

**The Impatient
Patient Time
and Stress
Management
for Doctors**

**By Dr. J.W.
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I dedicate this book to Jill, Andrew,
Stephen, James, Kristy, my father and my
mother.

Thanks

To Michele Chinn my secretary who has taught me most of this and to Lionel Conacher who was my mentor and interested me in time management.

TABLE OF CONTENTS

INTRODUCTION.....	1
TOO MANY PATIENTS.....	3
IMPROPER DELEGATION.....	5
PAPERWORK AND E-MAILS.....	7
INTERRUPTIONS.....	9
MULTI-PROBLEM PATIENTS....	11
SENIORS.....	12
TOO MANY OUTSIDE JOBS.....	13
NO COMPETITON.....	15
COUNSELLING.....	16
NEVER TAUGHT TO BE EFFICIENT.....	17
VACATIONS.....	21
PRESCRIPTION RENEWALS.....	22
MISSED APPOINTMENTS.....	22
INTERNET DOWNLOADERS.....	23
COMPUTERS.....	23

FATIGUE.....	23
DEMENTIA.....	24
TOOL KIT.....	30
MEDICAL WEBSITES.....	38
STRESS MANAGEMENT.....	39
DIAGNOSIS OF STRESS IN YOURSELF.....	39
TREATMENT OF STRESS.....	40
ANGRY PATIENTS.....	49
HIGH NEEDS FAMILIES.....	50
MONEY.....	50
ON CALL.....	51
YOUNG KIDS.....	53
ABOUT THE AUTHOR.....	76
BIBLIOGRAPHY.....	77

Bonus Section

How to Inoculate Yourself Against Malpractice	78
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INTRODUCTION-

Why are so many doctors late so often? We are teased about this almost as much as for our bad handwriting. Sometimes it's impossible to be on time with emergencies and flu epidemics or if someone breaks down sobbing in your office. But a lot of times we **can** be on time if we recognize and get control of all the time wasters in our day. We can learn to be on time just like we can learn to golf, er, sorry bad example. Let's go with this. We can learn how to be on time just like we can learn how to ride a bicycle. Let's look at the top ten reasons doctors are late and see how you and your staff can learn how to change them.

Top 10 Reasons Doctors Are Late:

- 1- Too Many Patients
- 2- Improper Delegation
- 3- Paperwork and E-Mails
- 4- Interruptions
- 5- Multi Problem Patients
- 6- Seniors
- 7- Too Many Outside Responsibilities
- 8- No Competition
- 9- Psychological Counseling
- 10- Never Taught How To Be Efficient

Why be on time?

A lot of doctors see it as a badge of quality to have an overflowing waiting room. It means we are sought after. But the patients are not happy. Their time is valuable too and they will complain to friends, family and your staff but not to you. When they finally get in to see you they will take much more time just to 'get their money's worth'.

Also they will suffer more pain and worry.

You will end up missing breaks, lunch and get home late, tired and worn out. This can lead to stress and burnout for you and

put pressure on your personal relationships. If you feel rushed you may end up cutting corners and missing diagnoses.

You can end up losing the joy of medicine that you had as a young medical student.

Wouldn't it be wonderful to start your day on time with all your paperwork and emails done, an empty in basket, happy staff and patients? How about an hour and a half for lunch uninterrupted by the phone and then leave for home at 5 pm sharp to enjoy the evening with your loved ones and friends without a bulging briefcase?

If you solve these 10 problems you too can be on time.

1- TOO MANY PATIENTS:

This is a huge problem world wide with an ageing population and sicker more demanding patients. Our city Cambridge, Ontario, Canada was one of the most under serviced in Canada for years and only in the past 3 years do we have enough family physicians thanks to the

work of our local doctor recruitment task force.

You can advertise at your hospital and with the aid of your medical staff secretary you can get an assistant to help you. This could be a part time doctor just starting a family or an older one looking to wind down their practice. You can offer them incentives such as a 'no on call'.

You can also hire a nurse, nurse practitioner or physician assistant to help you with the load.

Barriers to Change

Many doctors are afraid their income will drop if they hire more staff and have to pay them. However, you will find that you become **more** efficient and will make **more** money. Your easy, little, well paying cases that used to go to the emergency room or to the walk-in clinic will return to you.

To prevent getting too overloaded, don't take any new patients without exception. Even if 'aunt Mabel' calls you and begs you! Tell her you are overloaded and this will decrease care for all and stress you

out. Offer to get her in to see another doctor.

Also if a physician in town quits and there are a lot of orphan patients don't get guilted into taking them. It will diminish care for your existing patients.

I had a family doctor at one of my lectures who had 5,000 patients. He was so stressed out that his health and marriage were in jeopardy. He quit and went to work in a walk-in clinic causing them all to be orphaned. He could have called his provincial college of physicians and surgeons and worked out a deal where he could have let 3,000 go and have done a good job with the remaining 2,000.

2- IMPROPER DELEGATION:

This is a frequent problem that I see when I'm giving workshops or mentoring general practitioners. They have never been taught how to properly delegate. The secret is to **shift the initiative**. Get your staff and co-workers to not dump all their problems on you but to bring you their **solutions**.

Secretaries are the most important people to help you stay on time. You need

to be in constant communication with them. On lab results and imaging you need to be very specific on how you want each result handled. Meet with them for lunch monthly to discuss office efficiencies. They are trained to run a tight ship and need your blessing, back up and co-operation. I talk to my secretary every Monday morning to discuss the upcoming weekly schedule to avoid overload and conflicts.

Nurses can help you stay on time. If you can't afford a full time nurse, hire one for one afternoon a week and have her help you do all your needles, well baby examinations, prenatal examinations and physicals. She will pay for herself many times over. With nurses at the hospital or nursing homes you should communicate by responding to their faxes STAT.

With **pharmacists**, communicate by fax. My secretary puts the fax sheet on top of the chart of the next patient to be seen and I deal with it stat. This avoids a phone call.

Specialists are not often thought of as being someone we delegate to but they are. General practitioners are like

generals in the army, we are the quarterbacks of the team, leading and coordinating care. The buck stops with us. With specialists you have to be very precise in what you want them to do and in your consult letter send them everything you have done with regard to prior diagnosis and treatment, even things that failed.

3- PAPERWORK AND E-MAILS

Paperwork and e-mails are huge time wasters. You can get home an hour earlier everyday if you can conquer these beasts. Do them everyday first thing. Handle paper only once to action it, (delegate to your secretary), shred it or file it. Never put paper back into your in basket, it will mate and have babies!!!

With big forms such as lawyer's letters or insurance reports get your secretary to fill out as much as she can. Then have the patient come in to help you get the facts right and avoid you procrastinating. This keeps a big chart out of your in basket which will demoralize you and paralyze you from doing any paperwork.

Charge \$300 (check with your provincial or state medical association) per hour to

do paperwork, it will make you feel better about the drudgery you have to endure.

I met one family physician who put all her paperwork money into a vacation fund. Now when she is lying on a beach she dreams fondly of her in basket.

After a vacation, come back a day early to get caught up on your paperwork and e-mails.

I love the peace and quiet of my empty office with the phones off and doors locked. It's almost better than the vacation.

I have an **electronic medical record**. For the cost of a cup of coffee per day I have a paperless office. The computer is great as I can check on my patient list and pull up the chart of the patient I am seeing. I have the patient go over their lab and imaging with me so the computer is our ally not a wall between us. I can even print out their high cholesterol result and tell them to put it on the fridge to remind them about their diet.

With the use of "stamps" or templates you don't have to be a typist to record a clinical note and the prompts make you

more thorough in your work. To avoid 'cookbook medicine' you can add or subtract anything and can custom make your own stamps.

You can then type out a prescription (The Compendium of Pharmaceuticals and Specialties = CPS is right in the computer), hit the print button and walk the patient out of the room to get it off your secretary's printer thus ending the visit. You can quickly type referral letters for physiotherapists and specialists and with a few keystrokes, include patient profiles, medications, past visits, imaging and lab results.

Ocean Wave is a software package that has a tablet you can give to a patient to do their own functional enquiry for a physical or milestones for a baby. It goes wirelessly into your computer chart and you can build on it.

4- INTERRUPTIONS

The phone is the biggest interrupter for doctors. I have no phones in my exam rooms and the phone doesn't ring in my office. I speak only to specialists. You have to really back up your secretary on this one. Post a notice in your office (see

tool kit page 37) and if anyone complains that they wanted to speak to you and your secretary wouldn't put them through try this script: 'I'm sorry you are upset that my secretary wouldn't let you speak to me when you called recently. This is our office policy. We value your time and want to be on time for you. We want to offer same day appointments for urgent cases. If I spoke to everyone I wouldn't have time for my office patients'.

