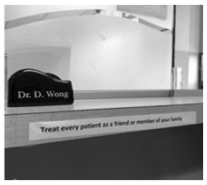
Burnaby Division of Family Practice
An FPSC initiative

The Patient-Doctor Relationship

Making the most of every medical visit



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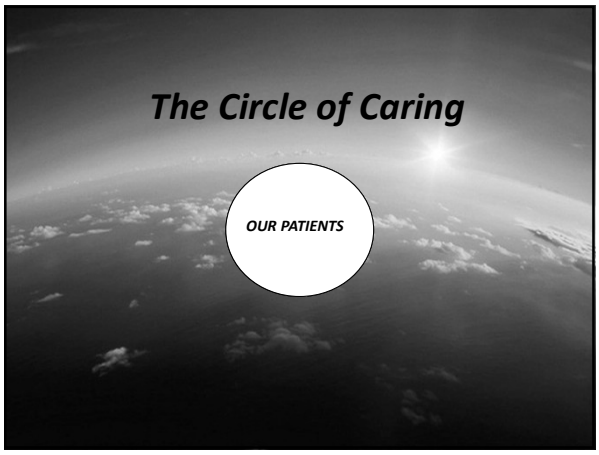
Burnaby Division of Family Practice
An FPSC initiative

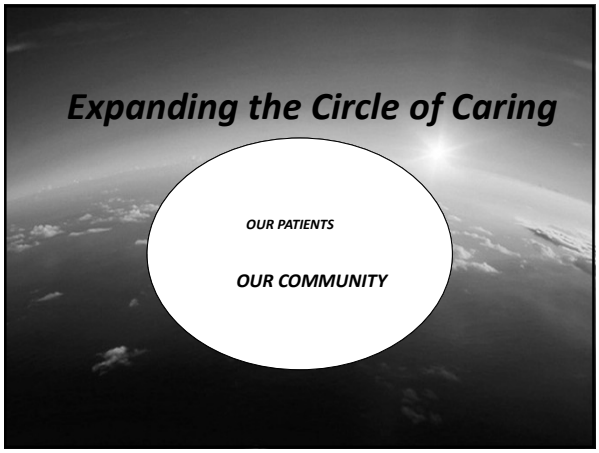
The Burnaby Division of Family Practice:
The Family Doctors of Burnaby
divisionsbc.ca/burnaby

2

3


The Circle of Caring
OUR PATIENTS

4


Expanding the Circle of Caring
OUR PATIENTS
OUR COMMUNITY

5


Expanding the Circle of Caring
OUR PATIENTS
OUR COMMUNITY
OUR FUTURE

6

We care about our patients

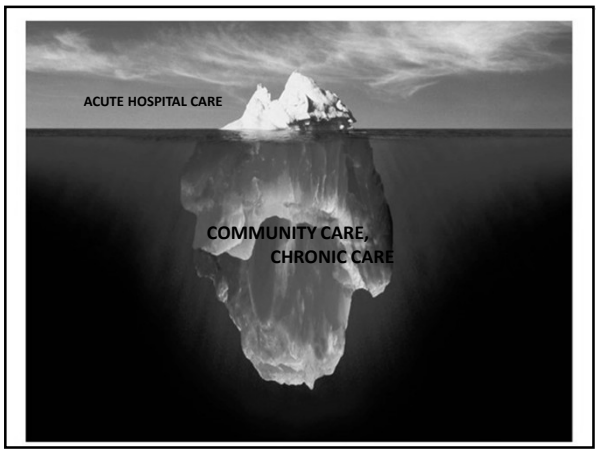
7

We care about our community

8

What is healthcare?

