VICTORIAN DOCTORS HEALTH PROGRAM

VDHP *newsletter*

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It's now a little over 12 months since I took up the position of senior clinician and medical director at VDHP, so this newsletter is an opportunity to reflect on 2008.

I am extremely grateful to the staff at VDHP for the welcome and orientation they gave me. The VDHP team is small but holds much wisdom regarding Doctor's Health. Professor Greg Whelan has been most generous in sharing his experience as he remained acting CEO at VDHP. His sterling work throughout the year, particularly in the budget and finance area, has enabled me to focus primarily on my clinical and educational roles.

Dr Kym Jenkins: "It is a privilege to be able work with doctors and to share their journey to recovery"

Cheryl Wile, our psychologist, has been with VDHP for six years and is the holder of the organization's "corporate memory" . As well as being a readily approachable, skilled counselor, Cheryl takes the lion's share of the case management work at VDHP.

Dr Matthew Frei is our other senior clinician and though we tend to work "generically", the combination of his expertise in addiction medicine together with my own in psychiatry ensures we can address the range of problems faced by the doctors presenting to VDHP. Matthew also contributes his unique laid-back and unflappable style.

Starting work at VDHP I was somewhat surprised that, contrary to my preconceived notions, the majority of doctors and medical students self-refer. While a few may have needed a little "arm twisting" from a loved one or colleague, only one or two referrals this year have come directly via the Medical Practitioners Board of Victoria

Clinical work at VDHP has involved seeing doctors and medical students feeling (dis)stressed, such as when interpersonal or work issues become difficult, as well as participants with mental or physical health problems, and substance use disorders. Our approaches and interventions consequently vary enormously. Often VDHP involvement is fairly short term as we help the doctor access appropriate help. Where doctors have more complex or established problems VDHP may help with advocacy, liaison with external agencies, the doctor's workplace and therapists, or longer term case management. I am grateful for the quarterly meetings of the Clinical Review subcommittee, where some of the clinical issues arising are discussed.

It has been (and is) a privilege to be able work with some of the doctors attending VDHP and to share their journey to recovery. Many are impressive with their determination, fortitude and capacity to over come the challenges posed by ill health.

I have been impressed by the number of medical students that attend VDHP. It is reassuring that this new generation of doctors (compared to some more senior doctors) seem more able to recognise the need for help at an early stage.

The VDHP's **educational work** continued throughout the year, with presentations to various groups, including congresses and hospital "grand rounds", formal didactic lectures to medical students, small workshops for specialist groups and trainees, talks at intern orientations, general practice and rural doctors' meetings. Some talks have been aimed at increasing awareness of doctors' health issues and the work of VDHP, others focus on academic approaches to doctors' health with experiential learning approaches to help build doctors skills when treating other doctors as patients.

One highlight of our education program this year was the annual VDHP workshop in September. This year's theme , **"Doctors for Doctors"**, recognised that when we treat doctors as patients we need to draw on a special set of skills. We were privileged to have Dr Hilton Koppe from NSW to act as facilitator. His relaxed workshop atmosphere allowed attendees to explore issues such as the barriers to doctors getting good medical treatment and ways of improving care of doctor-patients. It was adult learning at its best: lots of small group work, discussions and role plays with full utilization and sharing of the knowledge and expertise of those attending (and very little didactic teaching)! We aim to run smaller similar "doctors for doctors" workshops throughout the year. Plans are also underway for the 2009 annual workshop which will be held in August or September. Please look for details in our next newsletter and on our website.

It has been an interesting and, at times, challenging first year. As a profession we are still not good at looking after ourselves. While recognising that the role change from care-giver to care-receiver is difficult one, at times I've sounded like a broken record trying to convince doctors that we are not invincible nor superhuman and that we should all have own general practitioner. At VDHP we are aware we may be seeing only be the "tip of the iceberg" of doctors' health problems. There are doctors who don't recognize or chose to ignore their health and it is a complex process for a doctor to get the stage of acknowledging the need for and accepting help.