If you don't back up your staff they will open the floodgates and let the patients drown you.

Workload can be predicted for the most part. Because Mondays are usually the busiest we leave them wide open for same day call in urgencies. This is great for the patient wanting in quickly and makes us love Mondays instead of hating them. Of course then you will hate Tuesdays.

Also, if your summers are quieter, gradually shift annual physicals into them.

If you have a 'wobbler' (an older patient with multiple problems and care giver burnout) have your staff set up a family

meeting. Link in out of towners on your speaker phone (they often feel guilty and can take it out on you). With the patient's and power of attorney's permission, outline in simple terms what the diseases are, what the future may be and discuss resuscitation wishes, home care, nursing homes and respite care.

Have the family schedule shifts in caregiving to avoid burnout. Have the family elect a spokesperson and they alone can communicate with your staff spokesperson. This takes more effort up front but can really save you time later on.

5- MULTI PROBLEM PATIENTS

I once asked my auto mechanic if he liked customers coming in with lists of things for him to fix on their cars. He said "heck yeah, I can bill them for each thing and have them leave their vehicle for the day". As doctors we can't do this. I think its tacky to have a note on your wall saying only one problem per visit but at the same time it isn't fair to our other patients or ourselves to let a patient reel off five problems and expect us to fix them all on the spot.

A nice compromise that has always worked for me is to take the list and ask the patient to pick their top two concerns. Tell them to rebook for a full physical later and assure them you will check everything.

My script is: 'I see you have five problems today. In order to be fair to you and give us lots of time to solve them all, please choose your top two concerns. Lets get some lab work now and set up a full physical to check on the other three'.

Some patients keep reeling off new complaints as soon as you are done the last one so I say 'let's rebook to get in everything' as I **stand up** and walk them out to my secretary.

6- SENIORS

Seniors have all the time in the world and you have none. They often have many diseases and medications. I have two nursing homes and half of my practice is over the age of 65. I ask them what has *changed*. We book them in for the middle of the day, which tends to be quieter as most young workers and students want to see us after 3 pm. Make sure they bring in a caregiver and all their medications in a

bag including over the counter medications.

Have good lighting, face them and speak slowly and clearly, as many are hard of hearing and secretly lip-read. Watch the caregiver for the 'rolling eye' sign when you ask them how they are coping. Give them a big print handout and write on their medications in big print what they are for e.g. 'blood pressure'.

If you have patients scattered across town in nursing homes, give them up to the house doctor who can offer them more frequent care. (See **tool kit** page 36 for the letter outline).

7- TOO MANY OUTSIDE RESPONSIBILITIES

House calls are great for you and the patient but are poorly paid and hard to fit in. I always tell the patient and their next of kin that I can only do **booked** house calls and they will have to call 911 if they want emergency care because I don't have the necessary equipment for diagnosis and treatment.

Administration for your office. If you are a solo family physician, meet regularly

with your staff. If you are in a clinic make sure you have a paid office manager and **paid MD manager** who can make sure each doctor follows the same rules with regard to billing for third party fees, hours of operation, phone advice (try not to ever use the phone yourself) and scheduling of holidays. Check with your college for the rules.

Our Family Health Organization of 17 family doctors has two retreats a year with our spouses at a nice resort where we have dinner on Friday night. On Saturday morning we do three hours of medical education. On Saturday night we attend a dinner and dance or the theatre and then on Sunday morning we have a three-hour business meeting. This is a good time to team build, socialize and communicate with each other.

Call groups. Try to form as big a group as is practical to avoid being on call as much as possible. In Cambridge we have sixty family physicians in one group. There are two doctors on call every night, one for surgical assists and one for the hospital, critical office lab results and nursing homes. This was formed by

taking the old call groups and gradually combining them.

This is good for the patients, staff and us.

Time managing the hospital. You can combine hospital ward rounds by having one member of the group do the whole group's rounds for a week or you can get hospitalists. Limit yourself to one committee at the hospital per year and ask for it to meet at your convenience for example lunch or breakfast. Ask if you can be on first then leave. You can also do this with family meetings.

Always ask if the meeting is necessary as hospital administration types are addicted to meetings (it helps to share the blame). You may be able to do it by e-mail or phone conferences. Make sure there is an agenda and start on time and end early. Try to keep committees to seven or less people and have them self-destruct on completion of stated goals.

8- NO COMPETITION

With the doctor shortage, patients can rarely leave one doctor for another. There is no incentive to be efficient other than pride in giving good service to

patients. This can also benefit the doctor. If patients have to wait they often think up new problems or complain to you about how hard it is to get in to see you.

Financially if you are fee for service it makes sense because the quick, easy, little well paying urgencies will go to the walk in clinic. If you have a rostered practice you can be penalized for outside usage by patients of doctors not in your group.

9- PSYCHOLOGICAL COUNSELLING

Can take up a huge amount of your time and energy. Patients often can't afford the high cost of a psychologist or don't have benefits to pay for a social worker or counselor. Waiting times for psychiatrists are scandalous almost everywhere as well. Patients also often want to come to see only you because they are comfortable with you and trust you and there is no stigma in sitting in your waiting room.

Make sure your patients check with their employer to see if they have any coverage for counseling or if they have any employee assistance plans. There is often 'geared to income' counseling available, ask your secretary to check with your

local mental health clinic. I tell patients that if they had a heart problem they would think nothing of going to a cardiologist so if they have a mood disorder the expert is a psychiatrist and there is no shame in getting help.

I also tell them a counselor can spend an hour with them but I can't due to patient demands.

10- NEVER TAUGHT TO BE EFFICIENT

Doctors are taught to be slow and methodical and to not miss anything. As we gain experience we learn to hone in on important matters. Cutting corners can still burn us so we have to learn how to be efficient without missing anything. The nice thing about time management is that it gives you more time with the patient. If you have done the above nine things you will find yourself refreshed and able to see people when they need it and spend lots of time really listening to and examining them because you won't be rushing. You won't be demoralized by an overflowing in-basket, a standing room only waiting room and constantly ringing telephones.

Also you can '**rob Peter to pay Paul**' for more time with patients. For example say you have a healthy young man with a cold. On exam he looks well with no abnormal signs. You can see him in two minutes and give the eight extra minutes saved to a more complicated patient.

To end the interview, ask the patient what they wanted from the appointment, then sum up what you have said, stand up and walk them to the printer in your secretary's office for lab, imaging, advice sheets or a prescription.

CHANGE

All this is simple and common sense, so why are so many doctors late most of the time?

The hardest thing to do is to change. We spend our careers trying to get patients to change their smoking, eating and exercise habits, so let's treat ourselves like our patients.

First is **diagnosis**. Are you always late? Do your patients joke about how busy you

are (they are not amused but can't say anything to you).

Secondly you need to **want** to change. Being on time will be wonderful for you, your patients, staff, family and friends. You will have lots of time to spend clinically instead of with paper or on the phone or in meetings. You will have time for rest, exercise, hobbies, meditation and spiritual replenishment. Also your income will go up.

Set up a **start date**. Just as we tell smokers to pick a start date and tell everyone so should you. Start small, for example right now print the sheet from the **toolbox**, (on page 31) sign it and give it to your secretary. It will tell her to not put 'fat forms' (insurance, lawyers etc.) in your in basket but to bring in the patient to help you fill out the required forms. You can start this now; it costs nothing and is very simple to do. Once you have mastered this first baby step try a new toolbox item two weeks so as not to overwhelm your staff or yourself.

Just like with smokers there will be failure and backsliding, as it is hard to change old habits. Just get right back up

on that horse and keep riding. You will get lots of support from your staff, as they will benefit from happier patients far more than you will.

Also, right now take out your smart phone and email your secretary to start booking no one on Mondays. Leave it wide open for same day call in appointments.

Miscellaneous:

Vacations

Sit down with your spouse or friend and your calendar this Sunday and block out 8 separate week's vacation (two in a chunk) for the next 365 days.

Take a red magic marker and circle them. These are sacred and should only be overridden by death in the immediate family (sorry grandma).

Copy it to your staff, family, call partners, hospital(s) and nursing home(s)

(See letter on page 33 in the **toolbox**)

Personally I take a week off alone with my wife in February. This rejuvenates our marriage and helps with the winter blahs.

