# The Joy of Medicine 2022

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Audiobook, mentorship and videos available for free at
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# Dedication

I dedicate this book to my wife Jill. To my three sons; Andrew, Stephen & James. To my daughter-in-law Kristy. To my mother and father; Doris & Jack Crosby. And to my mother and father-in-law; Clara and Sparky Copeland.

Also to my grandson Max.

Special thanks to my Medical Post editors Colin Leslie and Louise Leger

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# Helplines

Canada Suicide Preventions Service 1 833 456 4566 or text 45645. Quebec call 1 866 277 3553

CMA website https://www.cma.ca/supportline
911 or call your family doctor
Or go to your local ER.

INTRODUCTION

I love being a doctor at age 74. After 48 years I still have the joy of medicine. I can't wait to wake up and go into the office and see patients or go to my nursing homes. I even like doing paperwork and computer work! I look forward to weekends, statutory holidays and vacations like everyone else but I also look forward to getting back to my office too. How did I get like this? Well I used to hate medicine when I first started. I remember looking out of the window of our first little home down the street towards my office and dreading seeing patients. I then did the things that you will read about in this book and now I love it. What took me 48 years you can learn to do in 48 minutes. If you don't have time to read the book you can listen to it hands free while driving, jogging, walking or exercising on Bluetooth and You Tube. You can obtain the link for free by emailing me at drjohncrosby@rogers.com.

Get ready to find the Joy of Medicine again.

The definition of burnout is when passionate, committed people become deeply disillusioned with a job from which they have previously derived much of their identity and meaning. In other words they have lost the joy of medicine.

*Take this Maslach Burnout Inventory to see if you are burned out:*
(Score 1 point for a. 2 for b. 3 for c. 4 for d. 5 for e.)

1) I feel rundown and drained of physical or emotional energy.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

2) I have negative thoughts about my job.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

3) I am harder and less sympathetic with people than perhaps they deserve.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

4) I am easily irritated by small problems or by my coworkers and teams.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

5) I feel misunderstood or unappreciated by my coworkers.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

6) I feel that I have no one to talk to.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

7) I feel that I am achieving less than I should.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

8) I feel under an unpleasant level of pressure to succeed

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

9) I feel I am not getting what I want out of my job.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

10) I feel that I am in the wrong organization or the wrong profession.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

11) I am frustrated with parts of my job.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

12) I feel that organizational politics or bureaucracy frustrate my ability to do a good job.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

13) I feel there is more work to do than I practically have the ability to do.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

14) I feel that I do not have time to do many of the things that are important to do a good quality job

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

15) I find that I do not have as much time to plan as much as I would like to.

a. Not at all
b. Rarely
c. Sometimes
d. Often
e. Very often

Score interpretation: Score 15 – 18: No sign of burnout here. Read this book to

stay like this and to help others

Score 19- 32: Little sign of burnout here unless some factors are particularly severe.

Score 33 – 49: Be careful – you may be at risk of burnout, particularly if several scores are high.

Score 50 – 59: You are at severe risk of burnout – do something about this urgently!

Score 60 – 75: You are at very severe risk of burnout – do something about this urgently!

**What Happened To You?**

Do you remember getting your letter of acceptance to medical school? The pure joy you felt? Your first day in class and then on the hospital wards? You didn't care if you were fifth in line to palpate a patient's abdomen or hold a retractor for hours and couldn't even scratch your nose.

Now, are you dreading going to work and are crabby with staff and patients and can't wait for a vacation, which is no help when you get back? What happened?

**Life happened.**

Maybe you got into massive debt with tuition, mortgaging a house, financing a car and paying for kids. You worked longer and harder and took off less time. You started missing breaks and lunch. You started doing paper and computer work on your time off. You started coming in earlier and going home later. You started working weekends and holidays. You never turned off your dumb phone.

You burned out. This can be prevented and cured if you already have it. As a doctor you are one of the smartest, hardest working and tenacious people in the history of the human race. You can use your drive, work ethic, brain power and this book to make your job and life wonderful again.

Also you can use this book to teach residents and medical students to avoid burnout.

First of all let's look at what is burning you out and how to fix it just like you approach medical problems.

Subjective : Symptoms: we already started with them. If you are not burned out as per our little quiz you can help prevent burnout in yourself or friends and co-workers.

Objective: Look at our quiz again. Are you looking forward to going to work tomorrow? I am and I have done 48 years as a doctor. I will show you how I did it with this book. if you don't have time to read it you can get it in free audiobook format and listen to it hands free in your car. email me, drjohncrosby@rogers.com

Assessment: the top 12 causes of burnout are:

1) Paperwork and computer work.
2) Less control over workload.
3) Physician voices are ignored.
4) Government can't manage the system.
5) Rising patient entitlement.
6) Health ministry rules.
7) Fear of college complaints and lawsuits.
8) Less prestige.
9) Lack of a unified voice.
10) Electronic medical records.

11) Low collegiality between doctors.

12) Bullying from colleagues.

Rx The number one cure is passion. Find something in your job to be passionate about. Mine is medical writing and volunteering to help doctors avoid burnout. Yours can be teaching, research, advocacy, or volunteering. Other examples are nursing homes, administration, homeless shelter, prison, addiction, chronic pain or speaking. Get a mentor to help you. Email me for a free phone mentorship program. Also a huge cure for me was getting off the fee for service treadmill by being in a Family Health Organization, a capitated, rostered system with paid vacations, sick and study leave.

1) **Paperwork, computer work**, texts, emails, labs, imaging and consultant's notes are huge time suckers. You can get home an hour earlier everyday if you can conquer these beasts. Do them everyday first thing. Book this time in your smart phone and office appointments calendar now e.g. 8 to 9 am weekdays, or at lunch if you have young kids. Never do it after hours. Make an appointment with

yourself.  Defend it with your life. No phones, secretaries or nurses. Find an empty room if you have a common room for your desk. Turn your cell phone off after hours.

Handle paper or computer work only once to action it, (delegate to your secretary), shred/trash it or file it. Never put paper back into your in-basket, it will mate and have babies!!! Ditto with your virtual in basket, trash and files.

With big forms such as lawyer's letters, disability forms or insurance reports get your secretary to fill out as much as she can. Then have the patient book and appointment to come in to help you get the facts right and avoid you procrastinating.

Charge $300 per hour (check with your provincial or state medical association) to do private request paperwork (like lawyer's or insurance reports). It will make you feel better about the drudgery you have to endure. In Ontario you are paid to fill out the Ontario Disability Support Program for $100. The code is KO50 and you submit it to Disability Adjudication Unit Box b18 Toronto Ontario M7A 1R3.

I charge $25 for an off work note.

I met one family physician who put all her private paperwork money into a vacation fund. Now when she is lying on a beach she dreams fondly of her in-basket. Or you can use it for charity and/or, concerts, sports events, live theatre, a museum, art gallery, a fancy restaurant,  a gift just for yourself or someone you love.

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 (Telus PS Suite) and 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 (page 89) 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. The Rourke Baby Record, Workers Compensation forms and Provincial Prenatal forms are stamps.

You can then type out a prescription, hit the print or email 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, podiatrists, emergency physicians, social workers and specialists and with a few keystrokes. You can include patient profiles, medications, past visits, imaging and lab results by clicking on the green bar to the left of the note.

We also now have e referrals which yield an appointment with a specialist instantly and you can check and compare wait lists. The appointment is instantly booked and confirmed by return email, no more 'lost' or limbo faxes.

**2) Less control over workload.**

This is specialty dependent. Emergency physicians have none (I was one for 20 years). You can control hours worked and the amount of double coverage. Specialists can restrict their hours and what they see. For example a lot of orthopods don't do backs. I knew one ENT surgeon who only allowed one dizzy patient per week.

If you are being driven by money, remember you don't have to pay it all back fast. You can sit down with your banker and financial planner and spouse and work out a budget that will allow you to work nine to five and maybe take longer to pay it all back. I am 74 and still loving my job as a family doctor. You don't have to retire at 65 (it's boring).

3) **Physician voices are ignored:**

This is nothing new in my 48 years. The system is huge and moves slowly. You have to serve on committees and put in your time to change things. You have to be persistent. You can't just walk in to a meeting and expect to get your way. This is hard for us as we deal with life changing decisions many times a day. It took me

decades to change a lot of things but I succeeded in helping get paramedics, trauma centres, sexual assault centres, hospitalists, fracture technicians, big call groups and social workers working for free for our group. I have failed at getting emergency physician access to family physician charts and getting a more humane call schedule for our internists.

**4) Government can't manage the system:**

This is tough; I don't have answers for everything. Run for office. Lobby your Member of Provincial Parliament. Working in a free system is hard on all of us. Wait times are inevitable because a free lunch means a line up. If patients complain to me about waits I take no responsibility and tell them to complain to the minister of health and the premier of their province (free postage, Google their addresses).

**5) Rising patient entitlement:**

I sit down with them and their families and tell them that because we have a free system they will have to wait. They can pay to get to the front of the line by going to the US. Only one has ever done this. Not my monkey not my circus. I am on time and not responsible for anyone else. I only apologize if I am at fault.

**6) Health Ministry Rules:**

This is the cost of living in a first world society. You can go to a third world country and make your own rules.

**7) Fear of college complaints and malpractice.**

Here are the causes and cures:

a. The Internet. When I started practicing 48 years ago, the public had no access to medical literature except via ponderous encyclopedias, which were expensive, out of date and hard to access. Now they can Google 'headache' in the doctor's office waiting room and get a whole range of diagnoses and treatments. This raises expectations like getting an MRI that we have to meet. I always ask every patient if they have consulted Dr. Google and in a non-threatening way I explore their concerns and try to address them all. Most patients are afraid of cancer so I always address that fear. We Google 'headache' together and work thorough it with the website Choosing Wisely Canada to order appropriate tests.

b. Electronic medical records: Mine is wonderful and makes my care better and me faster. It is TELUS PS Suite—but if you are looking at the computer and not the patient, they will get mad.

