

**The  
Impatient  
Patient.  
Time, Stress  
and Risk  
Management  
for Doctors**

# **2018**

# **By Dr. J.W.**

# **Crosby**

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I dedicate this book to Jill, Andrew, Stephen, James,  
Kristy and my father and my mother, Jack and Doris  
Crosby

# Thanks

To Michele Chinn my secretary who has taught me most of this and to the late, great Lionel Conacher who was my mentor and interested me in time management. Also to Colin Leslie and Valerie White my editors at the Medial Post for their education and support.

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## **INTRODUCTION---**

Why are so many doctors late so often? We are teased about this almost as much as for our bad handwriting. Sometimes it's impossible to be on time with emergencies and flu epidemics, 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.

## **Top 10 Reasons Doctors Are Late:**

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



## **Why be on time?**

A lot of doctors see it as a badge of quality to have an overflowing waiting room. It means we are sought after. But the patients are not happy. Their time is valuable too and they will complain to friends, family and your staff but not to you. When they finally get in to see you they will take much more time just to 'get their money's worth'. Also they will suffer more pain and worry. You will end up missing breaks, lunch and get home late, tired and worn out. This can lead to stress and burnout for you and put pressure on your personal relationships. If you feel rushed you may end up cutting corners and missing diagnoses. You can end up losing the joy of medicine that you had as a young medical student. Wouldn't it be wonderful to start your day on time with all your paperwork, computer work and emails done, an empty in basket, happy staff and patients? How about an hour and a half for lunch uninterrupted by the phone and then leave for home at 5 pm sharp to enjoy the evening with your loved ones and friends without a bulging briefcase? If you solve these 10 problems you too can be on time.

### ***1--- TOO MANY PATIENTS:***

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

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

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

### **Barriers to Change**

Many doctors are afraid their income will drop if they hire more staff and have to pay them. However, you will find that you become **more** efficient and will make **more** money. Your easy, little, well paying

cases that used to go to the emergency room or to the walk-in clinic will return to you. 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.

## ***2--- IMPROPER DELEGATION:***

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

you but to bring you their **solutions**.

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

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

**Nurse Practitioners** can do everything a family doctor can including prescribing narcotics and taking away driver's licenses (why they would want to is beyond me). I work with one and she covers my entire office and two nursing homes practice when I am away.

With **pharmacists**, communicate by fax. My secretary puts the fax sheet on top of the chart of the

next patient to be seen and I deal with it stat. This avoids a phone call. E-prescriptions are now starting and will help a lot.

**Specialists** are not often thought of as being someone we delegate to but they are. General practitioners are like generals in the army, we are the quarterback 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.

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

***3- PAPERWORK, COMPUTERWORK, TEXTS AND E-MAILS*** 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 day planner.**

Handle paper only once to action it, (delegate to your secretary), shred it or file it. Never put paper back into your in-basket, it will mate and have babies!!!

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

procrastinating. This keeps a big chart out of your in basket which will demoralize you and paralyze you from doing any paperwork or computer work.

Charge the amount per hour recommended by your provincial medical association. It will make you feel better about the drudgery you have to endure.

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

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

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

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

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

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

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

At this printing we are piloting e referrals which will yield an appointment with a specialist instantly and be confirmed and you can check wait lists. No more 'we lost the fax'.

#### ***4- INTERRUPTIONS***

The phone is the biggest interrupter for doctors. I have no phones in my exam rooms and the phone doesn't ring in my office. I speak only to specialists. You have to really back up your secretary on this one. Post a notice in your office (see **tool kit** page 37) and if anyone complains that they wanted to speak to you and your secretary wouldn't put them through try this script: 'I'm sorry you are upset that my secretary wouldn't let you speak to me when you called

recently. This is our office policy. We value your time and want to be on time for you. We want to offer same day appointments for urgent cases. If I spoke to everyone I wouldn't have time for my office patients'.

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

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

Also, if your summers are quieter, gradually shift q3 year complete physicals into them.

If you have a 'wobbler' (an older patient with multiple problems and care giver burnout) have your staff set up a family meeting. Link in out of towners on your speaker phone (they often feel guilty and can take it out on you). With the patient's and 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.

Have the family schedule shifts in caregiving to avoid burnout. Have the family elect a spokesperson and they alone can communicate with your staff



spokesperson. This takes more effort up front but can really save you time later on.

## ***5- MULTI PROBLEM PATIENTS***

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

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

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

Some patients keep reeling off new complaints as soon as you are done the last one so I say ‘let’s

rebook to get in everything' as I **stand up** and walk them out to my secretary.

## **6- SENIORS**

Seniors have all the time in the world and you have none. They often have many diseases and medications. I have two nursing homes and half of my practice is over the age of 65. I ask them what has *changed*. We book them in for the middle of the day, which tends to be quieter as most young workers and students want to see us after 3 pm. 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 40 for the letter outline).

If they are mixing up their medications get home

care 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 poorly paid and hard to fit in. We are lucky to have in Cambridge a family doctor who has given up her office practice and does house calls for everyone.

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

Our Family Health Organization of 18 family doctors has two retreats a year with our spouses at a nice resort where we have dinner on Friday night. On Saturday morning we do three hours of medical education. On Saturday night we attend a dinner and dance or the theatre and then on Sunday morning we have a three-hour business meeting. This is a good time to team build, 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 taking the old call groups and gradually combining them.

