

6. What confidentiality protections do I have regarding my interactions with the PWBC?

The deliberations of the PWBC are protected under California Evidence Code 1157. Individual members of the PWBC are bound to hold strictly confidential what they have learned either in Committee meetings or discussions with the referred colleague or with relevant third parties, subject to the requirements of relevant governmental laws and regulations and to the exceptions discussed below.

If a physician colleague is referred by an academic, clinical or administrative supervisor, limited information may be shared with the referring source regarding initial screening assessment conclusions and recommendations for further evaluation or work duty modifications.

If a determination is made that the referred colleague poses a danger to patient safety or a danger to him or herself, appropriate officials will be informed.

If a referred colleague fails to comply with requested assessment, evaluation, or monitoring recommendation, it is the responsibility of the PWBC to inform the referral source and/or the Medical Staff Executive Committee. PWBC is not a disciplinary body.

7. How will the PWBC serve as an advocate for the referred colleague?

Because PWBC members, by stipulation in the bylaws of the Medical Staff, are not allowed to be members concurrently of any committee that has review or authority over members of the medical staff, members are in a position to serve as advocates for referred colleagues who are compliant with PWBC committee recommendations and monitoring agreements. Examples of advocacy may include assistance with requests for information for credentialing and licensure (with informed consent) and negotiating with supervisors modifications of work schedules consistent with PWBC recommendations.

8. Can I bring anyone with me to the meetings with the PWBC?

It is the policy of the Committee that initial interviews with referred colleagues are conducted only with the unaccompanied referred colleague. Because the work of the Committee is non-disciplinary, legal counsel may not accompany the referred colleague.

9. If I am a house officer, do different policies apply regarding my interactions with the Physician Well Being Committee?

Yes, there are guidelines for trainees participating in UCSD Graduate Medical Education (GME) programs who may have potentially impairing conditions including, but not limited to, illicit drug use, alcohol use, personal stressors, mental health and medical conditions. We'll briefly summarize the guidelines for house officers.

First, at any time, a house officer may contact the UCSD Physician Well Being Committee to seek confidential assistance or to simply ask questions regarding personal concerns. We consider this to be a "self-referral."

Second, if a concern regarding potential impairment or a positive urine toxicology has been communicated to the Physician Well Being Committee, the responsible training Program Director will be notified.

Third, the Physician Well Being Committee will arrange for an assessment and will collaborate with the Program Director: (1) to plan treatment if impairment is documented, (2) communicate with the treating clinician(s) who determine whether the house officer can practice safely, (3) establish a monitoring plan for re-entry into the training program if such is necessary, and (4) generate broad stroke recommendations for the Program Director while preserving the trainee's privacy.

Further information about GME policies regarding potentially impaired house officers is available at: [https://meded.ucsd.edu/assets/6/File/https://meded.ucsd.edu/assets/6/File/GME%20006%20Guidelines%20for%20Managing%20Impaired%20Residents\(1\).pdf](https://meded.ucsd.edu/assets/6/File/https://meded.ucsd.edu/assets/6/File/GME%20006%20Guidelines%20for%20Managing%20Impaired%20Residents(1).pdf)

UCSD Physician Well Being Committee

Orientation for House Officers Referred to the Committee

June 2024

UC San Diego Health

1. What is the purpose of the Physician Well Being Committee (PWBC)?

The PWBC is a standing committee of the UCSDH Medical Staff. The mission of the PWBC is to “promote the well-being of the Medical Center’s Medical Staff and House Staff physicians by early intervention in cases of possible impairment and by facilitation of health promoting practices.” (UCSDH Medical Staff Bylaws)

2. How are members selected to serve on the PWBC?

Members are selected for specific expertise and experience and willingness to serve. An effort is made to appoint physicians with expertise in addiction medicine, psychiatry, and qualified persons recovering from alcoholism and other chemical dependence, in addition to those with a strong interest in physician well-being. It is important to emphasize that a physician shall not serve on both the PWBC and any committee that has review or authority over members of the medical and house staff.

3. Who are the current members of the PWBC and what Departments are they associated with?

CONTACT THE PWBC:

PWBC@health.ucsd.edu OR confidential 24/7 phone line (619) 471-9399

Members include:

Pam Jong, MD, Chair—Internal Medicine,
pjong@health.ucsd.edu

Jennifer Anger, MD—Urology
janger@health.ucsd.edu

Janet Crow, MD—Pediatrics
jcrow@health.ucsd.edu

Joseph D. Diaz, Jr., MD—Internal Medicine
jod018@health.ucsd.edu

Jeremy Hirst, MD—Psychiatry
jhirst@health.ucsd.edu

Simone Kanter, MD—Vice Chair, Internal Medicine
skanter@health.ucsd.edu

Ana Ramirez, PhD—Psychiatry
alr048@health.ucsd.edu

Ralph Saintfort, MD—Psychiatry
rsaintfort@health.ucsd.edu

Rachna Subramony, MD -Emergency Medicine
rsubramony@health.ucsd.edu

Mary Elen Trunko, MD -Psychiatry
metrunko@health.ucsd.edu

4. What are the duties of the PWBC?

The PWBC has the following duties as outlined in the Medical Staff By Laws:

- a. Be known by the Medical Center community as the resource where information and concern about the health of an individual physician can be delivered for confidential consideration and evaluation;
- b. Provide advice, recommendations and assistance to the physician in question and to the referring source; provide recommendations for the treatment and/or education; provide assistance in obtaining what is recommended; be an advocate for the physician. These resources will be provided in accordance with the committee’s goals, prior to and ideally in lieu of, referral to those hospital, medical staff, house staff, academic or governmental committees and agencies which might result in censure of practice and/or licensing problems;
- c. When applicable, develop a monitoring agreement to ensure that the physician is appropriately engaged in care.
- d. Assist physicians with re-entry to the workplace.
- e. Educate Committee members, the staff of the Medical Center and the members of the medical and house staff about physician health, well-being and impairment; about appropriate responses to different levels and kinds of distress and impairment; about treatment, recovery and monitoring; about the responsibilities of the medical staff in response to concerns about a physician’s health; about the importance of early intervention; and about appropriate resources for prevention, treatment, rehabilitation, monitoring and re-entry.
- f. The PWBC does not diagnose, treat, enforce, or discipline. The PWBC is not a crisis service.

5. What are the policies and procedures used by the PWBC when a physician colleague is first referred to the Committee?

Although each referral involves unique circumstances, we have established a few standardized procedures to facilitate a comprehensive and respectful initial assessment of colleagues who either self-refer or are referred by others to the Committee. These procedures include:

- a. Completion of an online screening questionnaire using validated instruments to assess health practices, medication and substance use, and psychiatric symptomatology. This survey is coded only with a unique numeric identification number assigned by the PWBC chair.
- b. An interview by 2 members of the PWBC, reviewing the results of the previously completed questionnaire with the referred colleague and discussing any health, work related, or personal issues relevant to the reason for referral. This interview is not a diagnostic process, but rather a screening assessment to assist the Committee in making recommendations for further evaluation if necessary.
- c. Referred colleagues are asked to sign a release of medical information form so that the Chair and/or involved committee members may communicate with your treating physicians and therapists. The Committee’s focus of such outreach is confirmation of engagement in care as well as overall progress.
- d. If the referring source has concern for substance use or questions arise during the assessment, a random urine toxicology screen may be requested.