

Internationale Beispiele Integration Ärztegesundheit in Lebenslauf von Ärztinnen und Ärzte

Healthness

England

- 2006 – Erkenntnis, dass Ärztegesundheit relevantes Thema ist
- 2007 – Prototyp PHP (Practitioner Health Programme) erstellt
 - Psych. Gesundheit
 - Sucht
 - Arbeitsmedizin
 - 24h Anlaufstelle
- 2008 Installation PHP (Practitioner Health Programme)



Beispiel: Handbuch Verhalten nach Suizid

Australien

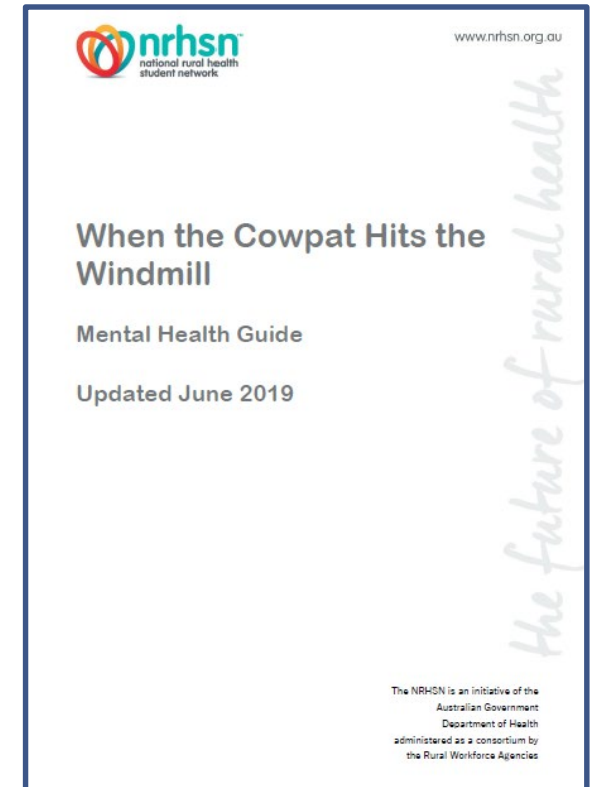
National rural health student network (nrhsn)

- When the cowpat hits the windmill – A guide for staying mentally fit written by students for students

Table of contents

Looking after your mental health and wellbeing is always important

- Section 1: Keeping track of your mental health - look, listen, act
- Section 2: Adapting to your new town and your position within it
- Section 3: Ways to maintain good mental health
- Section 4: Troubleshooting
- Section 5: Student's stories
- Section 6: Health professional's stories
- Section 7: Preparing for your new role or placement
- Section 8: National helplines and mental health services
- Section 9: State and territory help lines and mental health services
- Section 10: University support services



Kanada

- Mental health strategy for physicians in Canada – getragen von der Canadian Medical Association
- Guidebook for Managing disruptive Physician Behaviour (College of Physicians and Surgeons of Ontario)
 - Empfehlungen zur Integration von Ärztegesundheit im Curriculum Medizinstudenten
 - Empfehlungen zur Integration von Ärztegesundheit in Institutionen und Spitäler
- CanMeds Physician Health Guide (Royal College of Physicians and Surgeons of Canada)
 - Handbuch für Ärztegesundheit

