

HOW TO BUILD A RESILIENT PRACTICE

There are a lot of things to consider when starting a new practice or changing your existing practice. This talk will present some practical ideas for making the change manageable, as well as how to avoid burnout by dealing with bad days as they are happening.

1. Deal with a bad day as it is happening
2. How to avoid burnout
3. Streamline the flow of a family practice
4. Choose and personalize a practise to ensure longevity

How to build a resilient practice

Trish Uniac, MD, CCFP

This document is built from advice given to new docs from the SRPC list serve and the literature on physician health and resilience. My talk will hit the highlights, but this document will hopefully act as a guide from time to time when you need it.

Resources (I'm putting this section first because it's what most people want to see)

- it's OK to not know things and have to look them up and ask for help
- First 5 years of practice Facebook groups - one national and a whole lot of provincial
- Physician Health Program in your province (<https://www.cma.ca/En/Pages/provincial-physician-health-programs.aspx>)
- Other MD mommas (<https://www.mommd.com/>)
- get an UpToDate subscription (<https://www.uptodate.com/login>)
- buy an Rx Files (<http://www.rxfiles.ca/rxfiles/>)
- the Orange Book (<http://www.mumshealth.com/guidelines-tools/antiinfective>)
- ask a colleague
- consider a small notebook or an app like Evernote to keep things you are always looking up
- The "12 Steps" toward healthier attitudes and coping strategies for physicians, by Michael Kauffmann, OMA PHP
- The BASICS, by OMA PHP
- A components – based practice and supervision model for reducing compassion fatigue by affecting clinician experience, Traumatology, by Brian Miller and Ginny Sprang, January 2016
- If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians, Academic Medicine, 2013
- Physician Suicide: risk factors and prevention. Michael Kauffmann, OMR.
- The Road to Mental Readiness - the Canadian Armed Forces
- Thanks for the feedback – a book by Douglas Stone and Sheila Heen
- Healing the Healer: the addicted physician – book by Agress, Talbott, Bettenardi-Agress
- Your provincial PHP
- Alcoholics Anonymous
- Your provincial resident association
- Come to the Physician Health conference – next year is international in Toronto, next year is in Canada again. It alternates back and forth between international and Canada. It's always a great conference.
- Podcasts: the Doctor Paradox, Welcome to NightVale, Reach MD Book Club, White Coat Black Art, EM Rap, BS Medicine Podcast, Explore the Space, KeyLIME (especially if you are interested in teaching)
- ALiEM – the blog, the book club, it's all gold
- Bullet Journal – it's brilliant for keeping yourself organized in a flexible format
- Authors to check out: Danielle Ofri, Abraham Verghese, Atul Gawande, Pamela Wible, Henry Marsh, Oliver Sacks, Paul Kalanithi, Rachel Naomi Remen, Victoria Sweet. There are lots more that are likely to help with learning to have a reflective practice, if only if they teach you that you don't want to practice that way.
- Choosing Civility: PM Forni
- <https://www.acfp.ca/tools-for-practice/>

- The KevinMD blog is a wealth of opinions and reflections on both the details of practice and how it impacts doctors eg.

<http://www.kevinmd.com/blog/2017/10/ive-learned-547-doctor-suicides.html>

- The article by Michael Weinstein I reference in my talk: N Engl J Med 2018; 378:793-795

Choosing the Right Practice for you

Consider practices that you worked at throughout your training and during any locums. What did you enjoy about each of these practices? What did you not enjoy? When you imagine yourself in 10 years, what is your setting like? Are you working solely in an office or in hospital/long term care/research as well? What sort of hours are you working? Where are you living? Who are your colleagues? Is your practice comprehensive or more specialized? Consider your current colleagues. Who do you most enjoy working with? What makes them easy to work with? What about the ones who are more difficult to work with? What about your jobs before medical school? What aspects of those jobs did you enjoy? How did you know those jobs would not going to be your forever career? Which 5 words describe your dream practice? Mine might be: *teamwork, advocacy, flexible, transparent, efficient*. (There's a list of terms at the end of this document that you might want to use to guide this exercise.)

Questions to ask potential practice groups

- Do any of your billings go directly into the clinic?
- Who does your billing? How aggressively are you expected to bill? Who chases down misfiled/rejected billings?
- How is the overhead split? Who contributes to the pot in the clinic? Do you pay rent for the FHT staff, or only your FHO staff?
- If your overhead is based on your billings, does it include your hospitalist/LTC/ER billings?
- Get everything in writing, especially all pieces that you are required to pay into the practice
- How are budgeting decisions made? Does majority rule, or is a unanimous vote required?
- How are disagreements within the group managed? Ask for an example of how this has happened in the past
- What committees are mandatory?
- How many days vacation/CME do you get? How does the group handle absences for vacation?
- Are locums expected to cover you when you are gone or will the team pick up the slack for you? Does the team have a plan for paternity leave?
- How many hours are you expected to devote to clinic time?
- Who manages your staff? How is that manager evaluated? What sort of observation/probation does your team use for employees at risk?

