

REGISTRATION NOW OPEN

2nd Canadian Conference
ON PHYSICIAN HEALTH
Healthier Doctors -- Healthier Communities

The OMA Physician Health Program and the CMA Centre for Physician Health and Well-Being, together with the Canadian Medical Foundation, are pleased to co-host the Canadian Conference on Physician Health in Toronto, on October 28-29, 2011.

The early-bird registration deadline is fast approaching:
September 9, 2011

Take advantage of the Special Conference rate!

Post-conference workshop by Physician Management Institute (PMI):
"Self-Awareness and Effective Leadership"

If you have not already registered for the Conference, please go to:
cma.ca/2011CanadianConference

A LOOK BACK ON 2010



Looking back at 2010, the OMA Physician Health Program is proud to say that it had another successful year.

- The PHP Annual Meeting was held on Wednesday, June 16, 2010, at the The Old Mill Inn & Spa - Toronto, Ontario.

The meeting was attended by 100 participants interested in the pursuit of health and wellness for physicians and other health professionals. A delegation of speakers presented on a variety of topics, such as:

- Disruptive behaviour in the workplace
- Leadership lessons from the field
- Crucial Conversations - Communicating best when it matters most.

- The Physician Workplace Support Program (PWSP) was officially introduced at the 2010 PHP Annual Meeting. The PWSP is an integrated, comprehensive program aimed at providing physicians, physician leaders and their workplaces with the necessary tools for promoting professional conduct and healthy relationships.

- The PHP presented a paper entitled *Intake Factors Related to Relapse Risk for Professionals in a Substance Dependence Monitoring Program* at the 2010 International Conference on Physician Health in Chicago.

- PHP clinical staff continue to do great work supporting the health, well-being and resilience of Ontario physicians, veterinarians and pharmacists.

To serve you better we hired a new case manager, Sherri Klein, as your first point of contact. Sherri is continuing to build our resource network of psychiatrists, GP psychotherapists, couple counsellors and coaches. The clinical services provided by our resource network are essential to participants and our ability to serve you.

In 2011, our main focus is co-hosting the 2nd biennial Canadian Conference on Physician Health, October 28-29, 2011, in collaboration with the CMA Centre for Physician Health and Well-Being and Canadian Medical Foundation.

(More on the CCPH 2011 Conference can be found on pages 2-3)

(Continued from page 1)



Join your colleagues from across the country to share knowledge, insights and experience in working toward this year's conference theme:

Healthier Doctors ↔ Healthier Communities

SPECIAL FEATURES

Debate

Physicians' work is as safety-sensitive as that of pilots and long-haul truck drivers and yet remains largely unregulated in the same way that these other occupations are. In this session, panellists will debate the evidence linking fatigue to safe work performance and worker health, and the options open to policy-makers to balance safety and health with other community priorities.

Wellness & Self-Awareness Sessions: Healthy Mind in a Healthy Body

We invite you to participate in the following sessions:

- Walk the Doc
- Mindfulness Meditation
- "12-step" mutual help meetings

Canadian Medical Foundation (CMF) luncheon

The CMF will present findings from a 2010 national focus group exercise on the feasibility of a national primary prevention program for physicians. This Ipsos Reid study, funded by the foundation in partnership with the CMA and the Canadian Physician Health Network, represents the first step in developing a national road map regarding primary prevention. A brief discussion regarding the future of physician health will follow.

Opening Keynote Speaker

Mea Culpa - Dr. Brian Goldman



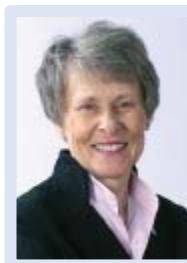
Dr. Brian Goldman is one of those rare individuals with great success in more than one high-pressure field. For more than 20 years, as highly regarded emergency physician at

Toronto's Mount Sinai Hospital, Dr. Goldman is known for his biting, original and provocative approach that demystifies the world of medicine.

He is the author of the 2010 book *Night Shift: Real Life in the Heart of the ER* and host of *White Coat, Black Art* on *CBC Radio One*.