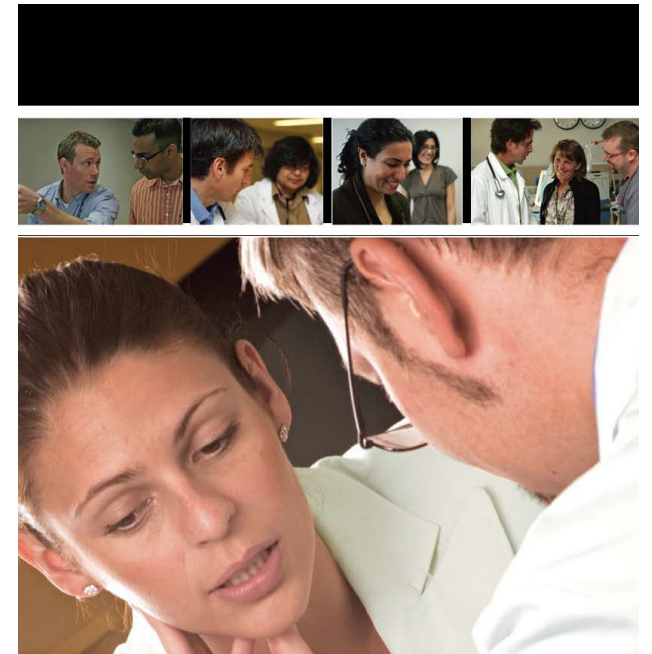


FIGURE 1.
Conceptual Framework for Physician Health