Practical Points for your First Year of Practice

- Your access time in your first year of practice is going to suck. As long as you are treating your patients well they will forgive you for it.

- Every borderline personality patient will come out of the woodwork and want to be your patient. The kind things they will say, the flattery, the sob stories, oh, my, god, will they make you think you need to take them on. You do not. If they have a doctor, you are covered, so are they. Ask them to apply again in a few years when you are able to breath air again.
- You will see more cancer than you ever thought possible. The patients you are seeing either haven't seen a doctor in 20 years, or have not been followed as tightly as a new doc will. You will see the lumps and bumps that their previous physician missed, not because they are incompetent but because they are too familiar with their patient. It's hard for doctors who care about their patients to see what might kill them. Perspective when we're familiar with our patients is tricky.
- The number of labs that you are ordering are going to be tsunamic. (Is that a word? It should be.) You think that you need to know everything about every patient. I sure did. I don't regret it. But it did mean that I needed significant amount of time to review it all, then do the follow up labs, investigate the things that went wrong, etc. Stick to the rule of not ordering tests that you don't have a plan for.
- You are going to want as much money as you can get as quickly as you can. I promise, it will come. Take an extra 6 months before expecting to pay down significant portions of your loans. Until then, take your time rostering patients. Taking on too many right away will make things impossibly hard and you don't need that. Taking on too many responsibilities (long term care, oncology, etc.) will put you under water too quickly. Don't do it. You'll hear lots of flattery here too. Smile and nod then say no.
- Book an hour every day that is just for you to book appointments into. You can book it in advance, the day of, or not at all and use it for napping. Spend the time the way you want to. You may not know at the beginning how you want to spend that time, but eventually you will. It's easier to start off giving yourself time than trying to carve it out later.
- Book all your vacations and conferences as soon as you can. Plan your whole year, don't let it get to the end of the year and you don't have time to get away. This way you can get locums if you want to cover you, get early bird deals, get the vacation you want. Use your maximum vacation and CME time. Do not use your time off to do paper work. That's not time off.
- Look for a mentor outside your practice group so they are able to offer advice without being personally invested in your choices.
- Learn how to type. Don't leave the exam room before you've completed your note and any referrals that you started while you were in there. Type while you are talking to your patient. As long as you are sharing the screen with your patient, they will feel you are engaged. If you make this a habit, your patients will quickly get used to it.
- Build stamps for the types of appointments you are having a lot of/get someone else to do it for you. These will help keep the appointment targeted, decrease the amount of typing you need to do, and stop you from worrying that you've missed something either on your differential or in your charting. For example, pain follow up, antidepressant follow up, risks and benefits of the medication discussed with patient specific to the type of medication.

- Keep a notebook on yourself at all times when you are on home call. Write down everything so that you can chart it later and don't miss anything in your documentation.
- Avoid charting from home, it can quickly become the norm and steal your time.
- A part time practice is OK.
- If you don't need an MD to do it, delegate it.
- Stop the pieces of your practice that cause you too much trouble.
- Money will come, don't let it drive your practice.
- Sometimes the reason we come to hate what we are doing because we are doing too much of it, try scaling back.
- Covering your practice during times of illness (yours or your loved one; mental or physical) is important, but spending time with your family getting healthy is much more important.
- In Ontario, when you need time away, call Health Force Ontario to arrange a locum.

Self Care

- The first 6 months of any new job are the hardest and put you at highest risk for burnout.
- The entire first year is brutal, be kind to yourself and each other.
- We won't always be on our A game, it's OK for us to get the help we need:
 - get your own family doctor and use them
 - use your PHP
 - you are allowed to let others care for you
 - what an honour and sign of respect to your colleagues to accept their help
 - you are not your own doctor, don't self diagnose, don't self medicate
- Self care isn't selfish, caring for yourself is important:
 - taking time away for your health is forgivable
 - follow your own advice and stick to a schedule that includes exercise, eating well, mindfulness
 - see a counsellor
 - do the non-medical things that you love (hockey, reading, playing hopscotch...)
 - rest is not a 4 letter word (going to have to beg to differ on that one, but the sentiment is strong)
- Self forgiveness is essential for self healing; forgive yourself for not being everything for everyone, for not being as knowledgeable as your more experienced colleagues.
- Once a week go out on a date with your partner, without children
- Don't use alcohol to make the day better.
- Arrange your house so it's easier to live in. Big baskets for your clutter can help

