

# wellnews



#### Volume 16 Number 3

# The newsletter of Wellness on Wellington

Summer 2014-15

This newsletter is largely about communication in all its many and varied forms. Whilst communicating is the whole point of this newsletter generally, this edition touches on some specific aspects.

First we discuss the various ways we can communicate with you between publication issues—things like our blog, our Facebook page, our Twitter feed, our website and (soon) our app.

We also talk about the best way to communicate with your doctor during your consultation. We mention the problems that arise when doctors and patients don't communicate—particularly over topics that both may find uncomfortable. Last, we introduce a new staff member with a particular interest in communication—our speech pathologist Ms Virginia Cheng.

There's also some information on why your doctor—and all the staff—may be looking a little healthier than before, and new rules from Medicare on Vitamin D testing. Finally, the gossip page fills you in on the comings and goings of those who are coming and going at the practice.

## Staying in touch

We've been delighted by the response of patients to our online booking system. Whilst old-style telephone bookings will always remain available, patients who like the convenience of scheduling their own standard appointment can do so at any time of day or night from their home computer, or through an app from their smartphone or mobile devices.

To get set-up for online bookings, please speak to one of our receptionists, as a specific doctor-code is needed to allow you to make appointments. Currently the system is only available to existing patients, though we are looking at options to expand availability.

It's also important to note that only standard, single appointments can be made on-line. Patients who need extended appointments for counselling or complicated visits, those needing procedures like excision of moles and

other non-standard consultations like home visits will still need to speak to reception. Such visits need to be scheduled to fit in with the rest of the doctor's and clinic's working day and demands, so the timing of such visits needs to be managed a little more care-

We've also had good feedback from our social media channels. You can access them directly from our website wellonwell.com.au or via the addresses below.

We've recently resumed blogging a bit more often (read our thoughts on medical matters at wellonwell.wordpress.com.au.

We are also available on Facebook and Twitter under the name wellonwell.

We're also finishing off a smart-phone app which will provide you with plenty of information about the practice and allow easier communication with us. Some patients wonder why, with all this technology, we don't communicate by email—neither receiving nor sending information and medical results,

The reason is that there are very strict

protoc o l s regarding the transmission o f medical infor-

All clinical communication must be by encrypted email. In practice this makes it impossible to send or receive any medical information by regular email

reminders and so on.

mation. Even if we strictly adhere to all the National Privacy Principals (which we certainly do!), there are additional safeguards in place for medical information. One of the requirements of the Royal Australian College of General Practitioners (RACGP) which sets the standards for GP is that all clinical communication must be by encrypted email. In practice this makes it impossible to send or receive any medical information by regular email.

We look forward to your feedback about each of these initiatives. Please let us know what you enjoy, use, dislike or don't care about, so we can best tailor the information to your needs and wants.

Wellness on Wellington 1101 Wellington Rd, Rowville 9780 8900 - all hours, every day. www.wellonwell.com.au

We are open every day of the year:

Monday - Friday 8.00 am - 9.00 pm Saturday - Sunday 9.00 am - 5.00 pm Public Holidays 9.00 am - 1.00 pm (Christmas & New Year Day 10.00 am -12.00 noon)

For patients of this practice with urgent problems after hours, a doctor from the clinic can be contacted by calling the surgery and following the instructions on the answering machine.

# Save a life— your own or your family's! Update your home phone, work phone, mobile phone and address at recention!

Update your home phone, work phone, mobile phone and address at reception!

Please also update the contact details for your Emergency Contact.

# PLAN your visit

A great initiative to come out of New Zealand has been an education campaign to help people PLAN their visit to the GP to ensure that they get the most out of their appointment.

PLAN stands for:

\*Prepare - think about what you want to discuss. Make a list of issues: write down key symptoms, dates or events.

\*Listen and share – (though really the order is share your experience, feelings, concerns and thoughts with the doctor first, then listen to them after).

\*Ask questions – about the tests, the treatment and the explanations. If something isn't clear, it's probably because the doctor hasn't explained it properly.

\*Notes – write down what you need to do next.

It's a great structure for a consultation and we'd

#### PLAN is a great structure for a consultation and we'd encourage you to prepare that

encourage you to prepare for your visits in that Whilst we always want to provide

much time as you need at every consultation, there are other patients who also wish to be seen, so the more productively we spend our time together, the better for everyone.