This is good for the patients, staff and us.

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

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

## ***8- NO COMPETITION***

With the doctor shortage, patients can rarely leave one doctor for another. There is no incentive to be efficient other than pride in giving good service to patients. This can also benefit the doctor. If patients have to wait they often think up new problems or complain to you about how hard it is to get in to see you.

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

### ***9- PSYCHOLOGICAL COUNSELLING***

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

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

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

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

For marriage counseling I advise a professional who has more training than I, is neutral, can meet in the evenings and is cheaper than a lawyer or alimony or losing half the patient's assets.

### ***10- NEVER TAUGHT TO BE EFFICIENT***

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

Also you can '**rob Peter to pay Paul**' for more time with patients. For example say you have a healthy

young man with a cold. On exam he looks well with no abnormal signs. You can see him in two minutes and give the eight extra minutes saved to a more complicated patient.

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

## **CHANGE**

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

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

First is **diagnosis**. Are you always late? Do your patients joke about how busy you are (they are not amused but can't say anything to you).

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

replenishment. Also your income will go up.

Set up a **start date**. Just as we tell smokers to pick a start date and tell everyone so should you. Start small, for example right now print the sheet from the **toolbox**, (on page 34) sign it and give it to your secretary. It will tell her to not put 'fat forms' (insurance, lawyers etc.) in your in basket but to bring in the patient to help you fill out the required forms. You can start this now; it costs nothing and is very simple to do. Once you have mastered this first baby step try a new toolbox item two weeks so as not to overwhelm your staff or yourself.

Just like with smokers there will be failure and backsliding, as it is hard to change old habits. Just get right back up on that horse and keep riding. You will get lots of support from your staff, as they will benefit from happier patients far more than you will.

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

## **Miscellaneous:**

### **Vacations**

Sit down with your spouse or friend and your



calendar this Sunday and block out 8 separate week's vacation (two in a chunk) for the next 365 days.

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

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

(See letter on page 41 in the **toolbox**)

Personally I used to 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.

Now at age 70 and semi-retired I have a nurse practitioner cover me for a month in Florida in March, the first and last weeks of July at the cottage and also the last 2 weeks up to Labour Day. We then go to a big city for a conference in November and take the week off between Christmas and New Year.

**Unplug your smart phone.**

In November we go on an educational week/trip.

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

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

### **Prescription renewals:**

With compliant patients I book visits for most stable problems such as diabetes, hypertension and hyperlipidemia every six months and give them a prescription for 100 days with 3 refills. We deal with our pharmacies by fax **stat** and tell patients to call the pharmacists directly. This avoids mistakes, is more efficient and avoids tying up your front phone line. E prescribing is just starting to be piloted in Ontario at this printing.

### **Missed Appointments:**

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

### **Internet Downloaders:**

Look on this as a positive. It means the patient is interested in their care. I direct them to good website (see page 42) 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 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. Look at the patient not the screen.

### **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/or overwork and/or depression.

If their lab comes back normal, as does their physical,

I rebook them for stress counseling or delegate to a therapist.

**Cerumen in ears.** Have the patient instill Cerumenol or vegetable oil nightly for 15 minutes by the clock lying with the affected ear up. Have them do this for 14 days then syringe. If three tries don't work or there is pain or blood refer to an ENT specialist for 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.

**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.

### **Smart phones, laptops and tablets.**

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

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 work, emails, computer work and counseling.

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

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

Have a fast track area with a **dedicated** doctor and nurse. If you try to cover it from the main ER the staff will be so busy with big cases that they will let the little ones languish. If you don’t have the peoplepower you can have the ER physician start her first 2 hours in the fast track then migrate to the main ER 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 for pelvic exam'. I didn't pull the nurses in all directions and the equipment and staff were all ready at once.

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 or eye slit lamp).

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.

## **Administrative medicine**

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

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

Have no more than 7 people and call it a task force. Have a set problem list and time line and destroy 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 order sandwiches by May 1.

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

### **Patient or Staff 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.

Warn doctors to consult with the CMPA if the complaint is serious.

Get everyone involved to write their opinion in writing and verbally.

Have a meeting with all concerned and let everyone speak.

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

## **Vision**

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

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

**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 q weekday at 8 am.
- 6) Take lists from patients. Do the top 2.
- 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 counseling 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, disability forms or lawyer's letters in my in-basket. Please book an appointment with the patient to come in and help me fill out the forms. This will avoid procrastination and also an overflowing in box.

Sincerely,

Dr. \_\_\_\_\_ (Your signature)

Dear Staff

Date:

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

Sincerely,

Dr. \_\_\_\_\_ (Your signature)

Dear Staff

Date:

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

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

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

Sincerely,

Dr. \_\_\_\_\_ (Your signature)

Dear Staff

Date:

As of next month, Mondays and first day back after holidays will be for same day call in appointments only. No physicals, well babies, prenatal exams or counseling.

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.

I will be off my cell and not doing any medical work  
or meetings. It will be pure relaxation time for me.

Sincerely,

Dr. \_\_\_\_\_ (Your signature)

Dear Nursing home patient

Date:

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

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

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

Sincerely,

Dr. \_\_\_\_\_ (Your signature)



Dear Staff

Date:

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

As of tomorrow I will be taking off the following 8  
weeks. 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: \_\_\_\_\_

Sincerely,

Dr. \_\_\_\_\_

(Your signature)

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

WebMD.com

Med Effect

Familydoctor.org

Mayoclinic.com

Medlineplus.gov

Drugs.com

APPs for smartphones: Codes on (Ontario limited use forms)

**Stamps or Templates to use in your computer to prompt more thorough and fast charting. Tab to them**

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

Constipation • . Diarrhea •. Blood •.