We then take a week with the kids in March. In July we send the kids to camp and have a week alone at the cottage. In August we take 2 weeks with the kids. The definition of a good vacation is when you can't remember what day it is.

Unplug your smart phone.

In November we go on an educational week/trip.

If you can't get a locum, sign out to another family doctor and reciprocate. Leave extra room in your day for the other doctor's patients.

Remember to leave your first office day back empty so you can enjoy it too. Your staff and patients will love it as they can get in to see you fast.

Prescription renewals:

With compliant patients I book visits for most stable problems such as diabetes, hypertension and hyperlipidemia every six months and give them a prescription for 100 days with 3 refills. We deal with

our pharmacies by fax stat and tell patients to call the pharmacists directly. This avoids mistakes, is more efficient and avoids tying up your front phone line.

Missed Appointments:

We post a notice that missed appointments will be charged for at the provincial rate for an intermediate assessment. If they miss three without an excuse they are asked to find a new doctor or use the walk in if they can't find one. I like it when people miss as I get a break.

Internet Downloaders:

Look on this as a positive. It means the patient is interested in their care. I direct them to good website (see page 34) and remind them that there are a lot of snake oil salesmen trolling the Internet trying to sell them miracle cures.

I have even had patients come in with a picture of rashes on their smart phones. I have e mailed videos of tremors (with the patient's permission) to neurologists.

Computers:

Don't let the computer be a wall between you and the patient. Have them pull up a chair and go over lab results together. Print off a copy for them.

Specific patient problems

Fatigue:

I don't deal with this on the initial visit. I make sure they are not having a myocardial infarction or extreme anemia and if it's a young healthy patient with months of fatigue I order appropriate blood work like CBC, lytes, creatinine, fasting blood sugar and STSH and rebook them for a full physical. I tell them that most cases of tiredness are due to stress and overwork or depression.

If their lab comes back normal, as does their physical, I rebook them for stress counseling or delegate to a therapist.

Cerumen in ears. Have the patient instill Cerumenol or vegetable oil nightly for 15 minutes by the clock lying with the affected ear up. Have them do this for 14 days then syringe. If three tries don't

work or there is pain or blood refer to an ENT specialist for suctioning.

Alzheimer's dementia

Always book an extra appointment for the caregiver. Talk to the patient even if they are confused. It shows respect.

Journals. I keep them in a four-inch drawer and when I can't close it I throw them out. I always take them with me in my brief case to read if I am delayed.

Smart phones, laptops and tablets.

There are Apps for dictation that you can email to your charts and Apps for limited use forms for provincial drug benefits. *Codes On* in Ontario.

I keep a list of limited use numbers in the note part of my smart phone.

Journals can be read on line as well.

You can Google diseases and show pictures to the patient in the exam room.

I use my smart phone to do my calendar and the stopwatch feature for pulse and

the GPS feature for house calls. I use the flashlight app for looking at skin lesions.

Office set up: Have a door to keep everyone but the patients out of the exam areas. Have 3 exam rooms set up to do everything in (except babies and minor surgery). This will enable you to go to another room for small cases while someone is disrobing for a physical.

If you just have one secretary, she can use a “Madonna phone’ and chaperone you as necessary. Use your private main office room for paper work, emails and counseling.

ER and Walk-in Time management.

As a specialist in ER medicine for 20 years I learned a few tips to stay on time.

Have a fast track area with a dedicated doctor and nurse. If you try to cover it from the main Er the staff will be so busy with big cases that they will let the little ones languish. If you don’t have the peoplepower you can have the ER physician start her first 2 hours in the fast track then migrate to the main ER an so on with each new doctor coming on.

Ring Block Anaesthesia for digit surgery.
If I have a patient with a cut finger or who needs a paronychia lanced I put in the ring block then go see other short cases and when I get back it is working. Good time management and good patient care as it had time to work. A watched pot never boils.

If I need a nurse to help me with a **pelvic exam** on a woman with abdominal pain I would do the history and physical then put on the chart as a doctor's order " get me when nurse ready for pelvic exam. That was I didn't pull the nurses in all directions and the equipment and staff were all ready at once.

Empower you triage nurse to order appropriate lab and x-rays when she sees the patient.

Have handouts on one piece of paper for follow up, head injuries, wound care etc. and have it in every room.

Have every room set up to do everything in (except casting, eye slit lamp and suturing).

Send patients back to the waiting room if appropriate if they are awaiting tests and are stable. This will free up beds.

Administrative medicine

I have worked as acting Medical Director of a hospital, medical director of 3 nursing and 4 retirement homes, chief of surgery (when no one else would do it) and Chief of ER.

Meetings First of all ask if they are necessary. Can they be combined? Can they be less often? Can we do it by text or phone or email of memos?

Have no more than 7 people and call it a task force. Have a set problem and time line and destroy it when the mission is accomplished

Have an agenda. Rule people out of order if they stray. Start on time and lock the door. Stop early. Have a secretary record minutes and have an action plan with one person in charge with milestones. For example, Dr. Crosby to order sandwiches by May 1

Have a critique or 5 minute survey emailed in within one day. Make it anonymous. Was the meeting the right length, was the agenda followed, was their time for discussion, did it end early?

Complaints

Call the complainer stat and thank them for doing so. Assure them there will be a fast balanced approach and all sides will be listened to. Give them a time line for resolution.

Warn doctors to consult with the CMPA if serious.

Get everyone involved opinion in writing and verbally.

Have a meeting with all concerned and let everyone speak.

File a written report and copy all involved. Tell how things will change in future to prevent this. Change the process.

Vision

Your job as chief is to not spend all your time putting out fires but to take time to look ahead into the future and have a vision for what **will** be happening and how you are going to plan for it.

Take time off each week just to **think**. For example the population is aging, budgets are shrinking and new technology and diseases are happening all the time. How is your area going to cope with this inevitable change?

TOOL KIT

EDIT, SIGN AND GIVE TO YOUR STAFF

Dear Staff

Date:

As of now please do not put large insurance forms or lawyer's letters in my in basket. Please book an appointment with the patient to come in and help me fill out the forms. This will avoid procrastination and also an overflowing in box.

Sincerely,

Dr. _____

(Your signature)

Dear Staff

Date:

As of next Monday, please do not book any patients after 11:30 am and after 4:30 pm. This will enable all of us to enjoy lunch uninterrupted. Please put our phones on answering machine at noon.

Sincerely,

Dr. _____

(Your signature)

Dear Staff

Date:

As of next Monday, in order to give more timely service to our patients, I will no longer take phone calls from anyone but other doctors and personal calls.

Next of kin from out of town for patients who are mentally incompetent will be the exception.

Patients can leave messages, nurses and pharmacists can fax. Place faxes on top of the next chart of the next patient to be seen so I can reply stat and avoid a phone call.

Sincerely,

Dr. _____

(Your signature)

Dear Staff

Date:

As of next month, Mondays will be for same day call in appointments only. No physicals, well babies, pre natal exams or counseling..

Sincerely:

Dr. _____

(Your signature)

Dear Staff

Date:

As of next week I will be taking
_____ afternoon off.

(Weekday)

Coverage will be by Dr. _____
and I will reciprocate.

Sincerely,

Dr. _____

(Your signature)

Dear Nursing home patient Date:

cc. next of kin, power of attorney, house
doctor, nursing home president and
director of nursing

As of one month from today I will be
transferring your medical care to the
house doctor, Dr. _____ who will
be able to see you more readily.

It has been an honour to have been your
doctor and I wish you good health and
happiness in the future.

Sincerely,

Dr. _____

(Your signature)

Dear Staff

Date:

cc Dr(s)_____, the hospital(s),
call group, nursing homes, friends and
relatives

As of tomorrow I will be taking off the
following 8 weeks yearly. I will be signing
out to Doctor(s):

My 8 weeks will be:

Week 1;

Week 2:

Week 3:

Week 4;

Week 5:

Week 6:

Week 7:

Week 8:

Sincerely,

Dr. _____

(Your signature)

Good Medical Websites: (post on your bulletin board)

WebMD.com

Med Effect

Familydoctor.org

Mayoclinic.com

Medlineplus.gov

Drugs.com

APPs for smartphones:

Codes on (Ontario limited use forms)

Stress Management For Physicians:

It's Easier to Change
the Process than the
Person

INTRODUCTION-

Doctors have one of the most stressful jobs anywhere. We deal with life and death situations under the microscope of the media, our provincial colleges, patients and their families as well as other health care workers. We work long, unsociable hours and deal with people often at their worst, in pain or frightened and often impaired by disease or external factors. We deal with negative issues most of the time as patients rarely come in when things are going well. 'Only your failures come back, we rarely see your successes'.