I always go into the room, wash my hands, introduce myself, shake hands with everyone in the room, and then wash my hands again. (This is pre and hopefully post Covid 19). I hope that we will get back to this. I wear a mask and stay 6 feet apart during Covid 19 times. I make small talk to relax the patient and I look them in the eyes and do a history and physical examination. I lean forward and don't cross my arms or legs. I nod along with their story. I then say, "please excuse me as I type up this visit." I wind up by looking at them and asking them if we have covered everything, and what do they think is going on? I ask if they are worried about anything and have I helped them solve all their problems.

c. Increased number of patients. I have seen a trend over the past 48 years of more patients with more trivial problems who have Googled their issues and fear the worst. If you Google "headache" it will say "brain tumour" but I have seen only two in over 500,000 patient encounters. I have seen thousands of tension

headaches. The brain tumour patients presented with  focal seizures or one sided weakness  and not headaches.

d. Refusing to give charts. A recent complaint in Ontario involved a doctor refusing to give charts to a patient. Always call the CMPA for advice. If it is not going to harm the patient or someone else, I just hit the print button and give them a copy in seconds. It costs $1 for paper or you can download it onto their USB stick flash drive.

e. Sexual assault. In my office there is only my secretary and I and she chaperones all intimate exams. I use a paper poncho with a hole for the patient's head and a paper sheet for the lower body so the patient is covered but I have access for examination. I explain what I am doing—e.g., checking for breast lumps—and I show them the vaginal speculum and brush for pap smears. I let them feel how soft the brush is. I tell them this brush helps rule out cancer at the mouth of the uterus (cervix), while my gloved fingers are feeling for lumps and enlarged ovaries and uterus or womb abnormalities. I leave while they undress and get dressed after the examination.

f. Angry patients. We all run into people who might be in pain, are worried, are on medications or depressed, or are just plain ornery. I take a deep breath and give them empathy and understanding and I try not to not snap back at them like an untrained person might. If you are getting into fights with patients, get a second opinion. Acknowledge the anger and ask why. Check for underlying depression which can make people grumpy. Do a depression screen. (See templates page 95)

g. Family conflict: If there is family tension on how to treat a senior with chronic, serious diseases such as dementia or frailty, I convene a family meeting and include people from away by speakerphone. They might feel guilty about not being there and take it out on you. You can also do a Zoom meeting.

h. Narcotics: This is a huge minefield and is the topic for a fat book. I am very upfront with why I can or can't prescribe them and use the Canadian Chronic Pain guidelines. I document thoroughly. I use the opioid screening guide and get the patient to sign an opioid contract (Google it).

A lot of doctors get into trouble with the College of Physicians and Surgeons in their province because they don't chart thoroughly. You can't just have one page

for 10 opioid repeat prescriptions without bringing in the patient to do a targeted history and physical, and documenting it. Type each encounter using a stamp (page 97) to prompt you to be thorough. Many doctors get in trouble with the College because their notes look like this:

July 1, 2019. Percocet 100 tabs q4h prn

July 10, 2019. Percocet 100 tabs q4h prn

August 4, 2019. Percocet 100 tabs q4h prn

August 17, 2019. Percocet 100 tabs q4h prn

August 31, 2019. Percocet 100 tabs q4h prn

September 14, 2019. Percocet 100 tabs q4h prn

It should read on each date:

July 1, 2019: Back Pain: Subjective: pain in lumbar area for 6 weeks. Night pain yes. Radiation, no. .

Has tried: Advil 2 every four hours and Tylenol 1 gram every 4 hours, physiotherapy and chiropractic are no help. Caused by lifting. Bowels normal. Bladder ok.

Objective: Spasm in  lumbar spine area. Range of motion:  flexion: normal

Extension:  normal.

Lateral rotation: normal. Reflexes: are  4 + and equal. Straight leg raising: 90 degrees.

Pain rating out of 10  is 9.

Assessment: Lumbar mechanical strain

Plan: Physio, heat, hard bed

Percocet 100 tabs q4h prn (I try to avoid opioids in chronic pain and only have 5 patients on them out of my roster of 1200 patients in my practice).

Side effects of medications explained such as drowsiness, substance use disorder and constipation.  Plan to taper by 10% per month discussed. Opioid contract signed (attach copy here).

Return if worse or in  one month.

You can cut and paste this and individualize this for every encounter.

**Avoiding college complaints in nursing homes**

I have looked after two nursing homes in Cambridge with a total of 155 residents for 28 years. I have had only one college complaint and it was trivial. A resident's son couldn't get me to call him back because the ward clerk never gave me the message. The College of Physicians and Surgeons of Ontario said to just call up the patient's son and there would be no black mark on my file. We instituted a patient list for me to check every day that I am in the homes and this problem has not been repeated.

A college complaint can be brutal. It can take years to process, and your name will be in the media and/or the monthly college magazine that everyone reads with dread and morbid curiosity. Thankfully now Ontario has alternate dispute resolution for minor complaints so they are resolved in two months.

Have good after-hours coverage.

In Cambridge, Ontario we have all the family doctors in one call group, so you are only on once a month (my invention 28 years ago because I hate being on call. This has brought us all untold joy). This also helps avoid being tired and making a

bad call at 3 a.m. You can take the day off afterward. You have the time to go in and see the patient and not just do a phone consult.

Listen to the nurse; she knows the patient.

In summary, the best way to avoid a college complaint is good old communication and a good system. Patients and their families get angry if they feel ignored or not heard. Nature gave you two ears and one mouth to make sure you listen more than you speak.

## Malpractice

I have been an expert in dozens of cases involving physician malpractice. I have been sued once in 48 years during which time I have been involved in over 600,000 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.

*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 get some counselling to help to change things. Ask a respected fellow physician to mentor you. I do it for free by phone and have helped 106 doctors from across Canada. Email me at drjohncrosby@rogers.com

*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 their substitute decision maker or a translator. Give them a handout to reinforce your instructions and note that you did so in the chart. For example, head injury routine given to mom.

Tell them more than once. Talk slowly and don't use any 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. For example, 'Side effects like allergies or GI upset explained'. 'Call me or go to ER prn'.

*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 for things like weight loss, fatigue or fever send them to a specialist.

*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 the CMPA before you do this. Most provinces and territories have legislation to protect you from the use of an apology in a trial.

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 at a booked time. Make an appointment with yourself in your calendar. Initial them and have your secretary file or action them or click on them if they are in the computer.

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 typed notes. You can also hire a scribe, it's cheaper than losing your license for poor charting.

Make sure you have a history, targeted physical exam, assessment with a differential diagnosis and plan (SOAP = Subjective, Objective, Assessment 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). One family doctor thought I was swearing at him when I wrote this on all my ER charts.

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  normal and throat is red, 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 and document that you did for every patient always. 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.

In the ER you can have a handout with all the common problems on one sheet of paper on every door in a slot for easy finding and education.

Fever in babies less than 6 months. This can be sepsis so record the state of the fontanels, check and record neck suppleness and do a full septic workup and refer stat to a paediatrician 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 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 refer for a 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 or walk in clinic 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. Tell them to take their meds, allergy list and health insurance card. I give my complex patients a copy of their cumulative patient profile to fold around their health insurance card for travel and if thy end up in an ER or walk in clinic.

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 until 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 family physician with 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 checkups and on high-risk patients such as those with a lot of sun exposure or previous melanoma. Take a picture with your smart phone protecting patient privacy.

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 in the ER, 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 orthopod stat 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, urinalysis routine and micro and culture and sensitivity 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. The doctor 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. Call the police and document it.

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.

Spousal abuse: send to the ER with a detailed consult letter.

Child Abuse: If there is any suspicion call the police or Children's aid or a paediatrician or the ER with a detailed consult letter.

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 48 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:

a) 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.

b) Call or Google your malpractice insurer (the CMPA) first and do what they tell you. 1 800 267 6522.

c) Do not alter the chart, ever.

d) Remember that most cases are dropped and the plaintiff rarely wins the few that reach court.

In summary, to inoculate yourself against malpractice claims, be thorough, take your time, do your paper/computer work and emails every week day, refer appropriately, be nice, apologize without incriminating yourself, back yourself up and document, document, document. Chart a follow up on all patients e.g. 'Call my office or go to the ER prn'. Put this in every template.

**8) Less prestige:** who cares? Don't let your plumber know you are a doctor, she will charge you double. This is what I like about new doctors, they don't care about status like in the bad old days.

**9) Lack of a unified voice**: Join the teacher's union. They have to strike when told to. We can't strike. Ten doctors will have 11 opinions. This has been since time began and is unfixable. We are small business people. It's nice to not have a boss. Embrace it, don't let it burn you out.

**10) Electronic Medical Records:**

Get Telus PS Suite. I have it and it cuts my stress. It was invented by a small city family doctor (self disclosure, he is my next door neighbour and a friend, Jim Kavanagh) so it is very easy to use. It helps me go faster and do a better job. Ask a peer about their EMR before buying one.

His son Doug, a family doctor in Toronto invented the Ocean tablet (Google CognisantMD). You hand it to the patient and they can fill out the functional enquiry, social history, depression scale, the Rourke Well Baby Record or the provincial prenatal form. It then goes wirelessly into the chart. Patients are often

more candid with the tablet than with you. It helps you go fast and be more thorough  and accurate. Patients love it and are more honest with it than when talking to you.

**11) Low collegiality**: this is true. The doctor's lounge is no more for many, especially the family doctors who have left the hospital in droves. We can only hope to rekindle it with blogs, emails, texts and educational meetings and conferences. Being able to complain to each other is key to avoiding burnout. Get a mentor. Have breakfast or lunch with fellow doctors, I do.

**12) Bullying from colleague**s: the only way to deal with a bully is with a bigger bully. Report to the chief of service or chief of staff.

My own personal thoughts on burnout are that you need something to be passionate about to avoid it. It may be a subspecialty even if you are a Family Physician. For example geriatrics or prison doctor etc. or a hobby or volunteering. Also I avoided burnout by always changing up my jobs if I became bored. I have had eight job changes in 48 years and still love medicine like the first day. My hobby is writing stuff like this.

# Time management for physicians, nurse practitioners and physician assistants

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 pandemics. Also after time off 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. 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.

1) Improper Delegation
2) Too Many Patients
3) Paperwork, computer work, texts and emails
4) Interruptions
5) Multi Problem Patients

6) Seniors

7) Too Many Outside Responsibilities

8) No Competition

9) Psychological Counselling

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'.

They will talk to you about the long wait for 5 minutes times 30 patients a day equals 150 minutes a day wasted. 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? This is what my life is like now and you can learn to do this. You **can** be in charge of your life. Don't blame others, the government, your hospital, clinic or nursing home.

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

*1. IMPROPER DELEGATION:*

This is a frequent problem that I see when I'm giving workshops or mentoring physicians. 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 or medical office administrators** are the most important people to help you stay on time. You need to be in constant communication with them by text

or email. Copy them on all emails you receive pertinent to the office. 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 the 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 phone calls, faxes, emails or texts STAT.

