

FAQ

FREQUENTLY ASKED QUESTIONS



Practice well-being: Leading from the front during a crisis

Uncertainty and unpredictability, the two greatest drivers of fear, are rife in our community right now. As a society, as individuals, as doctors, practice managers and educators, the challenges we face through the COVID-19 crisis are unprecedented, **but they are not insurmountable**.

The concerns we need to address in terms of practice well-being at this time are broadly categorised as **safety** but can be broken into:

- (personal, patient and team) physical safety;
- (practice and personal) financial survival; and
- (personal, patient and team) emotional balance.

While the context of the pandemic has increased the urgency with which we are currently tackling each of these issues, at their most basic these are the same concerns we had for ourselves, our patients, our practices and our team members before March 2020... and will continue to have long after this coronavirus is contained.

Staying calm and keeping perspective is crucial. Nobody is better equipped to do this than the experienced GPs and GP Supervisors leading from the front during this crisis.

How do we lead the practice through all the changes COVID-19 has brought about (technology, processes, workflows, people management, etc)?

- Underline the importance of shared values and a **good practice culture**;
- Express the need for change within the practice from a basis of **trust and authority**. Since GPs are evidence-based practitioners, **draw on established fact vs speculation**, and make it clear that while some things are outside your control there's still a lot you can manage when you plan, prepare and work through issues together;
- Invite **team input** and leverage team skills to develop the best solutions for your practice... and **delegate**;
- Address both the **rational and emotional considerations** for all stakeholders – patients, registrars, GPs, nurses, non-clinical staff;

- **Show your commitment** to these changes through your own actions, deferring to delegated team members no matter where they sit in the practice hierarchy;
- **Communicate** clearly and frequently, be accessible for any queries, and make it a point to check in with everyone on a regular basis;
- Plan ahead, run simulations, and **be innovative** in your thinking;
- **Investigate** what others are doing that works, don't try to reinvent the wheel if appropriate technology and workflows etc already accessible;
- **Leverage informal solutions** that best suit you and your team; and
- **Constantly assess and adapt**.

How do we address uncertainty?

- be transparent about what's outside your control and focus on what can be controlled for certainty;
- draw on your analytical skills and experience;
- communicate clearly;
- be rational, but be attentive to how staff and patients are reacting to the changing situation;
- keep your eye on the goal... the priority at present is the minimisation/prevention of community spread of COVID-19, so be logical and err on the side of caution.



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How can we help staff and patients combat “cabin fever”?

It’s important to keep a face-to-face consultation option available to patients suffering serious mental health issues as a result of social distancing measures. Where you are unable to see them in person due to your own vulnerability or need/preference to work remotely, arrangements should be in place for a colleague to see them instead.

Outside patient consults and staff meetings, you can use technologies such as text messaging and email, social media and the practice’s website to help communicate important messages such as those listed below. Get one of your team members to do this or make it a part of daily team meetings to put up a supportive post:

- while it’s crucial to stay on top of the COVID-19 situation, now is not the time to be watching the news around the clock – it’s important for our mental health that we focus on positive things and keep a sense of humour;
- keep perspective... cabin fever from social distancing/ being in lockdown is definitely better than being confined to ICU or being unable to be with a loved one when they are dying alone in hospital from this disease;
- staying home is also helping us avoid seasonal community-transmitted illnesses (WIN!);
- isolation time is an opportunity to innovate and develop healthy routines in terms of quality family time, exercise regimens, and exploring way to participate in group activities online – eg via platforms like Whatsapp and Facebook groups, Zoom, Facetime, Skype, etc;
- check in with friends and family regularly via phone and Facetime/Zoom meetings (video perhaps better than phone to help people feel connected)

How can we turn this situation into an opportunity?

ACCEPTING CHANGE

It’s no secret that the COVID-19 pandemic has incited panic, as evidenced by empty supermarket shelves, but it has also **made us see change in an entirely new light.**

Resistance to change tends to diminish when it’s a matter of survival. Now more than ever general practitioners and educators are showing just how nimble, fluid, and creative they can be, focusing on the safety and well-being of staff and patients through changes such as:

- testing criteria;
- MBS;
- creating clear division between “well” and “unwell” patients;
- new technology;
- new processes and workflows;
- how we undertake consultations;
- how we communicate with our team;
- how we supervise registrars.

While many innovations implemented through this crisis are likely to remain for the long term – eg widespread use of telehealth – it’s important to bear in mind and communicate to your team that further changes are inevitable as issues identified are ironed out at a more appropriate time. But after navigating this plethora changes now, whatever comes later will be a breeze by comparison!



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TEAM COHESION

Amongst the innovations that don't need to change after this crisis is the way you **manage your team to keep them feeling safe and valued.**

Use this pandemic as an opportunity to:

- get to know your staff better – are they or anyone in their home vulnerable? Do they need to work remotely? Are they ok with the proposed technological and workflow changes? Do they feel like they are safe? What can you do to help them allay their fears and concerns?
- recognise and draw upon everyone's individual and untapped skills, and delegate where appropriate;
- enrich the practice culture by openly acknowledging the crucial role everyone plays in the practice's success, from cleaners to admin staff to registrars to GPs to the practice owner; and
- establish workable communication channels and ways of keeping morale high eg having each team member share something positive, worrying and worthy of gratitude in daily huddles/team meetings ("rose/thorn/thanks").



MAKING LEMONADE

The federal government's response to the COVID-19 crisis, such as facilitating the widespread use of telehealth and fast-tracking the implementation of e-prescribing, shows just how much can be achieved in the face of adversity.

Through this situation, trainee GPs are getting an amazing opportunity to set themselves up as the healthcare leaders of tomorrow. Even where they may feel disadvantaged by the decreased number and variety of patient consultations, supervisors can use these unusual circumstances to give their registrars unparalleled insight into the workings of a general practice (ie through hands-on involvement in setting up systems, especially where the registrars have superior technological skills and can help introduce and train other staff in unfamiliar software/platforms). In addition, RTOs will most likely be more lenient in the wake of this crisis in terms of how trainees are learning to undertake consultations – whether face-to-face, by teleconsultation, or through observation of GPs other than their nominated supervisors.

Financial concerns many general practices are currently facing in terms of their ability to support registrars while suffering from diminished patient numbers also presents an opportunity. Once this crisis is behind us, state and federal governments will need to look to the future of healthcare with a particular focus on pandemic response. Since today's registrars are potentially the front line of attack in the next pandemic, government support of the GP clinics who commit to training them can become more of a priority going forward.