



PHYSICIAN WELL-BEING

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Disclosure

- I have no financial interest or affiliation with any commercial entity.
- I will receive an honorarium & expenses from UBC for this presentation.



“Wellness is not just the absence of disease. It is physical, mental & social well-being.”

WHO Ottawa Charter 1986

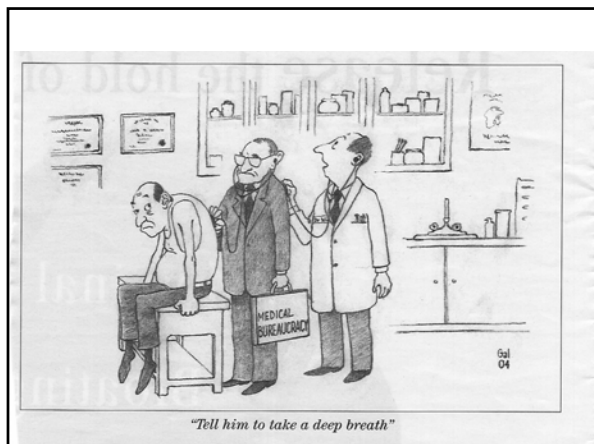
Objectives

- Understand our health-related habits
- Learn strategies for managing stress
- Learn how to build team relationships
- Learn about accessing local resources
- Learn how to maintain privacy

Format & Ground rules

- Participation to your comfort level
- Respect for other opinions
- Comments & Questions as we go
- Confidentiality
- Safety & Support





Why are we vulnerable?

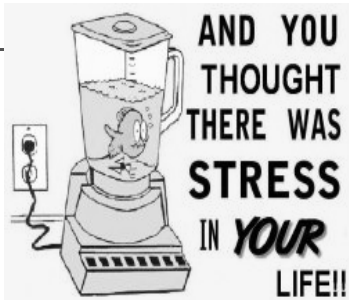
- High achievers
- Perfectionists
- Exaggerated sense of responsibility
- Often work in isolation
- Reluctant to ask for help
- We had poor role models

Self Assessment

- When was my last real vacation?
- Do I have my own personal GP?
- When was my last general check-up?
- What do I do for fun? How often?
- How often do I skip a meal or eat meals "on-the-run"?


Stress and Burnout






What are signs of too much stress?


- Loss of interest in work
- Lack of meaning in everyday life
- Interpersonal conflict (at work & home)
- Disorganization
- Impaired ability to concentrate
- Physical symptoms (insomnia, fatigue)

 Don't be afraid to ask about suicide

- Every year in B.C. one or more doctors commit suicide
- Sometimes it is impulsive, but more often it is carefully planned
- Family feels shame and often covers up real cause of death
- Colleagues feel guilty they missed signs

 Dimensions of Burnout (Maslach)

- Emotional exhaustion (nothing left to give)
- Reduced sense of accomplishment (perception of being ineffective)
- Depersonalization (becoming distant & cynical, negative attitude about self and others)

 Reflective Exercise to Share Ideas

Name 3 things you do to help cope with stress

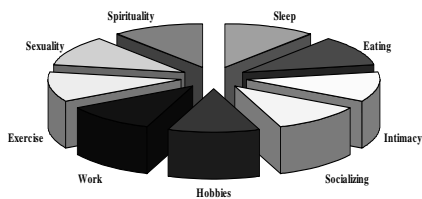
Healthy Coping Strategies

- Have your own personal physician
- Exercising
- Talking with friends/family
- Saying No
- Humour
- Taking a day off
- Listening to music
- Engaging in hobbies

Unhealthy Coping Strategies

- Self-medicating (samples, alcohol)
- Isolation
- Working longer hours
- Blaming, anger

Slices of Life



What makes family practice difficult?

- Unrealistic expectations of patients
- Compassion fatigue
- Ethical distress
- Second shift at home
- Balancing family life with work

What makes rural practice difficult?

CMA identifies rural physicians as an "at risk" group

In 2001 only 16% of rural MDs said they were very satisfied with work

Unique Aspects of Rural Practice

- Long hours
- Always being available
- Lack of back-up & specialist resources
- Few locums available
- Lack of confidentiality

Case #1 for Discussion – Dr. M

- 50-year-old single female GP
- Lives & works in a rural community
- Works long hours
- Feels stressed, irritable
- Office is disorganized
- Feels she can never get caught up
- Has few friends, no family nearby

Case #1 (continued)

- Dr. M is drinking at home every evening “to unwind and relax”
- One night she goes out to run an errand and crashes her car into a pole
- Police charge her with DUI, suspend her driving license for 6 months, \$600 fine

What happens next?

- What resources are available for Dr. M?
- What can GP colleagues do to help?
- What can Dr. M do to improve her work situation?
- What can she do to improve her life balance?

Case #2 for Discussion – Dr. R

- 38-year-old male rural GP
- Married for 10 years, 2 children
- In a small group practice
- Good balance of work & family life

Case #2 (continued)

- On call one night, also covering obstetrics for his own patients and for two colleagues
- A patient at 32 weeks gestation arrives in labour and is bleeding
- One available surgeon is 30 min. away

Case #2 (continued)

- Mother delivers baby on stretcher in ER before Dr. R arrives at hospital
- Attempts to resuscitate baby are unsuccessful
- Nurses start IV and have given Oxytocin to control bleeding just as Dr. R arrives
- Mother is stabilized and admitted

Case #2 (continued)

- The next day, colleague criticizes Dr. R for not responding fast enough
- Patient's husband threatens to report Dr. R to College
- Dr. R. finds that he can't focus at work and is having trouble sleeping

What is a Critical Incident?

- It is an event (or cascade of events) that overwhelms normal coping mechanisms and can interfere with one's usual ability to function.
- Not every stressful event is a critical incident.
- Depending on life experience, different people will view a stressful event in different ways.

What resources can Dr. R access?

- Colleagues (local and out of town)
- Anonymous services
- Pro-active planning for future events
- Dealing with a threat of complaint or legal action

What do you do when you think a colleague is in trouble?

- When you suspect something, say something!
- Physicians “keep it together” at work when rest of life unravels
- When you see signs at work, it is already late

Plan ahead

- Agree as a group to watch out for each other
- Discuss/rehearse what to do in a crisis
- Make it acceptable to talk about stress, depression, errors

How to maintain privacy

- Referral outside your community
- Access outside pharmacy, counseling
- Anonymous help for some concerns
- Establish connections before a crisis
- Request help from PHP for resources
- Remember cell phones and e-mail are not secure

<p>Resources</p> <hr/> <p>A few brief comments</p>
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