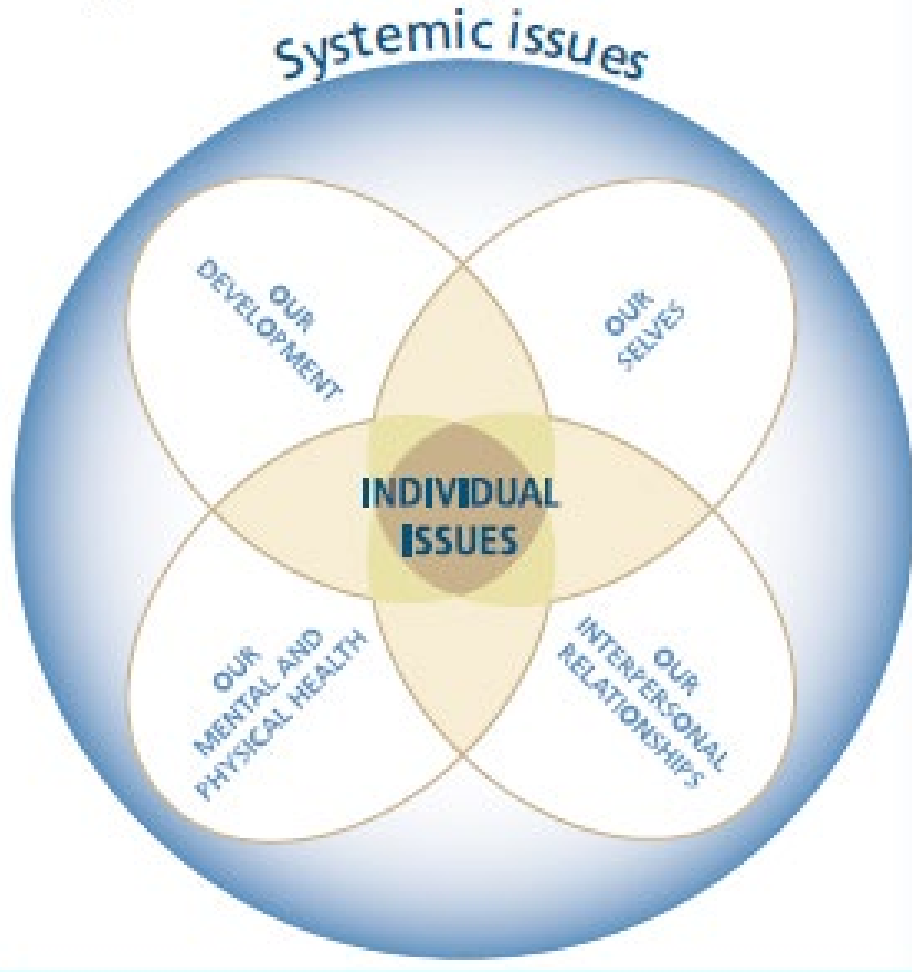
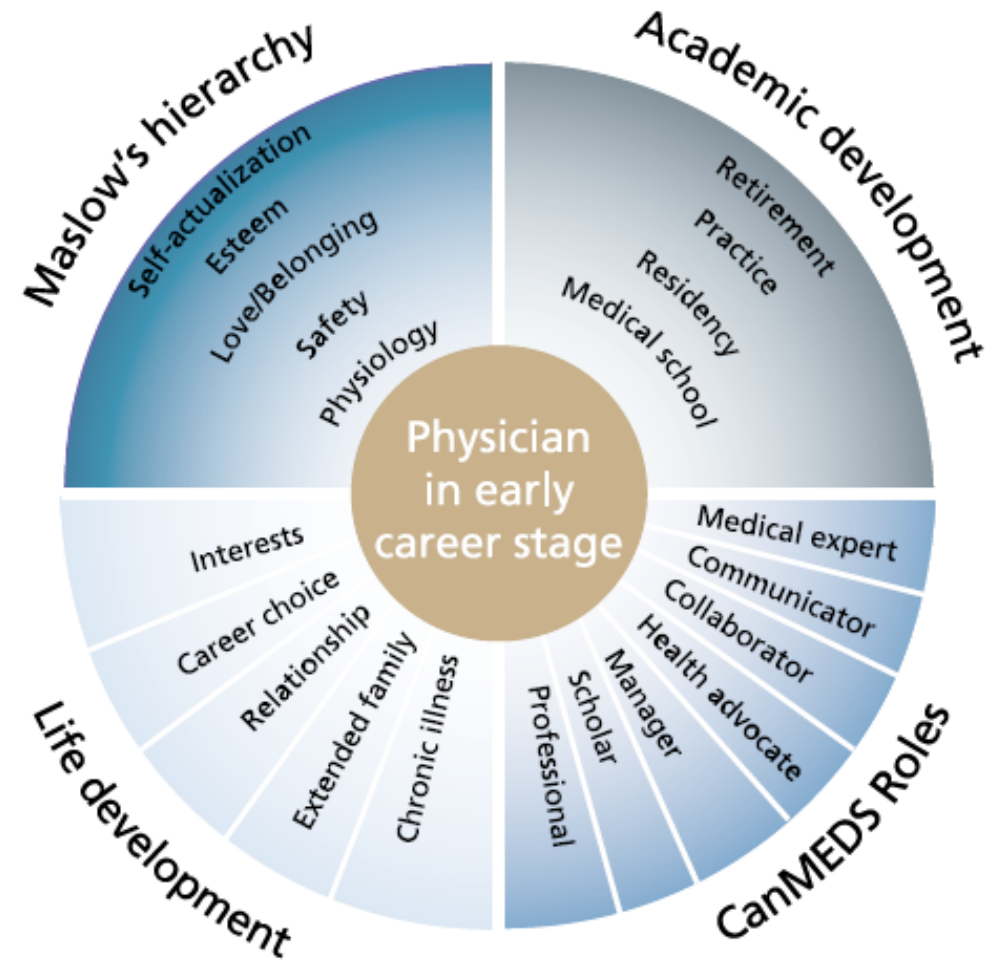