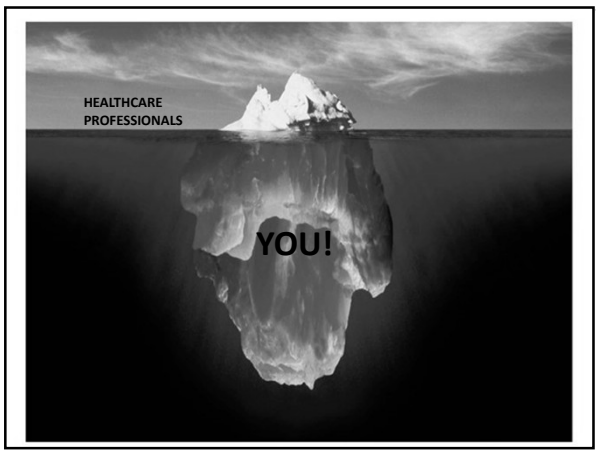
9


ACUTE HOSPITAL CARE
COMMUNITY CARE,
CHRONIC CARE

10


Who provides most of your healthcare?

11


HEALTHCARE
PROFESSIONALS
YOU!

12

REAL HEALTH CARE IS

SELF-CARE

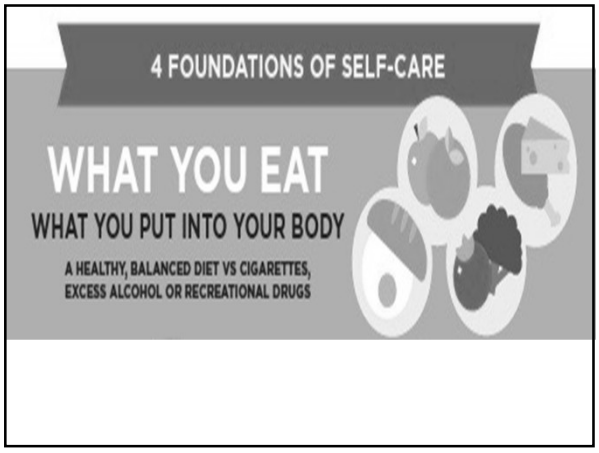
Who provides most of your health care? You do!

The best predictor of your future health are the habits you practice today!

13

4 Foundations of Self-Care

14



15


WHAT YOU DO
PHYSICAL ACTIVITY & REST
Z
Z
Z

16


HOW YOU FEEL
EMOTIONAL WELLBEING

17


HOW YOU CONNECT
HEALTHY RELATIONSHIPS

18

19

The Empowered Patient

What do you need for good self-care?

20

What do you need for good self-care?

Unbiased complete health information:

1. *To adopt healthier lifestyles*
2. *To manage health conditions*
3. *To get the care you need*

21

What do you need for good self-care?

MORE SUPPORT TO ACHIEVE YOUR PERSONAL GOALS

IMPROVED PATIENT-DOCTOR COMMUNICATION

22

Patient-Doctor Relationships

Infinite Varieties,
All Are Unique
But With One Common Calling . . .

23

Patient-Doctor Relationships

Infinite Varieties,
All Are Unique
But With One Common Calling:

YOUR WELLBEING

24

Personalities

Doctors are people too!

. . .

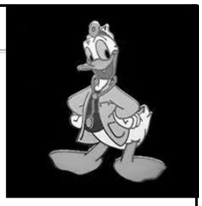
25

Doctors are people too ! . . .

Imperfect

and with our own quirks! . . .

26



Doctors are people too ! . . .

Imperfect

and with our own quirks!

27

We're all different
But we all care
in our own special ways

28

We get stressed!
. . .

29

We get stressed!
Running behind, angry patients,
Complex cases, very sick patients
Personal problems

30

We get stressed!

The work we do for you behind the scenes . . .

31

We get stressed!

Completing forms, writing medical legal letters, applying for drug coverage, reviewing test results and consultation letters, calling patients

32

We get stressed!

