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Welcome to the WOEMA WINDOW. This e-newsletter is sent to members by email on a monthly basis. The e-newsletter provides links to this page. Below are the items that appeared in the April 2019 issue.

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PRACTICING RESPONSIBLE MEDICINE IN THE AGE OF SOCIAL MEDIA

an editorial by Sarah Mansell, MD, WOEMA Member

In a world where every action can be dissected endlessly online, where Yelp has paid to be the top result of any search, where Twitter and Instagram posts can go viral in a second, and where social media influencing is a multi-billion dollar “job,” how do we, as doctors, do the right thing for our patients when sometimes what they want is really not what they need? How do we walk that line when it becomes increasingly common that the internet contains a plethora of “support” – however irrational and unsubstantiated – for basically any position? How do we hold the line on proper care when it is almost always harder and slower than some perceived or rumored “quick fix” being touted or advertised. And, most critically, how do we do so when there is always the implicit, and often the explicit, threat of widely published complaints when patients don’t get what they want, but instead get what they need?

Sometimes – perhaps even often – practicing medicine is joyous because the patient’s needs and desires line up with proper care. Unfortunately, it has become more and more common that patients come in with preconceived notions that there is a quick and easy fix for whatever ails them – usually from some quick internet “research.” Even worse, in our line of work, there are often patients who view any “injury” as an opportunity for a non-working lifestyle. These same patients are often loudly hostile to anything that contradicts their preferred “treatment.” In the relatively recent past, this really only meant some negative word-of-mouth grousing – often to people who were not especially receptive and were close enough to observe longer term positive results that undermined any non-meritorious complaints. However, we now live in a world where negative complaints can be made to a wide-spread audience in a matter of minutes and from anywhere with cell reception. What’s worse, those untrue negative comments live on – forever – on the internet. I regularly ask myself, as an Occupational Medicine doctor, how do we continue to hold the line of doing what is right and proper care?

Recently, I was reminded of this in the space of an afternoon. First, I met with a young man with severe burns. He worked in a kitchen and was scalded with boiling water. He had second degree burns across both forearms. He needed burn dressings, pain relief and a tetanus vaccine. He told me that he wanted to heal quickly and get back to work, as his family is depending on him. The visit was uncomplicated and we were united in our quest to get him as well as possible as quickly as possible. I felt satisfied that I helped him, and he was happy with his care.

My next patient was much more difficult. This time, the patient was another young man. However, the difference in injury and attitude were pronounced. This patient has strained his back and the injury was minor. He states he twisted when he stood up from his desk and he now has mild pain across the lower back. He was angry and demanded an MRI, narcotics, and many days off work. It was fairly clear that he’s come to these conclusions after a couple minutes on the internet. Consequently, instead of starting at a blank slate, I was faced with a patient who felt that I was very wrong and my recommendations infuriated him. What’s more, his “research” had aligned with his own desires to not work for an extended period.

While I held firm and did what was clinically correct, I am sad to admit that I couldn’t help but worry about the repercussions. I felt concern that he would write a scathing review online, complain to his work (not about his true grudge – that I didn’t give him narcotics and write him off work for an extensive time – but that I had said or done something improper), or fill out a survey that would harm my patient satisfaction scores. I reminisce to the time before anonymous posts, Yelp, Twitter, and instant online surveys – when discussions between doctor and patient felt private and were outside the public realm. Was it easier then, to balance between the patient’s wants and needs?

I remind myself that sometimes patients in Occupational Medicine are dissatisfied with their lives and jobs and hope that a worker’s compensation claim might be the answer to changing more than just an immediate injury. It is a constant struggle to balance compassion for their worries and non-medical issues with the knowledge that

our role is to address only the injuries incurred in the course of their work.

Our medical training rarely dwells on these sort of real world pressures. It certainly does little to provide solutions to the “bad press” that a well-cared for, but unsatisfied patient can dish out.

However, it’s a good idea for each of us to know that there are right ways to deal with these pressures. It’s certainly a healthy idea to just not get caught up complaints when you know you’ve done the right thing. But, it can be easier to take affirmative steps to avoid it in the first place. It’s often hard to address a patient who has received or looked up the wrong treatment and is pushing for it – however, its best for you and the patient to be clear not only that your treatment plan is the right one, but that the treatment that they want will be bad for them in the long run. When a patient shares an intimate secret about their troubles and then requests unreasonable accommodations or days off, you can feel empathy for them – and stay firm. It can feel inadequate and empty, but it’s the right thing to do – for you and for them.

