gratitude to all who have joined the AWP monthly mentoring/networking sessions (held the 4th Wednesday or Thursday at 5pm/8pm PT/ET). These began in June 2022 and have consistently been well attended by both esteemed leaders in psychiatry and aspiring trainees. They have led to scholarly collaborations, peer and traditional mentorship, and connection during trying times, among other benefits cited by attendees. It has truly been a high point for me each month to see and hear from thoughtful colleagues on important topics ranging from reproductive rights and the lexicon we use to describe diversity topics, to the integration of life with work and other common practice issues. The sessions are a space where all AWP members, as well as those interested or considering joining, are welcome – to share, learn, and find community and mentorship. I invite all of you who have not yet attended to join the next session on March 29th.

Thank you for being a part of the AWP, and please stay in touch! We'd love to hear from you.

Christina Khan, MD, PhD

Editor's Message

Thank you to everyone who shared their ideas, time, and talent in this newsletter.

Hope you are able to take some time away from the hectic pace to enjoy the articles in this edition. On the Dr. Leah J. Dickstein Mentorship Page, AWP members contribute topics women physicians want mentorship on, reminding us of the vast role mentors can play if we think broadly about mentorship. There are enticing book reviews-- perhaps you may find your next read! The Wellness Corner has some coaching questions for reflection that consider both the individual and organizational factors that contribute to physician wellness. Hope you enjoy the breadth of commentaries in this newsletter ranging from flourishing to the Dobbs Decision to AWP mentorship. Lastly, there are the APA Assembly Update notes taken by our AWP representative.

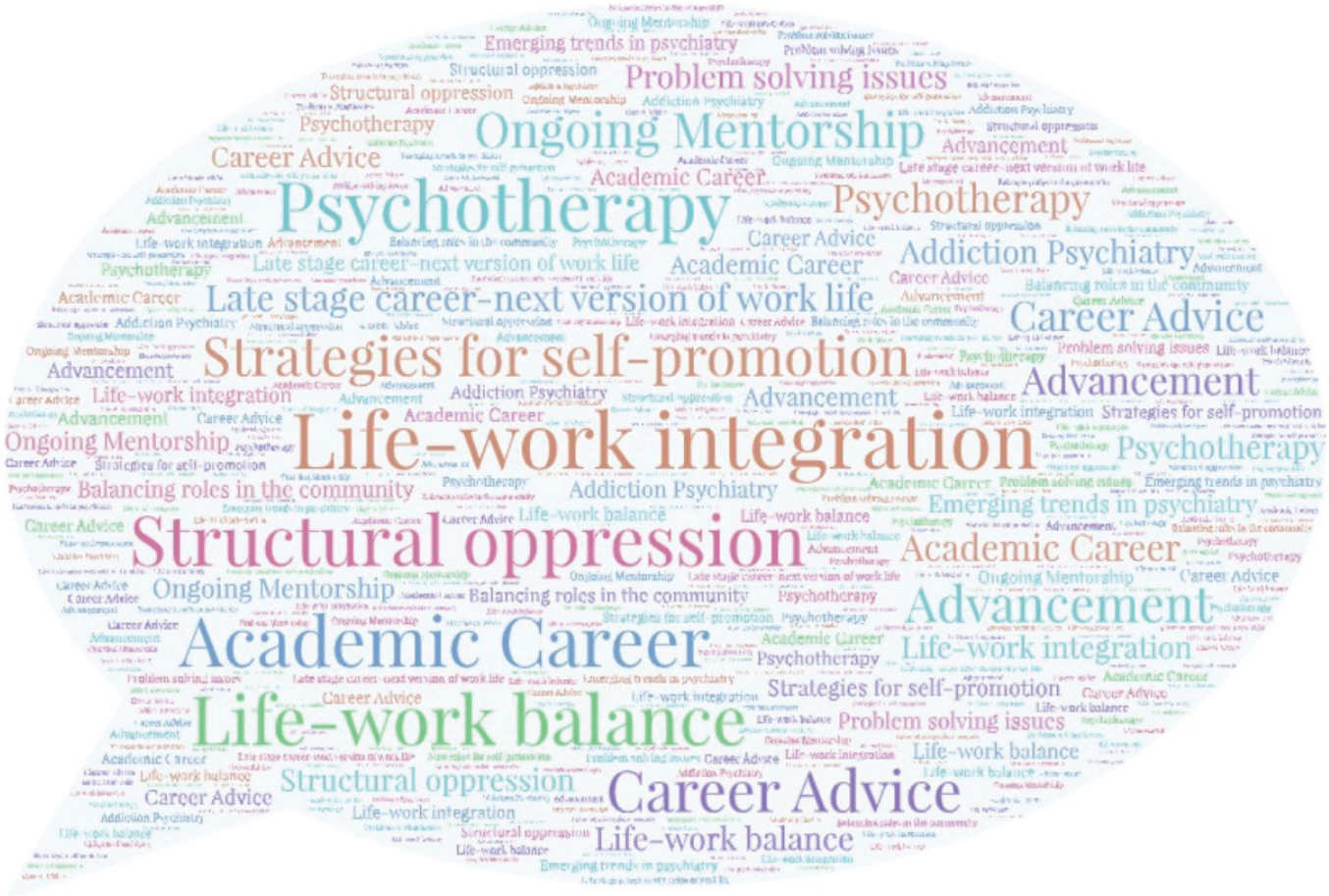
I enjoyed meeting some of you at the last networking session, and I hope to meet more of you in February!