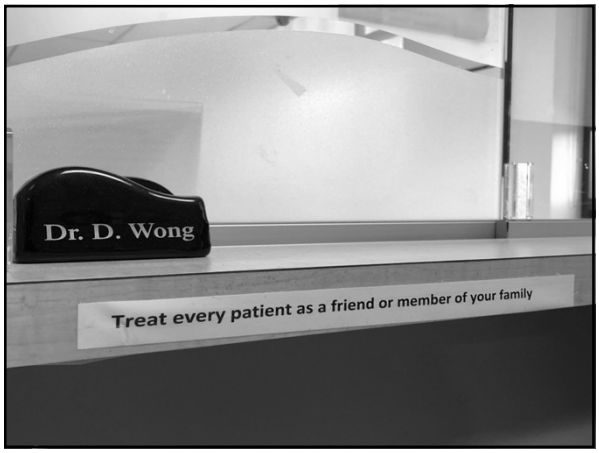
The non-face-to-face work of medicine (administrative burden) has taken over the lives of family physicians (40 to 50% of my 70 hour work week)

1/3 7:30 pm

33

Why I am a Family Physician

34



35

In Family Practice

We don't treat disease.

We care for the whole person.

36

Family Practice
is unique among specialties.

We treat the whole person – not just conditions or parts.

37

In Family Practice
We advocate for our patients to meet the challenges of their lives

38

Family Practice is
LONGITUDINAL . . .

39

Family Practice is

LATTITUDINAL

with Depth

Our care is informed by our patient's experience

and Breadth

We understand in the context of each whole life

AND LONGITUDINAL

We build trust in a relationship over a lifetime

40

In Family Practice

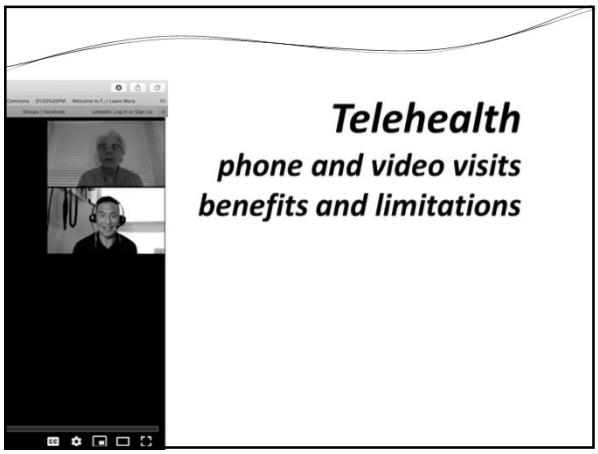
We empower our patients

to transform their problems into goals

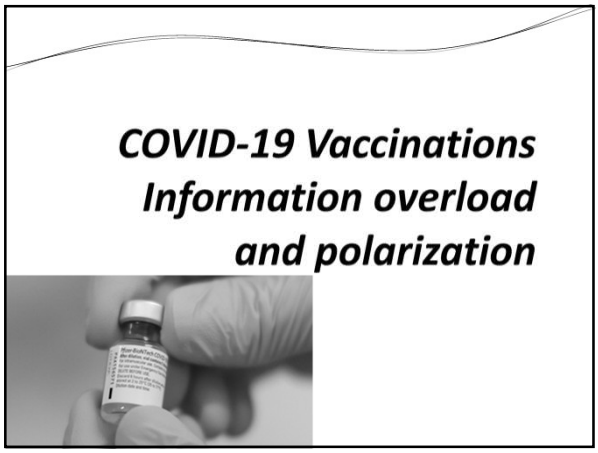
41

How the Pandemic and Technology have transformed the Patient-Doctor Relationship

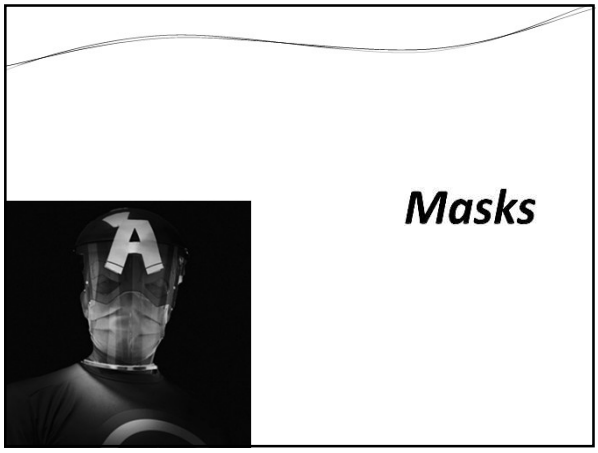
42


Telehealth
phone and video visits
benefits and limitations

43


COVID-19 Vaccinations
Information overload
and polarization

44


Masks

45

Challenges in the Patient-Doctor Relationship

1. *Access (finding a Family Doctor, waiting for an appointment)*
2. *Time (So many problems . . . So little time.)*
3. *Language (Med Speak or Medicalese)*
4. *Doctor's Orders . . . or the Patient's Goals*