Closing Keynote Speaker

Touching the Earth, a Lifelong Relationship - Dr. Roberta Bondar



The world's first neurologist in space, Dr. Bondar is globally recognized for her contributions to space medicine. On the space shuttle Discovery mission STS 42 in 1992, Dr. Bondar conducted scientific experiments in the First International Microgravity Laboratory. For more than a decade at NASA, Dr. Bondar headed an international space medicine research team, continuing to find new connections between astronauts recovering from floating in space and neurological illnesses here on Earth (e.g., stroke and Parkinson's disease).

**EVENING SOCIAL EVENT:
SPECIAL PERFORMANCE
by DAN HILL**
(Friday, 28 October)

Spend the evening in the company of your colleagues and enjoy a performance by internationally renowned Canadian recording artist Dan Hill, at the Academy of Spherical Arts in Toronto.

*Post-Conference Workshop
by Physician Management
Institute (PMI):
Self-Awareness and Effective
Leadership* by Monica Olsen

This year's conference theme reflects the impact of physicians' health on all types of communities. Self-awareness means having a strong sense of who you are, what you can do and where you're going as a leader. This 1.5-day customized workshop will enhance your personal and professional well-being and you will acquire new tools for adapting to the changing leadership demands of the future.

CME credits have been granted by the Royal College of Physicians and Surgeons of Canada (MOC) and the College of Family Physicians of Canada (MAINPRO-M1) for this workshop.

Hotel Information

Hilton Toronto, 145 Richmond Street West, Toronto, ON (416) 869-3456
Room rate: \$ 179/night (single or double occupancy)

For complete Conference itinerary visit oma.ca/2011CanadianConference

Workshop Selection

Overall Conference Learning Objectives

At the end of this conference, participants will:

- Identify how different types of communities enable and constrain physician health.
- Identify how improvements in physician health impact different physician communities.
- Stream 1 — Develop a personal plan for improved health and well-being.
- Stream 2 — *Assisting colleagues*: Acquire knowledge and skills for assisting the physician colleague/patient.
- Stream 3 — *Physician and trainee health in academic setting*: Develop strategies to enhance physician and medical trainee wellness in an academic setting.

Workshops

Registration for each workshop is limited and selection is on a first-come, first-served basis. Indicate your preference by ranking the choices from 1 (first choice) through to 3. Please provide ranking for workshops ONLY on the day(s) that you will be attending.

Friday, 28 October 10:30 am–12:30 pm (2 hrs)

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| Stream 1–1 | Coping with medical–legal stress (M Bukowskyj/R Soucy/K Berris/S Caughey/L Lefort — CMPA Physician Support Committee) |
| Stream 2–1 | The challenges of discernment: A cross-Canada check up of physician health program work (D Maier/J Albuquerque/M Coleman/B Senger) |
| Stream 3–1 | Meeting wellness objectives in residency and undergraduate curricula: Canadian experience (S Edwards/B Fitzgerald/F Carr/M Rodrigues) |

Friday, 28 October 1:30 pm–3:00 pm (1.5 hrs)

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| Stream 1–2 | Nutrition for the busy physician (Y Freedhoff) |
| Stream 2–2 | Assessment and management of the risk of suicide in physician patients (P Links) |
| Stream 3–2 | Healthy academic communities: Managing roles and responsibilities (D Puddester/L Flynn/S Ryan/N Ng) |

Friday, 28 October 3:15 pm–4:45 pm (1.5 hrs)

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| Stream 1–3 | Caring connections: Building healthy social relationships (M Gautam) |
| Stream 2–3 | When health intercepts: When to come out? When to get back in? (M Kaufmann/A Clarke) |
| Stream 3–3 | How to deal with poor trainee behaviour: A 3 dimensional perspective (J Cohen/J Kirkham/H Yang) |

Saturday, 29 October 10:15 am–noon (1.75 hrs)

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| Stream 1–4 | Addressing stigma: The importance to physicians and patients (H Stuart/S Abbey/ M Charbonneau) |
| Stream 2–4 | Boundary issues when treating physician patients (M Paré) |
| Stream 3–4 | Developing physician health curriculum in UGME and PGME Part 1: Mindfulness in medicine (M Andrew/A Chakravarti/C Hurst/L Lacaprrara/A Takhar) |

