OMA PHYSICIAN HEALTH PROGRAM

Connections

Physician & Professionals Health Program

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PHP Presentations

The PHP appreciates the opportunity to meet the professionals we serve in a number of communities across the province.

PHP staff are able to provide educational presentations and workshops on a variety of subjects such as recognition and management of substance use disorders, how to maintain a healthy work-life balance and how to approach disruptive behaviour in the workplace.

For more information or to enquire about PHP availability please contact:

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Upcoming events:

13, 14 November, 2010
OMA Fall Council Meeting
Toronto Marriott Eaton Centre Hotel.

PWSP Happenings

The OMA's Physician Health Program, a service long trusted and respected by OMA members, recently launched the Physician Workplace Support Program (PWSP). The PWSP was officially introduced in June 2010 at the PHP Annual Meeting. We are very excited about what 2011 will bring and hope you will be too!

I sat down with Mary Yates, Director of PWSP program to get first hand information on PWSP.

Q: What is PWSP?
A: 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.

Q: Can you tell us what you are doing to promote the program?
A: We've created a brochure and an information package which we forward along to those who express interest in the program. Certainly our PHP Annual meeting in June generated a lot of interest and I've spent the last several months doing presentations for various groups.

- **June, 2010** - York Central Hospital, Richmond Hill
- **September, 2010** - CPSO, Toronto
- **September, 2010 -** 4th National Resident Leadership Summit, Ottawa
- **October, 2010** - International Physician Health Network Meeting, Chicago
- **October, 2010** - Ottawa Academic Health Sciences Leadership Program, Ottawa
- **October, 2010** - CMPA Conference, McCarthy Tétrault, Toronto

Q: What services are you currently offering?
A: We've spent the last several months really concentrating on the development of our Case Management Service and creating a standardized approach for intake; the Preliminary Assessment. All physicians who are referred to the program begin with a Preliminary Assessment and our recommendations for improving workplace relationships start with this first step.

Q: *We understand that you formed PWSP Program Advisory Panel?*
A: We extended invitations to key stakeholders to appoint a representative to our Advisory Panel. Our first meeting was held on September 30, 2010 and based on the enthusiastic discussion, I am anticipating a Panel which will be engaged and will offer much useful advice.

Q: What's next on the PWSP agenda?
A: We are looking at creating services which would supplement Case Management such as coaching and consulting for physician leaders.

Boundary Issues - What's in a Name?

By Michael Paré, MD, GP Psychotherapist, Medical Psychotherapy supervisor, GPPA & OCFP

Should nurses and even patients call me by my first name, or do I need to insist on the title I have the privilege of holding? I certainly don't want to allow inappropriate crossing of boundaries. I admit I'm sort of scared of the Boundary Police: (not "waking-up-in-a-cold-sweat-scared" but a little scared nevertheless).

I remembered the ludicrousness of the situation when, as a PGY-1, I was addressing the head nurse (my senior with several decades of experience) by her first name while she deferentially called me "Doctor." (On bad days the title "Doctor" sounded more like sarcasm, on good days like an affirmation). This was a woman who had started her career when I was still waddling along in diapers. Like many things in medical training, I never got used to this, but I accepted it.

Some patients will simply spontaneously use my first name, in a friendly, offhand way: "Morin' Mike!" they declare. I sometimes wonder about the motivation of these people. Are they trying to be congenial? Or is it a power thing: i.e.: sort of them saying: "just because you have that M.D. don't expect any deference". Or do they just call everyone by their first names? (If they met the Queen would it be: "Wazz up Liz?")

Regardless of whether I am "Michael" or "Dr. Paré" to a patient, I rarely call a patient by his or her (so called) proper name. As a rule, just patients who are my elders are usually "Mr. / Ms. / Dr." for the first session only. Patients who are also doctors - whom I meet for the first time - are always addressed by their title. After that first session "I'm Michael", and we are on a first name basis.

Many patients introduce themselves by their first name, and so it seems natural to address them as such without their explicit permission. I will introduce myself to most patients: "Hello I'm Doctor Michael Paré, you can call me Michael or Dr. Paré as you prefer". I feel this gives me the right to refer to them by their first names unless explicitly corrected.

A research study[1] published in The British Medical Journal looked at the question of patient preferences regarding how doctors address them. Intriguingly most patients surveyed, particularly those younger than 65 years of age, preferred that their physicians call them by their first name. Considering that this study was in Britain, we can fairly likely predict that in more casual Canada that the percentage of patients preferring the use - by the doctor – of their first name - is likely significantly higher.

But doctors do this at their own peril: We are bound to meet a conservative patient who insists stiffly: "please refer to me as Mr. Green". Presumably Mr. Green won't be fifteen years old, with a bad case of acne.

For so much of what we doctors do there is no simple or absolute answer. What to call a patient is an example of this. You can call them by their first name, their last name, or both. All of these options are reasonable and acceptable professionally. This is not to suggest that patients don't have preferences one way or another. We physicians also have our preferences.

It is helpful for me to think about the doctor-patient relationship especially in terms of how my patients and I communicate. The importance of good communication in the medical encounter cannot be overemphasized. Accurate identification, correct diagnosis, and appropriate treatment of medical illness depend on the doctor's clear understanding of the patient.

References:

[1] *Should general practitioners call patients by their first names?* B. McKinstry BMJ 1990; 301:795-796 (6 October)

Recipes for Recovery

By Judi Platt ,RN,CARN
PHP Case Manager

My youngest daughter is a vegetarian. It is not a moral issue for her, she just doesn't digest meat well. She has been a confirmed non-meat eater since she was about 3 years old. She suffered horribly from chronic ear infections as a baby and got her first set of tubes at 10 months old. When she was about 2 1/2 years old, she was put on a course of prophylactic antibiotics for one year. It is my belief that all of those antibiotics changed the normal flora of her tummy and she became unable to digest certain foods; meat being one of them.