46

Challenges in the Patient-Doctor Relationship

***Access** (finding a family doctor, waiting for an appointment)*

Time (So many problems . . . So little time.)

Language (Med Speak or medicalese)

Doctor's Orders . . . or the Patient's Goals

47

Finding a Family Doctor

BC's Patient Attachment System

Connecting patients with family doctors accepting patients in their communities

https://www.healthlinkbc.ca/health-connect-registry

48

Why the wait?

49

Why the wait?

- *Patients with multiple complex problems*
- *Interruptions (emergency, hospice, nursing home and pharmacy calls)*
- *Unexplained counselling (e.g. grief)*

50

Challenges in the Patient-Doctor Relationship

Access (finding a GP, waiting for an appointment)

***Time** (So many problems . . . So little time.)*

Language (Med Speak or medicalese)

Doctor's Orders . . . or the Patient's Goals

51

The nature of our work

Human beings, health and disease are infinitely complex,

dynamic and unpredictable

52

The List

53

With every problem or symptom you bring to your doctor, your doctor needs to

Listen carefully, ask appropriate questions and document every relevant detail in your chart

54

With every problem or symptom you bring to your doctor, your doctor needs to

Perform a focused physical examination and document the relevant positive and negative findings

55

With every problem or symptom you bring to your doctor, your doctor needs to

Formulate a differential diagnosis (most likely diagnosis as well as other possible diagnoses)

56

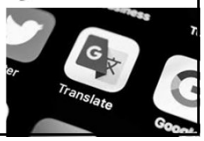
With every problem or symptom you bring to your doctor, your doctor needs to

Formulate and communicate a plan for management (further investigation and management)

57

With every problem or symptom you bring to your doctor, your doctor needs to

Translate this information into understandable plain English and ensure mutual understanding to ensure full consent



58

With every problem or symptom you bring to your doctor, your doctor will be spending even more time AFTER you have left the clinic

To find the most appropriate specialist for a referral

Write a referral letter detailing the problem and pulling out relevant parts of your medical chart

59

Completing detailed referral forms for investigations,

Writing notes, letters or completing forms for disability or time off

60

Sending prescriptions to the pharmacy

Completing lab requisitions

61

Ensuring the visit note is complete according to strict standards of the College of Physicians & Surgeons

Going through your chart to ensure you are up to date with appropriate screening and monitoring tests

62

These clinical processes takes time . . . and tremendous mental effort

63

To manage multiple – often complex - problems in one visit,

your family doctor requires much more time and effort

64

Please don't save up multiple complex problems over the year and expect your family doctor to manage all of them in one visit . . .

e.g. chronic cough, weight loss, diabetes, high cholesterol, high blood pressure, screening tests due, headaches

65

Please don't surprise your doctor with an extra problem (even a lump or mole you want checked) added on at the end of the visit . . .

BY THE WAY: I'VE BEEN GETTING THIS CHEST PRESSURE . . . AND CAN YOU QUICKLY CHECK THIS LUMP AND MOLE?

2/3 8 pm

66

You may think you are saving healthcare dollars
but you're actually forcing your family doctor to rush through your problems, making other patients wait
and contributing to your doctor's burnout

67

68

69

Prepare for your medical visit by:

*Making **a list of your concerns***

***Sharing it with staff** when you make an appointment*

***Reviewing** that list **at the beginning** of your visit, and*

*Bringing a **pen and paper***

70

Challenges
in the Patient-Doctor Relationship

Access (finding a GP, waiting for an appointment)

Time (So many problems . . . So little time.)