Hope you enjoy reading this winter edition.

Anjali Gupta, MD

The Dr. Leah J. Dickstein Mentorship Page

Topic Areas Women Physicians Want Mentorship On



Thank you to all the AWP members who contributed their thoughts.

Book Review:

by Jane B. Sofair M.D.

Lessons in Chemistry

by Bonnie Garmus

The year is 1961, several years prior to the momentum of the Women's Liberation Movement. America believes that preparation of the evening meal lies within the provenance of women. However, Elizabeth Zott, Lessons in Chemistry's protagonist, a chemist by training, and television host of the "Supper at Six" cooking show, believes that cooking should never be compartmentalized as such. After all, it is serious business. " Do surgeons smile during appendectomies," she inquires, " No. Would you want them to? No. Cooking like surgery requires concentration."

How does a research scientist and financially-strapped single mother become a media chef, albeit with reluctance? This intriguing premise is what the book explains somewhat circuitously through Elizabeth's personal losses and career setbacks, including exposure to workplace discrimination. As for her recipes? They are definitely geared for the busy person, her philosophy being no more than one hour of prep time and all four food groups equally represented in the casserole dish-a far cry, with all due respect, from the intricacies of Julia Child's signature dishes.

Moreover, as would be in keeping with her character, Elizabeth holds an intellectual approach to cuisine. For example, take the brewing of fresh coffee. The set-up entails 2 Bunsen burners, 2 metal stands, 2 sterilized beakers, clamps, distillation tubing, a scale, mortar and pestle, purified water, coffee beans, of course, and a working knowledge of solid-state physics. And the way to prevent a cake from collapsing? You must start with a fundamental understanding of the three types of chemical bonds- ionic, covalent and hydrogen.

The most enjoyable parts of this book are visits to the "chemistry lessons," delivered by Elizabeth herself, while the least enjoyable are the various sub-plots which, in my opinion, are not always well-integrated into the main story line, recognizing that the sine qua non of every great novelist is to balance and track multiple story developments.

Is Lessons in Chemistry more about culinary savvy or gender equality? The answer probably lies somewhere in the middle. It would have been a plus to include one or two of Elizabeth's famous, easy recipes. On the other hand, maybe cooking is not the point. The reader is forever cognizant that, although fictional, Elizabeth symbolizes the many unsung heroes who through their accomplishments paved the way toward full opportunities for women. Perhaps their styles differed from that of Elizabeth Zott, but nevertheless this volume reminds us of the importance of steady perseverance.

Book Review:

by Amanda Koire, MD PhD

Radical Candor

by Kim Scott

Recently, I've begun to expand my reading from my more traditional science fiction fare into the world of business and organizational management. My latest read, Radical Candor by Kim Scott offers guidance on how to be a good boss based on her experiences as a manager at Google and Apple. In particular, the sections on how to provide effective guidance and feedback are useful to psychiatrists in all settings from the PGY1 supervising a medical student to the department chair managing large teams.