While I was pregnant with her, I stopped drinking and using other drugs except for cigarettes. I increased my nicotine use to deal with my increasing anxiety. Cigarette smoking was still somewhat acceptable for pregnant moms, and my addiction to them went out of control. As my anxiety increased, so did my nicotine intake. After she was born, my house continued to be smoke filled as my husband smoked as well.

I ignored the fact that she had a very limited diet and thought of her as a finicky eater. I thought that she would grow out of it. When she was 7 years old I began my journey into recovery from addiction.

My sponsor pointed out to me that I had, in fact, been a neglectful and selfish mother as a result of my addiction. I chose to smoke cigarettes in my home and car while my kids were inhaling my second hand smoke. Research was showing that children of smokers were more likely to have chronic ear infections. Not only did I probably cause her chronic ear problems, but as a result she had a very limited diet and a lack of proper nutrients. It had been easier for me to let her eat grilled cheese sandwiches and KD than to learn how to provide her with what she really needed to flourish. Even though it was hard to hear, I listened to my sponsor. I bought a book on basics for vegetarians. I learned that beans and rice together make a complete protein. I started to experiment in my cooking with tofu and textured vegetable protein. I stopped smoking in the car and shortly after that, I quit smoking altogether.

One of my biggest regrets about my behaviour when I was "using", is that I exposed my children to second hand smoke and its toxins. This was a step 4 issue: "Made a searching and fearless moral inventory of ourselves". As a result of working the steps, I learned to take responsibility for my actions and behaviours. I was also able to make amends as it states in step 9: "Made direct amends to such people wherever possible, except when to do so would injure them or others". My learning to cook for my vegetarian child was one of

the ways I could make amends.

That was over 20 years ago and we have a lovely relationship. I am grateful for my program of recovery and all it has given me. My daughter is still a vegetarian and as a result I have developed many wonderful vegetarian recipes. Here is one of her favourites.

Asian Tofu Chili

- 1 tbsp vegetable oil
- 2 tbsp finely chopped fresh ginger root
- 6 green onions, chopped
- 3 cloves garlic, finely chopped
- 2 sweet red peppers seeded and diced
- 2 tsp hot asian chili paste (to taste)
- 2-3 tsp chili garlic sauce
- 1 package firm tofu diced
- 1- 28 oz (796) can plum tomatoes, drained and pureed
- 1 can lentils
- 1 can lima beans
- 1 can black beans (if you want to you can sub in a different bean type)
- Rinse and Drain the beans
- 2 tbsp soy sauce
- 1 tbsp rice wine
- 1 tsp dark sesame oil
- 1/2 cup chopped fresh cilantro

1. Heat vegetable oil in a large no stick skilled or wok on med heat. Add ginger, green onions and garlic cook for 30 sec or till fragrant. Add red peppers and chili paste, chilli garlic sauce and cook for a few minutes stirring occasionally.
2. Place the tofu between 2 plates, weight it down with a can of beans and remove excess liquid, then dice.
3. Add tomatoes and bring to boil. Reduce heat and simmer gently for 30 min or until mixture is quite thick and almost all juices have evaporated.
4. Stir in beans, soy sauce and rice wine. Cook for 10 min.
5. Stir in sesame oil and cilantro. Taste and adjust seasoning if necessary.

Recent Events PHP Attended

Dragon Boat Races - Hamilton

July 10th, 2010

The Hamilton Academy of Medicine participated in the Dragon Boat Races held in Hamilton.

Once again PHP was a major sponsor and supporter of the event.

CEHPEA - Orientation to training and practice in Canada

May, June & August, 2010

OMA's Member Services - (PHP, Insurance and Memberbership) presented to the International Medical Graduates on OMA and PHP services available to future OMA members.

OMA Student Orientation

September 2010

PHP staff joined the OMA's Fall Tour to medical schools throughout the province in pursuit of raising awareness and providing information on OMA and PHP services available to OMA members.

PHP makes it to the International Stage

AMA/CMA/BMA International Conference on Physician Health 2010, October 3-5, 2010

Dr Michael Kaufmann, Director of the Physician Health Program at the OMA, was invited to present at the International Conference on Physician Health in Chicago. The PHP presentation regarding our outcomes for SD monitoring was well received. Thanks to PHP Team for contributing to that success.

Title: Intake factors related to relapse risk for professionals in a substance dependence monitoring program

Authors: Brewster, Kaufmann, MacWilliam

Track: Physical and mental health and well-being

Presentation Date: Oct 4, 2010

"Congratulations on Your Retirement "

It is with mixed emotions that the PHP recognizes the recent retirement of Dr. Pierre Steyn and Dr. Graeme Cunningham.

Dr. Steyn and Dr. Cunningham have been invaluable resources to the PHP from its very beginning.

Through his addiction medicine practice in the Ottawa area, Pierre epitomized devotion to health professionals in recovery. He was always available to health professionals in need, and demonstrated tremendous leadership with respect to the development of peer support groups - so necessary to the recovery of so many.

Graeme, too, demonstrated tremendous devotion to health professionals in need. At Homewood, Graeme was instrumental in the development of a nationally renowned treatment program for health professionals. He was one of the pioneers advocating for the creation of the Physician Health Program (PHP) and served as Chair of the Program's Advisory Committee in its early years. Graeme remained a staunch champion for confronting and reducing stigma of addiction generally and in health professionals in particular.

The PHP wishes Pierre and Graeme all the best as they move on to the next chapter in their exceptional lives.

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