Sometimes this can lead to an angry review or social media post. Sometimes it can be scathing and it’s almost always inaccurate. You generally feel powerless to deal with it. Getting drawn into an online argument is never a good idea. there are steps you can take if someone is using the internet to post baseless complaints about you. Legal action is expensive, time consuming, and generally a major hassle, but disparagement laws exist and untrue written statements about a doctor’s professional competence can be considered libel. In the end you may want to consider a legal remedy rather than responding online.

Through all of this, the challenge is to remember why we went to Medical School in the first place. Despite all the difficulties of modern day practice and the complexities of the online world, there is a true joyous pleasure to be had in helping other people. Remembering this is enough to get me to the office each day and to meet each person with a hope that I can provide them with high quality care that they truly need.



FREE CME WEBINAR ON TUESDAY, JUNE 25 • 12:00 PM PDT

Topic: Orthopedic Injuries – Fractures of the Wrist and Forearm

Presented by: Christopher Bayne, MD

This webinar will allow participants to be able to recognize the clinical symptoms suggestive of a wrist or forearm fracture. The participant will understand the pertinent anatomy and have the tools to diagnose the most common fracture patterns of the wrist and forearm. Furthermore, the participant will feel comfortable with the initial management of these injuries and understand when these injuries require emergent orthopedic surgery intervention.

Learning objectives – After this webinar, participants will be able to:

- Know the anatomy of the wrist and forearm
- Perform pertinent physical exam
- View imaging for diagnosis of wrist and forearm (as well as possible associated injuries)
- Identify emergent signs and symptoms
- Use appropriate immobilization of wrist and forearm fractures

Dr. Christopher Bayne is an Orthopedic Surgeon and Assistant Professor of Orthopedic Surgery at UC Davis Medical Center in Sacramento, CA. He obtained his Medical Degree at Harvard University in Boston, MA and completed his Orthopedic Surgery training at Rush University Medical Center in Chicago, IL. He completed a fellowship in Hand, Upper Extremity, and Microvascular Surgery at The Mayo Clinic in Rochester, MN. Clinically, he has a special interest in upper extremity trauma, brachial plexus injury, and shoulder and elbow arthroplasty. He is passionate about education and is actively involved in the UC Davis Orthopedic Residency and Hand and Upper Extremity Fellowship programs.

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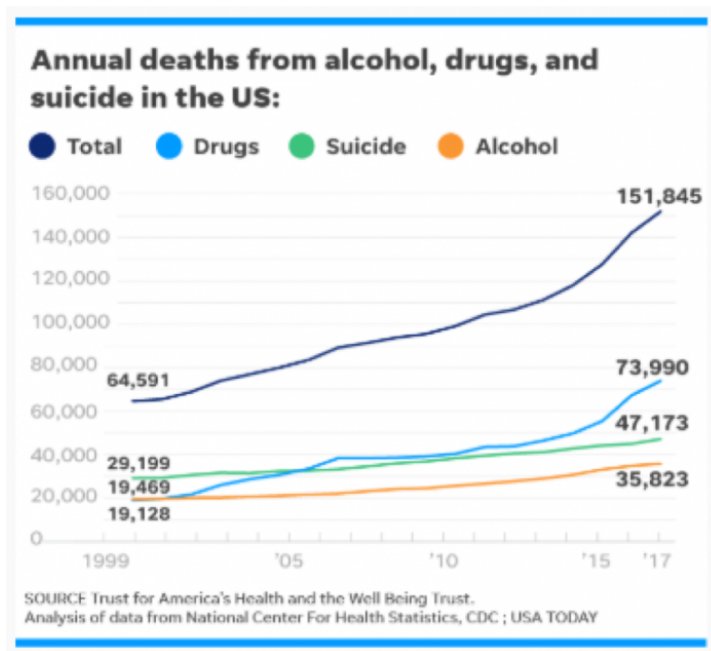
ON THE HIGHWAY TO HELL

an editorial by Troy Ross, MD, WOEMA Newsletter Editor

Ah, one of my go-to songs when I was in high school (AC/DC 1979 – look it up if you aren't familiar with it). It's the perfect expression of adolescents fighting against acceptance of the real world (though they would more likely call it "the system" or "the man"). The gist of it is the singer acknowledging that he is doing the wrong things in his life and being on the path to self-destruction. The band's lead singer, Bon Scott, died from acute alcohol intoxication the year after that song was released. I grew up and past the message of that song. I wonder whether my society has?