We will use time management strategies from earlier in this book to help you cope with growing, crushing caseloads of sicker, more demanding and older people.

Stress is like salt, we need a little to live but too much can kill us.

Winston Churchill had more stress than any of us. He lived through three wars, a depression and changed political parties three times. He made huge mistakes and had great victories.

He became prime minister of Great Britain at age 65 and helped save the world from ruin.

He smoked cigars, drank to excess and lived a full, happy life married to the same adored woman until the age of 90. How did he do it?

Even during his darkest days he would get away to his country estate 'Chartwell' and relax by painting pictures and laying bricks.

He couldn't change his personality but he did change the process.

Diagnosis of stress in yourself

-agitation. Are you always rushing and late and feel under pressure?

-depression. The nine signs are: fatigue, insomnia, crying, blaming yourself and feeling worthless, poor concentration, lack of joy, unintended weight change, faster or slower than normal and suicidal ideation. Five of the above for more than two weeks means you are depressed

-irritability, including anger at patients and the health care system. If everybody is an idiot, look in the mirror.

-poor staff morale manifested as high turnover, increased absenteeism and more patient complaints.

-alcohol or medication abuse. Remember the **CAGE** criteria. You feel you should **C**ut down on drinking. You get **A**ngry at anyone criticizing your alcohol intake. You feel **G**uilty about your drinking and you have an **E**ye opener in the morning.

Treatment: Get help!! Only 50% of doctors have their own family doctor.

Change The Process: Get a family doctor, it is one of the few perks we have. Choose someone who is not a close friend so she or he can give you objective advice. Make a yearly appointment and get a physical. Avoid 'corridor consultations' and get as good care as we give our patients.

Hot lines exist for provincial or state medical associations. In Canada, it is 1-877-CMA-4-YOU. Also see the list located at the back of this book regarding Help Lines on page 59.

Get counselling. If you are embarrassed about being treated in your own town go to a nearby city for confidential counseling. *Never* self medicate.

The first thing in changing the process is to sit down when you are well rested and won't be interrupted and take out a fresh, empty one year calendar and map out your life. Write down everything in 1-hour blocks. This may seem tedious but you need to know where you are spending your time. It's like doing a budget. You need to know where every cent is going before you can change your behavior. For example write down everything from getting up, showering, breakfast, driving, exercise, work and breaks. Put in holidays, hobbies,

sports, quiet time and family time and all the things you do. It may help to review this with your spouse, secretary or a colleague whom you feel has a well-balanced life.

Look at your total day:

Wake up:

Avoid the use of an alarm clock, which can get you off to a bad and stressful start. Go to bed earlier the night before and get eight solid hours of sleep. Avoid caffeine (coffee, tea, chocolate and cola) and watching the news (its all bad). Invest in a good mattress, you spend one third of your life in bed for 82 years. This is 10,000 hours.

Have white noise (a fan not blowing into your eyes and drying them out) and a nice cool, dark, quiet bedroom.

If you work nights or shifts, turn the phone off and insert wax earplugs and wear a blinder. Avoid fluids in the last four hours pre sleep to avoid having to get up to urinate.

If you have to fight for the shower in the morning take a leisurely bath the night before.

Exercise:

How many times have we heard patients say they don't have time? It's funny that they (and we) always have time for TV every night. The solution is to put a treadmill or exercise bike in the TV room and exercise during a one half hour show.

This equipment can be purchased cheaply second hand. Just Google it. Someone has used it once and never again.

The biggest mistake for new exercisers is that they get religion and try too much for too long and pull all their muscles and quit.

Go for a walk around the block for a week then double it. Have a walking buddy. This keeps you from playing hooky. Guilt is a wonderful motivator.

Try to build exercise into your day. For example go to the gym every morning first thing for a swim, weight training or aerobics. Mix things up so you don't get bored. Run up and down the stairs at the hospital or your home.

Park far away from your destination, be it work or shopping to build in a walk (it's also less stressful than trying to find a closer parking space). On your drive to work, leave

plenty of time so you are not stressed out worrying about being late and fighting traffic. Listen to talking books or self help CD's. Walk or ride a bike if possible. Save money, avoid pollution and get in shape, a three for one deal.

Keep up with your paperwork and e-mails by doing them first thing every day. I go to the doctor's lounge every morning and do all my paperwork and computer work and can then enjoy reading the paper without rushing.

Group therapy:

A lot of doctors are isolated in their offices so go to the doctor's lounge and grumble about the government as a group. Try to avoid being negative and try to offer solutions not just problems. Talk about non-medical topics as well. Share difficult cases (while keeping patient confidentiality) and ask for help especially on cases where the patient stressed you out psychologically. Often other doctors can give you new insight into handling various types of patients and their families.

Hospital and Nursing Homes:

There is often stress in dealing with nurses and other team members. Try to communicate clearly with written or typed orders. Try to do team rounds at the same time and place daily, respecting their time as well.

Changing the Process. I used to find the nurses station at one of my nursing homes horribly disorganized and would sit there boiling as the nurse tried to find things. I finally sat down with the head nurse when we had lots of time and no interruptions and told her my frustration and we set up a new system of filing and computer organization that took the stress away from everyone.

Office Schedule:

Allow travel time so that when you get to your office you don't start late. Through regular feedback to your staff, communicate your comfort level on the booking of patients so you don't feel rushed.

Changing the Process: Thank God it's Monday.

Mondays will always be busy because the burden of illness is the same every day so Monday has Saturday and Sunday's

burdens. Get your staff to leave them unbooked and open for same day, quick, little call in cases. Then you will hate Tuesdays.

Break up your day: Build in regular breaks. Every two hours, get up and go for a walk around the block, do stretches at your desk, do yoga or meditate. Have your last patient start at 11:30 am and 4:30 pm so you can get to lunch and home on time.

Try mindfulness where you concentrate on your breathing. When you are in a tense situation slow down your breathing and take deep, slow breaths from the diaphragm.

Change the Process:

Work half-a-day per week in a walk in clinic, work as an occupational physician, do counseling or work as a nursing home physician. Do something different. You can work in administration or sports medicine. You can be a pain or palliative care doctor, run a homeless shelter or assist at surgery (no paper work, no responsibility and the patient is asleep).

Work in a Methadone clinic or be a prison physician. The opportunities are endless in medicine. Consult the want ads in the journals or Google medical jobs in your area.

Take half-a-day off per week and don't use it to do paperwork. Sign out to another doctor and reciprocate. Get away from medicine and your smart phone. Read (trashy novels or non fiction), sleep, walk, down hill or cross-country ski, swim, garden or do nothing at all.

Get your secretary to screen your calls. Hire and **pay well**, a good, firm secretary who isn't intimidated by high-pressure patients, doctors, nurses next of kin or sales people. Back her up!!!

Angry Patients:

If you have a patient angry with you, confront him by saying 'You seem upset about something; what is the problem'? This can often lead to a frank discussion and correction of any misconceptions. It will help you diffuse stress before it builds up.

Refer them to another doctor to avoid getting into a grudge match.

If you have to fire a patient call your college of physicians and surgeons and the Canadian Medical Protective Association. Even if there are no other doctors taking patients, you can refer them to a walk in or the local emergency department. You have to send them a registered letter and give them a month to find a new doctor.

I have only fired 12 patients in 40 years and was very upset when I did but I am so glad I did. It brought me joy forever.

High Needs Families:

If you have a senior or child with a high needs family try this *process changing* strategy. Have a family meeting with all the players, staff, family and patient. Get everything out on the table and solve the problems together. Use a speakerphone to include out of town family on a conference call.

Money is a Huge \$tressor:

Everyone but our accountant thinks we are rich, including our families and friends. Many young doctors graduate with staggering debts and bankers are happy to let us hang ourselves with more. You need to sit down with your

spouse and kids and do a family budget. If they want a big-ticket item, they have to earn it themselves or prioritize. For example, do a project a year over several years. It took us thirty years to renovate our house.

Drive your car longer and get the oil changed every 5,000 km to keep it young.

Try to get out of debt as soon as you can as this lifts a huge weight from your shoulders. Have the bank automatically deduct a comfortable amount from your pay cheque monthly.

Set financial goals and write them down.

Get a good financial advisor and work with her or him on your retirement plan early on. Ask a trusted peer for a personal reference. Ask to speak to physician clients.