Her main thesis is that 'radical candor' is the best overall tone for feedback. She conceptualizes 'radical candor' as the intersection of 'caring personally' and 'challenging directly'. Ideally, prior to offering feedback you have already built a relationship that demonstrates you recognize the person has a personal life with aspirations that extend beyond shared work. 'Caring personally' isn't about polite chit chat or remembering birthdays and can take many forms to be successful. 'Challenging directly' is about communicating in a straightforward and unambiguous manner so that others know where they and their work stand with you. It is about refusing to leave important critique unsaid to either spare others' feelings or spare you the effort. Ultimately, if there's a forced choice between being nice and being direct, she contends the best results come from being direct. She provides advice on how to articulate guidance directly: offer more praise than criticism and forget the 'feedback sandwich' model. Letting people know what to do more of is important to encourage them to keep improving, yet forcing a specific ratio leads to awkward, insincere praise. One useful formula for providing criticism or praise is 'situation-behavior-impact,' in which you describe the situation you saw, what the person did, and the impact you observed. There are situations in which this formula is less relevant; for example, when evaluating written work, she recommends commenting on the work rather than the person and describing specifically what needs to be changed and why. Additionally, she reminds us that how feedback is delivered matters. She feels feedback should be given immediately, in-person, and briefly. She recommends bosses provide praise in public and offer ways to improve in private. Guidance shouldn't be saved for performance evaluations, which should be used to reinforce ongoing feedback without any major surprises. By providing impromptu feedback in a timely manner, she suggests it is easier to make meaningful comments through use of examples and details.

Midway through the book, she does address that gender bias can affect the way that an approach of 'radical candor' is perceived by others and has advice for how to check one's own bias and avoid gendered language. She notes that women can be perceived as too aggressive when behaving in a 'radically candid' manner similar to male colleagues. Her advice is essentially just to 'keep on doing what you're doing' as long as you have taken time for reasonable introspection and to find a different job if the workplace feels toxic. After a buildup of multiple pages de-

tailing how systemic implicit bias harms women in myriad ways including wage and leadership gaps, this conclusion felt underwhelming.

Overall, this book was a thought-provoking, engaging read that illustrated useful management points. If this review has intrigued you, you can find the book at the library and on her website (https://www.radicalcandor.com/the-book/).

Book Review:

by Mariella Suleiman, M.D.

The Center Cannot Hold: My Journey Through

Madness By Elyn R. Saks

People with psychotic illnesses are often demonized. Some cultures continue to believe that mental illness is a result of "the devil", "spirits" and "black magic" and therefore needs to be exorcized. This often results in a rift between patients with severe mental illness and those without. In her memoir "The Center Cannot Hold," Dr. Saks gives us the unique opportunity to dive into her life story of working towards a high achieving academic life in law and psychoanalytic science while navigating the management of her schizophrenia. Her narrative brings us a personal and necessary perspective of those who have mental health issues and their journeys to maintaining a healthy and fulfilling life.

I found it especially poignant when she described her experience of going to the ER several times with the worst headache of her life. On most of these visits, the doctor assumed that "I was 'just' having a psychotic episode," and dismissed her from the ER. Her friends, deeply worried for her life, contacted her mother who flew up from Florida to intercede. Again, Saks went to the ER, finally learning that "I was diagnosed with a subarachnoid hemorrhage — my brain was bleeding." (3) Her experience mirrors my own experiences that non-psychiatric medical professionals tend to misattribute physical symptoms, complaints, or behaviors to patients' mental illnesses. This creates delays in diagnosis and treatment of potentially life-threatening comorbidities, a fact I have become too aware of in my advocacy for patients throughout my psychiatric residency.

The stigma surrounding psychiatric diagnoses, in particular ones where patients 'lose touch with reality,' has been a well-established issue across the board. I hope in the future there will be more representation of people with severe mental illnesses who remind us of our shared humanity.

As Dr. Saks beautifully describes, "What I rather wish to say is that the humanity we all share is more important than the mental illness we may not. With proper treatment, someone who is mentally ill can lead a full and rich life. What makes life wonderful--good friends, a satisfying job, loving relationships--is just as valuable for those of us who struggle with schizophrenia as for anyone else."(3)

I highly recommend reading this book because it takes the reader on a unique

psychiatric journey and reminds us of the positive impact our advocacy has on patients with severe mental illnesses.

Wellness Corner

Enhancing Wellness: Reflection with Coaching Questions

By Anjali Gupta, M.D.