Nurse Practitioners can do everything a family doctor can including prescribing narcotics, referring to specialists, ordering CT and MRI and taking away driver's licenses (why they would want to is beyond me). I work with one, Kim Rovers and she covers my entire office and two nursing homes in an excellent fashion when I am away. We email each other using patient initials to keep coordinated with care.

With pharmacists, communicate by fax or secure text **stat**. This avoids a phone call. E-prescriptions are now starting.

**Specialists** are not often thought of as being someone we delegate to but they are. Family physicians 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.

Don't order tests for cardiology or respirology (eg stress tests, spirometry etc.). Leave them for the specialist who might repeat them and can coordinate them better than you. This saves the patents and you and your staff time and the taxpayer money.

There is now e consult  with online specialist help. Since Covid 19 there is much more care by smart phone audio advice and with cell phone pictures of wounds and rashes. Remember to chart like an in person visit.

The Patient: get them to take an active part in their care for better buy in and compliance.

2. 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 10 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, minor, well paying patient encounters that used to go to the emergency room or to the walk-in clinic will return to you. If you are in a rostered practice you will avoid the financial penalties of outside use at walk in clinics. 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 all his patients 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.

*3. PAPERWORK, COMPUTER-WORK, TEXTS AND E- MAILS* were covered on page 16.

*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 private inner 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 88) 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.

TGIM

Mondays are a terrible way to spend one seventh of your life. Workload can be predicted for the most part. Because Mondays are usually the busiest (because they also have the burden of illness for Saturday and Sunday) we leave them wide open for same day call in urgencies. I get to go home early when done. This is great for the patient wanting in quickly and makes us love Mondays instead of hating them. It helps me keep the joy of medicine. Of course then you will hate Tuesdays.

I knew a family doctor who took every Monday off for 40 years. Imagine having 7,000 long weekends. He did it by covering another FP's Fridays.

Also, if your summers are quieter, gradually shift complete physicals into them every three years.

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). Have a Zoom

meeting. With the patient's and substitute decision maker'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.

I tell them that hospitals will not be able to keep them for long and nursing homes take years to get into.

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

*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 'hell 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 it's tacky to have a note on your wall saying only one problem per visit and so does the college of physicians and surgeons in your province or state and so does the CMPA. The second problem might be lethal. At the same time it isn't fair to our

other patients or ourselves to let a patient reel off five chronic problems and expect us to fix them all on the spot.

A nice compromise that has always worked for me is to reach over and ask permission to take the list and ask the patient to pick their top two concerns. Tell them to rebook for a full history and physical later and assure them you will check everything. Do your 'annual physicals every three years as per Choosing Wisely Canada. For women over 50 years of age I do a mammogram, bone density and pap smear every three years. If they push back I tell them that that is what my wife and sisters do.

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. Let's get some lab work now and set up a full check up to check for the other three'. I book all physicals on Wednesday morning when I am fresh, rested and not time pressured.

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. Ask your secretary to remind them to 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 88 for the letter outline).

If they are mixing up their medications get your secretary to arrange for home care to go out to assess and have the pharmacist do blister packs.

*7. TOO MANY OUTSIDE RESPONSIBILITIES*

House calls

are great for you and the patient but are hard to fit in. We are lucky to have in Cambridge a family doctor who has given up her office practice and does free house calls for every complicated patient  who can't get to their family doctor. Email me at drjohncrosby@rogers.com on how to do this. It can help you if you are burned out and want to get out of office practice or if your patients need the service. It is free to set up.

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.

Our Family Health Organization of 18 family doctors is spread out across Cambridge so we have two retreats a year with our spouses and families 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, learn, 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 critical office lab results and nursing homes. This was formed by me by taking the old call groups and gradually combining them. Since I hate being on call I have brought the joy back by being on less.

This is good for the patients, staff and us.

You can break up weekends and holidays and take the day off (or at least the morning off) after being on call. Reward yourself with something you like doing like a spa day, skiing, museum or art gallery list etc. so you will look forward to call not dread it. This will bring you joy..

Time managing the hospital.

We had 55 family doctors seeing 55 patients on medicine so we got hospitalists. In smaller hospitals where the FP's still look after in-patients you can combine hospital ward rounds by having one member of the group do the whole group's rounds for a week. Limit yourself to one committee at the hospital per year and ask for it to meet at your convenience for example breakfast or lunch. Ask if you can be on first then leave. You can also do this with family meetings at nursing homes. 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 or Zoom conferences. Ask if the meetings can be every two months instead of every month. 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. In Canada we have a monopoly system which means little innovation or reward for efficiency. There is no incentive to be on time 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.

Having patients complain about waits sucks the joy out of your day.

Financially as I said above and it bears repeating 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. I lose less than a hundred dollars a month to outside usage while  doctors who haven't been taught to be efficient lose thousands.

Competition  is coming.

Nurse practitioners, physician assistants, virtual care clinics and pharmacists are doing more of our work and governments see them as being cheaper and more accessible.Virtual clinics are popping up all over and patients love them. If you adopt my strategies your office can have open phone lines and same day service on time.

On-line booking is coming and helps with access and keeps your phone lines open. It's like booking an airline seat. Talk to your EMR provider. It can take a big load off your staff and keep them happy which will keep you and your patients happy. It keeps your phone lines open so your patient don't go to walk ins clinics.

Social Media

Doctors can get into trouble with inappropriate postings and can get disciplined by their colleges. Maintain boundaries. Don't write anything you wouldn't want on the front page of your local newspaper. Patient confidentiality is paramount.

Texts, Emails and Smart phones

If you decide to do this with patients make sure you have a secure system and get patients to sign a contract to avoid them trying to reach you in an emergency. Set hours of operation and call back intervals (I will get back to you within 2 business days). I recommend Monday to Friday from 9 am to 5 pm to avoid burnout from being on duty all the time. Turn off your devices at 5 pm and also on weekends and holidays.

## Never give out your private phone number or email address.

*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 (up to $250 per hour) or don't have benefits to pay for a social worker or counsellor. 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 counselling or if they have any employee assistance plans (EAP). There is often 'geared to income' counselling available in your area. 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.

There are also fast, free substance use disorder clinics available without an appointment in many cities.

I also tell them a counsellor can spend an hour with them but I can't due to patient demands. They can also often meet after business hours.

**Empathy Addicts**

A lot of doctors get into counselling patients who dump all their problems, feel great and do nothing to change. The doctor becomes an expensive social worker and enables the patient. The patient feels great and the doctor feels terrible and gets behind in their schedule.

You have to set goals with the patients so they make progress and make change in themselves, and their lives and not just come to you for a complaints session.

Virtual medicine:

Since Covid 19 this is huge. I have found that over 90% of visits can be by audio on my cell phone alone. Pictures can be emailed to me for rashes and skin lesions and minor injuries. This is a huge time saver for patients and you.

*10. NEVER TAUGHT TO BE EFFICIENT*

Doctors are taught to be slow and methodical and to not miss anything. Your professor had a few patients a day and you to chart for her. Then you come out into the real world and have to see 30 patients a day to pay back your debts, pay overhead, taxes, buy a house and car, save for retirement, and put your kids thorough school. Many doctors come in early, miss breaks, gulp down lunch between patients and paper/computer work and get home late. This is a recipe for gradual burnout and divorce and a loss of the joy that you started with.

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 real and virtual 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 or Covid 19. 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/computer work or on the phone or in meetings. You

will have time for rest, exercise, hobbies, meditation and spiritual replenishment. You will have time to do nothing, something you haven't done since Kindergarten. 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 Toolkit (page 80), sign it and give it to your secretary. It will tell her to not put 'fat forms' (insurance forms, lawyer's letters etc.) into 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 every 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 won't fix a toxic workplace.

Sit down with your spouse or friend and your calendar this Sunday and block out 8 separate week's vacation (two in a chunk once a year) for the next 365 days. Take a red magic marker and circle them or bold them in your smart phone calendar. 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 the sample letter in the toolkit page 88)

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.

We then go to a big city for a conference in November and take the week off between Christmas and New Years.

## Turn off your smart phone after 5 pm and on weekends and holidays.

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. Come back a day early to catch up on paper/computer work.

I have mentored a large number of young doctors who never take a vacation alone with their spouses. This is a fast ticket to divorce. The kids will grow up and hopefully leave the nest and you might be left with a stranger. Start small with a

date night and then try a weekend away alone. then try a week away with just the two of you. A baby-sitter is cheaper than a lawyer.

**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. E-prescribing is just starting to be piloted in Ontario at this printing.

**Missed Appointment**s:

We post a notice that missed appointments will be charged for at the provincial rate ($36 currently) 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. Unpaid bills can be tax deducted at 50% as bad debts. Talk to your accountant.

**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 96) and remind them that there are a lot of snake oil salespeople trolling the Internet trying to sell them miracle cures.

I have even had patients come in with a picture of rashes or blood in their urine or stools on their smart phones. I have e-mailed videos of tremors (with the patient's permission and with no identifying features) 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, HIV 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 counselling or delegate to a therapist.

**Cerumen in ears.**

Have the patient instil Cerumenol (TM) 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 ear canal suctioning.

**Alzheimer's dementia.**

Always book an extra appointment for the caregiver. Talk to the patient even if they are confused. It shows respect.  I always tell the caregiver to start planning for a nursing home and take away their guilt by saying firmly that it is time to go to one. I tell them it is normal to be frustrated and angry with a confused patient and that they will need help to cope

**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. Now most are on line. Stick to a few useful ones. If you try to read too many you will read none.

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. *Google them*.

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 respirations 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/computer work, emails and counselling.

**ER and Walk-in Time management.**

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

Try using a doctor as the triage person.

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 people-power you can have the ER physician start her first two hours in the fast track then migrate to the main ER and 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 has 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 do the history and physical then put on the chart as a doctor's order 'get me when nurse ready to assist with the pelvic exam'.

Empower your triage nurse to use protocols like the Ottawa Ankle Rules 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, slit lamp for eyes and suturing.

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

Use geri-chairs instead of gurneys to avoid patients and staff thinking they are bed patients when they have just been sitting in your waiting room.

Have patients awaiting test results sit in their cars if stable and call them on their cell phones to come back in for final instructions.

**Administrative medicine**

I have worked as acting Medical Director of a hospital, medical director of three nursing and four 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 them by text or phone, Zoom or email?