On-call:

In Cambridge, we had a lot of small call groups and everyone was on call frequently. We had a meeting of two call groups and decided to share call in a bigger group. Other groups gradually joined in until, for the past eighteen years,

we have had sixty GP's in one big group. We have two MD's on call each night, one for surgical assists and one for the hospital, nursing homes and abnormal after hours lab results. Its a process that benefits the patients, staff and most of all, us.

One tip for you if you do a lot of call; try taking the day off (or at least the morning off) after an on call day or an on call weekend or split weekends in half at midnight Saturday.

Change jobs:

If you are not happy with all the above changes, try a new job in medicine like Emergency Medicine, Urgent Care or Hospitalist. You only get one go round in life; why not make it a happy one?

Vacations: Are a great stress buster both before, during and in fond remembrance. Try to avoid needing a vacation after your vacation. Leave a day for travel at each end and leave plenty of time to get to the airport. Better yet, stay overnight at an airport hotel, where you can park for free and take a free shuttle bus over for the flight the next morning, thus avoiding traffic and weather delays.

Don't plan anything the first or last day and avoid trying to do too much. Take half the clothes and twice the money. Sit down with your spouse the first day of the year, block out in red on a calendar eight weeks off and send copies to your friends, family, secretary, call group and the hospital. Never let anyone encroach on this sacred time.

The **Tarzan Method**: Just as Tarzan was always looking for his next vine as he swung through the jungle you should plan your next vacation while on vacation.

Support Systems:

If you have small children, consult a reputable nanny agency - hire, pay and treat well a good nanny. You can come home after a tough day and have happy kids, a meal on the table and a clean house with the laundry done. It is well worth the money and is tax deductible. Isn't childcare as important as your \$30,000 car?

Young Kids: A young family doctor and mom shared these tips with me: 'A housekeeper is essential. Why waste valuable time at home scrubbing

toilets. My time is worth more than that'.

Dinner preparation: The busiest time of day is supper time (the arsenic hour) so take one day every two months and cook from 9 to 5 preparing sixteen dinners. Put them into Ziploc bags and then into the freezer. It really pays off for those busy nights to just reheat in the microwave'. Also, on occasion this FP goes to 'Supperworks' for two hours with her husband (or alone) where they assemble a dozen meals for the freezer. She says they get a glass of wine and it's quite fun. Go on-line to www.supperworks.com for healthy meals from scratch.

She also books an emergency catch up day, which are a few hours on the last Thursday of each month for rescheduling appointments. That way if she has to cancel due to child issues she can open up that block on short notice to rebook physicals and things that are hard to fit in. Most of the time she doesn't use it and when that day rolls around, she has a few hours to catch up on paperwork or go to a spa. She abandons her charts when done at the office, goes home to her family and

finishes up on her laptop with remote access after the child's bedtime. She takes a day off once a week and spends it with her child.

Girls Night Out:

She also prescribes personal time for fun. She gets together for drinks with a few friends to chat and forget about work and home responsibilities for a couple of hours. It's hard to squeeze in but worth it.

Take yourself on a date: Try going out for a few hours a week all by yourself trying new things and do what you really want to do be it a film, library, art show or museum. One old GP in our town used to love to go to the horse races.

A Year in My Life:

So, lets look at how I put this time and stress management advice all together for myself and my family practice. You will be different from me and change your practice of medicine at different times in your career but you can learn from my 43 years of mistakes and triumphs.

Sunday night

I go to sleep at 10 pm so I can wake up refreshed without an alarm clock on

Monday at 6 am.

I brush my teeth, shave and drink an instant breakfast so I am not hungry and eating donuts and muffins full of sugar at 10 am. I have a decaf coffee and read the newspaper.

I then drive to the YM/YWCA and swim lengths for 30 minutes. I have a whirlpool bath, sauna and shower, and then drive to the hospital.

I do my paperwork in the doctor's lounge from 8 am to 8:50 am and have time to chat with other doctors (group therapy).

I then leave time to get to my first nursing home on time at 9 am (never go at mealtimes). If I am late I get stressed and it sends the message that everyone can be late.

I see all the patients the nurse needs me to then do my charting and computer work, labs and imaging with the nurse. For family meetings I am on duty for the first 10 minutes then leave. The nurse tells everyone to stick to medical matters, so my time is not wasted hearing about the food or plumbing.

I then drive to my next nursing home and do the same until noon.

I take off from noon until 1 pm for lunch, which is a nice break. I can go to meetings at this time and not lose time from my office.

At 1 pm I review my lab, imaging and consult letters in the computer at my office.

At 1:30 pm I start to see patients. On Monday the afternoon has been left empty except for same day call in appointments. Therefore I love Monday's because it is little, easy cases. The patients love it because they can get in on the phone line and be seen on time the same day. If you have long waits the patients will tie up your secretary by arguing with her to get in early and will exaggerate their symptoms.

Time Managing The Top 11 Diagnoses

1) **High blood pressure.** I have a stamp in the computer that has all the history and physical in a SOAP = S (ubjective) O (bjective) A(ssement) and P (lan) format. I ask the patient how they are doing and if they have any ankle swelling, shortness of breath or chest pain. I ask about light-headedness or headaches. I then do their blood pressure, listen to their chest and heart and check peripheral pulses and ankles for edema. If normal I remind them why we do blood pressure (to prevent stroke and heart attack) and that

they can't feel it when it is high. I see them in 6 months and give them a handout (in the computer) to reinforce my teachings. I print a lab slip on my secretary's computer (exit strategy) and type on it 'back in 6 months' so I don't have to interrupt her.

2) **Arthritis.** With anyone with a painful joint I get a history and examine it. I do an x-ray if I suspect osteoarthritis and wait until they return a week later to go over the x-ray with them and **then** advise the patient re medications, physio, bracing and ice. I have a handout and I refer to physio with the consult letter function on my computer. It includes my history, physical and the x-ray results.

I refer to an orthopod early if it looks surgical.

3) **URI**, or upper respiratory infection. I use a computer template that asks how long they have had it, if they have a cough, sputum, ear pain or a temp. I then examine their ears, nose, and throat, palpate their neck for lymph node enlargement, take their temperature and listen to their chest. If it is viral I explain

that antibiotics are not only useless but also harmful as they may cause allergies, diarrhea or superbugs.

I have a handout in the computer on why they didn't get an antibiotic.

If they need an antibiotic I have a prescription function on my computer that writes it out.

Also there is an off work letter writer on the computer.

4) **Abdominal pain.** I have a template that prompts me to ask what caused the pain, where the pain is; it's quality and duration, what helps it and makes it worse and what they have tried as a home remedy.

I then take their temperature, check ears nose and throat, listen to their lungs and palpate and auscultate their chest and abdomen. I do a rectal if needed.

I can order imaging by computer. If they need stat help I can write a consult letter to the Emergency Physician.

5) **Depression.** I have a stamp in my computer that prompts me to ask about the 9 symptoms which are: are you tired,

do you awake in the middle of the night,
are you crying, do you blame yourself and
feel guilty, do you lack concentration, do
you lack joy in things you used to love,
has your weight gone up or down
unintentionally are you faster or slower
than others and are you suicidal.

If suicidal I get immediate help. Otherwise
I give them my handout on depression
and ask them to read it and set them up
for counseling. I have them back in a week
to go over the handout.

Depression Handout

by Dr. John Crosby

Frequently asked questions

How prevalent is it?

10% of Canadians, or 3,000,000 people of
all ages, sexes, religions and social classes,
have had depression.

What causes it?

No one knows. It can come out of the blue
or be triggered by an adverse event, such as

the death of a loved one, childbirth, illness, injury or stressful events. People with depression are thought to have low serotonin levels.

Is it all in my head; am I crazy or just faking it?

No. Depression is a disease like high blood pressure: we can control it with diet, exercise, counselling and medication. Crazy means you see or hear things that aren't there. Depression is a mood disorder.

Is there a medical test for depression?

No, doctors or therapists diagnose it by asking questions such as:

- Do you have fatigue?

- Do you have trouble getting to or staying asleep?
- Do you cry more than normal?
- Do you blame yourself or feel worthless?
- Do you have trouble concentrating?
- Do you lack joy in life?
- Have you gained or lost weight?
- Are you faster or slower than others?

- Are you suicidal? (If you are, please go to the emergency department right away, or call your local crisis line—ask the operator by dialling 0. Suicide is a permanent solution to a temporary problem).

If you consistently answer yes to five of the above questions for more than two weeks, you are depressed and your family doctor can help.

My friends and family say I should cure myself.

Just like with high blood pressure, you may need help from a doctor. People who have not had depression don't know how hard it is to endure. It's not just the "blues" or a down day.