Physician wellness has been a national issue that pre-dates Covid; however, the pandemic has put additional demands on the healthcare workforce and enhanced concerns of well-being and burnout. Women physicians experience more emotional exhaustion symptoms and may be at higher risk for burnout. In addition, women still spend more time on child care and domestic responsibilities: tasks that were heightened during the pandemic. As we consider our new normal, finding time to cultivate resilience is only one part to enhancing wellness. Systemic, organizational factors also play a large role: creating a culture of wellness and efficient work environments are crucial to furthering physician wellness.

Coaching questions for reflection:

1. How do you utilize your strengths daily?
2. How do your values align with the work you do?
3. What brings you meaning and how much of your week constitutes these activities?
4. What can you and your team do to enhance efficiency in your work environment?
5. What can you and your team do to further a culture of wellness in your day to day?
6. How are you prioritizing time for yourself amidst your tasks and to-do lists?

Flourishing or Surviving

By Gabriela Gomez

I remember starting my first medical rotation in Spring 2021. At the time, I had just finished my first year in the Longitudinal Scholars Program in Human Flourishing, a scholarly experience mentored by psychiatry faculty that provided a forum to discuss "flourishing," the concept of well-being encompassing holistic health, happiness, and purpose. Our small group conversations addressed the "big questions"—what it means to be human, what is a good death, what makes a good physician, and more. It was with this flourishing mindset that I transitioned to my first rotation and encountered a community who were far from flourishing: residents.

So commenced an unexpected education that continued through my clinical rotations. Beneath my overt curriculum of suturing, pathophysiology, and developing a differential, I discovered a hidden resident curriculum of navigating sleep deprivation, compartmentalization, and 28-hour call, all while "drinking from the firehose" of residency education. Caring for children, maintaining relationships, and managing mental health conditions became goals rather than common practices.

Has the environment for residents been improving? In 2003, the Accreditation Council on Graduate Medical Education established an 80-hour/week limit on all U.S. training programs, requiring at least one day off per week. I have learned through discussions across programs that, while the 80-hour work limit and other mandates are valued by administrators and residents, these policies can often be challenging to enforce.

There is no question in the medical literature that longer shifts and sleep deprivation in residency translates to medical error and the deterioration of physician mental and physical health.

Subtler but equally damaging is resident empathy fatigue. Health care professionals who work more night shifts and more than 80 hours per week are at greater risk for this phenomenon.1,2 On night shifts, for example, physicians exhibit reduced empathy for pain compared to day shifts and thus under-prescribe analgesics.3 As early as November of intern year, residents (who arrive in July exhibiting greater vigor and empathy than the general adult population) exhibit anger and depression that persists through residency training.4,5 I receive frequent emails about resident wellness modules, free chair massages, and Wednesday wellness snacks. But where are the announcements about 16-hour shift limits, flexible paid new parent leave, restrictions on consecutive days worked, or accessible, covered mental health resources? Is flourishing for residents the individual's burden or the institution's responsibility?

As a growing number of medical residents are unionizing and as calls for changes to residency dynamics become louder, I propose that psychiatry organizations are uniquely poised to assist in transforming residency culture. From articulating the impact of residency stressors on risk for depression, anxiety, and suicidality, to expanding the human flourishing construct from an individual to institutional responsibility, psychiatrists can play a vital role in reforming residency training and furthering empathy-rich environments in health care. How can psychiatrists at your institution amplify dialogue around resident flourishing?

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4. Bellini, L. M., Baime, M. & Shea, J. A. Variation of mood and empathy during internship. JAMA 287, 3143–3146 (2002).
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New Reproductive and Integrative Psychiatry Fellowship

Dr Anna Glezer, Past President of the Northern California Psychiatric Society, specializes in perinatal and integrative psychiatry. She has created and is offering a new fellowship in Reproductive and Integrative psychiatry.

https://www.psychiatryfellowship.com/

The Dobbs Decision

By Nada Stotland, M.D.

The Dobbs decision, overturning Roe v Wade, is a historic ruling. The decision leaves it to the individual states to determine whether abortion is allowed, and with what requirements and limitations are imposed. Many states have outlawed abortion completely or nearly completely; where exceptions are allowed on paper, they are seldom allowed in practice. There are severe penalties for the patient and the doctor. It exposes our patients and us to fear, risk, mortality, and morbidity.