On examination Temp • ENT • Chest is clear to inspection, percussion and auscultation.

Bowel sounds • Rectal •

Assessment •

Plan •

• **Ankle injury** • days ago. Mechanism of injury •

On exam, range of motion • Swelling •

Ligaments •

Assessment •

Plan rest, ice, elevate, tensor or plastic boot cast (delegate to fracture clinic), physio, Advil, 2 every 4

hours, call in 1 week if no better

**Back Pain:** Subjective: pain in • area for •

Night pain • Radiation •

Has tried • Caused by • bowel • bladder •

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

Lateral rotation • Straight leg raising, •

Reflexes •

Assessment: •

Plan: Physio, heat, hard bed, •

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

Objective: BP is • Cardio vascular system heart  
sounds S1 and S2 are normal, no murmurs.

Chest is clear to inspection, percussion and  
auscultation

Assessment: •

Plan: see prescription below plus diet, low salt and  
exercise.

**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 to inspection, percussion and auscultation.

BP is • Pulse is .

Assessment: •

Plan:

**Depression** for • days. Fatigue • Sleep • Crying • Blaming yourself or feeling worthless • Lack of concentration • Lack of joy • Weight change • Faster or slower than others • Suicidal thoughts •

Rx : exercise, omega 3 foods, sleep

## **Bipolar**

1. 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 were much more interested in sex than usual?

...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?

**Diabetes** Latest HbA1C =

Latest Micro albumin/Creatinine Ratio =

Latest Creatinine =

Latest Cholesterol = Latest TG = Latest LDL =

Latest HDL =

Latest Ophthalmology Consult =

Latest Optometry Consult =

Latest Podiatry Consult =

S: Diet:

Exercise:

Smoking:

O: BP: CVS: RS: Fundi: Feet:

Assessment:

Plan:

• **Hip pain** for • Due to •

On Exam • ROM • Wasting • Neuro •

Assessment •

Plan • Physio,

• **Knee pain** for • Cause of problem • Range Of Motion •

Ligaments • Redness •

Temp •

Assessment •

Plan •

**Every 3 year Complete Physical Exam: Male (for females substitute breasts and pelvic exam and pap smear for tests and prostate. If over 50 do bone density and mammogram q 3 years)**

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 & Mucosa:

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 •

• **Shoulder pain** for • days. Caused by • . Range of motion • . Crepitus • . Wasting • .

Neurological exam •

Assessment •

Plan: physio, ice, heat,

**Skin Lesion** for • days

Objective:

Size • Shape • Colour • Itchy? • Where on body? •  
What has been tried? •

Assesment •

Plan •

**Cold** for • days. Sore throat • . Cough • . Earache • .  
Sputum • .

On Examination: Neck supple, Temp • .  
ENT• .Nodes•.Chest is clear to inspection, percussion  
and auscultation.

Assessment •

Plan:

## **UTI**

Frequency and dysuria for • days.

Subjective: Temperature • Costovertebral pain • .  
Abdomen • . Bowel sounds •

Assessment •

Plan drink cranberry juice, lab, Rx

Stress  
Management  
For  
Physicians:

# It's Easier to Change the Process than the Person

## **INTRODUCTION-**

Doctors have one of the most stressful jobs anywhere. We deal with life and death situations under the microscope of the media, 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 **Cut** down on drinking. You get **Angry** at anyone criticizing your alcohol intake. You feel **Guilty** about your drinking and you have an **Eye** 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 every 3 years. Avoid 'corridor consultations' and get as good care as we give our patients.

Hot lines exist for provincial or state medical associations. In Canada, it is 1-877- CMA-4-YOU.

Google your state or provincial medical association.

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

The first thing in changing the process is to sit down when you are well rested and won't be interrupted and take out a fresh, empty one year calendar and map out your life. Write down (or type in your smart phone calendar) everything in 1-hour blocks. This may seem

tedious but you need to know where you are spending your time. It's like doing a budget. You need to know where every cent is going before you can change your behavior. For example write down everything from getting up, showering, breakfast, driving, exercise, work and breaks. Put in holidays, hobbies, sports, quiet time and family time and all the things you do. It may help to review this with your spouse, secretary or a colleague whom you feel has a well-balanced life.

### **Look at your total day:**

Wake up:

Avoid the use of an alarm clock, which can get you off to a bad and stressful start. Go to bed earlier the night before and get eight solid hours of sleep. Avoid caffeine (coffee, tea, chocolate and cola) and watching the news (its all bad). Invest in a good mattress, you spend one third of your life of 82 years in bed. This is 10,000 hours. Avoid any screen time 2 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 a blinder. Avoid fluids in the last four hours pre sleep to avoid having to get up to urinate.

If you have to fight for the shower in the morning take a

leisurely bath the night before.

### **Exercise:**

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

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

The biggest mistake for new exercisers is that they get religion and try too much for too long and pull 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, spinning and/or aerobics. **Put it in your day planner like an appointment.** 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 CD's, itunes or podcasts. 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, computer-work and e-mails by doing them first thing every weekday. Put this time in your calendar.

