

COMPLETE CLINICAL CONFIDENCE



LATE CAREER PHYSICIAN EVALUATIONS

## CPE Fall Meeting

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# LIFEGUARD HISTORY



- Offering evaluations and assessment since 2009 (Beta)
- Expanding outreach in 2011
- Late Career Fitness for Duty evaluation starting to be offered in 2015
- Move to not-for-profit Foundation in 2016



# Late Career Physician Screening



- A scaled- down version of our “full” late career evaluation
- Screening evaluation of physicians who usually 65-70+ years of age – perhaps based on adoption of screening poliy
- No concerns about medical practice
- Evaluations are performed to determine if there may be developing problems with physical or cognitive health
- Screening includes:
  - Physical exam
  - Cognitive screening
  - Functional capacity



# Neurocognitive Screening



- Neuropsychological battery chosen because of sensitivity to potential early dementia/mild cognitive impairment
- Included IQ screen, memory, orientation, attention, language skills, visual spatial skills and mental flexibility
- Mood screening instrument included
- Battery is static unless otherwise indicated by factors such as language and culture, which facilitates serial evaluations, and data collection



# Physical Examination



- Evaluation of the physician's physical well-being
- Determination of a physical deficit or medical condition that may impact the physician's abilities to practice
- No lab or diagnostic studies completed
  - May be a follow-up recommendation



# Functional Capacity Examination



- Assessment of clinical function
- Assessment of functional ability
- Assessment of functional work tolerances



# Late Career Physician Assessment



- Typically conducted in a “for cause” situation
- Includes the following assessment measures:
  - Neurocognitive Full Assessment
  - Physical Examination
  - Functional Capacity Evaluation
  - Neuropsychiatric Examination
- May include other assessment measures as applicable, such as:
  - Chart Review
  - Practice Evaluation
  - Simulation
  - 360 Multi-source feedback from co-workers and colleagues



# Neurocognitive Assessment



- Comprehensive neuropsychological evaluation includes full assessment of a broad array of cognitive domains
- Full IQ benchmark assessment
- Emphasis on higher order planning, problem solving and mental flexibility, multiple measures of memory functioning and a full personality assessment
- Tests are chosen based on the referral/concerns at the time of testing





# Physical Examination



- Similar to screening but may include more specific evaluation
- Visual and hearing testing
- No lab or diagnostic testing is completed
  - May be a follow-up recommendation



# Functional Capacity Examination



- Similar to the screening process
- May be more focused on specific issues that have been communicated or discovered during intake and interview process
- Determine the physician's ability to meet demands of the job



# Psychiatric Examination



- Use to assist in the determination psychiatric diagnosis related to the neurocognitive assessment findings
- Validate cognitive deficits providing remediation, when applicable



# CRITICAL QUESTIONS



## ➤ Practice Domain

- Does the physician have the functional capacity to safely provide medical care?
- Does the physician have the medical knowledge necessary for specific area of focus?
- Will remedial education help, in the event that deficits are discovered?

## ➤ Medical/Physical/Psycho-Social/Cognitive

- Does the physician have the physical capacity to perform the work needed?
- Does the physician have the neuro/psychological/cognitive to perform work safely?
- Are there any other underlying stressors that haven't been properly treated or addressed

## ➤ Structural and Organizational Environment/System Adaptations

- Are there structural or organizational adaptations that can be made?
  - Not taking night call
  - Reduction of the number of patients seen in a day
  - Overall reduction of work hours



# Referral Sources for Late Career Assessments



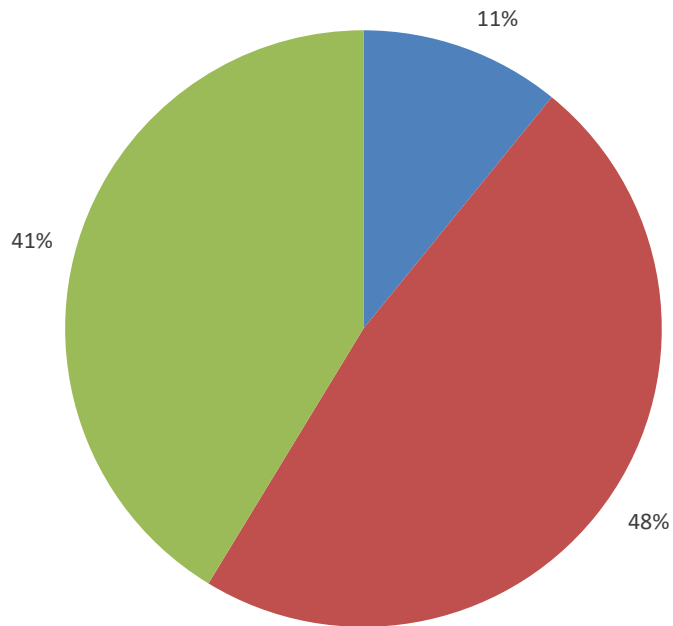
- Health systems/Hospitals
- Large independent physician practices
- Physician Health Programs
- Licensure Boards
- Self-referrals



# LifeGuard Referral Sources



## Referral Sources



- Fitness for Duty - Late Career Health/Cognitive Concern: Other Referral Source
- Fitness for Duty - Late Career Health/Cognitive Concern: Referred by Hospital
- Fitness for Duty - Late Career Other Health/Cognitive Concern: Other Referral Source



# Late Career Outcomes



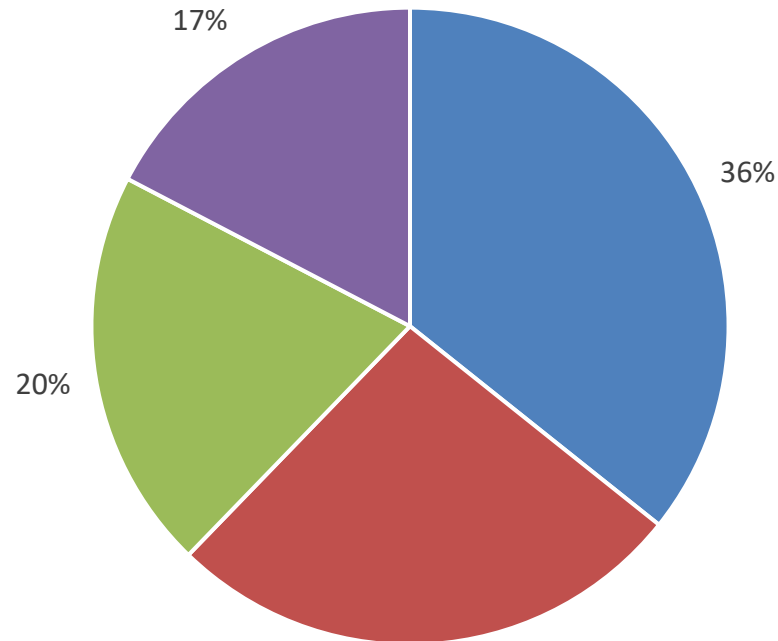
- No issues or concerns - continue to practice
- Continue to practice with recommendations
- Recommendations prior to resuming practice
- Should not continue to practice



# What are the Outcomes?



Outcomes



■ Okay to practice   ■ Recommendations   ■ Recommendations prior to practice   ■ No practice





# The HARSH Reality for Late Career Physicians – LifeGuard Findings



- Onset of cognitive issues are often insidious
- Physicians typically don't have insight to their own neurological or cognitive problems
- Higher than anticipated issues with significant impairment
  - the problem/concern has been developing for a period of time and now has come to a crisis point
- Problems can't be ignored following a catastrophic event or occurrence



# Questions and Answers

Thank you!

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