Parenting

- Maternity leave can be hard on us, talk to those who have done it about what you can expect.
- Check out www.mommd.com
- Lack of sleep affects our brains (babies, stress, work); make sleep a priority.
- Post partum depression is a real thing, respect it and yourself enough to ask for help.
- Letting your partner parent can be a blessing to both of you.
- Check out positive parenting (<https://www.loveandlogic.com/>).

- Trust your parenting skills.
- "Babies don't need a lot of things - they need carrying and feeding and sleeping and diaper changing. And extra attention when they are sick." Dale Dewar

Finances

- Find an accountant who takes care of other MDs taxes - this is worth asking your more established colleagues about.
- Consider a bookkeeper if you are terrible at organizing yourself, otherwise, keep a plastic envelope in your car/bag/somewhere that you will always have access for keeping receipts. Keep a small notebook inside to be able to write dates and what you were doing so that it's not a join the dots puzzle later. Print off receipts for the payments made to your various professional organizations. Keep these all in a file at home.
- You will be having multiple sources of income, keep track of where it's coming from in a spreadsheet or the same notebook. You'll need this at tax time, and it may help you make practice decisions down the road.
- Your debt isn't going anywhere - don't sweat paying it down early. Spend your first year or two getting used to being a doctor rather than pushing yourself to be debt free.
- Get disability insurance if you don't already have it. Really. No one ever thinks they need it but things can go very wrong if you don't.

Emergency Escape Hatch

- Sometimes, you need to run away from work. There's nothing wrong with that. The stress of the work that we do can sometimes be too much. That can spill out into patient care and we do a less than stellar job, which makes us feel like we are suboptimal clinicians. That increases the stress, can you imagine how much that will further impact your ability to do your job the way you want to?
- Get a locum.
- Ask your admin staff to find time in your schedule - let them know how serious things are, they want to help.
- If you are worried about your mental health, especially addiction, please talk to your family doctor and/or your PHP. Your patients will be even more screwed if their doc is off for years. Why not try to catch any problems early?
- Don't do paperwork when you are away. Don't check labs. Rely on your colleagues, like I guarantee that they have been relying on you.
- You don't have to stay in your practice. As fantastic as you are, as brilliant as you are and as important as the care that you provide to your patients is, the world will continue to spin if you take a break or decide to step away.
- While you're away, think about what you need. What kind of a practice do you want to return to? Time away will give you the strength that you will need to advocate for yourself and for your patients.

Generalism

- Just because family medicine is flexible doesn't mean we have to do all the things to be a good family doctor.

- Skills can be relearned.
- There will always be something that you think you could be adding to your practice or missing from your community, let it go.
- We need hands in rural Canada, these may be full or part time hands.
- It's more important you are able to help with what you can, even at a reduced rate, than to get into a situation where you can't do anything at all.
- Being a generalist can mean different things to different people. Pick the way you want to go. Reprise it as needed.
- Generalism is a very flexible field.
- Doing less rather than stopping something, means that your skills will keep up.
- "There is no proven evidence based minimum number of times you do a procedure to be competent"

Building your Village

- find a supportive group of colleagues that you can ask for advice
 - we end up knowing as much as our specialist colleagues
 - others will have dealt with what you are dealing with and be able to offer advice on getting through it
 - discuss emotional, philosophical topics in a non - judgemental atmosphere
- have a mentor who represents where you want to go in your practice, someone at the same level who will understand how much things suck sometimes, and a mentee or learner who will remind you how far you've come and why you went into this crazy business in the first place
- look for your mentor outside of your practice group so they are able to offer advice without being personally invested in your choices
- know that once you are through your hard times, you will be an amazing resource to your colleagues
- the SRPC is there for you, just ask - if you haven't joined the listserv yet, do it today

Philosophy

- It's normal to feel like we don't know everything in our first few years of practice.
- Lack of confidence is preferable to overconfidence, and safer.
- Expect moments of doubt, feeling inadequate and incapable.
- Medical training focuses on the criticism of our skills, it makes it difficult for us to trust ourselves.
- "It's family medicine, you don't need to have a diagnosis, you just need a plan."
- You can bring patients back if you need or keep them in the ER to observe them, rural medicine gives us that flexibility.
- You have nothing to prove to anyone but yourself and your patients, it's not a competition any more ◦ even if you are the only female ◦ even if you are the only minority
- Perfection is the enemy of good - done is better than perfect.
- Being a rural doc isn't easy, but it is amazing.
- Allowing ourselves to be human makes us strong doctors for our patients.
- Listen to your heart about where you should be spending your time.
- "at 72 ... I would say I'm glad I worked less not more."