### **Group therapy:**

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

### **Hospital and Nursing Homes:**

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

**Changing the Process.** I used to find the nurses station

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

### **Office Schedule:**

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

### **Changing the Process: Thank God it's Monday.**

Mondays will always be busy because the burden of illness is the same every day so Monday has Saturday and Sunday's burdens. Get your staff to leave them unbooked and open for same day, quick, little call in cases. Then you will hate Tuesdays.

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

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

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

Work half-a-day per week in a walk in clinic, work as an occupational physician, do counseling or work as a nursing home physician. Do something different. You can work in administration or sports medicine. You can be a 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. Consult the want ads in the journals or Google medical jobs in your area.

Take half-a-day off per week and don't use it to do paperwork. Sign out to another doctor and reciprocate. Get away from medicine and your smart phone. Read (trashy novels or non fiction), sleep, walk, down hill or cross-country ski, swim, garden 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, doctors, nurses, next of kin or sales people. Back her up!!!

### **Angry Patients:**

If you have a patient angry with you, confront him by saying 'You seem upset about something; what is the

problem'? This can often lead to a frank discussion and correction of any misconceptions. It will help you diffuse stress before it builds up.

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

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

I have only fired a few patients in 45 years and was very upset when I did it 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 or child patient with a high needs family try this *process changing* strategy. Have a family meeting with all the players, staff, family and patient. Get everything out on the table and solve the problems together. Use a speakerphone to include out of town family on a conference call.

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

Everyone but our accountant think 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 one project a year over several years. It took us thirty eight 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.

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

Set financial goals and write them down.

Get a good financial advisor and work with her or him on your retirement plan early on. Ask a trusted peer for a personal reference. Ask to speak to physician clients 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 24 years, we have had 60 GP's in one big group. We have two MD's on call each night, one for surgical assists and one for nursing homes, pronouncement of death at home 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. Yipee, I am 70.

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.

### **Change jobs:**

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

**Vacations:** Are a great stress buster both before, during and in fond remembrance. Try to avoid needing a vacation after your vacation. Leave a day for travel at each end and leave plenty of time to get to the airport. Better yet, stay overnight at an airport hotel, where you can park for free and take a free shuttle bus over for the flight the next morning, thus avoiding traffic and weather delays. Don't plan

anything the first or last day and avoid trying to do too much. Take half the clothes and twice the money. Sit down with your spouse the first day of the year, block out in red on a calendar eight weeks off and send copies to your friends, family, secretary, call group and the hospital. Never let anyone encroach on this sacred time.

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

### **Support Systems:**

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

**Young Kids:** A young family doctor/ mom shared these tips with me: 'A housekeeper is essential. Why waste valuable time at home scrubbing toilets. My time is worth more than that'.

**Dinner preparation:** The busiest time of day is supper time (the arsenic hour) so take one day every two months and cook from 9 to 5 preparing sixteen

dinners. Put them into Ziploc bags and then into the freezer. It really pays off for those busy nights to just reheat in the microwave. Also, on occasion this FP goes to 'Supperworks' for two hours with her husband (or alone) where they assemble a dozen meals for the freezer. She says they get a glass of wine and it's quite fun. Go online to [www.supperworks.com](http://www.supperworks.com) for healthy meals from scratch.

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

### **Girls (or Boys) Night Out:**

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



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

### **A Year in My Life:**

So, lets look at how I put this time and stress management advice all together for myself and my family practice. You will be different from me and change your practice of medicine at different times in your career but you can learn from my 45 years of mistakes and triumphs.

### **Sunday night**

I go to sleep at 10 pm so I can wake up refreshed without an alarm clock on **Monday** at 6 am.

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

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

I do my paper and computer work in the doctor's lounge from 8 am to 8:50 am and have time to chat

with other doctors (group therapy).

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

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

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

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

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

At 1:30 pm I start to see patients.

**On Monday the afternoon has been left empty except for same day call in appointments.**

Therefore I love Monday's because it is little, easy cases. The patients love it because they can get in on the phone line and be seen on time the same day. If you have long waits the patients will tie up your

secretary by arguing with her to get in early and may exaggerate their symptoms.

## **Time Managing The Top 12 Diagnoses**

1) **High blood pressure.** I have a stamp in the computer that has all the history and physical in a SOAP = S (ubjective) O(bjective) A(ssessment) and P(lan) format. I ask the patient how they are doing and if they have any ankle swelling, shortness of breath or chest pain. I ask about light headedness or headaches. I then do their blood pressure, listen to their chest and heart and check peripheral pulses and ankles for edema. If normal I remind them why we do blood pressure (to prevent stroke and heart attacks) and that they can't feel it when it is high. I see them in 6 months and give them a handout (print from the computer) to reinforce my teachings. I print a lab slip on my secretary's computer (exit strategy) and type on it 'back in 6 months' so I don't have to interrupt her.

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

I refer to an orthopod early if it looks surgical.

3) **URI**, or upper respiratory infection. I use a computer template that asks how long they have had it, if they have a cough, sputum, ear pain or a temp. I then examine their ears, nose, and throat, palpate their neck for lymph node enlargement, take their temperature and listen to their chest. If it is viral I explain that antibiotics are not only useless but also harmful as they may cause allergies, diarrhea or superbugs.

I have a handout in the computer ready for printing about why they didn't get an antibiotic.