How do you treat depression?

With counselling, diet, exercise and medications. Counselling can often be paid for through your employee assistance program at work or, if money is tight, there are agencies available through the United Way. Call your family doctor. If you don't have a family doctor go to a walk-in clinic or call the local hospital's mental health unit and find out how to find one. There are

nurse practitioner clinics in Ontario that offer full primary-care services for free. Also, psychiatric therapy is free in Canada through provincial and territorial government health insurance plans.

Your diet should contain lots of omega 3 fatty acids, such as those found in eggs, etc. Ask your grocery store manager.

Avoid caffeine, nicotine, street drugs and alcohol, which are depressants.

Exercise. You can start slowly, with a walk around the block. Try to increase slowly until your pulse is 140 beats per minute, and do this three times a week (check with your doctor before any exercise routine). Try biking, swimming or running up and down the stairs.

The Internet says antidepressants are dangerous.

All medications, including Aspirin and Tylenol, have side effects. Antidepressants can make you feel spacey and nauseated for a week. Stick with them and this will go away. This means they are working. Call your doctor and dose adjustments can be made over the phone.

Are antidepressants addicting?

No

Did I do something wrong to bring on depression?

No. Winston Churchill, Abraham Lincoln and Lady Diana all suffered from this disease and were very successful people. It is not your fault.

Will medications take away my creativity?

No; they can help you focus and give you energy to get things done.

Will they change my personality?

No, they will make you less irritable. Give this pamphlet to your friends and family to help them better understand how to help you get better.

How long do I stay on the medications?

For the first bout, one year, and for two or more bouts of depression, forever—until you die happy at the age of 100. If you want

to stop, please let your doctor know. You may be feeling well because of the drugs and if you stop you may go down and need one month to get back up.

How long do the drugs take to work?

From two to four weeks. If they don't work, your doctor may double the dose each month until they do, or change them or add to them. Keep up your counselling—your brain got you into this and it can get you out of it.

In summary . . .

You have a real disease that is not your fault. It is treatable but it takes time and support from you, your friends, family, doctor and therapist.

Helplines

The front of the phone book has them or you can Google them.

Ontario Telehealth is a free 24-hour nurse advice line in many languages. Call 1-866-797-0000 or go online to <http://www.health.gov.on.ca/en/public/programs/telehealth/>.

If suicidal, call 911 or go to the emergency department of your nearest hospital

6) **Prenatal.** I use the Ontario prenatal forms and get my secretary to fill out as much as she can then go over it with the patient for accuracy. I do the physical the **next** visit. I tell the patient to read the book, ‘What to Expect When You are Expecting’ . I leave the pelvic exam for the obstetrician or midwife to avoid double discomfort.

7) **Well Baby Care.** I use The Rourke Baby Scale in my computer for every visit. It is really good and helps you remember all the milestones and tips.

I always talk to the parents before examining the baby to avoid having to shout over crying. I always compliment the parents and tell them to never hesitate to call for advice, which we have, 24/7/365 through our Telehealth service and my office.

8) **Diabetes:** I use a stamp and check feet and eyes. They have their shoes and socks off before a see them and bring their list of

sugars since the last appointment. We go over their lab and how they are doing then I examine their heart, lungs, peripheral pulses, skin and blood pressure. I weigh them as I am talking to them.

If stable I bring them back every 6 months.

My secretary gives them a lab slip signed by me to do blood sugars, HbA1C, creatinine, urine for protein, lytes, CK, liver profile and lipids one week before each visit

I send them to Diabetic Day Care with their spouse to learn about diet and exercise and how to handle their disease.

9) Urinary Tract Infection. I use a stamp that asks how long they have had symptoms, do they have frequency and burning, do they have any temperature or flank pain. I examine their abdomen and take their temperature and if it is a simple UTI, I do a urinalysis and if the results can't be back in a reasonable time I start an antibiotic.

10) COPD. I ask them about sputum and shortness of breath. I inquire re smoking and encourage them to stop and try medications to help with this. I refer them to the COPD clinic and give them an antibiotic to take if

they get a URI. I examine their chest and ENT. I encourage them to get a flu and pneumonia shot.

11) **Physicals:** I do one every 5 years on healthy symptomless patients.

I give them my Ocean Wave tablet which does the functional enquiry wirelessly. I can see other patients while they are filling it out. It is more thorough than I am and the patients will answer more truthfully.

I weigh the patient and do their height and blood pressure. With women I bring my secretary in to chaperone breast and pelvic exams.

I do lab for complete blood count, lytes, blood sugar, cholesterol and stool for occult blood. In women over 50 I do a mammogram every 2 years and bone density every 3 years.

12) **Hypercholesterolemia.** I have a stamp for this too and go over their labs and meds. I do their BP and examine their heart, lungs and peripheral pulses. I ask about muscle aches and if stable see them in 6 months and do a lipid profile, creatinine, BS, lytes, CK and liver profile

End of office is usually at 4 pm or when I am done seeing patients

I visit with my wife from 5 pm to 6 pm and unwind from the day by reading the mail. I complain for 10 minutes then move on to non-medical, fun stuff.

We avoid wine until the weekend. This saves money and my liver.

We eat at 6 pm then read until 9 pm then watch trash TV (no news, it is always bad and stressful) until 10 pm then go to sleep so I get 8 great hours.

Tuesday

Is the same as Monday but with booked patients like people with cholesterol,

blood pressure and diabetes. Also we see well babies and prenatal visits.

Wednesday

I do my office in the morning from 9 am to noon. We put in physicals and counseling here that I haven't been able to delegate to social workers or psychologists. This is a good time to do these things because I am fresh not rushed and not tired.

At noon I am off for the rest of the day. I do non-medical stuff. No paperwork (it has been done every morning) and no emails (it has been done every day after lunch). I read (non medical), nap, garden, walk, cross-country ski, meditate, do nothing or anything my heart desires.

If I have my once a month after hours clinic I do it on Wednesday evening from 5 pm to 8 pm to avoid a long day.

Thursday

Is like Tuesday. I call it TGIT or thank goodness it is Thursday as my weekend starts at 5 pm. For you younger doctors

that still have to work harder you can work Friday like a Tuesday. I do errands and chores on Friday and am **really** off on Saturday and Sunday and can do anything.

I sign out my practice on Wednesday afternoon and Friday to 2 family physicians to avoid burning them out and I reciprocate. I help my secretary avoid burnout because she gets every Friday to work unmolested by patients, the phones, fax, text and email to get caught up before the new week begins.

In summer I go to the cottage and in winter I visit my 96 year old mom and my 3 sons who live in Toronto and Meaford. We visit our grandchild too, weekly. This is the greatest fun of all because you get all the benefits of kids without the drawbacks. Fill 'em up with chocolate and send them back to the common enemy.

Vacations

Are the reason we work. I book 8 weeks off per year and get them paid for by being in a FHO or family health organization. This is an Ontario system of rostering patients. The taxpayer gets a break because we cover each other for

free. We can do this because we only get 3 extra patients with easy problems per day. The rest can wait until their own doctor returns for problems like routine checkups, lab and BP monitoring.

My wife and I sit down with a calendar every January first and book our 8 weeks.

We send the list to everyone in our lives. We take a week in February, just the 2 of us for skiing or to go south. We use Avion points to fly (we pay it off before 30 days to avoid 20% interest which is very stressful).

In March we go away with the kids on March Break. You can drive to good Quebec or New York or Ontario skiing.

In July we go to the cottage **alone** for 2 weeks. The kids are at camp, which provides them with a paying job and room and board as counselors when they get older.

In August the kids and their friends and significant others and our grandson join us for the last 2 weeks of summer at the cottage.

In November we go to a conference in a big city with great shopping, restaurants and live theatre. Or we take a continuing medical education cruise.

I take a week off between Christmas and New Years. I am on my cell phone for 4 doctors but get about 3 calls a day so everyone thinks I am wonderful.

I take the Monday off at the end of my vacation to come to the office **alone** to get caught up on paperwork and computer work before work starts the next day.

In Summary:

It is almost impossible to change your personality but much easier to change your circumstances. You need to write down everything that stresses you out and with the help of friends, family and a mentor, work to *change the process*.

About the Author

Dr. Crosby was born in Sarnia, Ontario, Canada and went to medical school at Western University in London, Ontario where he graduated on the Dean's Honour List in 1973. He received his FRCP (C) (fellowship in the Royal College of Physicians of Canada) and MCFP (Member of the College of Family Physicians) in Emergency medicine in 1983.