Have no more than 7 people and call it a task force. Have a set problem list and time line and disband the task force 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 find out about how many widgets are needed 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 there time for discussion, did everyone have their say, did it end early?

Complaints.

Call the complainer within one day 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. Call them every few days to update them and show them that you are taking their complaint seriously and you are listening to them.

Warn doctors to consult with the CMPA if the complaint is serious. Get everyone involved to submit their opinions 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?

In Summary.

The top ten time management tips for doctors are:

1) Limit your practice to 1500 patients

2) Avoid talking on the phone

3) Return faxes, texts and emails stat.

4) Only do MD stuff.

5) Do paper work and computer lab/imaging every weekday at 8 am or noon if you have small kids. Book it in your calendar.

6) Take lists from patients. Do the top 2. Rebook the rest.

7) Seniors. What's new? Bring in all meds and a caregiver.

8) Volunteer for one hospital job yearly on your time preferences.

9) Delegate counselling if possible.

10) Consolidate nursing home patients.

# TOOL KIT

EDIT, SIGN AND GIVE TO YOUR STAFF (one every 2 weeks).

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 and get home on time. 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 confused 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 and first day back after holidays will be for same day call in appointments only. No physicals, well babies, prenatal exams or counselling.

Sincerely:

Dr. _____ (Your signature)

Dear Staff Date:

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

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

Sincerely,

Dr. _____ (Your signature)

Dear Nursing Home Patient Date:

cc. next of kin, substitute decision maker, house doctor, nursing home chief executive officer, your secretary and the 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.

My secretary will forward the charts to the house doctor.

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 over the next year. 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 and Week 8 combined

Sincerely, Dr._____ (your signature)

**Good Medical Websites:** *(post on your bulletin board)*

WebMD.com
Med Effect
Familydoctor.org
Mayoclinic.com
medlineplus.gov
Drugs.com
ementalhealth.ca
patient.info

# Templates/Stamps for thoroughness and speed

The Rourke Baby Form and Provincial Antenatal forms are templates or stamps.

**Abdominal pain** for • days. Caused by • . Improved by •. Aggravated by •. Feels like •.

Constipation • . Diarrhea •. Blood •.

On examination Temp • ENT • Chest is clear to auscultation.

Abdomen soft, no tenderness. Liver and spleen •

Bowel sounds • Rectal •

Pain rating out of 10 •

Assessment •

Plan • Side effects of medications explained. Call me or return if worse or in • months or go to the ER.

- (Left or right) **ankle injury** • days ago.
- Mechanism of injury. On exam, range of motion • Swelling • Ligaments • Assessment •

Plan rest, ice, elevate, tensor, physio, Advil 2 tabs every 4 hours, side effects like gastric upset explained, call me in one week if no better.

**Back Pain:** Subjective: pain in • area for • . Night pain • . Radiation• .

Has tried • . Caused by • Bladder •

bowel •

Objective: Spasm in • . Range of motion flexion, • Extension, •

Lateral rotation,• Reflexes • Straight leg raising, •

Pain rating out of 10 •

Assessment:•

Plan: Physio, heat, hard bed, •

Side effects of medications explained. Return if worse or in • months or go to the ER.

**BP**: Subjective: Feels• No chest pain or shortness of breath no swelling of ankles

Objective: BP is • Cardiovascular system, rate • rhythm • heart sounds S1 and S2 are normal, no murmurs.

Chest is clear to auscultation

Assessment: •

Plan: see prescription below plus diet, low salt and exercise handouts given out. Side effects of medications explained to patient like swelling of ankles for Norvasc and cough for Vasotec.

Return in • months or prn or go to the ER if very high.

**Cholesterol** level as above is • Subjective: Feeling •

Objective: ENT normal, Cardio Vascular System: heart sounds normal no murmurs, no Congestive Heart Failure, no Jugular Venous Distension, pulse, normal sinus rhythm. Chest is clear auscultation.

BP is •

Assessment: •

Plan: Diet, exercise.

Side effects of medications explained like muscle cramps with Lipitor.

Return in • months.

**Depression** for • days. Why? •

Subjective: Fatigue •

Sleep •

Crying •

Blaming yourself or feeling worthless • Lack of concentration•

Lack of joy •

Weight change •

Faster or slower than others • Suicide •

Bipolar

Has there ever been a period of time when you were not your usual self and

you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? •

You were so irritable that you shouted at people or started fights or arguments? •

You felt much more self-confident than usual? •

You got much less sleep than usual and found that you didn't really miss it? •

You were more talkative or spoke much faster than usual? •

Thoughts raced through your head or you couldn't slow your mind down? •

You were so easily distracted by things around you

that you had trouble concentrating or staying on track? •

You had more energy than usual? •

You were much more active or did many more things than usual? •

You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? •

You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? •

Spending money got you or your family in trouble? •

Objective: On exam: affect • grooming • alertness • Hallucinations •

Delusions • Pressure speech • Tangential thoughts •

Assessment •

Plan exercise, omega 3 foods, sleep hygiene discussed. Side effects of medications explained for example gastric upset, increase suicidal ideation. Return in • weeks or prn. To ER if suicidal.

**Female Complete Physical**

Problem -

Functional Enquiry: Head and Neck • Ears, Nose and Throat •

Respiratory •

Endocrine •

Cardiovascular •

Gastrointestinal •

Genitourinary •

Musculoskeletal •

Neurological •

Wt:  Ht:  BMI•

General Appearance •

Ears Nose Throat •

Skin • Breasts -

Cardiovascular system - Blood Pressure • Pulse • Heart sounds •

Jugular venous pressure • murmurs • peripheral pulses •

Respiratory •

Central nervous system• - Pupils & Fundi • cranial nerves. tone •

power • Sensation • reflexes •

Vaginal exam •

Assessment •

Plan •

Headache

Subjective for • days. Cause • Where on head• Feels like •

Have tried •

Objective fever • neck stiff • Cranial nerves • Reflexes • Pupils •

Pain rating out of 10 •

Assessment •

Plan. Side effects of medications explained. Return in • months or if worse.

• (right or left) Hip pain for • Due to •

On Exam • ROM • Wasting • Neuro • Pain rating out of 10•

Assessment •

Plan • Physio, Advil 2 tabs every 4 hours. Side effects like gastric upset explained

• (Right our left) **Knee pain** for • Cause of problem • Range Of Motion •

Ligaments • Cartilages • Effusion • Redness •

Temp •

Pain rating out of 10 •

Assessment •

Plan • Weight loss. Advil 2 caps every 4 hours. Side effects like gastric upset explained.

**Male Complete Physical**

Problem •

Functional Enquiry

Head and neck •

Ears, nose and throat • Respiratory system • Endocrine system • Cardiovascular system • Digestive system • Genitourinary system • Musculoskeletal system • Central nervous system • General appearance • Wt: Ht: BMI•

Ears nose throat:

Skin & Mucosae:

Cardio vascular system - BP: Pulse: Heart Sounds: JVP: Peripheral Pulses:

Respiratory system: Abdo: •

Central Nervous System - Pupils & Fundi: Cranial nerves • tone • power • coordination • sensation •

Testes:• Prostate:• Assessment •

Plan •

• (Right or Left) **Shoulder pain** for • days. Caused by • . Range of motion • . Crepitus • . Wasting • .

Neurological exam •

Pain rating out of 10 •

Assessment •

Plan: physio, Ice, heat

Side effects of medications explained. Return if worse or in • months.

**Skin Lesion** for • days

Objective:

Size •

Shape •

Colour •

Itchy? •

Where on body? • What has been tried? •

Assessment • Plan •

**Cold** for • days. Sore throat • . Cough • . Earache • . Sputum • . Shortness of breath •

Chest pain •

On Examination: Neck supple Temp • . ENT • . Nodes • . Chest •

Assessment •

Plan: Advil liquigels 2, q4h prn, Koffex, 5 cc's q4h prn, Cool mist vaporizer.

side effects of medications explained such as allergic reactions, diarrhoea or yeast vaginitis in women.

Call or go to ER if worse or hard to breath or drooling or unable to swallow.

**Urinary Tract infection** : Frequency and dysuria for • days. Temperature • Costovertebral pain •. Abdomen •. Bowel sounds •

Assessment • Plan - drink cranberry juice, call if no better in 48 hours. Side effects of medications explained such as diarrhea, allergic reactions and yeast vaginitis in women.

# Stress Management For Physicians:
## It's Easier to Change the Process than the Person

Doctors have one of the most stressful jobs anywhere. We deal with life and death situations under the microscope of the media, Dr. Google, 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 an appointment and get a physical. Avoid 'corridor consultations' and get as good care as we give our patients.

Get counselling. If you are embarrassed about being treated in your own town go to a nearby city for confidential counselling. *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 or the calendar in your smart phone or computer and map out your life. Note 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 dollar is going before you can change your behaviour. For example write down everything from getting up, showering, breakfast, driving, exercise, chores, 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 because it's all bad. Invest in a good mattress, you spend one third of your life of 82 years in bed. This is 10,000 hours. Avoid any screen time two hours before sleep.

Have white noise to blot out night noises (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 an eye cover. 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 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, stationary bike and/or aerobics. Put it in your day planner like an appointment with yourself. Mix things up so you don't get bored. Run up and down the stairs at the hospital or your home. I swim every weekday at the Y and at the cottage in the summer.

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 podcasts or nothing at all.

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 weekday. Put this time into your calendar.

*Group therapy:* A lot of doctors are isolated in their offices so go to the doctor's lounge if you still have one 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. Now with doctor's loungers being closed do this with educational dinners or lunches. I meet two other doctors for a bitch session every month for breakfast. at a local restaurant.

***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. This sets a leadership role for all the staff. if the boss is late everyone will think it's ok. 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 Goodness Its Monday.

Mondays will always be busy because the burden of illness is the same every day so Monday has Saturday and Sunday's burdens plus its own. Get your staff to leave them un-booked and open for same day, quick, little call in cases like colds and minor injuries like a walk in clinic sees. Then you will hate Tuesdays. I get to go home when I am done and my patients love getting in stat for their crucial off-work notes. I knew a doctor who took every Monday off for forty years and signed out to

another GP whom he covered another weekday for. Imagine every weekend a long one, over 7,000. What a great cure for burnout. and bring joy back to medicine.

*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 patients 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 your diaphragm.

*Avoid 8 hours a day in the same place doing the same thing*.

Work a half-a-day per week in a walk in clinic, work as an occupational physician, do counselling 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, work at a homeless shelter or assist at surgery (no paper work, no responsibility and the patient is asleep).