Saturday, 29 October 1:00 pm–2:30 pm (1.5 hrs)

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| Stream 1–5 | Music, meaning and medicine (V Hanlon) |
| Stream 2–5 | Caring for a colleague: A practical, step-by-step approach (S Roman) |
| Stream 3–5 | Developing physician health curriculum in UGME and PGME Part 2: Teaching resilience in the context of adverse events (M Andrew/A Chakravarti/C Garcia/C Hurst/A Takhar) |

PHP Intake Interview

By Mira Stojanovic, PHP Coordinator

The PHP is a confidential service provided by the Ontario Medical Association (OMA) for physicians, residents, medical students and their family members, who may be experiencing problems ranging from stress, burnout, emotional or family challenges, to substance abuse and psychiatric illness.

This service is also available to veterinarians and pharmacists through their respective professional associations.

PHP Case Manager Sherri Klein describes what happens when a call is made to the PHP.

Q: Who calls the PHP?

A: The PHP receives calls from physicians, medical students, residents, veterinarians, and pharmacists who are seeking help for a variety of mental health issues. The PHP also responds to calls from supervisors, colleagues and family members who are seeking help for one of the health professionals we serve.

Q: What type of issues do individuals call about?

A: While we do receive many inquiries regarding substance use and psychiatric disorders, a large number of callers reach out for support for stress, burnout and relationship issues. Callers who are not seeking help for themselves,

are looking for ways to get help for a colleague who they see is struggling.

Q: Describe a typical call.

A: I introduce myself and then review our confidentiality policy to a caller. The caller tells me what has prompted the call. I gently probe to find out the nature of the issue, and determine if there is risk of harm to themselves or others. Some callers wish to remain anonymous. My role is to properly determine the needs of the caller and find a resource for them.

Q: What kind of information do you need from callers in order to match them to a resource?

A: In conversation, a number of questions can help me determine the nature of the problem and the type of resource they are looking for. This includes the caller's perception of what the problem is, how long the issue has been causing distress, and what kind of support the individual already has. It is also important for me to find out about any mental health and substance use issues.

Q: How do callers learn about the PHP?

A: Callers learn about the PHP through the *Ontario Medical Review*, the OMA website, or their own personal physicians. Some indicate that their professional licensing body, workplace supervisors, colleagues, or family members have provided them with the information.

Q: Does the PHP offer treatment?

A: Treatment is provided by various resources in the community. My job is to match the caller with the most appropriate resources in their community. In some cases, an individual may wish to be referred to more specialized treatment (for example, inpatient addiction services) and we can aid in the referral process. Some callers are looking for advocacy, in which case we may

invite them in to speak with one of our medical directors.

Q: Are calls to the PHP confidential?

A: The PHP is a confidential service provided by the OMA. Information about the individual is kept separate from general OMA records. The PHP operates independent of all regulatory colleges. During the initial contact with the PHP, the only exceptions to confidentiality are those required by legislation, such as disclosure by the caller of harm to self/others, risk of child abuse or neglect, driving while impaired, sexual abuse of clients, or a court order. A caller can also remain anonymous if he or she wishes and still be provided with a referral to a community resource.

Introducing

Sherri Klein, PHP Case Manager



Sherri Klein received a BA in Psychology from the University of Western Ontario in 2001, and an MA in Counselling Psychology from Adler Professional Schools in 2004. Sherri's previous work includes running an addiction program for St. Michael's Hospital Withdrawal Management Services and other addiction groups in the community for individuals and family members. For the past couple of years, Sherri has also operated a small private practice in midtown Toronto.

Recipes for Recovery

By Judi Platt, RN, CARN
PHP Case Manager



After my mom died, my brothers put all of her “treasures” on the floor of her living room and decided the best way to divide them up would be to take turns choosing something. I was overwhelmed with emotion, and just sat there crying, unable to make choices.

In the months following, I realized that there were many things that my mom had cooked that I loved to eat and would never taste again. She was a wonderful cook and did not use a recipe, so her traditional signature dishes were not written down.