***Language** (Med Speak or medicalese)*

Doctor's Orders . . . or the Patient's Goals

71

Plain English

1. *Ask for a translation in plain English*
2. *Ask your doctor to write it down*

72

On second thought,

ask the doctor to PRINT

73

What you should know about every treatment/prescription/investigation

1. *Indication (**What is it for?**)*
2. *What are the **common risks** (or side effects)?*
3. *What are the **major risks** (or side effects)?*
4. *What are the **alternatives**?*

74

The Key Details of Every Drug

1. *Indication (**What is it for?**)*
2. *Potential **Interactions** (with food or other drugs)*
3. ***Brand** name & **generic name***
4. ***Dose** (e.g. mg) and **frequency** (e.g. twice daily)*

75

If you are worried the doctor may have made the wrong diagnosis, ask these three awakening questions

1. *"What else could it be?"*
2. *"What's the worse thing it could be?"*
3. *"What would you recommend for your mother or father?"*

76

Challenges in the Patient-Doctor Relationship

Access (finding a GP, waiting for an appointment)	*Time (So many problems . . . So little time.)*	*Language (Med Speak or medicalese)*	***Doctor's Orders** . . . or the Patient's Goals*

77

Keys to achieving your goals

1. *Choose wisely*
   A goal that matters to you

78

2. Visualize yourself having achieved your goal

Reprogramming your subconscious

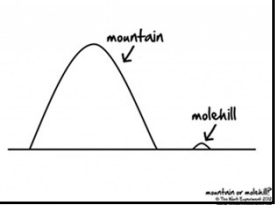
Priming the pump for success

79

3. Break it down

From supersized into manageable morsels

You'll gain confidence with early successes.



80

4. Write down the details

81

SMARTEST goals

Specific-What will you do? Where?
Measurable-How much? How long?
Achievable-realistic and do-able
Relevant-important to you and your health
Time-When will you start?
When will you finish?
Evaluate- How did you do? What should you tweak?
Stepping Forward-What will you do next?
Team-Who can you work with?

82

5. Anticipate and prepare for roadblocks

83

6. Enlist support

Choose a coach
or a teammate
Your partner, a friend
or a neighbour
Consult your family doctor

84

Your Medical History at Your Fingertips

- *Allergies*
- *Family History*
- *Hospitalizations, Major Illnesses, Operations*
- *Chronic Medical Conditions*
- *Medications*

85

Screening Tests: What tests when?

*For the early detection of medical conditions in individuals of **average risks** with **no symptoms***

*If you have **symptoms or family history for certain conditions**, you may require specific, earlier or more frequent testing.*

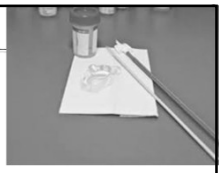
86

Screening for High Blood Pressure

Blood pressure measurement in all adults (over 18) at every appropriate medical visit (e.g. annually)

87

Screening for Cervical Cancer



The PAP SMEAR

in women 25 to 69 years every 3 years;

women 70 years or older may stop screening after 3 successive normal paps in the previous 10 years

BCCA pap reports advise when the next pap is due (i.e. 6, 12 or 24 months)

88

Screening for Cervical Cancer

Primary HPV (human papilloma virus) Screening

Women who have never screened and those with a previous 36-month screening recommendation (based on prior pap smears) may request a self-screening kit from the Cervical Screening Program by phone or online

Average risk patients with a negative HPV screen should repeat the screen in 5 years

89

Primary HPV Screening
Women (25 to 69) may request a self-screening kit from the Cervical Screening Program online
https://submit.healthcarebc.ca/bccancer/cervix-screening-kit
or by phone 1-877-702-6566

http://www.bccancer.bc.ca/screening/cervix

90

Screening for Diabetes

The Hb a1c blood test
(alternatives: fasting glucose, glucose tolerance test)

for those at HIGH RISK (on the FINDRISC or CANRISK calculators) every 3 to 5 years;
every year for those at VERY HIGH RISK