Work in a Methadone or pain clinic or be a prison physician. The opportunities are endless in medicine. Become a hospitalist or house call doctor (give up your office and work out of your car. Your overhead is your smart phone and tablet or laptop). Be an on-line doctor or work in a Cannabis clinic. Consult the want ads in the journals or Google medical jobs in your area. Try a vein clinic or a botox clinic.

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 turn off your smart phone. Read (trashy novels or non fiction), sleep, walk, down hill or cross-country ski, swim, garden, meditate and/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 or sales people. Back her up!!! I pay mine $31 per hour and give her 8 weeks of paid vacation a year plus a birthday and Christmas bonus of $1,000 (all 50% tax deductible as an office expense). I take her to a nice restaurant on her birthday, before Christmas and in the summer. She is your biggest shield from stress and burnout. Treat her right and she will reciprocate.

***Social Media***:

Avoid it with patients to maintain boundaries. Turn off your phone, emails and texts from the office at 5 pm and on weekends and holidays. Sign out to another doctor and then reciprocate.

***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 clinic or the local emergency department. You have to send them a registered letter and give them a month to find a new doctor. Give them a copy of their charts for free and wish them good health. You just have to hit the print button or download the charts on a flash drive. A few

dollars can save you months or years of pain at the College of Physicians and Surgeons of your province or state.

I have only fired 12 patients in 48 years and was very upset when I did but I am so glad I did. It brought me joy forever and it was better for them too. I put their names in my iPhone and when I am down I look at the list.

***High Needs Families**:*

If you have a senior with a high needs family try this *process changing* strategy. Have a family meeting. Get everything out on the table and solve the problems together. Use a speakerphone to include out of town family on a conference call. Try a Zoom meeting. At my two nursing homes I always call the substitute decision maker (formally Power of Attorney) before starting tranquilizers or if the patient is palliative.

***Money is a Huge $tressor:***

Everyone but our accountant, bank manager and financial advisor 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 forty one  years to renovate our house and we are still not done.

Drive your car longer (10 years) and get the oil changed every 5,000 km to keep it young (preventive medicine).

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.

Pay your regular bills like income tax, car, life and disability insurance 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 as references.

***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 28 years, we have had 70 FP's in one big group. We have two MD's on call each night, one for surgical assists and one for nursing homes and abnormal critical lab results. It's a process that benefits the patients, staff and most of all, us doctors. You can grandmother or grandfather off call at age 65.

Being on call can be extremely stressful for doctors. It is part of the job description, however, so how can we make it more palatable? Here are nine ideas you can try in your practice:

1. Try to combine call groups to work harder, but less often. In Cambridge, Ont., I imported the Oakville family practice model of having a large number of family physicians in one call group. I did this by getting two call groups to combine and I gave them a schedule showing them how their call rotation would look. I asked them to try it for three months, and we have been on call one-in-30 for the past 15 years. This is also better for the patients, as they have a well-rested doctor on call.

2. Book the day off before and after a call weekend. This may not be practical, but you can at least take off the Friday afternoon and Monday morning to avoid an

exhausting stretch of time on call. You can also split the weekend with another doctor at midnight on Saturday night.

3. Don't plan anything major while you are on call. It will just stress you out if you have to respond.

4. Take the afternoon off before a weeknight on-call session. I book my after-hours clinic for Wednesday when I have the afternoon off, thus avoiding an 18-hour stressful day.

5. Have your calls filtered. In our Family Health Organization, the calls are triaged by the telephone health answering service nurse who can help us avoid being woken up for minor problems that a nurse with a computer can handle. In remote rural areas, the calls can go through the local ER where nurses can shield the doctors from trivial interruptions.

6. While on call, if it's quiet, get caught up in your paperwork, e-mails and medical reading.

7. Our internists are now breaking up the weekend into Friday night for one doctor and then Saturday/Sunday for another, thus avoiding three nights with no sleep.

8. Our urologists, ophthalmologists, otolaryngologists and plastic surgeons are in a regional call system, thus allowing them to be on call less often.

9. Our anesthesiologists take the day off after on-call shifts.

Take 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. Split long weekends in half with another doctor. Instead of hating being on call, love it.

*Change jobs:* If you are not happy with all the above changes, try a new job in medicine like Emergency Medicine, Urgent Care or being a Hospitalist or oncology associate or palliative care doctor. You only get one go round in life; why not make it a happy one?

***Vacations:*** Are a great stress buster before, during and in fond remembrance. They cannot cure a toxic workplace. 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 or your smart phone or computer 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. Defend it with your life.

*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 a good nanny well. 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? *A female surgeon once said to me 'Women doctors need a wife = a nanny, male doctors have been doing this for centuries'*

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

My time is worth more than that'. if you can't afford it every week try it every two weeks.

*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 online 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 (every 3 years) 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 plus weekends and holidays.

*Girls (or Boys) Night Out:* She also prescribes personal time for fun. She gets together for drinks with a few friends to chat (group therapy) 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. Spoil yourself.*

## Internists and Burnout

A young female Canadian general internist wrote this for me.

Remember that the first sign of burnout is anger, not depression and the three symptoms to recognize early are emotional exhaustion, cynicism and feeling ineffective. Be proactive about caring for yourself first and foremost and address chronic stress by insisting on control over parts of your schedule, minimizing interpersonal conflict, avoiding political subterfuge, managing patients'

expectations, lowering office overhead and learning how to create efficiencies within your electronic medical record.

Create an identity outside of medicine and if need be have an exit plan (i.e. how to pay off your debts early, other career, financial independence by having varied income streams and retire early).

If you want to survive residency, consider the following:

1. Take time to go to loved one's weddings, birthdays, funerals and other special events. Missing out on these moments detracts more from your life than you realize and in a few years you'll wake up not remembering what it feels like to have a support system because you were never there for them.

2. Don't lose sight of what makes you you. Continue to play an instrument or sport, dance, go to concerts, plays, travel, etc. Often times this is what grounds you and allows you to connect with patients as these make you relatable.

3. Manage expectations. You are your own worst enemy and critic. Forgive yourself for not knowing all the different ways multiple myeloma can cause renal

failure. You are in training and the knowledge will come. Forgive yourself for not remembering something, it's called sleep deprivation.

4. Figure out what type of learner you are (kinaesthetic, musical) and optimize retention of knowledge by remembering that perhaps hand-on experience or the order of words, not just the content matters.

To build resiliency and achieve longevity in your career as staff, consider that most people don't have any idea what it's like to manage your cognitive load. Therefore reduce the extraneous decision making to a minimum:

5. Have your groceries delivered to you so you as pre- portioned meals and have your partner meal plan. Recycle the same outfits from a two week wardrobe so you don't have to pick out something in the morning. I try to wear an indestructible black jean or variant of it, tank top and blazer. I will also leave a blazer or cardigan in the office so I can just switch that out. Have your dry cleaning delivered to you. Most of the stressors in the workplace stem from interpersonal conflict, therefore create boundaries and stand firm in the face of pressure.

6. Remind patients and their families that you have both an office and clinic practice and that you will reassure, update, etc. when you have new information to convey.

7. Say no to hospital commitments if they are not in your contract and only participate in the committees wherein you feel you can make a difference (however long it may take).

8. Figure out at what point you develop compassion fatigue in your office. How many patients can you see in a day before losing this ability? What kinds of patients are you more likely to have compassion for and therefore are willing to be their go-to internist?

9. Remember the law of diminishing returns and that perfect is the enemy of good.

10. Don't let your medical office assistant over-schedule you. I round in the morning and do clinic 12 noon to 5 pm only 10 days a month to be able to manage paperwork and before I develop compassion fatigue. I don't ask my secretary to fill cancellations and I do not see someone urgently if they don't need to be seen urgently which can be ascertained by triaging your referrals.

11. Stand your ground. Not having conviction and allowing administrators, colleagues, etc. undermine your decision making when you feel you are ethically or clinically justified is important to your mental health and resiliency as there is always pressure to conform to someone else's standard.

Learn how to be good to yourself and what "self-care" means to you.

I have learned to:

12. Start the day by having a good breakfast with a strong coffee and not rush through it. Don't look at your phone. Once you've had a moment of peace and have had an executive meeting with yourself then tackle the task that you have been putting off and dread the most.

13. Take sleep vacations. I tend to do this once a year and will book a luxurious hotel room for two or three nights. Go without the kids or even your partner and just sleep in, order room service, watch a movie and go back to sleep to try and make up for that sleep deficit. Get a massage, manicure and pedicure.

14. Try to schedule regular exercise and know how long it takes for you to achieve a purely calm and worry free state. For me, it's a brisk walk in the forest with my dogs and after an hour and a half I am ready to tackle the anxieties of the day.

15. Practice good sleep hygiene. Ear plugs, cool, dark room, no lights whatsoever, minimize moving things in the bed, etc.

16. Try to negotiate an office lease based on weekly usage (since we are not there half the time due to in hospital duties) and share your office to lower your overhead. Work smarter, not harder.

17. Work in an office where your colleagues are mindful of containing costs and listen to you during your office meetings. Don't work with bullies or personalities that really grate on you.

18. Use templates and get your secretary to add the allergies into the chart

**General Surgeons and Burnout. By Dr. Duncan Rosario, Chef of Surgery, Oakville, Canada.**

On-Call

Our responsibilities as surgeons involve ensuring that the surgical service has complete coverage at all times. While it is a privilege to be able to do so, it is quite an onerous responsibility at times. A day on-call, and in the operating room can feel like a war zone at times. On-call duties are disruptive to your elective practice, family responsibilities, leisure activities, sleep, and physical and mental health. A recent study showed that it takes 3 days to recover after a night on call, and sleep deprivation is associated with burnout. Minimize your on-call duties, and cover no more than 24 hours at a time. If you have the opportunity, ensure that your post-call day is lightened to address the variable nature and intensity of call. We started an Acute Care General Surgery Service (ACS) and hired 3 general surgeons at the same time. The ACS model can work with any number of added surgeons depending on your volumes. Contact me if you would like a copy of our model. Our ACS surgeons cover daytime on-call Monday to Friday and we all share the

nights and weekends- this was one of the best things to happen to my life and my elective practice. Surprisingly, I am not as indispensable to the hospital and to my patients as I once thought. Patients want high quality healthcare and a great patient experience, and fundamentally it doesn't matter if it comes from me. With ACS, patients get their consult and surgery, and get home faster with great care and experiences. Our wonderful acute care surgeons are dedicated to covering the ER, almost all surgical inpatients, and have dedicated OR, diagnostic imaging, and outpatient department time. I can attend to my elective duties with no pages from the ER, or inpatient floors. We are in the process of hiring a physician assistant (PA) to support the wonderful work of our ACS service to ensure that they do not suffer burnout. In addition, we are hiring 10 new surgeons of different specialities over 2 years to address issues related to wait times and volume of work. Does this reduce a surgeon's income- this is something we need to be open to talking about. A wait-list of 1 week, 1 month, or 1 year has no effect on your income, but it drastically affects patient wait times for surgery and their satisfaction. It is up to you fundamentally. Having more free time allows you the

flexibility to spend more time seeing patients in the office, take more open elective OR time that may be available, pursue other income opportunities, or choose to enjoy the additional time to pursue other interests. Ensure that you have control over your schedule. Schedule protected time to allow you to do the non-work activities that make life meaningful for you. Yes, you are in charge of your schedule, if you are looking for someone to blame, look in the mirror. Hire more physicians- share the workload and develop creative ways to divide available resources. You will be surprised how well you can adapt to a slightly lower income if that is what happens.

