

**Doctor**

**On**

**Time**

**By Dr. J.W. Crosby**

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I dedicate this book to Jill, Andrew,  
Stephen, James, Kristy, my father and my  
mother.

## Thanks

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

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## **INTRODUCTION-**

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

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

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

## **Why be on time?**

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

Also they will suffer more pain and worry.

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



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

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

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

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

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

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

work of our local doctor recruitment task force.

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

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

### **Barriers to Change**

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

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

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

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

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

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

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

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

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

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

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

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

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

### ***3- PAPERWORK AND E-MAILS***

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

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

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

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

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

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

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

Another big time saver is to dictate your charts. You can talk seven times faster than you can write. Specialists have been doing this since the typewriter was invented. It also has downstream advantages such as nice, typewritten, legible charts which are good for lawyers, judges, college of physicians and surgeons investigators, insurance companies, employers, auditors, nurses, partners, specialists, students, residents and locums. Secretaries can use them to fill out 95% of your forms with.

You can use computer voice recognition or a Dictaphone (\$100 at an electronics store). I hired a dicta typist for \$15 per hour. After each patient encounter I would duck into my office, close the door for privacy and dictate about the patient that I had just seen. My dicta typist would collect the tape at night and have it typed by the next day. She could get 5 or 6 office visits on each sheet in the chart. She could do this in 8 hours per week.  $8 \text{ hours} \times \$15 = \$120 \text{ per week} \times 50\% \text{ tax deduction} = \$60 = 2 \text{ extra patients per week or } \$8 \text{ per day.}$

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

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

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

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

#### ***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 29) and if anyone complains that they wanted to speak to you and your secretary wouldn't put them through try this script: 'I'm sorry you are upset that my secretary wouldn't let you speak to me when you called recently. This is our



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

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

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

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

If you have a 'wobbler' (an older patient with multiple problems and care giver burnout) have your staff set up a family meeting. Link in out of towners on your speaker phone (they often feel guilty and can take it out on you). With the patient's and power of attorney's permission, outline in simple terms what the diseases are, what the future may be and discuss

resuscitation wishes, home care, nursing homes and respite care.

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

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

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

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

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

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

### **6- SENIORS**

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

Have good lighting, face them and speak slowly and clearly, as many are hard of hearing and secretly lip-read. Watch the caregiver for the 'rolling eye' sign when

you ask them how they are coping. Give them a big print handout and write on their medications in big print what they are for e.g. 'blood pressure'.

If you have patients scattered across town in nursing homes, give them up to the house doctor who can offer them more frequent care. (See **tool kit** page 32 for the letter outline).

### ***7- TOO MANY OUTSIDE RESPONSIBILITIES***

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

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

scheduling of holidays. Check with your college for the rules.

Our Family Health Organization of 16 family doctors has two retreats a year with our spouses at a nice resort where we have dinner on Friday night. On Saturday morning we do three hours of medical education. On Saturday night we attend a dinner and dance or the theatre and then on Sunday morning we have a three-hour business meeting. This is a good time to team build, socialize and communicate with each other.

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

This is good for the patients, staff and us.

**Time managing the hospital.** You can combine hospital ward rounds by having one member of the group do the whole group's rounds for a week or you can get

hospitalists. Limit yourself to one committee at the hospital per year and ask for it to meet at your convenience for example lunch or breakfast. Ask if you can be on first then leave. You can also do this with family meetings.

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

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

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

Financially if you are fee for service it makes sense because the quick, easy, little well paying urgencies will go to the walk in clinic. If you have a rostered practice

you can be penalized for outside usage by patients of doctors not in your group.

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

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

Make sure your patients check with their employer to see if they have any coverage for counseling or if they have any employee assistance plans. There is often 'geared to income' counseling available, ask your secretary to check with your local mental health clinic. I tell patients that if they had a heart problem they would think nothing of going to a cardiologist so if they have a mood disorder the expert is a psychiatrist and there is no shame in getting help.

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

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

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

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



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

## **CHANGE**

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

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

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

Secondly you need to **want** to change. Being on time will be wonderful for you, your patients, staff, family and friends. You will have lots of time to spend clinically instead of with paper or on the

phone or in meetings. You will have time for rest, exercise, hobbies, meditation and spiritual replenishment. Also your income will go up.

Set up a **start date**. Just as we tell smokers to pick a start date and tell everyone so should you. Start small, for example right now print the sheet from the **toolbox**, (on page 27) sign it and give it to your secretary. It will tell her to not put fat charts 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.