He was a medical consultant for emergency medical services for the Province of Ontario and director of the Oakville ER and has been a family physician in Cambridge for 23 years

He was a medical consultant for emergency wait times at the Cambridge Memorial Hospital and is a medical director at two nursing homes and a blogger and writer for the Medical Post magazine.



Dr. Crosby has lectured world wide on time and stress management for doctors and mentors medical students, residents, family physicians and specialists on office efficiency.

He is a consultant for **Radical Solutions Group**

<http://radicalsolutionsgroup.com/our-services/practicemgmt>.

Which helps doctors, clinics and hospitals become more efficient and have more time for patients and doctors.

He is married with 3 sons and a grandson and practices what he preaches.

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How to Inoculate Yourself Against Medical Malpractice

by Dr. John
Crosby,

I have been an expert in over 200 cases involving physician malpractice.

I have been sued once in 43 years during which time I have been involved in over 400,000 patient interactions.

Am I smart? Not particularly. Am I lucky? Yes. Am I well organized? Yes.

Am I nice to patients and their

friends and families?
Very much so.

This article can help
you set up your
practice to avoid the
pitfalls of
malpractice.

Almost every case
that I was involved
in as an expert
involved mis-
communication
between the doctor
and patient.

When I Was Sued

Let me tell you about the time I was sued. Thank goodness it had a happy ending for the patient and I. I had just finished a 14 hour emergency night shift and was ruefully looking at a poster in the staff lounge that said: 'If you don't believe in reincarnation you

should see this place
at shift change'.
A man in a suit
approached me (I
should have been
suspicious, since
no one **ever**
dressed up in that
emergency
department). He
asked if I was Dr.
Crosby. I looked like
I hadn't reached
puberty back then
and was so proud to
be mistaken for a
doctor. My cowlick

hadn't yet turned into a bald spot. He handed me a subpoena, turned and marched away. I felt like I had been kicked in the stomach, my palms were sweaty and my heart was racing. I was being sued!

Wow did I wake up.

I ran to medical records like it was a cardiac arrest. My

hands shook as I read the chart. It was a woman I had seen a year ago who had had a corneal abrasion due to her sticking an eyeliner brush into her eye by mistake. I actually remembered her because she was in such agony that I had called the ophthalmologist on call for advice. It was 5 pm so he

said to try an antibiotic drop and anaesthetic drop and patch the eye and he would see her in the morning. Unfortunately she developed a pseudomonas corneal ulcer and needed a corneal transplant. I immediately called our malpractice insurance company and they were great. They calmed

me down and assigned me an emergency physician case manager and lawyer who were very caring and knowledgeable. They talked me through the case and reassured me that very few threats ever got to court or were lost. They advised me to speak to no one and to make

copies of the chart
and keep one and
send them one.
They told me to
type out the whole
story as I
remembered in
great detail minute
by minute. I felt
terrible and couldn't
sleep. My wife was
very supportive.
I looked at every
patient as a
potential threat and
was worried about
everything I did.

This gradually went away as you can't sustain it seeing dozens of patients daily.

Months went by and I would forget about it only to be rudely jarred back into the fray by letters from experts from both sides that I was asked to critique in writing.

Discovery

A year later I went to discovery which means you sit in a small room at the local courthouse with your lawyer, the plaintiff's (complaining patient's) lawyer and a court typist. Everything you said could be used in court so I was really scared. Her lawyer took me slowly through my

curriculum vitae,
past experience and
training with regard
to eye injuries. He
then asked me to go
through the chart
word for word and
interpret into plain
English what all the
medical words and
abbreviations
meant.

This was highly
stressful and the
whole process
intimidated me.

My lawyer then did

the very same things but was much nicer. Two years later I was called on the phone by my lawyer and told that the case had been dropped. The patient/plaintiff had settled with the eyeliner manufacturer for \$60,000. She had healed perfectly. It felt odd and unfinished. I had dreamed of this day

for years but felt cold and empty. I thought I would be whooping it up with champagne but was just happy to have it over with. It was more a kind of numbness than jubilation.

My lawyer said, 'Boy do you docs ever take this seriously, you will be much more relaxed during the next one. It's a game. The other

side tries to make you out as Dr. Shipman (the GP who murdered over 200 patients in England) and your lawyer tries to make you out as Dr. Schweitzer (the missionary) and the judge has to rule in between'.

Court

If I had had to go to court this is what would have

happened:

The court opens at about 10 am with the judge entering from behind the bench. The bailiff (guard) calls out 'all rise' and you stand up. You can't read newspapers or magazines in the spectator section of the courtroom. Below the judge sits the bailiff and recorder and she talks into what looks

like an oxygen mask.

To the judge's right there is a table with the plaintiff and her lawyers.

On the judge's left are you and your lawyers. The witness box is to the judge's left side close by. As an expert witness I once drank the judge's water, not a good thing to do. There is usually no

media unless it's a high profile case. But you never know. If it's a slow news day you might be on page one. There is rarely a jury. The plaintiff's counsel makes opening comments at a lectern in front of the judge about how he views what happened. Witnesses are then called in order of

their participation in the treatment sequence.

Needless to say, this is incredibly stressful for the doctor/defendant as your whole treatment and competence is under scrutiny.

You will be called to the witness box. Some are standing and some have a chair. You may bring

notes and consult them.

Dress in a sober suit and tie or for women, a business suit. Be well groomed. Be confident but not cocky. Do not get into a fight with the lawyers. Ask them to repeat any questions you don't understand. Do not guess or speculate, stick to the facts.

The plaintiff's lawyer will go through your curriculum vitae and then through the chart word-by-word and comma-by-comma.

Speak slowly and explain in plain English or French, short forms, abbreviations and spell out big words for the court stenographer.

Do not use jargon.

If you don't know,
say so.

Your lawyer will
then go through the
same sequence.

The opposing lawyer
will then cross-
examine you on any
new items that have
come up in your
testimony.

**Only answer the
question being**

asked.

Try not to speculate on hypothetical situations.

You are not an expert or Einstein.

The judge is looking for the standard of care that a

reasonable

physician with your training and

experience would render. Average,

prudent care.

The plaintiff's

lawyers have to

prove that you fell below the standard of care and that that failure to maintain the standard caused the patient harm.

Your lawyer will then question you regarding anything new that came out of the cross examination.

The judge will also ask questions for clarification as well.

At the end, experts

for both sides will go through the same process to establish the standard of care and whether you met it.

They will break for lunch from noon until 2 pm then go until 4 pm at the judge's discretion.

After the trial is over the judge will take many months to render a verdict, which you can appeal if you

disagree with it.
However a verdict
can only be
overturned if the
judge makes a
serious
procedural error in
law (not fact).

Avoiding Malpractice

So how do you
avoid this harrowing
ordeal?

**Practice good
medicine.** Sounds

simple but it is hard
to be good day in
and day out and
when on call in the
middle of the night.
Sometimes you will
be sick and crabby
and sometimes just
human.

Go to refresher
courses to keep
up. Read the
literature.

If you are feeling
sick, take time off.
It's not an excuse if
you make a

mistake. Imagine a pilot announcing in mid flight "Sorry we have to ditch in the ocean, the co pilot and I have the flu". If you are crabby and burnt out, take a vacation or get some counseling to help to change things. Ask a respected fellow physician to mentor you.

Talk to your

patients.

You really need to communicate and ask them what you said at the end of every encounter. If they are kids or have dementia or trouble with English or French get help from a translator or their guardians.

Give them a handout to reinforce your instructions.

Dr. Walter Keen, a
Hamilton

rheumatologist and professor at McMaster mails a copy of his consult letter to the patient. I wonder if he would do this if he were a gynecologist? Just asking.

Tell them more than once. Talk slowly, no jargon, big words or short forms. I usually try to avoid insulting patients by talking with big and

little words. For example, 'You have diabetes, or high sugar in your blood'. Or 'You have a fractured or broken arm at the elbow'. Tell them of the major side effects of treatment or drugs. No one has time to list everything. A reasonable, prudent and average doctor would say: 'Please try some Aspirin for your sore ankle.'

Aspirin can cause allergies or upset stomach or stomach bleeding. Call us or go to the Emergency Department if this happens or if you develop black bowel movements or shortness of breath'. Document this in your notes. e.g. 'Side effects explained'.

Be nice.

I have seen so many cases where the patient said 'I love my family doctor so don't sue him, just the other doctors'. If you are nasty to patients and things go bad they may sue you. If you are getting angry with a patient, take a deep breath and try to rise above it. Refer them to someone else if you have a

stalemate.