*Communication in the OR and Anesthesia*

Do you communicate well in the operating room? What would be the answer if I asked your anaesthetists and nursing staff? Surgery is a team sport, and egos need to be checked at the door. In many hospitals, our colleagues in anaesthesia feel a lack of respect from surgeons, and are treated as technicians who are just responsible for take-off and landing. This is disrespectful and unjust. The field of team training has demonstrated clearly that a respectful and collaborative approach

to providing care in the operating room improves efficiency, outcomes, and satisfaction in the OR and is simply the right thing to do. When booking urgent cases, communicate with your anaesthetist the details of the case. Treat them with the respect that they deserve as valued colleagues. Try shadowing them for 24 hours and you will appreciate your life as a surgeon. The more aware and prepared they are before surgery, the more efficiently things will progress. They are experts at resuscitating patients and they will save you and your patients more times than you will remember. You can never communicate enough. Do you have a secure instant messaging system in your hospital? See our article on the subject:

http://www.oakvillesurgery.com/files/comm.pdf

*Hospital Resources*

Politics is fundamentally about "who gets what," and if you are committed to improving the organizational and personal issues leading to burnout and moral injury, you need to get involved in the management of your institution. Without controls over system funding and administration, we are expected to be the

financial gatekeeper to universal health care by rationing and rationalizing patient access. To address that means getting involved in administration and leadership and making things better for physicians, staff, and patients. Develop a relationship with the administrators of your surgical program- you have more common ground than you may think. Ensure that you have a say in the expansion and allocation of resources. Use technology to automate the paperwork and processes that needlessly occupy physician time. Learn the Clinical Prioritization Process at your hospital to learn how new surgeons, OR days, equipment and outpatient time are allocated so that you are involved and help to drive the process. Learn how to implement change- it is a lot harder, but more satisfying that you might think. Check out a Joule course on the topic. Leadership is a lot more fun than you think . There are numerous positions in a hospital such as Chief of Staff, Chief of Surgery, Surgical Division Lead, NSQIP Surgeon Champion, Information Technology Lead, etc that give you a seat at the table where decisions are made that change the future. Remember what Peter Drucker said:" The best way to predict the future is to create it". Start now. After 20 years in practice, avoiding administration

responsibilities, I realized, that I had to get involved or stop complaining to my wife. I became the Chief of Surgery 18 months ago and I love it (95% of it)! Do you love going to work? If not, make changes so that you do. We have created diagnostic assessment programs for breast and colon cancer to expedite the diagnosis and treatment of patients. We have introduced a new Virtual Care Program to make it easier to communicate with patients. Your Hospital Foundation that does fundraising for your hospital is one of your best friends. Do you meet with them on a regular basis? I do. Our patients want to be involved in their healthcare, and it is our responsibility to spend the time to communicate with them to explain how a donation on their part will provide a tremendous return on that investment by advancing the surgical care of your community. The foundation cannot do their job without your help and engagement. Our Oakville Hospital Foundation is absolutely wonderful and has contributed to many of the tremendous initiatives and expansions that we have implemented successfully. Do you know your local Mayor and member of provincial parliament (MPP)? Do you communicate with them on a regular basis and explain the needs of your institution

and your surgical department? Have you met them in person and have you visited Queens Park? Your MPP needs your help to understand the clinical needs of your hospital and how best to advocate at Queens Park for you. Since politics is fundamentally about "who gets what", you need to get to know the politicians in your community. Get a departmental website. It is a great way to share information in your Department and advance the interests of your surgeons. See ours at:

www.oakvillesurgery.com

*Individual Issues*

Our fabulous Coordinator of Staff Wellness, Louisa Nedkov has been working with us to enhance physician wellbeing and raise awareness about burnout and wellness, develop educational rounds, and create a surgeon peer support network. She is helping us to start a Guided Meditation program to help physicians, staff and patients. Guided meditation is more powerful, and easier that you may think and there is a surprising amount of data supporting its role. This year we brought a renowned expert in the field of burnout, Francoise Mathieu from the TEND

academy in Kingston to present program rounds to all physicians and staff in the surgical program. Her fabulous presentation is found at our website listed below.

Read about the problem. We have numerous resources on our Department of Surgery website:

http://oakvillesurgery.com/energy.html

Get an office website- it is a great tool to reduce calls to your secretarial staff (and reduce their stress) so that they can look after patients instead of answering the same questions that can be easily answered by a website such as mine at : www.drrozario.com

Learn to say the most important word in life. No. Say it again, with feeling. Learn to say it to your family, friends, colleagues, patients, and administrators as needed. You will get better with practice. The institution of healthcare will try to take advantage of you and use you as "free expansion room"- your time is valuable, ensure that the system pays you for it. The system needs to value you and invest in you if it wants to survive. It will because it needs to survive, just like us.

Need help saying no? Try this resource:

https://www.careerfaqs.com.au/news/news-and-views/how-to-say-no-to-anyone

Why are you in surgery? What is your WHY? Read Simon Sinek's, “Start with Why”. It will be one of the best 3 hours you spend reading. The things you thought were important to you may not be as important as you thought. Finding meaning in life should be a meaningful priority for us and we should feel inspired to be physicians and care for our patients and colleagues.

You may like our recently published article on burnout and resilience which can be found here:

http://www.oakvillesurgery.com/files/burnout-r.pdf

The institution of health care needs to understand that its very survival depends on an existential pivot to focus on the wellness of caregivers. As we support each other, we will all learn that empathy will be the key way to move ahead, together. As you gain insight into the nature of this problem, write about it and share so that we can all advance collectively. Talk to your teenagers and learn how

Twitter and social media are the new ways to communicate with younger surgeons and patients.

Please give me your feedback about what I can do better, my email address is below. A career in surgery is a privilege and an honour. May yours be long and fulfilling. Email: drozario@haltonhealthcare.com

## Burnout in Emergency Physicians

87% of Canadian emergency physicians are burned out vs 25 % of all physicians. That is because they are trying to hold together our health care non system.

When the family doctors, walk in doctors, nurse practitioners and physician assistants collapse into bed after their long days there are only a few emergency physicians left to carry the load.

When a patient can't get in touch with their exhausted specialist they go to the ER. When patients are suicidal at 3 am the Emerg is the only place open other than help lines. When a child has croup or a senior has pulmonary edema you know where they go. Likewise for the accident victim. Even someone with a toothache can find solace there.

Seniors whose caregivers are burned out and can't get into a nursing home for two years wind up in the ER, the only place instantly available because setting up home care can take weeks.

The volumes are staggering. The equivalent of half of Canada's population of 36 million go through our ERs' yearly. This includes the five million without a family doctor or one they can't get in to see in a timely fashion.

The biggest cause of burnout is the long waits. Imagine coming on shift at seven in the morning and your first patient has been up all night waiting to see you. They are exhausted, angry, in pain and worried. They are mad at you and you have done nothing. It is a system problem. How would you like to deal with 30 of those types of patients in a row? You would burn out too.

The Cure to long waits

A lot of emergency physicians have developed a learned helplessness wherein they think the problem can never be solved. They think that the government needs to invest billions of tax payers dollars to open up long term care and hospital beds to avoid gridlock due to backup of patients into the ER and filling all of its beds.

They are right but in the meantime they can do something right now. Emergency medical director Dr. Chris Patey and emergency nurse Paul Norman in Carbonear, Newfoundland have developed a solution to this. They realized that 80% of their patients are not admitted and created a flow centre. It is a room with one Geri-chair and two Gurney stretchers. After triage, the patient either goes to resuscitation if they have a true emergency (10%) or to the flow centre.

An emergency physician or nurse practitioner sees them within 10 minutes even if the ER is full and has every stretcher full. The patients are seen and sent back to the waiting room to wait in a chair for blood work or imaging. In the words of Dr. Shawn Whatley, author of 'No More Lethal Waits and When Politics Comes Before Patients', they keep vertical patients vertical. Once people who were quite comfortably sitting in the waiting room get put into a bed, they, their families and the emergency staff think they are sicker than they are. It gets harder to discharge them later if appropriate. They can tie up ER beds for hours waiting for lab, imaging and/or specialists.

The Carbonear emergency staff are using the waiting room as a place to keep patients.

This helps with flow and cuts that first huge cause of burnout. Dr. Patey has had zero patient complaints in the last two years. The staff love it too.

Thirty years ago when I was chief or Oakville ER I used to get one complaint a year with 50,000 visits. That was mostly because we had one hour waits. Don't you hate old doctors who say how great the olden days were?

Some questions arose. Won't this encourage abuse of the ER? It didn't.

Won't this cause an increase in budget for nurses? No, it cut overtime and absenteeism.

Won't doctors on salary have to work more for the same money? Yes, but they are far happier because they are not sitting watching patients in the waiting room with no place to see them.

Flow Nurse

Get your hospital to hire a flow nurse whose only job is to review on the computer *every patient every day*. They can then go to the wards and work with families and staff to see how to get these in-patients to the right place at the right time.  This could be home, home with home care or to a nursing home if appropriate.

ER efficiency to help with flow

For digit surgery put in a ring block and see other patients to give it time to work.

For pelvic exams write on the order sheet for the nurse to come and get you when she or he is ready.

**Other causes of burnout.**

Electronic medical records (EMR's).