## Miscellaneous:

### **Vacations**

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

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

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

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

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

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

**Unplug your smart phone.**

In November we go on an educational week/trip.

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

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

**Prescription renewals:**

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

**Missed Appointments:**

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

one. I like it when people miss as I get a break.

### **Internet Downloaders:**

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

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

### **Computers:**

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

### **Specific patient problems**

#### **Fatigue:**

I don't deal with this on the initial visit. I make sure they are not having a myocardial infarction or extreme anemia and if it's a young healthy patient with months of fatigue I order appropriate

blood work like CBC, lytes, creatinine, fasting blood sugar and STSH and rebook them for a full physical. I tell them that most cases of tiredness are due to stress and overwork or depression.

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

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

### **Alzheimer's dementia**

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

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

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

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

*Codes On* in Ontario.

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

Journals can be read on line as well.

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

I use my smart phone to do my calendar and the stopwatch feature for pulse and the GPS feature for house calls. I use the flashlight app for looking at skin lesions.

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

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

# TOOL KIT

EDIT, SIGN AND GIVE TO YOUR STAFF



Dear Staff

Date:

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

Sincerely,

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

(Your signature)

Dear Staff

Date:

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

Sincerely,

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

(Your signature)

Dear Staff

Date:

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

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

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

Sincerely,

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

(Your signature)

Dear Staff

Date:

Please advertise in our local paper and on the Internet for a part time dicta typist (does not need to be medical) for 8 hours per week at \$15 per hour. Ask them to fax their resumes and please buy me a dicta phone at a business supply store.

Sincerely:

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

(Your signature)

Dear Staff

Date:

As of next week I will be taking  
\_\_\_\_\_ afternoon off.

(Weekday)

Coverage will be by Dr. \_\_\_\_\_  
and I will reciprocate.

Sincerely,

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

(Your signature)

Dear Nursing home patient                      Date:

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

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

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

Sincerely,

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

(Your signature)

Dear Staff

Date:

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

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

\_\_\_\_\_

My 8 weeks will be:

Week 1;

Week 2:

Week 3:

Week 4;

Week 5:

Week 6:

Week 7:

Week 8:

Sincerely,

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

(Your signature)

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

WebMD.com

Med Effect

Familydoctor.org

Mayoclinic.com

Medlineplus.gov

Drugs.com

APPs for smartphones:

Codes on (Ontario limited use forms)



# Stress Management For Physicians:

It's Easier to Change  
the Process than the  
Person

## **INTRODUCTION-**

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

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

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

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

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

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

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

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

## **Diagnosis of stress in yourself**

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

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

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

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

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

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

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

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

Get 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 everything in 1-hour blocks. This may seem tedious but you need to know where you are spending your time. It's like doing a budget. You need to know where every cent is going before you can change your behavior. For example write down everything from getting up, showering, breakfast, driving, exercise, work and breaks. Put in holidays, hobbies,

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

**Look at your total day:**

Wake up:

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

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

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

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

**Exercise:**

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

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

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

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

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

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

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

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

**Group therapy:**

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



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

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

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

### **Office Schedule:**

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

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

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

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

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

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

### **Change the Process:**

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

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

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

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

### **Angry Patients:**

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

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

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

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

**High Needs Families:**

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

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

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

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

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

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

Set financial goals and write them down.

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

**On-call:**

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

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

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

**Change jobs:**

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

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

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

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

**Support Systems:**

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

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

toilets. My time is worth more than that'.

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

**Girls Night Out:**

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

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

**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 mentor, work to *change the process*.

**Physician Help Lines:**

**Canada 1 877 CMA 4 YOU**

[www.ephysicianhealth.com](http://www.ephysicianhealth.com)

New Brunswick 1-888-453-7272

Nova Scotia 1-902-468-8215

Quebec 1-800-387-4166

Ontario 1-800-851-6606

Manitoba 1-204-237-8320

Saskatchewan 1-800-667-3781

Alberta 1-877-767-4637

British Columbia 1-800-663-6729

## About the Author



Dr John Crosby has been a family physician for 22 years in Cambridge, Ontario and before that an emergency physician for 20 years.

He received his FRCP(C) in emergency medicine in 1983 and is an assistant professor of medicine at the University of Toronto and family medicine at McMaster University in Hamilton and Queen's University in Kingston.

He has been a medical consultant for Emergency Services for the Province of

Ontario and director of the Oakville  
Emergency department.

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

Dr. Crosby has lectured world wide on  
time and stress management for doctors  
and mentors family physicians and  
internists on office efficiency.

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

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

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