Putting on my preventive medicine detective hat and examining the world around me my conclusion is, no.

I present the following for consideration:



[\(Info-Graphic found here\)](#)

Health trends, the ones in my mind that matter, are going the wrong direction. We, the medical system, tinker at the edges. We report improvement in early detection, marginal improvements in treatment parameters, amazing new medical technologies, more specialists to dive deeper into the cracks and crevices of people's minds and bodies... All to what purpose? In the end it's not rocket surgery – it's the people, not their bodies, that are in pain.

We humans are community-oriented beings who need purpose and connection in our lives. For too many members of our communities those connections and purpose are lacking.

I submit to you that if medical professionals want to tackle this pandemic of societal self-destruction we need to engage with the human side of our profession. Turn away from the computer screen, look up from the EBM playbook, avoid the blackhole gravity well of tweaking documentation to upcode the service or satisfy the needs of the payor. Take a few moments to look into the eyes of that person that is your patient, and learn what his needs are. You are given a unique opportunity to be a point of connection that person may desperately need.



LEVERAGING STRESS TO DEAL WITH PHYSICIAN BURNOUT

Sponsored content from Concentra

For anyone working in the healthcare industry, it should come as no surprise that over half of physicians report struggling with burnout. We all know the serious consequences, both personal (broken relationships, substance abuse, depression, suicide) and professional (decreased quality of care, decreased satisfaction, increased errors, increased turnover), of physician burnout.

One thing that people often fail to recognize, however, is that burnout is not a personal weakness. In an occupation where any mistake can be disastrous and positive results often go unrecognized, burnout is simply the natural outcome of a long period of unrelenting stress and self-doubt.

When a person begins to feel stressed out, their body triggers a “threat response.” While bathed in adrenaline and cortisol—which elevate the heart rate, tighten the muscles, and heighten the senses—it’s natural to feel overwhelmed and want to revert to doing what feels safe and comfortable. Over time, this cycle can result in burnout.

The good news is that, while stress is inevitable, it is possible to turn it into an advantage.

A 2011 study looking at 229 employees of a Fortune 500 company found that when stress was leveraged as an asset, it triggered a “challenge response,” which led to better performance at work. Employees reported sustained focus, were more engaged, collaborated well with others, and even had greater satisfaction with their health.

The lesson we can take away from this study is that stress in and of itself is not necessarily harmful to one's psychological well-being. It is an abundance of huge energy, and when connected to things that are meaningful and important to us, dealing with stress can in fact lead to growth. Harnessing it to what is meaningful and important to an individual not only reduces the chances of developing burnout, but it can also help unlock creativity, sharpen focus, and increase productivity. Stressful situations are not always a threat. Sometimes they are the catalyst needed to spark personal and professional improvement.

Ultimately, physicians experience high levels of stress because they want to provide the best possible care to their patients. Some level of stress is to be expected because it is a sign that they are invested in the outcome. However, stress doesn't need to result in burnout.

At Concentra, we recognize the importance of supporting physicians' mental wellbeing by developing ways to cope with the inevitable stress of working in healthcare while also eliminating unnecessary stress. We encourage physicians and others in the healthcare field to find their own methods of leveraging "eustress" and minimizing the impact of negative stressors by improving conditions in the workplace.



PAIN MANAGEMENT AND OPIOIDS LEARNING MODULE

The United States has seen a dramatic rise in opioid use and misuse during the past three decades. Safe and judicious prescribing is critical, but not all prescribers have the background or tools to use. [Click here to see how this free learning module can help.](#)

RESERVE YOUR ROOM FOR WOHC 2019

Save money by reserving your hotel room early for the 63rd Annual Western Occupational Health Conference (WOHC), being held in sunny San Diego! The **Sheraton Hotel & Marina Bay Tower** is now accepting reservations for September 11-14, 2019. Book a room online, or by calling 619-291-2900 and be sure to mention that you are with WOEMA to receive the discounted rate. Rates start at \$219/night+tax.

[BOOK NOW](#)

WOEMA is a regional component of the American College of Occupational and Environmental Medicine (ACOEM) and is dedicated to high-quality medical care and ethical principles governing the practice of occupational medicine.

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