Where laws declare that, from conception onward, the embryo and fetus are considered to be persons with all the rights of persons, there can also be consternation about a number of situations: frozen embryos, cases where a damaged twin in utero must be aborted to save the life of the other twin, and even the removal of fetal tissue in cases of incomplete spontaneous abortion. Women using illegal drugs have been accused of child abuse and even murder. At least one woman has been so accused because she attempted suicide while pregnant.

The doctors and clinics in states where a full service of care is available are swamped with patients from other states. The states that forbid abortion don't necessarily stop there. Fear of litigation, arrest, imprisonment, and loss of license are also making it challenging for physicians to deliver care to women. There are current attempts to outlaw the provision of abortion medication to women in some states. There are also provisions with severe penalties against helping anyone obtain an abortion. This means that if your patient becomes pregnant by domestic violence or amidst a psychotic episode, she cannot discuss her options or talk to you.

There is a lot to do. As physicians, we need to advocate for the full range of reproductive health care to be available to all. In states where any form of assistance has been criminalized, each of us has to decide whether to deny our patients with problem pregnancies our counseling and the provision of information. Personally, I am also advocating that we prescribe "morning after" pills, and abortion medication for patients to be used when they or a loved one needs them. In some cases, this too will be against the law; however, not helping a patient obtain medical care is a violation of our professional ethics. Laws change; you will need to determine the law in any state in which you practice and decide how you will care for your patients. We chose medical careers in order to be good doctors.

Commentary

It has been an immense privilege and honor to be a part of the AWP- A space for immense growth and mentorship- A forum to meet amazing women both trainees and leaders in the field of Psychiatry.

Through AWP, I connected with Dr. Komal Trivedi and explored our interests of narratives and mentorship. Under the dedicated guidance of amazing mentors including Dr. Amy Alexander, Dr. Nada Stotland and Dr. Christina Khan, we transformed our ideas into action. We submitted two abstracts to the APA Annual Meeting, sponsored by the AWP. Both have been accepted for the 2023 annual meeting.

As women in psychiatry, we regularly face many challenges. It is exciting and comforting to look at the future together with so much support, light and love for one another as we work towards our common goals of compassion and humanity. AWP has felt like a family; you are not just included, you belong.

Maryam Zulfiqar M.D. & Komal Trivedi M.D.

APA Assembly Update Notes

November 5-6th, 2022
Notes taken by AWP Representative Lisette Rodriguez-Cabezas, M.D.

Dr. Nelson, speaker of the APA, asked that everyone recite the Pledge that he had created for the May Assembly meeting which reminds everyone to respect others' opinions and conduct themselves in a professional manner.

Dr. Pozios, speaker-elect of the APA, announced the formation of three new work groups:

1. Assembly Communications Workgroup (chaired by Dr. Pozios) – to develop more effective communication between the Assembly and District Branches and between the Assembly and APA Components.
2. Assembly Restructuring Workgroup (chaired by Dr. Nelson) – to review the Procedural Code of the Assembly to include the current representational formula and to represent and advocate for the needs and interests of APA constituents.
3. Social Determinants of Mental Health Workgroup (chaired by Dr. Dunlap) – charged with creating a strategic plan for implementing the 2018 Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health with the district branches.

Dr. Summers, treasurer, reported that 5 key metrics are all in the green: total revenue, net income, net investment income, liquidity ratio, and unrestricted net assets. No reserve funds will need to be accessed and revenue continues to exceed budget expectations.

Dr. Levin, APA CEO/CMO, reported that the key priorities for the APA during the lame duck period include: Collaborative Care Legislation, Parity Enforcement Grants, Extension ofTelehealth Flexibilities, and Appropriations for Public Mental Health Programs.

In honor of Hispanic Heritage Month, Dr. Levin announced the launch of LaSaludMental.org, a website where Spanish speakers can access mental health information in Spanish. The initial foci of the website will be domestic violence, stigma, substance use disorders, suicide and self-harm, and depression.

Dr. Levin also highlighted media and legislative issues that the APA has felt compelled to respond to including:

1. The editors of MDedge regarding their discriminatory and transphobic commentary in an editorial - "The Accelerating Societal Entropy undermines Mental Health."
2. Florida state legislature attempts to limit services for trans and gender-diverse youth.
3. The UN considering reports of Iranian human rights violations related to the misuse of psychiatry for political purposes.