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

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

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

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

I can order imaging by computer. If they need stat

help I can write a consult letter to the Emergency Physician.

5) **Depression.** I have a stamp in my computer that prompts me to ask about the 9 symptoms which are: are you tired, do you wake up in the middle of the night, are you crying, do you blame yourself and feel guilty, do you lack concentration, do you lack joy in things you used to love, has your weight gone up or down unintentionally are you faster or slower than others and are you suicidal.

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

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 Scale in my computer for every visit. It is really good and helps you remember all the milestones and tips.

I always talk to the parents before examining the baby to avoid having to shout over 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 6 months.

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

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

9) **Urinary Tract Infection.** I use a stamp that asks how long they have had symptoms, do they have frequency and burning, do they have any temperature or flank pain. I examine their abdomen and take their temperature and if it is a simple UTI, I do a urinalysis 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

chest and ENT. 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.

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

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

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

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

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

**The last patient is usually at 4 pm.**

I go home and visit with my wife from 5 pm to 6 pm and unwind from the day by reading the mail. I

complain for 10 minutes then move on to non-medical, fun stuff.

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

We eat at 6 pm then read until 8 pm then watch trash TV (Modern Family, 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 noon. We put in physicals and counseling here that I haven't been able to delegate to social workers or psychologists. This is a good time to do these things because I am fresh not rushed and not tired.

At noon I am off for the rest of the day. I do non-medical stuff. No paperwork (it has been done every morning) and no emails (it has been done every day after lunch). I 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.

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

She gets 8 weeks off like me.

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

## **Vacations**

Are the reason we work. I book 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 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 8 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 25% interest which is very stressful).

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

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

In August the kids and their friends and significant others and our grandson join us for the last 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*.

## About the Author



Dr. Crosby was born in Sarnia, Ontario, Canada in 1947 and went to medical school at Western University in London, Ontario where he graduated on the Dean's Honour List in 1973. He received his FRCP (C) (Fellowship of the Royal College of Physicians of Canada) and MCFP (Member of the College of Family Physicians) in Emergency medicine in 1983.

He was a medical consultant for emergency medical services for the Province of Ontario and director of the Oakville ER and has been a family physician in Cambridge for 25 years

He was a medical consultant for emergency wait times at the Cambridge Memorial Hospital and is a medical director at two nursing homes, Hilltop and

Riverbend and a blogger and writer for the Medical Post magazine with 180 articles.

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

He is a consultant for **Radical Solutions Group.com** that helps doctors, clinics and hospitals become more efficient and have more time for patients and doctors.

He is also a consultant for the Ontario Medical Association's Ontario MD Peer Leadership program that helps doctors become more efficient. He is also a supervisor for the Ontario College of Physicians and Surgeons.

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

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# How to Inoculate Yourself Against Malpractice and College Complaints



I have been an expert in a large number of cases involving physician malpractice and college complaints. I have been a supervisor for the college also, monitoring a physicians' practice for ongoing quality. I have been sued once in 45 years during which time I have been involved in over 500,000 patient interactions. Am I smart? Not particularly. Am I lucky? Yes. Am I well organized? Yes. Am I nice to patients and their friends and families? Very much so.

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

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

## **When I Was Sued**

Let me tell you about the time I was sued 38 years ago. Thank goodness it had a

happy ending for the patient and I.

I had just finished a 14 hour emergency night shift and was ruefully looking at a poster in the staff lounge that said: 'If you don't believe in reincarnation you should see this place at shift change'.

A man in a suit approached me (I should have been suspicious, since no one **ever** dressed up in that emergency department). He asked if I was Dr. Crosby. I looked like I hadn't reached puberty back then and was so proud to be mistaken for a doctor. My cowlick hadn't yet turned into a bald spot. He handed me a subpoena, turned and marched away. I felt like I had been kicked in the stomach, my palms were sweaty and my heart was racing. I was being sued!

**Wow did I wake up.** I ran to medical records like it was a cardiac arrest.

My hands shook as I read the chart. It was a woman I had seen a year before who had had a corneal abrasion due to her sticking an eyeliner brush into her eye

by mistake. I actually remembered her because she was in such agony that I had called the ophthalmologist on call for advice.

It was 5 pm so he said to try an antibiotic drop and anaesthetic drop and patch the eye and he would see her in the morning. Unfortunately she developed a pseudomonas corneal ulcer and needed a corneal transplant.

I immediately called our malpractice insurance company and they were great. They calmed me down and assigned me an emergency physician case manager and lawyer who were very caring and knowledgeable.

They talked me through the case and reassured me that very few threats ever got to court or were lost. They advised me to speak to no one and to make copies of the chart and keep one and send them one. They told me to type out the whole story as I remembered in great detail minute by minute. I felt terrible and couldn't sleep. My wife was very

supportive. I looked at every patient as a potential threat and was worried about everything I did. This gradually went away as you can't sustain it seeing dozens of patients daily.