Figure 3. The physician's life-cycle



USA

- Programm Physician Health Healthier Life steps (American Medical Association ama assn)
 - U.a. Screening Empfehlungen – auch für Burnout und Depression
 - Lebenslange Begleitung der Ärzte
- Physician Health e-Letter
 - Aktuelle Informationen zu Ärztegesundheit und Kontaktmöglichkeiten
- Suicide Awareness Projekt für Medizinstudenten, Colorado
- Policies related to Physician Health (AMA – departement of Physician Health & Health Care Disparities)
- Washington Physician Health Program
- Stanford Medicine
 - Angebot WellMD (Zentrum für Ärztegesundheit)
- Work & Wellbeing Toolkit for Physicians (Colorado)
- Kostenrechner für Ausfälle durch Burnout
- Spezielle Angebot für Frauen in der Medizin

USA – resources and toolkits

Identifying and Addressing Burnout

American Medical Association – [Mini-Z Burnout Inventory](#) (*Screening/Survey Instrument*)
 American Medical Association – [Physician Wellness: Preventing Resident and Fellow Burnout](#) (*Educational Module*)
 American Medical Association – [Preventing Physician Burnout](#) (*Educational Module*)
[Maslach Burnout Inventory](#) (*Screening/Survey Instrument*)

Promoting Well-Being

American Academy of Sleep Medicine [SAFER Program](#) (*Educational Module*)
 American Medical Association – [Improving Physician Resiliency](#) (*Educational Module*)
 Association of Pediatric Program Directors – [Optimizing Your Mentoring Relationship: A Toolkit for Mentors and Mentees Via MedEdPORTAL](#) (*Toolkit*)
 LIFE Curriculum Guides: [Guide 1](#) and [Guide 2](#) (*Educational Modules on Resident Well-Being, Fatigue Mitigation, Substance Abuse and Other Challenging Situations*)
 Mayo Clinic [Well-Being Index](#)
[Professional Quality of Life Scale](#) (*Screening/Survey Instrument*)

Examples of materials designed by specific institutions:

Johns Hopkins Medicine [Resident Wellness Toolkit](#) (*Toolkit*)
 Oregon Health & Science University [Wellness Resources](#) (*Toolkit*)
 University of Colorado [Well-Being Resources](#) (*Toolkit*)

Assessing and Addressing Emotional and Psychological Distress/Depression /Suicide –
 Improving Working and learning Environment – Coping with Tragedy...

Schweiz

- Bewilligungsvoraussetzungen im MedBG Art. 36, Abs.1 c
 - Physische und psychische Gewähr für eine einwandfreie Berufsausübung
- Profiles
 - Goal 7.9: allocate personal time and resources effectively in order to balance patient care, learning needs, and private activities outside the workplace, and to sustain their own health; recognize excessive stress; recognize their own substance misuse or personal illness in order to protect patients
- ReMed (noch) nicht für Medizinstudenten
- Coach my Career
- CAS Qualität in der Medizin für die patientennahe Arbeitspraxis

