

The PHMP Practice Monitor Role in an Educational Setting

Introduction

CPSA's Physician Health Monitoring Program (PHMP) uses practice monitors as part of a comprehensive approach to physician monitoring. For a practising physician, the practice monitor is often a work colleague, a facility chief, or department head. These individuals would be aware of any problems that might arise in the physician's practice, and they have sufficient independence to be able to report frankly to PHMP if problems occur. Occasionally, more than one practice monitor may be used where a physician has multiple workplaces to ensure adequate oversight of the physician's work. The role is valuable to PHMP as it has been effective in highlighting problems in an individual's practice before any change in health was apparent or reported to PHMP.

In an educational setting, the situation may be different. The learner (usually a student, resident, or fellow) typically works within an existing hierarchy where there is already considerable oversight, including oversight of their work. In some ways this makes the use of a 'practice monitor' more straightforward as existing reporting mechanisms can be used. However, in an educational setting, multiple supervisory and oversight mechanisms may exist, and there may be a number of possibilities in terms of who acts in a role to oversee the learner's work and ensure that work is not impacted by their health condition.

This document is intended to review the current situation and consider the possibilities for which office or agency might best act in this role. It is not intended to be prescriptive, but rather to initiate a conversation, recognizing that a 'one-size fits all' approach may not be appropriate in every situation.

Purpose of the practice monitor

For PHMP the practice monitor role is important. Monitoring for an individual with a health condition may contain three elements:

1. health monitoring via reports from the physician's treating practitioners or on occasion from independent assessors;
2. biological monitoring which is usually instituted for physicians with substance use disorders; and
3. practice monitoring which is intended to identify any impact of the relevant health condition on the physician's practice.

PHMP only has relevance where a health condition impacts practice, or there is a risk it will impact practice. It is also recognized that for some health conditions, changes in behaviours and demeanour at work may precede recognizable changes in health, and so the practice

monitor may act as an 'early warning' that something is changing in the physician's world, providing the opportunity to intervene early and hopefully get the physician the support needed.

The practice monitor is not intended to intervene on behalf of PHMP, but rather to report back accurately to allow PHMP to make decisions about any necessary intervention. It is also important to recognize the distinction between a practice monitor and a health monitor. The practice monitor is not asked to comment on an individual's health, but rather to report on their clinical performance and/or professional conduct, and particularly to contact PHMP with some urgency if they have concerns that the physician's ability to practise may have deteriorated to the point where patient care could be at risk.

Practice monitoring process

The practice monitor role can be difficult and demanding. It is not intended to provide minute-by-minute supervision of a physician, but rather a broader oversight. In some instances, a formal review, for example a file review, may be included, but usually it is relatively informal, meeting and talking about work and issues within work. A practice monitor will be asked to periodically complete a brief report back to PHMP, and if they are concerned between these reports to contact the PHMP by telephone or email to share their concerns. As noted above, they are not asked by PHMP to intervene themselves.

This should fit comfortably within an educational setting. A supervisory structure already exists, and an existing supervisor can usually be asked to take on this practice monitoring role, reporting periodically to PHMP in addition to their other supervisory duties, and the advantage of having access to the information coming to them from their supervisory role. The intent is to make the role as least onerous as possible while also ensuring it is effective.

The difficulties that can arise for a practice monitor often do so in the context of role conflict, and independence. Given the pre-existing hierarchy within an educational setting, independence is rarely an issue for a supervisor. However, it is important that the practice monitor role is undertaken in a way that is perceived by all as unbiased and fair. Similarly, role conflict rarely emerges as a significant issue when dealing with learners as the office or agency acting in the practice monitor role is usually already acknowledged to be acting in a supervisory capacity, often more intensively than typical of practice monitoring.

Confidentiality and privacy

Confidentiality and privacy are constant concerns for individuals involved with PHMP. There is a perceived stigma in both having a health condition, and in having to interact with PHMP. Physicians and learners are often very reluctant to disclose their interaction with PHMP to those with supervisory authority over them. They often fear they may be viewed less favourably academically because of their interaction with PHMP. Learners are also often concerned about their health information being known to supervisors. This can be a particular problem in a health care setting where clinicians acting as managers may ask about health as this is what they are accustomed to doing. A work or academic supervisor

has only a limited right to know about the health of a learner, although a learner may choose to share more, if comfortable.

While a practice monitor is not asked to report to PHMP about a physician's or learner's health, inevitably some knowledge of the health condition must be made available to them so they understand the likely impact on practice. This is what often causes the most acute worry for the physician or learner - that the health knowledge will somehow prejudice their future academic evaluation.

Requirements for practice monitor

There are three essential requirements for an individual acting in the practice monitor role:

1. Practice monitors must have access to information on the monitored individual's performance in the workplace. Typically, in a learning environment such information is collected regularly as a part of academic supervision. If a medical learner were struggling with any of the CanMEDS roles, this would potentially be a sign that their health condition was in some way deteriorating.
2. Practice monitors must be willing to report to PHMP and have time to report. While every attempt is made to minimise the onus placed on those acting in a practice monitor role, there is an expectation that they will reactively respond to a request for a written report approximately quarterly initially, and that if an immediate or serious concern arises in the workplace that they will proactively contact the PHMP.
3. Practice monitors must be willing to report accurately and without bias. If practice monitor reports are to be of use to PHMP, they must be able to rely on them as a true statement. It is important to remember that they may be used in the formal processes of CPSA including in a Hearing, or even in court. A practice monitor shoulders significant responsibility when taking on the role. The issues of role conflict and independence of the practice monitor come to the forefront in this part of the role.

While no one individual, office, or agency exclusively meets these criteria within a learning environment, there may be advantages and disadvantages for a given learner, the educational institution, and PHMP in who acts in this role.

Current position

Usually, the practice monitor role is filled by the UME/MD office for undergrads, while for postgraduate trainees, including residents and fellows, it is typically filled by the residency program director or equivalent. Other faculty advisers are also sometimes used based on an individual learner's situation, for example if the health condition in some way arises out of a relationship within the educational structure. The PGME office has a legitimate role to play with postgraduate trainees, and the balance between the residency program director and the PGME office is usually established on a case-by-case basis. Sometimes, other agencies within educational institutions are also approached to provide information, including the Office of Advocacy and Wellness (OAW) at the University of Alberta and Student Advice and Wellness at the University of Calgary. The current situation seems to work reasonably well,

with the role of practice monitor being determined on a case-by-case basis taking account of individual circumstances.

Moving forward

Because of the changing environment for learners, and the wish of all parties to best support learners, as well as protect patients and the public, it is worth considering:

1. who is best placed within an educational setting to fill the role of practice monitor;
2. is it best to have more than one office or agency acting in that role; and
3. are there other considerations PHMP should be aware of.