91

Screening for Breast Cancer

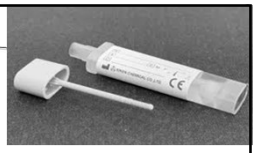
The SCREENING MAMMOGRAM

Women 50 to 70 years of age
every 2 years

(However, the Screening Mammography Program is available to all women starting at age 40 and I offer it to my patients at that age with a discussion of the risks and benefits)

92

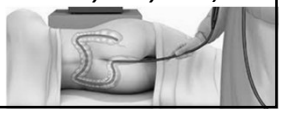
Screening for COLON CANCER



STOOL for OCCULT BLOOD (FOBT or FIT test)

Adults over 50 years every 2 to 3 years

(Alternative: COLONOSCOPY every 10 years)



93

Screening for PROSTATE CANCER

The DIGITAL (gloved finger) RECTAL EXAM (DRE)

Men over 50 years

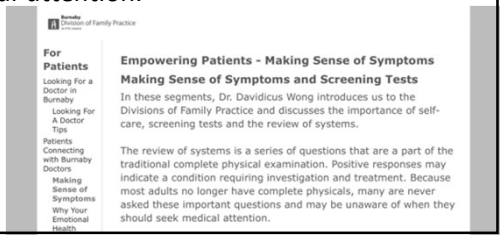
every year

(The PSA blood test is not recommended as a routine screening test. It should be interpreted in conjunction with the DRE.)

94

Symptoms to Watch Out For

These are the symptoms that might indicate more serious medical conditions that require medical attention.



95

What is HEALTH?

The absence of disease?

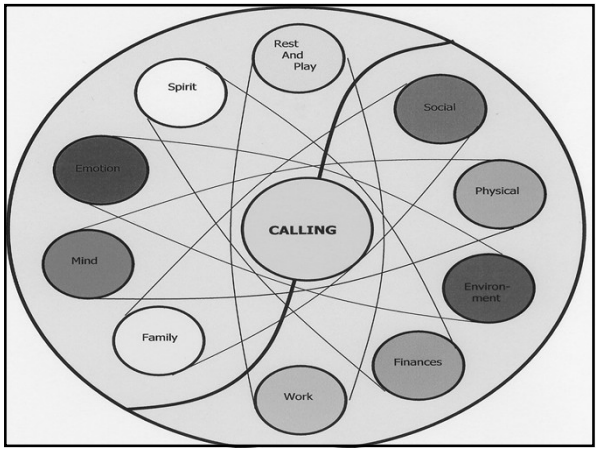
The treatment or cure of disease?

96

How I define health

The optimal balance of the important areas of your life, based on what you value and where you find meaning
and the achievement of your
Positive Potential in Life.

97



98

IMAGINE

Achieving Your Positive Potential

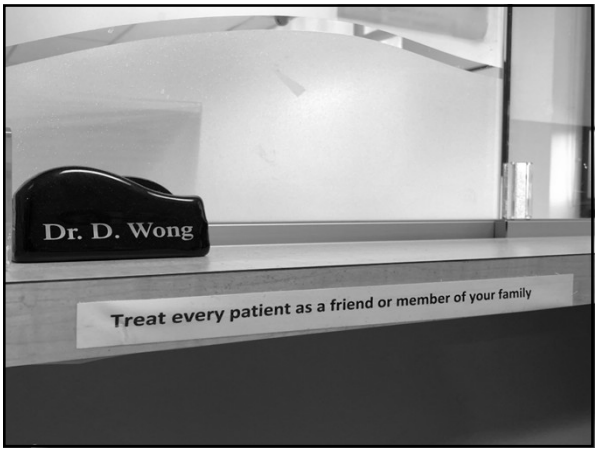
99

SHARE

Let's create a healthier community

100

101



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Healthcare is Self-Care

POSITIVE POTENTIAL MEDICINE

davidicuswong.wordpress.com
divisionsbc.ca/burnaby

Burnaby
Division of Family Practice
An FPSC initiative

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