I had a patient in one of my nursing homes that drove me nuts fighting with me about everything I said so I asked the other house doctor for a second opinion.

If they are unhappy that you can't find anything wrong with them send them to a specialist.

I have been burned 3 times with

seniors losing weight. A full workup with lab, scope, CT and gastroenterologist and even tertiary care referral yielded nothing. They later died of cancer of the pancreas. Now I meet with similar types of patients and their family and say we can't find anything so far but will keep monitoring the situation.

Apologize.

This is a real tough one. You don't have to go overboard.

Just say I am sorry you had a bad outcome. You don't have to admit you made a mistake.

Always talk to your insurer and lawyer before you do this.

I have heard so many plaintiffs say that if only the

doctor had said he was sorry we wouldn't be here (in court) today.

Have a good system of follow up.

That means do your lab and imaging reports and review of consult letters **every** weekday, initial them and have your secretary file or action them. Charting is the most

important thing as the judge looks at that. The judge and plaintiff's lawyers know only too well that we see hundreds of people weekly and often can't remember the details.

Try to dictate charts or use an electronic medical record. The standard of care now is becoming typed notes.

Make sure you have

a history,
targeted physical
exam, assessment
with differential
diagnosis and plan.
Even if you make an
honest mistake, the
judge will see that
you were trying to
be thorough.
Always note that the
patient was
encouraged to call
you or return or go
the nearest
emergency
department if worse

or no better.

Document this. e.g.

“Call office or go to
ED prn”

Always document
follow up on every
case. e.g. FU/FD prn
(follow up with
family doctor as
necessary).

Specific cases:

Meningitis: is very
rare due to new

immunizations. But it is devastating with death or permanent disability for up to 80 years if a child is involved. It is fast and can be masked as a cold or flu.

Suggested notes to encourage you to be thorough and cover you if you are too early into a case:

Subjective: 5-year-old girl with a cough, fever and

sore left ear for 2 days. Eating normally. No diarrhea. Immunizations up to date.

Objective: 25.3 kg, afebrile happy child playing normally. Ears, nose and throat normal, no palpable neck nodes. Neck is supple.

Assessment: viral cold, rule out strep throat

Plan: Throat swab
(or rapid strep test
if available),
encourage fluids,
acetaminophen for
age and weight, and
call me if worse or
go the
Emergency
Department prn.
hand this out on
paper. I have all my
handouts in my
computer for fast
easy printing.

This shows that you

are thorough and have developed an organized approach and you have left the door open if things get worse.

Fever in babies less than 6 months.

This can be sepsis so record the state of the fontanel, check and record neck suppleness and do a full septic workup and refer

stat to a pediatrician if you think it is necessary. Don't wait around for tests that may delay life saving antibiotics.

Headache

Once again is rarely lethal but most neuro emergencies are devastating as the brain and spinal cord don't heal as well as the rest of the body due to the

sophistication of neurons.

Ask, is this new?

Was there a sudden onset and what was the patient doing?

Lifting or orgasm may signal raised intracranial pressure causing a subarachnoid hemorrhage.

Do a full CNS exam and BP and check for neck stiffness by asking the patient to flex their chin onto

their chest and watching to see if they wince. Decreased level of consciousness and confusion are not benign signs and should not be attributed to narcotic painkillers. Do a stat CT scan and lumbar puncture. If you are in a remote area call neurosurgery at your regional tertiary referral.

centre. If you don't have a neurologist handy, an internist can help.

Ectopic pregnancy

This should be ruled out in any woman with abdominal pain of childbearing age. They may deny sexual activity or having missed a period.

Appendicitis

Can be difficult to diagnose early on. It may be on the left with a long appendix. The patient usually has anorexia and it may be painful for them to walk due to psoas muscle spasm. Do a white blood cell count, urinalysis and get a CT of the abdomen if available. If in doubt, admit, get a surgical

consult and reassess
in 12 hours.

If you are in a
family physician's
office and are
sending them up to
the emergency
department, always
include a referral
letter and tell the
patient to not eat or
drink anything in
case they may need
surgery.

Cancer.

Can start very

subtly and family doctors may not notice some early warning signs because we are lulled into 'business as usual' with long standing patients. We often don't see serious disease for weeks and may miss it.

Weight loss in older patients can herald cancer. Don't make a diagnosis of depression till you

have ruled out malignancy and referred to the appropriate specialist.

If someone has **rectal bleeding** make sure there is no cancer up above the hemorrhoids. I had one case where a patient with rectal bleeding kept returning to his GP with rectal bleeding and the doctor just kept giving him

suppositories.
Eventually a
surgeon found a
carcinoma above
the hemorrhoids on
colonoscopy.

Skin lesions are
very hard to tell if
they are cancer. If
in doubt get a
biopsy. I am
astounded at how
many seemingly
benign moles end
up as basal or
squamous cell

carcinomas.

Do a **mole patrol**

on all patients during their annual checkups and on high-risk patients such as those with a lot of sun exposure or previous melanoma.

Lumps Once again don't guess, get a biopsy. I was an expert in a case where a 36-year-old lady had a breast

lump in early pregnancy. Her family physician delayed referral until after delivery and she later died of cancer of the breast and her family successfully sued him.

Fractures.

I have seen elderly patients walk on fractured hips and the x-ray was negative initially.

This was because osteoporosis caused the fracture line to not show up due to minimum calcium. If they are still limping a week later, re-x-ray.

With kids complaining of sore arms and minimal swelling always x-ray and if there is no radiologist around, do both limbs to help differentiate growth

plates from
fractures.

Compartment syndrome.

This is a common
cause of lawsuits
and causes
devastating,
permanent damage
to limbs. It can
present at the
family physician's
office or an after
hours clinic after a
fracture or casting.

The limb has Pallor,
Pain, Pulselessness
and Paresthesia.

The
treatment is
splitting the cast
down to the **bare**
skin on both sides
with restoration of
the circulation. If in
doubt call an
orthopedist or send up
to the emergency
department. Don't
mask it with
painkillers.

Diabetic foot ulcers.

I always treat them very aggressively because they can result in amputation above the knee. I tell the patient and their next of kin that the prognosis can be very bad and may end up with the leg being cut off above the knee even with the best of care and I document all of this. I refer to an

infectious disease
specialist because
they can see them
fast and I start
appropriate
antibiotics and
wound care by
home care
nurses who call me
daily with updates. I
refer to a surgeon if
debridement is
necessary. I call the
surgeon doctor to
doctor to avoid
delay in treatment
and I document this.

Torsion of the testicle.

Once again is rare but devastating and can be mimicked by orchitis. Always err on the side of the most dangerous diagnosis and treat both together. I get a stat ultrasound and CBC and call the urologist personally right away and document it.

Murder.

I was an expert in a case where a doctor was treating a lady with paranoid delusions that the TV was talking to her personally. He convinced her to go to a psychiatric hospital but whilst on her way she returned home and murdered her husband. The doctor

was exonerated because he could not have certified her for involuntary psychiatric admission because she was going voluntarily for help.

Suicide.

If a patient threatens suicide, send them to the emergency department and call the emergency physician. If they

refuse, call the police to have them escorted to the emergency department. You will have to complete an involuntary admission form. Document everything in great detail.

What if a specialist refuses to help you?
in an emergency

situation? Once again this is very rare, it has happened to me twice in 43 years. I told them that I would have to call their chief of service even if it was in the middle of the night. If the chief of service couldn't help, I called the chief of staff and if that didn't work I shipped the patient to a teaching centre.

Patient care is paramount; you can deal with the politics in the sober light of day.

Another huge issue is our Canadian problem of **long waits** for tests, consults and imaging. We and our patients are so lucky to have a 'free' system but the downside is that there are often long

waits.

If you really think the wait will harm your patient, call the specialist and radiologist and make your case. Document this effort. You can't cry wolf too often so only do this if necessary.

Never change the chart.

The plaintiff's

attorneys can hire a handwriting expert to tell if the ink is older or different and forensic computer experts can check the hard drive to find out on what date the computer notes were typed.

Check list if you get sued:

1) Don't panic, take a deep breath and remember this does

not mean you are a bad doctor. Speak to no one and alter nothing.

2) Call your malpractice insurer first and do what they tell you.

3) Do not alter the chart, ever.

4) Remember that most cases are dropped and the few that reach court are rarely won by the plaintiff.

In summary, to inoculate yourself against malpractice claims, be thorough, take your time, do your paperwork and emails daily, refer appropriately, be nice, apologize without incriminating yourself, back yourself up and document, document,

document.