APA Approved Position Statements:

1. Proposed Position Statement: Engaging Law Enforcement Personnel and Correctional Staff to Address Mental Health and Racial Inequities in Jails and Prisons – law enforcement should receive evidence based education on collaboration between mental health service providers and law enforcement when encountering someone with a mental health crisis and should receive training on implicit bias and de-escalation techniques. Diversity in law enforcement and correctional staff should reflect the diversity of their communities.
2. Revised Position Statement: Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation – updated to current rubric and added background document. APA continues to uphold that plaintiffs in sexual harassment cases should not be forced to disclose psychiatric records or undergo psychiatric examinations.
3. Retire Position Statement: Role of Psychiatrists in Assessing Driving Ability (2016) – recommended retirement because it reads like a practice guideline and may expand the scope of psychiatrists' legal obligations to the patient and the public.
4. Revised Position Statement: Use of Jails to Hold Persons Without Criminal Charges Who Are Awaiting Civil Psychiatric Hospital Beds – revised to reflect the updated APA format for position statements.
5. Retain Position Statement: Remuneration for Psychiatrists' Time Performing Utilization Review – still deemed pertinent.
6. Retire Position Statement: Role of Psychiatrists in Reducing Physical Health Disparities in Patients with Serious Mental Illness (2015) – there were several issues raised about scope of practice and also attempts were made to update the statement to the current APA guidelines but they did not pass in the Assembly or the JRC.
7. Retain Position Statement: Legislative Attempts Permitting Pharmacists to Alter Prescriptions – still deemed pertinent.
8. Revised Position Statement: Use of Psychiatric Institutions for Commitment of Political Dissenters – supported with revisions to make language clearer.
9. Revised Position Statement: Human Rights – supported with revisions to make intent more transparent.
10. Revised Position Statement: Mental Health and Climate Change – updated position statement to reflect the urgency of this issue.
11. Proposed Position Statement: Vaping Products and Electronic Cigarettes – merges a single, joint position state that had been submitted by two separate councils and focuses on the marketing of these products to youth.
12. Revised Position Statement: Affirmative Action – revised to a more concise statement.
13. Revised Position Statement: Discrimination Against International Medical Graduates – revised to be more concise.
14. Retire Position Statement: Diversity (2017) – the Assembly

felt the elements of this statement are already included/ addressed in the 2019 Position Statement on Diversity and Inclusion in the Workplace.

15. Retire Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles (2017) - – the Assembly felt the elements of this statement are already included/ addressed in the 2019 Position Statement on Diversity and Inclusion in the Workplace.
16. Revised Position Statement: Intimate Partner Violence (IPV) – prior position statement was updated to reflect current terminology and recommendations.
17. Revised Position Statement: Endorsement of United States Ratification of the Convention on the Rights of the Children – updated language.
18. Revised Position Statement: Need to Train Psychiatrists in Provision of Care and Support to Individuals with Differences in Sex Development and their Families – updated language for a general audience and included prevalence data.
19. Revised Position Statement: Youth Substance Use – updated to reflect current research and evidence based practices and terminology.

APA Approved Action Papers:

1. Approved by Consent
    - APA Champions Firearm Safety – there was wide support for this effort to support the APA to partner with other medical organizations in implementing an advocacy strategy for firearms safety.
    - Advocating for Financial Equity and Responsibility in ABPN Certification – there was wide support to ensure that the ABPN provide financial transparency in their use of MOC funds, that they reduce the fees related to certification, and that the price of certification be commensurate with the costs of certification and not used for other professional activities of the ABPN.
    - Timely Publication of the APA Presidential Address – there was wide support for this paper to ensure that the APA Presidential Address is published in the Journal of the American Psychiatric Association in the issue that coincides most closely with the change of officers.
2. Approved by Vote after Discussion
    - Ensuring Quality of Care and Privacy as Large Organizations Enter Health Care – Large retail organizations have begun to declare their intention to move into the provision of general health care and mental health care. This brings up significant privacy concerns and concerns about the business model, role of healthcare professionals, and quality of care provided. The intent behind the action paper was largely supported but there was much discussion about the use of the most appropriate terms to include certain retailers such as Amazon.
    - Assisted Suicide and Inability to Determine Mental Illness Irremediability – there was much discussion about the ethics behind these decisions and whether this was a moral issue vs. medical issue. This action paper was developed in response to other countries' high profile cases where mental health professionals are being asked to determine irremediability. After hearing all sides, the action paper was approved given that many felt there are no current guidelines or consensus on determining mental illness irremediability and that psychiatrists should not be forced to make these determinations either in support of or against assisted suicide.
    - Observers of Psychiatric Encounters – approved after discussion as some felt that local policies are likely already in place to limit observers to certain credentialed/licensed professionals but others felt that an APA Position Statement may still be warranted as some clinics may not have such regulationsin place.
    - Reinstate Two In-Person APA Assembly Meetings Each Year Beginning 2023 – there was much debate as many felt that having a virtual option allowed for those unable to travel for various reasons (health, childcare, etc) to have access to these important meetings while others felt that in-person meetings allow for more efficient meetings, better communication, more collegiality, and networking.
3. Approved with Vote by Strength
    - Ensuring Reproductive and Emergency Medical Care for APA Staff and Conference Attendees – approved after a very contentious debate where some were strongly against limiting potential host states for the annual conferences /district branches and others felt strongly about having a virtual option and/or only allowing certain host states. The intent behind this action paper was to ensure that APA staff and conference attendees be given the option to attend virtually if a conference or district branch meeting is held in a state with limited reproductive rights. The paper also recommended that the APA not hold its annual meetings in states with limited reproductive rights.
    - APA Advocates for Raising Minimum Age for Firearms Purchase – approved after a very contentious debate as some felt the age 21 was an arbitrary number without evidence to support it. Also, some felt it illogical to limit service members under the age of 21 from purchasing weapons when they have access to firearms while serving in the military. However, others felt that raising the age would at least reduce risk of suicide and violence by firearms in youth between the ages of 18-21.
4. Old Business previously deferred
    - Addressing Structural Racism in the APA: Replacing Minority and Underrepresented (MUR) Terminology with Historically Excluded Group (HEG) – this action paper simply recommended updating the language/terms previously used to include a broader term that is more inclusive – Historically Excluded Group over Minority and Underrepresented.

Calling for Nominations:

We are soliciting nominations for the Leah J. Dickstein, MD, Medical Student Award recognizing a female medical student who exhibits superior academic achievement, creativity and leadership. The deadline for submission is March 1. The application can be found on the website: https://associationofwomenpsychiatrists.com/awards/

Applications for the Alexandra Symonds Fellowship are available to nominate a resident/fellow who has demonstrated leadership potential, interest in and commitment to women's mental health, community mental health service, and academic excellence by March 1. The application can be found on the website: https://associationofwomenpsychiatrists.com/awards/

Membership Networking

Join us for networking and connecting with each other at the monthly Networking Sessions scheduled for February 23, March 29 and April 27 at 7 pm Central Time. womenpsych@aol.com

Opening Act

Thank you to those who donated to Opening Act, one of the charities designated as one of Dr. Warachal Faison's choices. We were notified that our contribution allowed Opening Act to give a scholarship this year to a deserving student in memory of Warachal.

2023 RISK MANAGEMENT RESOLUTIONS

Yes, it's already that time of year again! If you're like most busy psychiatrists, you may not yet have had a chance to implement last year's risk management resolutions, or maybe even those of the year before that. Don't worry – we're not here to make you feel bad. In fact, this year we're recommending a slightly different approach. Rather than looking at ways to improve your practice, we think this year's resolutions should center around your most important risk management resource – you. And to make it as stress-free as possible, we're suggesting 12 resolutions so you can aim to do just one each month rather than try to implement them all at once.

1. Plan some time away from your practice. Planning ahead is important as it not only helps to ensure that you will actually get away, but it also gives you time to obtain any necessary coverage and prepare patients for your absence. For suggestions on how to make time away pleasurable instead of problematic see our article, "Practical Pointers While on Vacation."*

2. Consider whether it's time to get some help. Particularly if you are an early career psychiatrist who has not yet established a full practice, you may be trying to go it alone, taking on the additional duties of billing, scheduling, administrative support, HIPAA privacy officer, etc., all in addition to seeing patients. Perhaps you have more patients than you can comfortably handle and would benefit from employing a nurse practitioner or a PA. When adding someone new to your practice in either an administrative or clinical capacity, you will want to take time to thoroughly vet your candidates so don't wait until you are so overwhelmed that you feel compelled to hire someone who is less than ideal for the position. For an overview of risks and how to avoid them see our article, "Supervision of Nurse Practitioners."*

3. Get familiar with your professional liability insurance company. You already know that your carrier is there to protect you in the event of a claim or a lawsuit, but are there other things they can help you with? It's good to know ahead of time what additional services they offer so you know who to turn to when a problem arises. Even if your carrier cannot assist you with a particular issue, they may be able suggest other resources. Make sure you have contact information for your carrier's underwriting, claims, and risk management departments.