CAS / Qualität in der Medizin für die patientennahe Arbeitspraxis

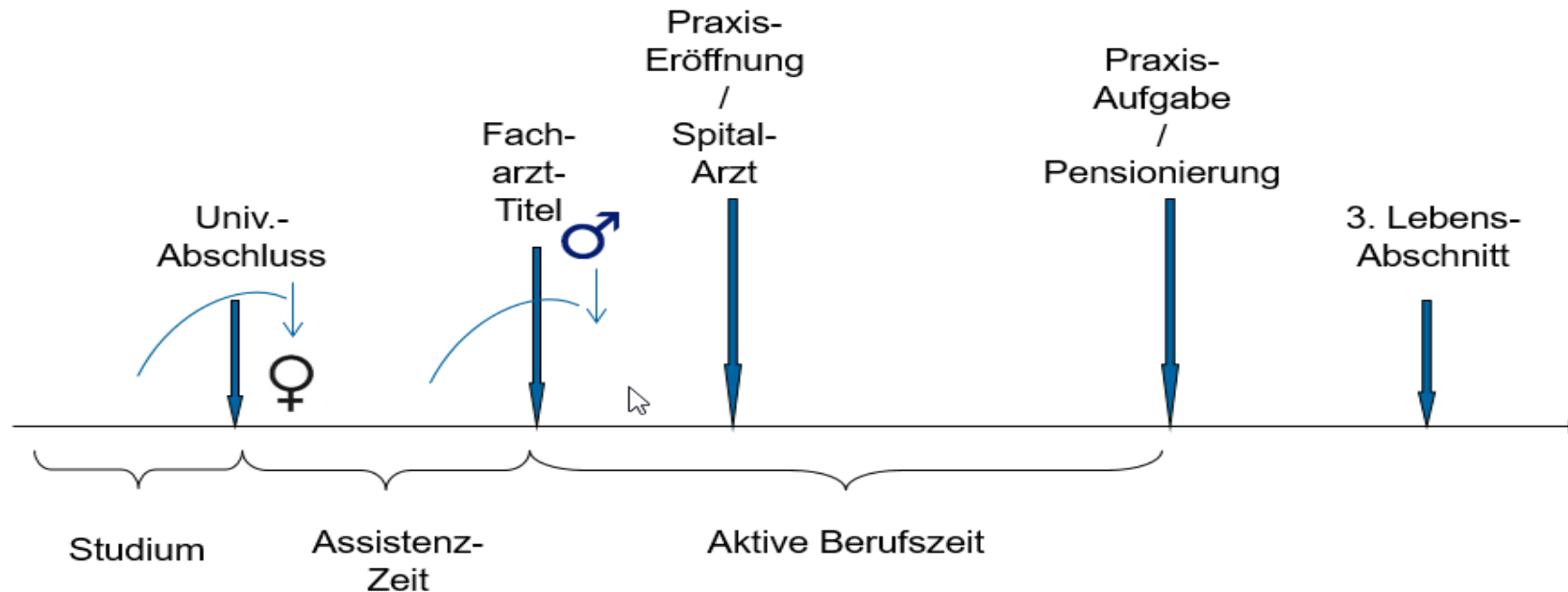
Inhalte und Module

- Modul 1: *Verständnis für Bedeutung und Ausweis von Qualitätsarbeit, stete Qualitätsverbesserung im Alltag*
- Modul 2: *Von der Erfassung eines Problems zur Erarbeitung eines Qualitätsprojekts mit Hilfe von «Design Thinking»*
- Modul 3: *Massnahmen der Qualitätsverbesserung*
- Modul 4: *Patientensicherheit, Beurteilung von Risiken und entsprechende, (präventive) Massnahmen*
- Modul 5: *Die Mitwirkung der Patientinnen und Patienten und Verbesserung der Patientenversorgungsqualität*
- Modul 6: *Die eigene Gesundheit als Voraussetzung für Qualität in der Medizin*
- Zusatzmodul 7: *Kommunikation und Recht, Skills-Training*
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**Herzlichen Dank für die
Aufmerksamkeit**

Mögliche Ansatzpunkte für Integration Ärztegesundheit

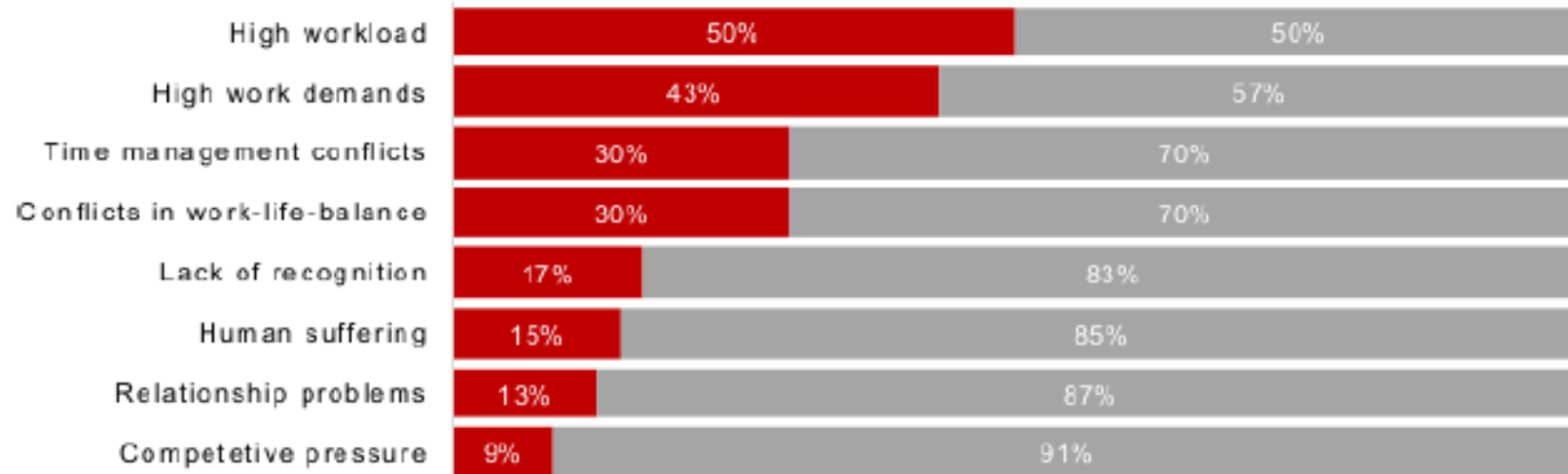
Prevention through the lifespan Priorisierung der Interventionen