- Evidence changes constantly, it's ok to give yourself a break on not having everything memorized.
- Rural docs expect to have to sacrifice themselves for their practice - our patients and colleagues don't expect that from us though.

Creating a Mission Statement

A big part of having a mindful, resilient practice, is making a conscious choice to work in a way that you feel is congruent with your own values.

Considering all you have learned about how you see your future practice, prepare a mission statement for yourself. Having a definition of how you see your role as a physician can help define what you will and will not find acceptable. Mine might be: *With genuine authenticity I meet my patients where they are to help them reach their health goals.* Forbes suggests a mission statement should answer:

- a. What do I do?
- b. How do I do it?
- c. Who do I do it for?
- d. What value do I bring?

Let's talk about Values

Review this list of values associated with employment and rate them 1- 5 in terms of what is important to you (5 being essential to happiness, 1 being indifference). Star the top 5 important items.

Advancement
 Autonomy
 Avoiding Stress
 Being an Expert
 Procedures
 Camaraderie
 Casual Work Environment
 Challenge
 Changing the World
 Collaborating with Others
 Competition
 Innovation
 Creativity
 Diversity
 Engage in Precision Work
 Employee Benefits (health insurance, pension, etc.)
 Exposure to Beauty
 Fast Pace
 Feel Respect for the Work You Do
 Fun
 Flexible Hours
 Gain a Sense of Achievement
 Helping Others

High Income
Income Based on Productivity
Influencing Others
Intellectually Demanding Work
Job Security
Location
Moral/Spiritual Fulfillment
Opportunity for Advancement
Opportunity to Lead
Opportunity to Learn New Things
Opportunity for Research
Outlet for Creativity
Physical Activity
Pleasant Work Environment
Power
Prestige
Recognition
Regular Work Hours
Risk Taking
Routine Work
Security
Seeing Tangible Results from Work Completed
Sharing Ideas or Information
Socialization
Solving Problems
Status as an Expert
Structure
Supportive Management
Team Membership
Time Freedom
Travel
Variety of Tasks
Working Alone
Working on the Frontiers of Medicine

Advice from first 5 years of practice FB group:

- Just keep track of your income monthly and keep back money for taxes as you go!
- take half of every penny you make and put it aside for taxes, accountant, lawyer fees
- Vehicle-related stuff for expensing things properly come tax time. Get a mileage-tracking app, e.g. MileIQ, and keep all your gas/vehicle maintenance receipts. Can save you thousands in taxes if you drive a lot. Similarly, I also make a point of sitting down every few weeks and updating my tax-related Excel files (with a glass of wine in hand!). It takes like 10-15 minutes but saves me days upon days of headache and searching for receipts come Feb-Mar.

- his ^^ I have an accordion file folder with everything organized for tax season so it isn't total disaster. AHS income slips, WCB/Other Govt, Private Insurance, Patient Pay, Professional Fees, Office Supplies, Conference Costs, Vehicle Expenses, RRSP payments, etc. I also put this all on a spreadsheet as well.
- All hail the income spreadsheet! I do this too. Make sure you keep all your conference fees, membership dues, parking slips, work food expenses etc
- If you are not incorporated, you have to track your mileage and vehicle expenses, then determine how much of your total expenses/mileage is for your employment purposes. Then you can deduct that percentage. E.g. if you drove 20,000 km and 10,000 was work-related, you can deduct 50% of your gas/vehicle maintenance expenses. For corporations, it's different - a per diem rate (53 cents a km or whatever, but no extra deductions for anything else vehicle-related).
- Get separate business and personal credit cards to separate expenses. Upload monthly to excel sheet as above.
- Keep a little book for billing (esp ob) for pt labels. Write time and reason you saw the pt immed after seeing them. Saves a lot of time hunting for hospital charts because you cant remember why/when you saw them. Even better...i use dr bill and bill all the outpatients seen on call immediately after seeing them.
- I use cabmd and bill my OB deliveries as I go. Inpatients I collect stickers in a book and bulk bill when a week is done (always running too late to bill as I go). Great tip!
- Being hit with new medical info daily, i'm keeping good tidbits in evernote to pull out quickly when needed.
- I use evernote to keep track of referral options as well, who they are, what info they want, what they see
-