4. Develop a contingency plan. We frequently receive calls from family members, office staff, and even estate attorneys trying to figure out how to close down a psychiatrist's practice and find care for patients following the provider's sudden incapacity or death. It's a tragic situation made more so by the fact that the psychiatrist oftentimes has not provided any instructions, thus leaving it to the office staff or family members (who are dealing with their own worry and grief) to determine what the psychiatrist would have wanted and how best to manage patients. Create at least a basic written plan to ensure this doesn't happen to you, your staff, your family, and your patients. Think of it as an "advance directive" for your medical practice and let someone - be it your spouse, office manager, or another physician covering for you - know of its existence and where to find it. For additional information, see our article "Failing to Plan"* and our Initiating My Contingency Plan* tool.

5. Learn that it's okay to say no to patients. While it's understandable that you want to accommodate your patients whenever possible, remember you are the doctor and you are the one in charge. You get to choose the prescription, how long you're willing to prescribe between visits, what you are going to document in the patient's chart, you are no longer able to meet a patient's clinical needs, and when it's time to refer them to a higher level of care. For additional information see our article, "It's Nice to be Nice, But..."*

6. Take steps to keep drug seekers and other problem patients out of your practice. Take a look at how you market your practice to see if your advertised areas of expertise are drawing patients you would prefer not to treat. For example, a stated expertise in ADHD may attract patients not interested in actual treatment and simply seeking stimulants. Consider telling prospective patients that you will not prescribe controlled substances at the first appointment and that you check the PMP before prescribing. Consider

also letting them know that the first appointment does not necessarily mean they will be accepted as patients, that treatment will not begin until you have determined you can help the patient, and that there is at least an initial agreement to the treatment plan. For information on avoiding risk when marketing your practice, see our article, "Risk Management Reminders for Online Marketing."*

7. Make sure you're receiving your information from reliable sources. When you hear of changes to state and federal laws that impact your practice, make sure you are getting all the facts. Rather than risk taking the wrong steps or worrying unnecessarily, reach out to your malpractice carrier or your professional organizations for their guidance.

8. Learn to ignore physician rating sites. While the vast majority of online reviews about healthcare professionals are positive, it can be very frustrating to see false, negative, and/or unfair comments posted about your professionalism and/or your or your clinic's treatment practices. Keep in mind that there are very few options in terms of response some responses will very likely generate more attention to the accusations in the post or may cause the poster to write additional bad reviews. For additional information, see our article, "10 Things About Online Reviews,"* and the APA's resource document on Responding to Negative Online Reviews.*

9. Connect with colleagues. Over the last couple of years, many psychiatrists have decided to make changes to their practices, including moving to another location or retiring completely. This may mean that the doctors you've always relied upon for a curbside consult or to cover you when you are out of town are no longer available. Think about getting involved with your local district branch, regional organization, or other professional groups.

10. Take a look at your active patient load. Are there certain patients whose demands are beginning to affect your enjoyment with your work? Do you have other patients whose conditions have become too complicated for one person to manage? Consider whether it would be in everyone's best interest to transition these patients to another psychiatrist, or as necessary, terminate them from your practice. For tips on terminating treatment without abandoning the patient, see our article, "Termination of the Physician-Patient Relationship."*

11. Make those doctor's appointments you've been putting off. In order to be your best for your patients, you have to take care of yourself first.

12. Avoid getting involved in your patients' legal matters. Psychiatrists are quite frequently asked to write letters, complete forms, or speak to attorneys in conjunction with their patient's legal matters. In granting these requests, you may find that you have inadvertently taken on a dual role, acting as both the treating and forensic psychiatrist. Although your intent is to help your patient, this may have a negative impact upon your treatment relationship if the patient's legal goals are not achieved or if you find yourself overextended by having to spend time on matters that are not directly related to treatment. For additional information on dual roles, see our article, "Myths and Misconceptions: the Treating vs the Forensic Role."*

***Website links for all resources can be found at www.PRMS.com/Resolutions**

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