A lot of emergency rooms still have hand written charts. This can lead to difficulty reading poor handwriting which can cause problems with the College of Physicians and Surgeons complaints and malpractice claims. This stress can cause burnout. Also, family physicians are not able to read the chart and carry out appropriate treatment and investigations post discharge. Dr. Rod Lim, Emergency Medical Director at London's Children's Hospital says having a dedicated Information Technologist for the ER is key in troubleshooting their EMR's in real time.

In Cambridge, I have worked with my ER Director Arthur Eugenio to give him privacy protected access to my patient charts by computer. This cuts down on his stress by being able to know what drugs, allergies and past health problems our patients have. This can be expanded nationally.

Shift work.

'Casino shifts' from 10 pm until 4 am and then a new, fresh EP from 4 am until 10 am help keep the ER flowing and still let the Emergency Physicians get a night's sleep.

When I was an emergency physician during the Jurassic period I coped with night shifts by not having anything to drink (like the 10 W 30 coffee in the nurse's lounge) after 4 am.  I didn't have to get up to pee while sleeping the next day. I also used eye shades and soft wax ear plugs that melted into my ear canals (available at any pharmacy) to keep out light and noise while day sleeping.

Also to avoid insomnia don't forget to avoid screen time 2 hours pre sleep. Avoid caffeine all the time. Use a fan for white noise (avoid it drying out your eyes). If your mind is racing, get up and write down all your worries.

Entitled patients.

Like the ones who have Googled headache and want a CT. I Google Choosing wisely with them on my smart phone and we do what the experts recommend. If they complain about long waits for specialists I tell them that we in Canada have the only free system in the world and if a restaurant were free there would be waits. If they still complain I tell them to write or email their Provincial Premier or Minister of Health because I can't build a specialist or an MRI machine.

Fear of malpractice and college complaints.

I tell emergency physicians  to be nice, introduce themselves and apologize for any unavoidable waits. I recommend good charting and good follow up on all patients. Type or print legibly  'Come back or call your primary care provider if any problems occur'. Give a handout to everyone for everything and note that you did. For example 'suture care, or head injury or fever handout given'.

Have a system to follow up your lab and imaging results especially if you are away on a vacation or doing continual medical education or sick leave.

Cures

Meditation and mindfulness.

Courses are available on line from Newmarket Family Physician Mabel Hsin at www.altitudehcm.com.

Exercise

Don't have time? Make time. Put it in your calendar. Use the stairs instead of elevators and park far away. Run on a treadmill while watching TV or listening to an audiobook. Go for a half hour walk every day. I do and I'm ancient (73).

Money

Get a good financial advisor who understands doctors. Ask a fellow doctor. Pay off debts monthly with an automatic withdrawal that you can afford. Pay all bills monthly not yearly (taxes, insurance etc.). Do a budget and review it with your significant other monthly.

Vacations

Sit down with your significant other and carve out 8 weeks per year on your electronic calendar starting this Sunday.

Send a copy to everyone in your life. As Dr. Dike Drummond, the American Burnout guru says ‘defend your time off with your life’.

Go away alone with your spouse for two separate weeks a year. A baby sitter charges $15 per hour and a divorce lawyer charges $350.

If you have kids, get a house cleaning service and a nanny. You are only as good as your support systems.

Dr. Kevin Mailo, an Edmonton emergency physician is offering burnout courses on line at www.physempowerment.ca and Dr. Vu Kiet Tran, Toronto emergency physician has great podcasts on ‘How is my financial health doc’?

## A Year In My Life

So, let's look at how I put this time, stress and risk management advice all together for my family practice and myself. You will be different from me and change your practice of medicine at different times in your career but you can learn from my 48 years of mistakes and triumphs. This works for all specialties plus nurse practitioners and physician assistants.

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 news on my iphone.

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 my office.

I do my paper and computer work from 8 am to 8:50 am (I have made an appointment with myself in my smartphone calendar).

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 am constantly teaching the nurses how I do things (delegation). I do this too with my secretary who knows how I think and can advise patients and text me for confirmation thus shielding me from constant interruptions.

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. My secretary puts our phone on answering machine so she gets a break too.

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 which my secretary fills into slots one after the other.* 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 may exaggerate their symptoms. They will go to a walk in and you will pay for it. I get to go home when done which might be as early as 3 pm, heaven.

## Time Managing The Top 12 Diagnoses

1) *High blood pressure*. I have a stamp or template (page 99) 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 then shut up and let them talk. I then ask if they have any ankle swelling, shortness of breath, chest pain, 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 attacks) and that they can't feel it when it is high. If it is normal I see them in six 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, physiotherapy, bracing and ice. I have a handout and I refer to physiotherapy 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. We have central intake now so we get an instant appointment by email, no more fax limbo.

3) *URI, or upper respiratory infection*. I use a computer template ( page 97 ) that asks how long they have had it, if they have a cough, sputum, ear pain or a temperature. 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. It blocks its if any allergies.

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 nine symptoms which are: are you tired, do you wake 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 for them. Otherwise I give them my handout on depression and ask them to read it and set them up for counselling. I have them back in a week to go over the handout.

6) *Prenatal*. I use the Ontario prenatal forms and get

my secretary (delegate) 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 Record in my computer for every visit. It helps you remember all the milestones and safety and feeding tips.

I always talk to the parents before examining the baby to avoid having to shout over the crying. I always compliment the parents and tell them to never hesitate to call for advice, which we have, 24/7/365 through our Ontario 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 three 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. (Delegate to the patient and diabetic day care).

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, routine and micro and culture and sensitivity and if the results can't be back in a reasonable time I start an antibiotic.

10) *COPD*. I ask about sputum change and shortness of breath. I inquire re smoking and encourage them to stop and try medications to help with this. I examine their ears, nose and throat and chest. I refer them to the COPD clinic and give them an antibiotic to take if they get a URI. I encourage them to get a flu and pneumonia shot. I don't order a lot of respiratory tests as the respirologist will just repeat them anyway, same for cardiology.

11) *Physicals*. I do one every 3 years on healthy symptomless patients.

I give them my Ocean Wave by Cognisantmd.com 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 FIT (fecal immunochemical test) for colon cancer. In women over fifty, I do a mammogram, bone density and pap smear every 3 years until they are 70.

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.

The last patient is booked at 4:30 pm so I can be home by 5 pm.

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 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 issues. Also we see well babies and do prenatal visits.

Wednesday

I do my office in the morning from 9 am to 1130 am. We put in physicals and counselling 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. I get my secretary to put my toughest patients first so I am strong and I get the worst over first  and it is all downhill from then on.

At noon I am off for the rest of the day. I do non-medical stuff. No paperwork or computer work or emails/texts as I have already done them. I sign out to another doctor or nurse practitioner and reciprocate. I turn off my iPhone.

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. If you are young and overwhelmed hire

your kids or a gardener for weekend grass cutting. Pay them, it teaches them how to budget.

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 unbothered by patients, the phones, fax, text and email to get caught up before the new week begins.

Vacations

Are the reason we work. I book eight 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 about three 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. I have a nurse practitioner cover my office and nursing homes when I am off for 2 weeks or longer at a time.

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

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

In March (when I was working full time) we went away with the kids on school break. You can drive to good Quebec or New York or Ontario skiing.

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

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

In November we go to a conference in a big Canadian 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 three calls a day so everyone thinks I am wonderful.

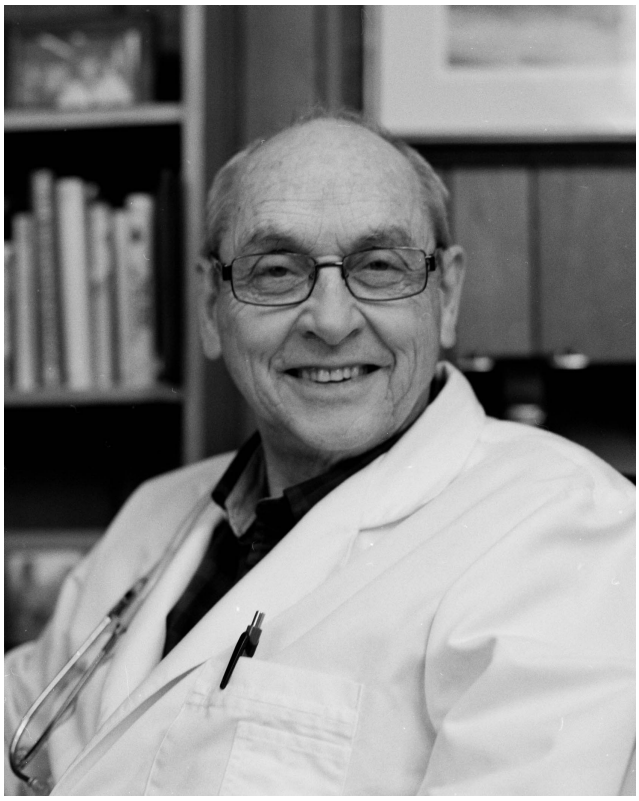
I take the Monday off at the end of my vacation to come to the office alone to get caught up on paperwork and computer work before work starts the next day.

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. Physician burnout is preventable and treatable. You got through organic chemistry, you can do this. You can also teach it to your staff, medical students and family practice or other specialty residents.

# About the author

Dr. John Crosby was born in Sarnia, Ontario, Canada, in 1947. He attended 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 of the Royal College of Physicians of Canada) and MCFP (Member of the College of Family Physicians) in Emergency Medicine in 1983.



He was the Medical Consultant for Emergency Medical Services for the Province of Ontario and Director of the Oakville ER.

He has been a Family Physician in Cambridge, Ontario, for 28 years. He is an assistant professor of medicine at the University of Toronto and family medicine at McMaster and Queens' Universities.

He is medical director of two nursing homes. He is an Ontario Medical Association Peer Leader and has spoken world wide on burnout and efficiency 120 times. He has written 297 blogs in the Medical Post and this is his third book. He is a supervisor for the College of Physicians and Surgeons of Ontario and an expert advisor for the Canadian Medical Protective association.

He is married and has three sons, a daughter in law and grandson. He practices what he preaches.

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# Appendix 1: **How to love patients with chronic pain**

Wherever I speak world wide on physician stress I poll the audience. They always say dealing with chronic pain patients is their biggest challenge.
This is because we as doctors are taught to heal.
We want to be successful.
We want to cure diseases.
Chronic pain has no cure. The patients are often angry with us for failing them.
We struggle to keep them working.
The boss is pressuring us to get them back as they very understandably don't want to pay double. Or they want to fire them.
We all hate filling out the endless insurance and disability forms and lawyer's vague letters.
We often can't get help from specialists who also struggle with treatment.
We can't get our patients into pain clinics for years or ever if we are in remote rural areas.