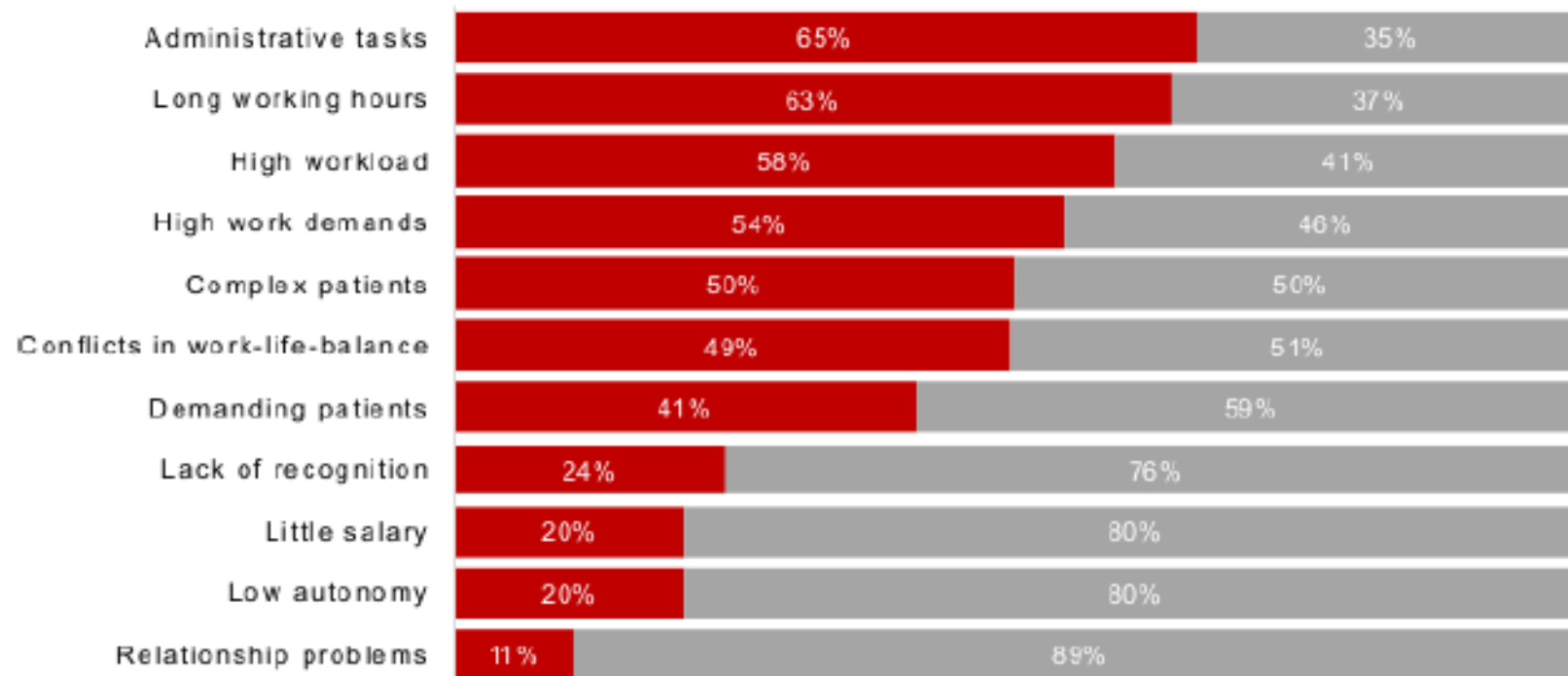
Identifizierte Stressfaktoren

(Lindenmann et al. Assessing the mental wellbeing of next generation general practitioners: a crosssectional survey)