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

## **Discovery**

A year later I went to discovery which means you sit in a small room at the local courthouse with your lawyer, the plaintiff's (complaining patient's) lawyer and a court typist. Everything you said could be used in court so I was really scared. Her lawyer took me slowly through my curriculum vitae, past experience and training with regard to eye injuries. He then asked me to go through the chart word for word and interpret into plain English what all the medical words and abbreviations meant. This was highly stressful and the whole process

intimidated me. My lawyer then did the very same things but was much nicer. Two years later I was called on the phone by my lawyer and told that the case had been dropped. The patient/plaintiff had settled with the eyeliner manufacturer for \$60,000. She had healed perfectly. It felt odd and unfinished. I had dreamed of this day for years but felt cold and empty. I thought I would be whooping it up with champagne but was just happy to have it over with. It was more a kind of numbness than jubilation. My lawyer said, 'Boy do you docs ever take this seriously, you will be much more relaxed during the next one. It's a game. The other side tries to make you out as Dr. Jekyll and your lawyer tries to make you out as Dr. Schweitzer (the missionary) and the judge has to rule in between'.

## **Court**

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

The court opens at about 10 am with the judge entering from behind the bench.

The bailiff (guard) calls out 'all rise' and you stand up. You can't read newspapers or magazines in the spectator section of the courtroom.

Below the judge sits the bailiff and recorder and she talks into what looks like an oxygen mask.

To the judge's right there is a table with the plaintiff and her lawyers. On the judge's left are you and your lawyers. The witness box is to the judge's left side close by. As an expert witness I once drank the judge's water, not a good thing to do.

There is usually no media unless it's a high profile case. But you never know. If it's a slow news day you might be on page one. There is rarely a jury

The plaintiff's counsel makes opening comments at a lectern in front of the judge about how he views what happened. Witnesses are then called in order of their participation in the treatment sequence. Needless to say, this is incredibly stressful for the doctor/defendant as your whole

treatment and competence is under scrutiny.

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

Dress in a sober suit and tie or for women, a business suit. Be well groomed. Be confident but not cocky. Do not get into a fight with the lawyers. Ask them to repeat any questions you don't understand. Do not guess or speculate, stick to the facts. The plaintiff's lawyer will go through your curriculum vitae and then through the chart word-by-word and comma-by-comma. Speak slowly and explain in plain English or French, short forms, abbreviations and spell out big words for the court stenographer.

Do not use jargon. If you don't know, say so. Your lawyer will then go through the same sequence.

The opposing lawyer will then cross-examine you on any new items that have

come up in your testimony.

**Only answer the question being asked.**

Try not to speculate on hypothetical situations. You are not an expert or Einstein. The judge is looking for the standard of care that a **reasonable** physician with your training and experience would render. Average, prudent care. The plaintiff's lawyers have to prove that you fell below the standard of care and that that failure to maintain the standard caused the patient harm. Your lawyer will then question you regarding anything **new** that came out of the cross examination.

The judge will also ask questions for clarification as well. At the end, experts for both sides will go through the same process to establish the standard of care and whether you met it. They will break for lunch from noon until 2 pm then go until 4 pm at the judge's discretion. After the trial is over the judge will take many months to render a verdict, which you can



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

## **Avoiding Malpractice**

### **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 counseling to help to change things. Ask a respected fellow physician to mentor you.

**Talk to your patients.** You really need to communicate and ask them what you said at the end of every encounter. If they are kids or have dementia or trouble with

English or French get help from a translator or their guardians. Give them a handout to reinforce your instructions. Dr. Walter Keen, a Hamilton rheumatologist and professor at McMaster mails a copy of his consult letter to the patient. I wonder if he would do this if he were a gynecologist? Just asking.

Tell them more than once. Talk slowly, no jargon, big words or short forms. I usually try to avoid insulting patients by talking with big and little words. For example, 'You have diabetes, or high sugar in your blood'. Or 'You have a fractured or broken arm at the elbow'. Tell them of the major side effects of treatment or drugs. No one has time to list everything. A reasonable, prudent and average doctor would say: 'Please try some Aspirin for your sore ankle. Aspirin can cause allergies or upset stomach or stomach bleeding. Call us or go to the Emergency Department if this happens or if you develop black bowel movements or shortness of breath'. Document this in your notes. For example, 'Side effects explained'.

## **Be nice.**

I have seen so many cases where the patient said 'I love my family doctor so don't sue him, just the other doctors'. If you are nasty to patients and things go bad they may sue you. If you are getting angry with a patient, take a deep breath and try to rise above it. Refer them to someone else if you have a stalemate. I had a patient in one of my nursing homes that drove me nuts fighting with me about everything I said so I asked the other house doctor for a second opinion. If they are unhappy that you can't find anything wrong with them send them to a specialist. I have been burned 3 times with seniors losing weight. A full workup with lab, scope, CT and gastroenterologist and even tertiary care referral yielded nothing. They later died of cancer of the pancreas. Now I meet with similar types of patients and their family and say we can't find anything so far but will keep monitoring the situation.

## **Apologize.**

This is a real tough one. You don't have to go overboard. Just say I am sorry you had a bad outcome. You don't have to admit you made a mistake. Always talk to your insurer and lawyer before you do this.

I have heard so many plaintiffs say that if only the doctor had said he was sorry we wouldn't be here (in court) today.

**Have a good system of follow up.** That means do your lab and imaging reports and review of consult letters **every** weekday, initial them and have your secretary file or action them.

Charting is the most important thing as the judge looks at that. The judge and plaintiff's lawyers know only too well that we see hundreds of people weekly and often can't remember the details. Try to dictate charts or use an electronic medical record. The standard of care now is becoming typed notes.