We also worry about opioid prescribing  and losing our licenses if there is abuse..

Unlike blood pressure, blood sugar or a broken bone on X-ray, pain is subjective, not objective.
Everyone agrees that a blood pressure of 200 over 100 is high but if I tell you my back pain is 11 out of 10, how do we know it is accurate? My 11 might be your 6.

My heart used to sink when I saw a chronic pain patient on my list.
Back in the day when we had paper appointment lists my secretary wouldn't let me see the next day's list because she knew it would harsh my mellow.
After a chronic pain patient I would think only of my failure, not the 30 patients I had been successful with.
Then I went to a lecture by Dr. Hamilton Hall, a Toronto orthopaedic back surgeon and it changed my life.

He told us how to avoid surgery and get the patient back to active life and work.

Before that we used bed rest for mechanical chronic back. It was the worst thing you could do, causing deconditioning of the spinal muscles.

Now I love my chronic pain patients. First I try help them avoid it by aggressively treating acute pain and getting them active and back to work as fast as possible.
If they do get chronic pain I see them at first appointment of the day and take a double appointment slot. I get them to bring in their spouse as this is a war and we need every weapon to win.
I try to get them back to work and quote Dr. Dwight Moulin ( neurologist and Chief of Pain at University Hospital in London Ontario) that we may never get to zero pain. We try for good  function like housework, exercise, walking and work.

I avoid narcotics and tell the patient they are not indicated, rarely help and can cause abuse.

I tell them work is therapy.

I do a thorough targeted history and physical at each appointment.
If they are on opioids I gradually taper them ten percent per month.
I use antidepressants liberally and max them out. My script is that chronic pain causes depression and depression worsens chronic pain. It is a vicious cycle.
Like  Dr. Hillel Finestone, pain specialist of Ottawa I tell them a lot of pain is in the brain, reassuring them I believe in their pain and don't think they are faking it.
I see them as a challenge to my medical skills and empathy.
I think of it as treating other chronic diseases like high blood pressure, diabetes and obesity.
It is a challenge not a chore.

## Appendix 2: If a specialist refuses to see a consult.

Say, thank you for taking my call. I need your help with this patient.
Give name, age, brief history, targeted physical exam and reasons the patient can't go home

If the specialist refuses a consult let them complain, listen to their complaints completely. Then when they finish be silent for 1-2 seconds

Say in a polite but firm voice “I hear what you are saying but I need your help.”

Listen again. Silence. Then say.

“I hear what you are saying but I am uncomfortable sending this patient home. I need your help.”

Do not counter attack. Be completely silent. An attack needs a counter attack. Use silence.

Keep saying “I am not comfortable sending this patient home”.

Use broken record technique. “I am not comfortable”

Don’t counter attack. If they say no even after the broken record say “Look I hear what you are saying. I’ll go reassess the patient and speak to the family but I want you to know that I may be calling you back in a few minutes”.

When you call back it will likely be brief and be over and they will see the patient.

Do not take it personally. The consultant may be tired or too busy. This is not your problem. Accept them for what they are. You just have a goal in mind and you need to negotiate to get what you want. Patient care trumps everything.

Thanks to Dr. Abi McGuire for this.

## Appendix 3: Stop Charting on Weekends and Holidays

I recently interviewed Dr. Sarah Smith by phone. She is a rural family physician in Edson, Alberta. She is originally from Australia, but came to Alberta eight years ago with her family to see the wonderful winters and the mountains.
Sarah has a story similar to many of you: For 15 years she brought her medical charts and paperwork home to work on them after the kids went

to bed. From 7 p.m. until 11 p.m. each evening was typical for weeknights.
Of course, this was terrible for her marriage and for family time. A crossroads was reached, and she needed to either figure it out or leave medicine. So, Sarah undertook the difficult task of developing an approach to getting work done during office hours.

Sarah is now a certified coach and coaches family physicians and other specialists across Canada and the United States on how to get home with today's work done.
Her program is called Charting Champions. Intrigued, I asked a few questions.
**How much does Charting Champions program cost?**
It is $2,400 (including taxes) and there is a payment plan available if needed.
**Wow. Do you get any pushback about this?**
Physicians will only purchase this program if they see the value in getting help and support to stop charting at night. More than 300 doctors are enrolled in the program and only one has asked for her money back, within a few days of joining, as it was not the problem that she was needing help with.
When I was stuck charting at night, not knowing how to get out of that daily loop, I would have paid much more for someone to solve this problem for me. Getting my life back, and leaving medicine at the office at the end of the day has been a priceless transformation.
The program cost is additionally considered a professional expense and is a lifetime access program. That means, as physicians change job, pivot because of a pandemic or come back from maternity leave, they can still have access to the support and community for assistance.
Physicians could earn the cost of this program within a couple of days of work and its priceless to get back your evenings, weekends and holidays. Some of the doctors in her course have had the experience of taking their incomplete charts with them to the beach!

**So take me through how your system works.**
Physicians can start by watching the free webinar at www.ChartingCoach.ca. If a physician identifies as wanting a process to help them get home with today's work done and specific support to their unique needs, then they can sign up for the program at the same time. After purchase, you have access to the training modules within the membership portal, all the coaching call replays and the private supportive community.
Each week there is a group coaching call where you can come and get specific help for your unique needs, things like charting, running on time, managing the backlog, managing your team.
Each month there is an invited guest coach to cover other topics that are of relevance to our member physicians and their well-being. There are also challenges, like last month we ran a 30-day "inbox challenge." Physicians identified what result they would like to create with their inboxes and worked steadily to improve their inbox time.

**Q: Why all the after-hours charting?**
Many physicians suspect or identify as having ADHD (attention deficit hyperactivity disorder), where they get distracted while trying to type up the chart after seeing the patient. They often lose track of time when with the patient. So they do it at night where there are no limits to time and no distractions. They even give up sleep time. Some type while watching TV. Not good quality care especially  trying to remember hours later.
Typically, the clinical environment and the EMR is not designed for physician efficiency. For instance, many doctors work in clinics with workstations with no privacy. One doctor wears headphones connected to nothing and sunglasses to isolate herself. This helps discourage needless interruptions by staff or other doctors. Another uses an empty consultation room to chart in. If one approach does not work that is totally fine, part of developing an intentional clinical day is trial and error. Coaching is an opportunity to develop an individualized simple solution to keep on time with appointments. For instance, some set their iPhone

to vibrate at 10 minutes, some get their secretary to knock on the door and some put a clock on the wall behind the patient. This helps discourage needless interruptions by staff or other doctors.
The community is a highly valuable part of the program. In this group, you can be honest, have a bad day, fall off the wagon, share stories of things that are working for you and celebrate wins of getting charting done that your clinical day colleagues simply may not understand.

**Q: What about scribes?**
They help some doctors but the downside is cost and you have to train them. Some scribes are online and these consultation notes may not be available until hours later. There is no one way that is going to work for every physician. If you have a scribe, you need to manage that position to support you rather than adding more work to your day.

**Q: What about dictation?**
This is typically being used by emergency physicians, hospitalists and other specialists. Dictation can be a fast way to record the clinical encounter, however, it is always fastest and most efficient to record the consultation directly after each patient. If you do these at the end of the shift or take it home it becomes a large and daunting task that you simply don't want to do.

## Appendix 4: Sample office rules

## Office Practice Policies

## Coronation Family Physicians

**1. SAME DAY AND EVENING SERVICES** - As a patient of the Cambridge Coronation FHO, you are expected to NOT attend any outside walk-in clinics. Patients who attend outside walk-in clinics will be derostered from the practice. As such, the Cambridge Coronation FHO offers urgent same day appointments every weekday including after-hours services to cover all of your urgent health care needs. If you have an urgent health problem during regular weekday office hours, please call our office and we will do our best to find you an urgent appointment that day. If you have an urgent health problem outside of regular offices hours, please call THAS (Telephone Health Advisor Service) 1-866-553-7205. Our after-hours services are scheduled as follows: Monday to Thursday 5 to 8 p.m.

**2. CANCELLATION OF APPOINTMENTS -** If you need to cancel your appointment, please call the office at least 24 hours in advance. Appointments which are cancelled WITHOUT 24 HOURS notification or appointments missed without notice will be charged a fee to you.

**3. LATE ARRIVAL FOR APPOINTMENTS** - We will do everything we can to ensure the office runs efficiently and stays on schedule as much as possible. You can help us by arriving on time for your appointment. If you arrive more than 10 minutes late for your appointment your appointment will be consider "missed" and you will be asked to reschedule for another time.

**4. WAITING IN THE OFFICE** - Your physician may need to deal with unexpected emergencies or may require more time with a patient than initially expected. This may result in the physician running behind schedule on certain days. We appreciate your patience in these situations. In order to reduce waiting time, patients can help remedy this situation by indicating to the receptionist exactly what medical problem will be dealt with at that appointment. This will allow us to better set an appropriate length of appointment time.

**5. MEDICATIONS AND PRESCRIPTION REFILLS** - Please call your pharmacy and request that they fax the office (office fax number is 1-855-530-6121) what medications you need. Please allow up to two weeks for the refill prescription to be processed by the office. Do not allow your medications to run out. Do not wait at the pharmacy for us to repeat the medications immediately. Please note that your doctor may need to see you before prescribing the medication. We ask that you please bring all medications to every appointment for your physician to review.

**6. MEDICAL ADVICE BY PHONE** - In rare circumstances, your doctor may offer you medical advice by phone. Please do not call the office asking to speak to your physician, if it is required or urgent, your physician will call you to discuss medical matters, but please understand that your physician is usually busy seeing patients during the day, so any phone calls must adhere to your doctor's schedule. Please note that medical advice by phone is a service NOT covered by OHIP, so be aware that a fee starting at $25.00 may be assessed.

**7. RESULTS OF TESTS** - Any test results (I.e. lab work, X-rays, etc) are not given over the phone, unless in exceptional circumstances, receptionists do not give results over the phone. Follow up appointments should be made to review and discuss any investigations with your doctor.

**8. SCHEDULED APPOINTMENTS** - Regular appointments are scheduled for 10 minutes and physicals for 20-30 minutes. Given the time for regular appointments, it is best to bring only one or two concerns per visit. This ensures that the physician can appropriately deal with the