Fortunately there are many appropriate avenues for doctors to access health care. The VDHP would particularly like to thank all the general practitioners, medical specialists, psychologists, counselors and other health practitioners who work alongside us and (often at very short notice) take referrals from us.

Seasons greetings
& best wishes for a happy, healthy 2009

The VDHP Clinical Review Group, from R-L: Ms Cheryl Wile, Dr Kym Jenkins, Dr Matthew Frei, Dr Bill Pring & Dr Jenni Parsons

Substance Using Doctors

Cheryl Wile

During my initial years at the VDHP, I saw many doctors with substance use problems. While the substance of choice varied—alcohol, pethidine, benzodiazepines, cocaine, heroin and codeine were the most common—all the doctors expressed a fear of what was going to happen, particularly in relation to career. Although we have seen a marked increase in total numbers of doctors presenting at the VDHP over the past two years, the majority have had issues of stress, burnout and mental health difficulties, with a decrease in those with substance use problems. I have often wondered what has accounted for this change, a trend also reported by doctor's health programs Australia-wide.

I was sitting in my office recently thinking about this very issue when, over the next few hours, I proceeded to take 4 calls from doctors, all of them reporting significant problems with substance use. Each was terrified about the repercussions of their situation, and asked the same questions. *Is this call confidential? If I come in to see you will you report me to the Board? Will I ever be able to work again?* The anxiety and fear was palpable, even through the 'phone.

The VDHP views substance abuse/dependence as a health issue, and when a doctor calls in reporting problems with substance use we urge them to come in and talk with us. Our approach is usually to implement a comprehensive treatment/recovery program which may entail referral to a GP, addiction medicine specialist, psychologist or psychiatrist, and the commencement of monitoring. We also have established a weekly support group for doctors with substance use problems. Participants in this group tell us it is invaluable as far as recovery, 'connectedness' and fellowship goes. We may also recommend that the doctor take some sick leave from work to consolidate their recovery program. In some cases in-patient treatment is required - something the VDHP usually arranges.

We have also been able to successfully formulate a treatment program that works for rural doctors with substance use problems. We are mindful of the specific issues faced by rural practitioners, such as the difficulty of travelling to Melbourne, demanding patient loads, and concerns about seeing specialists near to their practices. Creativity is often needed in these situations, and we have always been able to rise to the challenge!

When a doctor is committed to a recovery program and doing what is required, we would *not* contact the Medical Board. Furthermore, we regard work as an important part of a doctor's recovery and motivation to stay well. If a participant's recovery is stabilized, then there he or she can usually continue to work. In the event of a lapse or relapse, we ask that the doctor contact us immediately to discuss what has happened. While some doctors may prefer their workplace not know about a relapse, often the doctor requests that the VDHP speak to their workplace and advocate on their behalf.

Substance dependence is not a condition that goes away on its own – commitment to a recovery program and on-going support is essential. If you are a doctor experiencing issues with substance use, or if you think you know a medical practitioner who may have a drug problem, we urge you to speak with someone. You can contact the VDHP either by e-mail vdhp@vdhp.org.au or by phoning 9495 6011. Anonymous enquiries are welcome.

Need help? Call the VDHP!

We are supportive, experienced, confidential and caring.

Tel: 9495 6011

vdhp@vdhp.org.au

Time Management

There is nothing mysterious or magical about managing time – it just takes *planning*. Time management requires self-discipline until your strategies become an everyday habit.

A lot of people spend their day in a frenzy of activity but actually achieve very little because they are not concentrating on the right things. This is neatly summed up in the *Pareto Principle* which states that 80% of unfocussed, unstructured effort generates only 20% of results, whereas 80% of results can be achieved with only 20% focused effort.

The essential purpose of time management is to provide structure so that people can determine their priorities, increase effectiveness, minimise distractions and time wastage, and stay focused. This in turn helps people feel more productive, more in control, and subsequently less stressed.

Despite the obvious benefits of time management, many people don't use it. This may be due to not knowing how to better manage their time, being too lazy to plan their day, or they may enjoy the feeling of being rushed or 'under pressure'. Unclear goals, poor routine, and lack of focus can all result in negative outcomes and negative emotions.