Make sure you have a history, targeted physical exam, assessment with a differential diagnosis and plan. Even if you

make an honest mistake, the judge will see that you were trying to be thorough. Always note that the patient was encouraged to call you or return or go the nearest emergency department if worse or no better. Document this. e.g. "Call office or go to ED prn" Always document follow up on every case. e.g. FU/FD prn (follow up with family doctor as necessary).

**Specific cases: Meningitis:** is very rare due to new immunizations. But it is devastating with death or permanent disability for up to 80 years if a child is involved. It is fast and can be masked as a cold or flu. Suggested notes to encourage you to be thorough and cover you if you are too early into a case:

**Subjective:** 5-year-old girl with a cough, fever and sore left ear for 2 days. Eating normally. No diarrhea. Immunizations up to date. **Objective:** 25.3 kg, afebrile happy child playing normally. Ears, nose and throat normal, no palpable neck nodes. Neck is supple.

**Assessment:** viral cold, rule out strep

throat

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

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

### **Fever in babies less than 6 months.**

This can be sepsis so record the state of the fontanel, check and record neck suppleness and do a full septic workup and refer stat to a pediatrician if you think it is necessary. Don't wait around for tests that may delay life saving antibiotics.

### **Headache**

Once again is rarely lethal but most neuro emergencies are devastating as the brain

and spinal cord don't heal as well as the rest of the body due to the sophistication of neurons. Ask, is this new? Was there a sudden onset and what was the patient doing? Lifting or orgasm may signal raised intracranial pressure causing a subarachnoid hemorrhage. Do a full CNS exam and BP and check for neck stiffness by asking the patient to flex their chin onto their chest and watching to see if they wince.

Decreased level of consciousness and confusion are not benign signs and should not be attributed to narcotic painkillers Do a stat CT scan and lumbar puncture. If you are in a remote area call neurosurgery at your regional tertiary referral centre. If you don't have a neurologist handy, an internist can help.

## **Ectopic pregnancy**

This should be ruled out in any woman with abdominal pain of childbearing age.

They may deny sexual activity or having missed a period.

## **Appendicitis**

Can be difficult to diagnose early on. It may be on the left with a long appendix.

The patient usually has anorexia and it may be painful for them to walk due to psoas muscle spasm. Do a white blood cell count, urinalysis and get a CT of the abdomen if available.

If in doubt, admit, get a surgical consult and reassess in 12 hours. If you are in a family physician's office 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.

**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 GP with rectal bleeding and the doctor just kept giving him suppositories. Eventually a surgeon found a carcinoma above the hemorrhoids on colonoscopy.

**Skin lesions** are very hard to tell if they are cancer. If in doubt get a biopsy. I am astounded at how many seemingly benign moles end up as basal or squamous cell carcinomas. Do a **mole patrol** on all patients during their annual checkups and on high-risk patients such as those with a lot of sun exposure or previous melanoma.

**Lumps** Once again don't guess, get a biopsy. I was an expert in a case where a

36-year-old lady had a breast lump in early pregnancy. Her family physician delayed referral until after delivery and she later died of cancer of the breast and her family successfully sued him.

## **Fractures.**

I have seen elderly patients walk on fractured hips and the x-ray was negative initially. This was because osteoporosis caused the fracture line to not show up due to minimum calcium. If they are still limping a week later, re-x-ray.

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

**Compartment syndrome.** This is a common cause of lawsuits and causes devastating, permanent damage to limbs. It can present at the family physician's office or an after hours clinic after a fracture or casting. The limb has Pallor, Pain, Pulselessness and Paresthesia. The

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

**Diabetic foot ulcers.** I always treat them very aggressively because they can result in amputation above the knee. I tell the patient and their next of kin that the prognosis can be very bad and may end up with the leg being cut off above the knee even with the best of care and I document all of this. I refer to an infectious disease specialist because they can see them fast and I start appropriate antibiotics and wound care by home care nurses who call me daily with updates. I refer to a surgeon if debridement is necessary. I call the surgeon doctor to doctor to avoid delay in treatment and I document this.

**Torsion of the testicle.**

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

### **Murder.**

I was an expert in a case where a doctor was treating a lady with paranoid delusions that the TV was talking to her personally. He convinced her to go to a psychiatric hospital but whilst on her way she returned home and murdered her husband. The doctor was exonerated because he could not have certified her for involuntary psychiatric admission because she was going voluntarily for help.

### **Suicide.**

If a patient threatens suicide, send them to the emergency department and

call the emergency physician. If they

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

**What if a specialist refuses to help you** in an emergency situation? Once again this is very rare, it has happened to me twice in 44 years. I told them that I would have to call their chief of service even if it was in the middle of the night. If the chief of service couldn't help, I called the chief of staff and if that didn't work I shipped the patient to a teaching centre. Patient care is paramount; you can deal with the politics in the sober light of day.

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

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

if necessary.

**Never change the chart.** The plaintiff's attorneys can hire a handwriting expert to tell if the ink is older or different and forensic computer experts can check the hard drive to find out on what date the computer notes were typed.

**Check list if you get sued:**

- 1) Don't panic, take a deep breath and remember this does not mean you are a bad doctor. Speak to no one and alter nothing.
- 2) Call your malpractice insurer first and do what they tell you.
- 3) Do not alter the chart, ever.
- 4) Remember that most cases are dropped and the few that reach court are rarely won by the plaintiff.

**In summary,** to inoculate yourself against malpractice claims, be thorough, take your time, do your paper/computer work and emails every week day, refer appropriately, be nice, apologize without incriminating yourself, back yourself up and document, document, document.