My maternal grandmother, my “Buby,” outlived my parents. I decided to ask her how to make the traditional dishes that she had passed down to my mom. Just before Passover that year I went to see my grandmother and asked her how to make gefilte fish

(similar to quenelles). I decided to try and make it. It was perfect, exactly like my mother’s. Preparing the gefilte fish had been a very healing process for me. I realized that I didn’t need my mother’s “things,” instead, I had something much more valuable. I could recreate the traditional gefilte fish. I could hand the recipe down to my daughters.

A few years later, my grandmother passed away as well. That next Passover, while I was preparing my gefilte fish, I was overwhelmed with a deep feeling of connection to my mother and grandmother. This recipe had been “handed down” generation after generation, and now I too am a part of the chain.

Just a few of the many gifts I have received from working a program of recovery include, learning how to let go and appreciate what I have. As well, I have learned that I can connect to my lost loved ones through everyday tasks, such as cooking, and how to savour those moments of connection.

Gefilte Fish

3 lbs. chopped fish (whitefish and pike combined)

3 eggs beaten

3 tablespoons sugar

½ tablespoon oil

½ cup matzoh meal

1 carrot grated

1 onion grated

1 teaspoon each salt and pepper

Mix all above ingredients together then form into patties, set aside, then make stock.

Stock:

Fish bones (when you buy the fish, ask the fishmonger for some fish carcasses)

To make stock boil fish bones, continuously remove all impurities and foam until it has stopped forming at the top of the pot.

Add:

2 sliced onions

3 carrots sliced

2-3 tablespoons sugar and salt and pepper to taste

Add fish patties to the stock and add water to cover

Boil fish for 2.5 hours

Remove gefilte fish patties from stock and chill

Serve with a slice of carrot from the stock and accompany with horseradish.



Physicians and Couples Counseling

*By Susan Stephenson, M.Ed
Psychotherapist, private practice
Toronto*

Physicians as individuals are a unique population who present with specific problems dealing with their profession. These issues have been well documented, and although still prevalent, are being addressed by caregivers and the profession itself.

Of these issues, work-life balance, and more specifically, partnered relationships where one or both partners are physicians, present unique challenges which require a sensitive awareness in couples therapy.

Unique challenges can include:

- Individual as well as societal pressures often make it difficult for the physician to admit to struggling with his or her relationship.
- Successful relationships require a level of vulnerability and transparency – something a physician may feel unaware of, or uncomfortable with.
- Confidentiality: this may cause difficulties as the reluctant partner/physician may have never participated in any form of therapy.
- In a couple where both are physicians, there is usually a tolerance of the demands of the profession, however, the couple dealing with difficulties in their relationship may use work as an outlet.
- Competitiveness between the partners, especially in the same specialty, may also arise, adding more stress to an already overloaded relationship.
- Scheduling appointments on a regular basis, especially when both are physicians, can prove challenging.

These points will be delineated on a broader level with a case study depicting the challenges faced by a composite couple. Read the entire story at <http://php.oma.org/articles.html>

Physicians are a unique population and are entitled to individual care specific to their needs, they are also deserving of specialized care in their loving partnered relationships. On entering therapy, they present with the hope that, as therapists, we will take the time required to understand them and their relationships. As with any other population, the more we understand and can “be with them,” the richer, and hopefully more successful, the work can be.



IN LOVING MEMORY of DR. JOE MACMILLAN

Dr. Joe was born in Saskatoon in 1932, graduated with a BA from the University of Saskatchewan in 1954 and an MD from University of Toronto in 1956, and maintained a thriving family practice for 52 years in Scarborough, Ontario.

The past 36 years were devoted primarily to the care of patients with a challenging array of addictive disorders. He will be remembered as a caring and compassionate physician who never failed to provide strength to families and give hope to the discouraged.

Dr. Joe was certified by the American Society of Addiction Medicine and made a fellow of ASAM in 1997. He also served on the Board of Directors of ASAM and was a founding Director of the Board, Canadian Medical Society on Alcohol and other Drugs. Most recently he was a Director of the Board, Homewood Health Centre in Guelph, Ontario, and The Institute of Addictive Medicine.

He will be greatly missed by all who knew him.