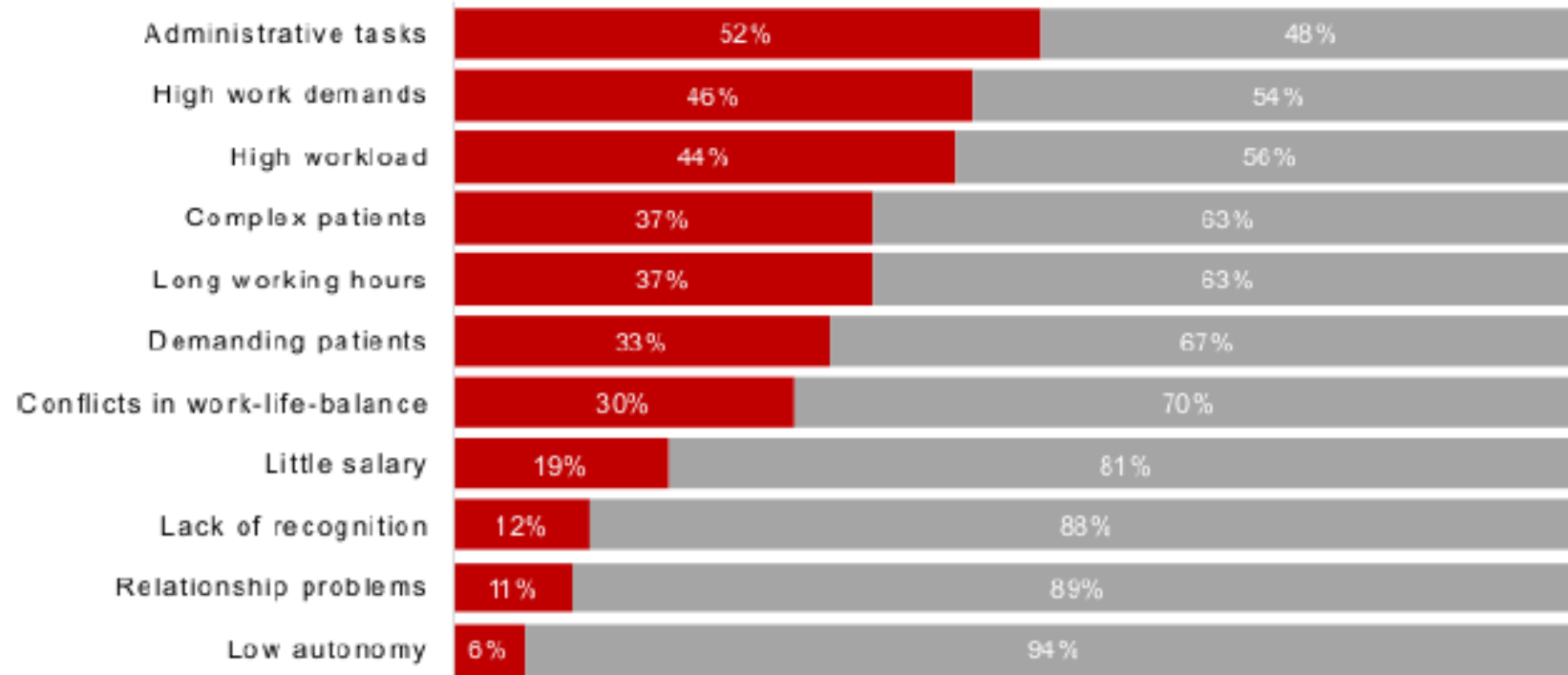
Students



Residents



Early-career GPs



Unterstützungsbedarf

Table 4 Support requests for optimisation and long-term preservation of mental wellbeing

Frequency	Main theme	Examples mentioned
19%	Improving work-life balance	<ul style="list-style-type: none"> • family-friendly working environment • acceptance and promotion of part-time work • less shift-work • improving childcare
19%	Reduction of administrative tasks	<ul style="list-style-type: none"> • assistance from non-medical staff • use of electronic medical records • efficient computer programs
11%	Shorter working hours and adherence to breaks	<ul style="list-style-type: none"> • no overtime • adherence to breaks
10%	Improvement of education and training	<ul style="list-style-type: none"> • regular mentoring at all training levels • improving feedback culture, dealing with mistakes • close supervision • improving teaching
10%	Workload reduction	<ul style="list-style-type: none"> • more time for individual patient • reduction of high work demands • measures against the lack of family doctors
6%	Good team atmosphere and collegial exchange	<ul style="list-style-type: none"> • regular exchange among colleagues • organised case discussions
6%	Recognition	<ul style="list-style-type: none"> • by superiors, colleagues, and environment
5%	Salary adjustment	<ul style="list-style-type: none"> • possibility of calculating work in the absence of patients (preparation and follow-up time)