

# Healthcare Professionals

Physicians, nurses, pharmacists, and healthcare workers

Professionals Program · The Recovery Files

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## Common challenges this program addresses

- Access to medications and substances
- High-stress environments and burnout
- Fear of license revocation
- Stigma within the medical community
- Perfectionism and impostor syndrome

## Recovery modules

☐ Module 1: The Healer's Paradox Caring for others while neglecting self 0 of 5 sections done ☐  
 Module 2: Access & Accountability Managing high-risk environments 0 of 5 sections done ☐ Module 3:  
 Navigating Monitoring Programs Health programs, licence fears and staying in the process 0 of 5  
 sections done ☐ Module 4: Returning to Practice with Integrity Perfectionism, impostor feelings and a  
 recovery-compatible career 0 of 5 sections done

## Module 1: The Healer's Paradox

### Caring for others while neglecting self

Healthcare work runs on caring for others. Many clinicians are very good at noticing pain in a patient and very poor at noticing it in themselves. This module looks at how that pattern opens the door to self-medication, and how to start receiving care as well as giving it.

- ☐ 1. Compassion fatigue and addiction ☐ 2. Breaking the cycle of self-medication ☐ 3. How I care for myself ☐ 4. Rebuilding professional identity ☐ 5. Receiving care

Read

## Compassion fatigue and addiction

Compassion fatigue is the exhaustion that builds from repeated exposure to other people's suffering: numbness, irritability, dread before shifts, a sense that you have nothing left to give. It is common in healthcare, and it is not a character flaw.

Compassion fatigue and addiction are different problems that often travel together. Fatigue creates a need for relief; substances offer fast, private relief; the relief makes the next shift possible — until the substance becomes its own problem. Treating only the fatigue leaves the addiction in place, and treating only the addiction leaves the fatigue waiting.

### Key points

- Compassion fatigue is an occupational injury, not a weakness
- It often creates the need that substances then fill
- Recovery needs to address both the fatigue and the addiction

## Breaking the cycle of self-medication

Clinicians know a great deal about medications, which can make self-medication feel informed and controlled: "I know the doses. I know what I am doing." That confidence is part of the illness. Knowledge about substances has never protected anyone from addiction to them.

The cycle usually runs: stress or pain → private relief → short-term functioning → growing tolerance and secrecy → more stress. Breaking it means replacing private relief with shared care: a physician of your own, a counselor, a peer group of clinicians in recovery, and honest rest.

- Clinical knowledge does not protect against addiction
- Private relief keeps the cycle going
- Shared care — your own physician, counselor and peers — breaks it

Self-check

## How I care for myself

Rate how true each statement is for you right now.

**1 = Not at all · 5 = Almost always**

I put my patients' needs ahead of my own basic needs (sleep, food, rest)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I feel numb or detached after shifts

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I find it hard to be a patient myself

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I believe I should be able to handle stress without help

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I used substances to get through or recover from shifts

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Reflect

## Rebuilding professional identity

What first drew you to healthcare? Is that still true for you?

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How has being "the one who takes care of everyone" made it harder to accept help?

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What would it look like to be a clinician who also lets themselves be cared for?

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Plan

## Receiving care

### My own care team

Your physician, counselor, sponsor or peer group — names if you have them.

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One self-care need I will protect every shift

A meal, a break, water, a few minutes outside.

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What I will do after a hard shift instead of seeking private relief

A call, a meeting, a walk, a set routine.

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## Module 2: Access & Accountability

### Managing high-risk environments

Few professions work as close to addictive substances as healthcare does. Access is part of the job for many clinicians, which means recovery needs a deliberate safety plan for the workplace — built with others, not carried alone.

- ☐ 1. Safety plans in healthcare settings ☐ 2. Accountability systems and peer support ☐ 3. My workplace protections ☐ 4. Ethical decision-making in early recovery ☐ 5. My workplace safety plan

### Safety plans in healthcare settings

A workplace safety plan names the situations that are risky for you and decides, in advance and with others, how they will be handled. It may include changes to your duties for a period, arrangements around medication handling, and people you will tell when you are struggling.

Making a plan is not an admission that you cannot be trusted. It is the same thinking you would apply to any patient safety risk: identify the hazard, put protections in place, and review them.

- Name risky situations ahead of time
- Build the plan with others — your monitoring program, supervisor or counselor
- Treat it like any patient-safety protection

## Accountability systems and peer support

Accountability in healthcare recovery often includes outside structures — monitoring, workplace agreements, regular check-ins. They can feel intrusive at first. Many clinicians later describe them as protection: proof of recovery that speaks louder than reassurance.

Peer support matters just as much. Groups of clinicians in recovery understand the particular shame, stigma and pressure of this field in ways others may not. Being known by people who have walked the same road reduces isolation, one of the strongest risks for relapse in healthcare.

- Accountability can become protection and evidence of recovery
- Clinician peer groups understand the field's particular stigma
- Isolation is a major relapse risk; connection is protective

Checklist

## My workplace protections

Tick what is in place for you.

- ☐ I know which work situations are highest-risk for me
- ☐ Someone at work or in my monitoring program knows my plan
- ☐ I have agreed arrangements for any duties that involve medication access
- ☐ I have a clinician peer group or meeting I attend
- ☐ I know who to call during a shift if I am struggling
- ☐ I review my plan regularly with someone I trust

## Ethical decision-making in early recovery

In early recovery, which work decisions feel hardest to make clearly — and who could you check them with?