## **Avoiding College Complaints**

By following the above advice you can help to avoid complaints to the College of Physicians and Surgeons in your province or state. Another tip is to read the monthly college magazine to see what other doctors did wrong.

A common problem is sexual boundary crossing. Always have a chaperone with you for intimate exams. If you have only one employee/secretary she can use a 'Madonna phone' and be in the exam room with you and still run the office. Make sure the patient undresses in private and is properly gowned. Tell her what you are doing and why. For example 'I am

now placing a speculum in the vagina to check for cervical cancer with a pap smear and feeling your uterus and ovaries for lumps'.

**Never give out your private phone or email or text numbers.**

Once again charting is supreme when you have a peer review.

If you have an argument with a patient, take 3 deep breaths and count to 10 and apologize. Beats 2 years going to the college.



## **NURSING HOMES**

I have looked after two nursing homes in Cambridge with 155 residents for 25 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.

Here are my top 10 ways to avoid complaints in the nursing home:

1. Talk to the patient and/or their substitute decision maker about any major changes.
2. See 1
3. Ditto

4. as above
5. like 4
6. as in 5
7. encore
8. You get the picture
9. ” ”
10. See 1 again

I know you think I am being annoying but this is so key. Lack of communication is a huge cause of complaints. I go three times a week to my homes and it takes me less time than going once a week because I am ahead of the curve. This gives me lots of time to talk to patients and their substitute decision-makers.

I once had a 92-year-old man with myasthenia gravis on steroids. He bruised really easily and fell all the time due to weak muscles and dementia. His daughter was worried he was being abused by the staff so I called her once a week for five years to go over what was happening. It only took a minute and saved us

all grief.

## **Tranquilizers**

A huge cause of complaints is when a confused patient is put on a tranquilizer and then falls and gets hurt or is drowsy when the kids come to visit.

I phone the substitute decision-makers and tell them this: “Your dad has dementia and is hitting our staff when they try to give him a bath. That is why he is here. You couldn’t handle him at home with the help of home care and the hospital couldn’t handle him. You have been replaced by 10 people. We will try to redirect him to do other activities like music or hobbies but we may have to give him a tranquilizer.

“We will start out with the lowest dose and move up slowly, monitoring him carefully but he may fall or get drowsy. There is no way to guarantee any human will not fall but we will try to prevent it.”

I then shut up and let them talk and ask questions. There is no good answer for these types of problems and we have to keep talking to the families. They often feel guilty about

putting a loved one in a nursing home and can take it out on the doctor and or staff.

## **Family meetings**

The appropriate staff and I meet with the families if there is a problem, and we have any out-of-town children on speaker phone.

I recently had a patient with dementia whose one child was a family doctor and the other a forensic psychiatrist. They had a lot of questions about the choice of meds and were very happy to have input into dad's care.

I also had a daughter from out of town who was a clinical psychologist whose dad had dementia. She wanted Beritri ruled out. She wrote me a three-page letter with 21 causes of dementia listed. I phoned her with the nurse listening in on speaker phone and went through every cause. It took a long time but she was happy and never bothered me again.

## **Switch doctors**

I once was giving a tour of the nursing home on my own time to the minister of health when a patient's wife came up to me to ask about her

husband. I told her I was doing a tour and another doctor was on call for me. She got angry and fired me and now has another doctor in the home looking after her husband. No one can please everyone, so from time to time it is good to get a new doctor taking over care if you aren't getting along with a patient or their family.

Do your labs and imaging every weekday to avoid missing or delaying treatment of critical results.

Encourage your staff to tell you if any next of kin are unhappy. Thank them for telling you. Call the unhappy person and talk it through.

## **Avoiding polypharmacy**

I hate when the doctor's duty list says "call daughter of Mr. Jones." It is rarely to praise me or tell me I have won the lottery. In fact, in 25 years it has been uniformly bad news. I get the nurse to find out what it is about and then have her on speakerphone beside me with the chart so we can answer all the questions when we call.

If you are going to discontinue a drug, tell the substitute decision-maker why. They get printouts monthly of all the drugs the patient is

on.

We stopped all proton pump inhibitors and the residents had no ill effects. We told the substitute decision-makers that these drugs are not usually needed, as the food is blander and the drug may cause *C. difficile* diarrhea.

## **How to reach you**

I tell every family that I can be reached by having the nurse write on my daily list to call substitute decision-maker at their cell phone number. I tell them not to call me at my family practice office, as I don't have the chart or the nurse who knows them or their med list, labs and imaging. I tell them I will get in touch within 24 hours.

I tell them about my philosophy of medicine, which is to avoid too many drugs and the ER.

My script is this: "There is a pill for every ill and an ill for every pill. We will try to cut out as many drugs as we can and will tell you why we are doing it to avoid side-effects."

For the ER I say, if dad has a cut or fracture we will transfer but if he gets pneumonia we

recommend treating him here. We will call you for the final decision but ERs can be confusing to patients with dementia and they can catch a superbug there.

I don't recommend CPR, as it rarely works and result in the resident having broken ribs and prolonged suffering. I ask the substitute decision-maker, "What would your mom want if she wasn't confused?" I tell them that I wouldn't do it for my mom or myself.

Have good after-hours coverage. In Cambridge, Ont., we have all the family doctors in one call group, so you are only on once a month. This 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.