Planning your day at work is the most important time management technique, and is an investment in both effectiveness and efficiency. Focus on those tasks that need to be done, and avoid being distracted by things trivial or irrelevant. Daily or weekly 'To Do' lists provide structure and organization, as does arranging tasks according to priority.

Determine what time of day you are most productive and distractions are at a minimum. And remember, sensible eating patterns and adequate breaks also impact significantly on the time quality levels in your day.

So plan, stay focused, and remember to reward yourself for a job well done.

Cheryl Wile, VDHP psychologist

Cheryl Wile

10 ways **NOT** to manage your time

Don't plan your day, have an appointment book or set daily goals. This will mean there is some structure to your day and a chance you may get things done.

Do the little jobs that don't matter first. If you're lucky you'll get completely absorbed in them and won't have time to do the bigger jobs (that you'd rather not to do anyway).

Remember that today's easy tasks become tomorrow's tough ones. Procrastination is an art form and needs to be practised – tomorrow.

If you must have a 'TO DO' list, write this out on paper and take your time ensuring that every possible task is written down.

Now, convert your hand written 'TO DO' list into a table on your computer. Ensure all tasks are properly categorised according to priority, and don't forget colour coding. Spend time making sure that the table looks pretty.

Don't acknowledge you're overloaded. Just keep working, doing things sub-optimally. You'll then need to correct mistakes and repeat tasks...and you can feel like a superhero because you've been SO busy.

Shredding the contents of your recycle bin can be very therapeutic, no matter what type of medicine you practise. Ensure you do this on a daily basis.

Remember the mid-afternoon 'work slump' is the best time to schedule critical meetings or your most 'heart sink' patients.

If you ever get feedback about your time management skills ignore it – it's a waste of time.

Never say NO to a work request. Take on EVERYTHING! Even if you don't know how you'll ever fit it in – even better!! You are superhuman, after all...

Rural Doctors & the VDHP

In a recent VDHP newsletter I wrote of my concern that rural doctors were not accessing the services of the VDHP. Those concerns remain.

We are very aware of how difficult it is for rural practitioners to take time away from their workplace and travel to Melbourne. As many rural doctors function at maximum capacity patient loads, we understand that taking a half or full day off work is often out of the question. However such demanding work loads are often accompanied by increased levels of stress, burnout, and other potential health problems.

The VDHP continues to review and improve our services to rural doctors. We are able to provide outreach to rural practitioners if needed, and we are also looking at how specialists (such as psychiatrists) may be able to travel to rural areas and see doctors with health concerns. This would alleviate rural doctors having to travel to Melbourne, or see specialists in their own communities.

At a recent psychologists' conference I attended, a number of presentations demonstrated how effective e-mail and the internet can be in both connecting with, and treating, remote clients. This is an area that we hope the VDHP can utilise to respond to the needs of rural doctors. We would like to facilitate a rural peer support networks where rural doctors with health concerns can connect with each other.

Any rural medical practitioner who may be experiencing problems with substance use, stress, burnout, or any other mental health issue is more than welcome to contact us via e-mail vdhp@vdhp.org.au. You will receive a prompt response, and you can remain anonymous.

Cheryl Wile

The VDHP would like extend it's sincerest gratitude to those doctors, psychologists, counsellors, and other health practitioners, and our board of management members, who have contributed to the Program through 2008.

We wish you a happy and safe New Year, and we look forward to your support in 2009.

The VDHP: spreading the word

Professor Greg Whelan

At a recent conference in Chennai, India, I had an opportunity to present some information about the VDHP.

The Canadians present, who have had a similar program since the early 1990s, were surprised to learn that we have within one organisation a support program for medical students, doctors in training and doctors in practice. All were interested to hear that, over a 6 year period, we have seen a large increase in those who have had a diagnosable mental illness or are distressed by adjusting to the requirements of work and study. Apparently most of the other programs mainly care for substance abusing practitioners.

The Indian doctors present were aware of colleagues with problems but not of any comprehensive programs devoted to their care.

It would appear that in India getting to work through congested streets flooded by monsoonal rains (that fell when I was there) is a bigger challenge than work related stress!

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