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Is there anything at work you are keeping secret right now? What would it take to bring it into the open?

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What does a recovery-compatible practice look like for you — hours, setting, duties?

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## My workplace safety plan

My highest-risk situations at work

Settings, times, tasks.

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The protections I will put in place

Agreed with your program, supervisor or counselor.

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My mid-shift contact

Who you will call or text, and what you will say.

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When and with whom I will review this plan

A date and a name.

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## Module 3: Navigating Monitoring Programs

Health programs, licence fears and staying in the process

Many healthcare professionals enter recovery through a physician health program, nurse alternative-to-discipline program, pharmacist program or board monitoring. Requirements differ by profession and state, so your program and your own advisers are the authority on your specific case. This module is about the mindset and habits that help people complete monitoring well.

- ☐ 1. Fear of losing your licence ☐ 2. Working with your program, not against it ☐ 3. Where I am with monitoring ☐ 4. Stigma within the medical community ☐ 5. My monitoring habits

### Fear of losing your licence

Fear of losing a licence keeps many clinicians from asking for help until a crisis forces it. That fear is understandable — the licence represents years of training and your livelihood.

Many health programs exist so that clinicians can get treatment and keep practising safely. Programs differ by state and profession, and outcomes depend on individual circumstances, so speak with your program, your licensing board's published guidance, or an attorney who knows professional licensing about your own situation. What tends to protect careers is engagement and honesty; what tends to endanger them is continued use and concealment.

- Fear of licence loss often delays help
- Many programs exist to help clinicians recover and keep practising safely
- Rules vary — your program and advisers are the authority on your case
- Engagement and honesty generally protect careers more than concealment

## **Working with your program, not against it**

Clinicians are used to being the expert. In monitoring, someone else sets the terms. It is common to feel resentful, to negotiate, or to treat requirements as a test to pass rather than support to use.

People who do well tend to treat monitoring as part of their recovery: they keep careful records, meet requirements early rather than at the last minute, raise problems before they become violations, and use their case manager as a resource.

- Resentment about monitoring is common and worth talking through
- Meet requirements early and keep your own records
- Raise problems before they become violations

## Where I am with monitoring

Rate how true each statement is for you.

I feel ashamed that I need to be monitored

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I resent the requirements of my program

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I worry colleagues will find out

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I treat requirements as something to get through rather than something that helps

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I avoid talking to my case manager about problems

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

## Stigma within the medical community

What messages did you absorb in training about clinicians with substance use problems?

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How do those messages affect the way you see yourself now?

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Who in healthcare could you be honest with about your recovery?

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## My monitoring habits

How I will keep track of my requirements

A calendar, a checklist, reminders.

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What I will do if I think I may miss a requirement

Who you will contact, and how quickly.

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Questions I need to ask my program or an adviser

Write them down so you do not forget.

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## Module 4: Returning to Practice with Integrity

Perfectionism, impostor feelings and a recovery-compatible career

Going back to clinical work after treatment or time away is a major step. It often brings perfectionism, impostor feelings and fear of being judged. A planned, honest return protects both your patients and your recovery.

- ☐ 1. Planning the return ☐ 2. Perfectionism and impostor syndrome ☐ 3. Return readiness ☐ 4. Practising with integrity ☐ 5. My return plan

### Planning the return

A good return-to-practice plan is usually agreed with your treatment team and any monitoring program. It may include a gradual return, limits on hours or duties for a time, a named workplace contact, and regular reviews.

Returning too fast — taking every shift to prove yourself or to catch up financially — is a common risk. Pace is part of safety.

- Agree the plan with your treatment team and program
- A gradual return is often safer than proving yourself fast
- Build in regular reviews

## Perfectionism and impostor syndrome

Healthcare culture prizes being right. In early recovery, every small mistake can feel like proof that you do not belong back in practice. That perfectionism is exhausting, and exhaustion is a relapse risk.

Competence and humanity can coexist. Good clinicians make mistakes, disclose them, learn and continue. Your recovery gives you practice in exactly that: honesty, asking for help and steady improvement.

- Perfectionism in recovery is exhausting and risky
- Good clinicians make mistakes, disclose them and learn
- Recovery skills are also good clinical skills

## Return readiness

Tick what is in place before or during your return.

- ☐ My treatment team supports my return
- ☐ I have a written return-to-practice plan
- ☐ I know my limits on hours and duties for now
- ☐ I have a named contact at work
- ☐ I have decided what, if anything, I will tell colleagues
- ☐ My recovery routine fits around my work schedule
- ☐ I have a plan for my first hard shift back

## Practising with integrity

What are you most afraid of about returning to practice?

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What would practising with integrity look like on an ordinary day?

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How could your own recovery make you a better clinician for patients who struggle with substances?

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## My return plan

My pace for the first three months

Hours, shifts, duties.

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What I will say if a colleague asks where I have been

A short, honest answer you are comfortable with.

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My plan for my first hard shift back

Who you will contact and what you will do afterwards.

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How I will know I need to slow down

Warning signs you and your team agree on.

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