If you are interested in exploring more deeply how to strengthen the relationship with your doctor and get the most out of each visit, we highly recommend reading a book called "Talking to Your Doctor-A patient's guide to communication in the exam room and beyond." by Dr Zachary Berger. Whilst the book is written with a focus on the American health care system and the style of practice there, it is an excellent discussion of how to explain your concerns, engage your GP and explore the issues effectively at every visit with your doctor.

### Walk the talk

Have you ever wondered whether your doctor actually lives up to the advice that they give you? After all, it's easy to say "Reduce your sugar intake, eat less fat, drink less alcohol, and coffee, exercise more" and so on—but do we act on the recommendations we give you?

At least in regard to exercise, our clinic is aiming to do the very best we can. We recently started a walking challenge, involving over 50 staff members from across the building—doctors, receptionists, allied

> health and nurses from every service at Wellness on Wellington.

> The aim is to walk at least 10,000 steps each day. Whilst there isn't anything magical about the number, it is easy to remember, and a pretty good indicator of someone undertaking at least moderate activity compared to just sitting all day long. It's well established in medical research that sitting still at work is a major contributor to obesity, heart disease, blood pressure and diabetes and other chronic diseases. Interestingly, we've seen how much differ-

> ence even a small amount of walking can make. On a normal day at the practice, seeing patients every fifteen minutes or so,

one of our doctors walks about 6,000 steps. On paperwork days, full of computer work but not getting up to go to the waiting room or the treatment room, that figure drops to around 3,000. That should strongly encourage those of you who work at a desk to take a short walk at least every hour, if not more often.

If you are interested in following our challenge, there will be periodic. anonymous updates of the average steps walked on display in the waiting room. One of our staff is currently doing over 15,000 steps a

day - are you able to consistently match that?

other recommendations you get from your doctor ... what we say to you in the consultation

It's well established As to whether we live up to the **that sitting still at work** is a major contributor to chronic diseases

room between you and us is confidential and we wouldn't repeat it to anyone. What happens between our GP and us when we are the patients in the consulting room, is just as confidential!

# It's a fat world, after all

many illnesses are solely or largely due to being overweight. Yet surprisingly often, neither doctor nor patient will raise the issue of being overweight. Obesity is elephant in the room.

Sometimes because it's just too difficult use to describe their own weight. a problem to deal with. Sometimes be- Amongst patients who were obese, only themselves is decreasing. just to give up.

And patients? Well sometimes it's be-their condition. cause they have tried and tried and have If patients don't perceive themselves as you be the one to raise the issue.

We know that weight matters. We know also given up. Other times it's because being overweight or obese, they are less admit – that they have a problem.

> In fact the vast majority of obese patients One of the interesting findings in the don't recognise that they have an issue.

that patient, or with others) that it's easier cases, men were less likely to use the in ourselves. term which most accurately describes So next time you see us - if we don't

obesity is a major health issue and that they don't think we can help. And some- likely to think about the health issues and times it's because they don't realise – or consequences, much less raise the issue with their doctor.

study is that it was first conducted in - if you will excuse the expression - the A study published recently in the British 2007 and again in 2012. The results Medical Journal looked at patients who showed that whilst the number of people Why do doctor's not raise the issue? were obese and what terms they would who are obese is increasing, the number of people who use the term to describe

cause we are afraid of insulting a patient 10% would use that term to describe Perhaps we live in a world where obesity or hurting their feelings. Sometimes be- themselves. Even the term overweight is now so common that we simply fail to cause we've tried so often before (with was only used by about 30%. In both recognise it when we see it - especially

take the initiative to weigh you - then

# From the medical press

#### Each issue we bring you a few interesting developments in the world of medicine with references so you can read more.

Association and American College of of the actual cholesterol level. between the ages of 66 and 75 should be article.aspx?articleid=1935930

terol). The guidelines are based on reduc- who are treated in private hospitals live doi/10.1111/imj.12643/abstract

New guidelines from the American Heart ing overall risk of heart attack, regardless an average of 8 months longer than those treated in public hospitals-mostly be-Cardiology suggest that nearly everyone http://archinte.jamanetwork.com/ cause they are treated more aggressively with more surgery and chemotherapy. taking statins (tablets to lower choles- Patients with metastatic bowel cancer http://onlinelibrary.wiley.com/

## What does a speech pathologist do?

Over the four years that we have been established in our new centre, we've worked very hard at being able to offer not just excellent medical care by GPs and specialists but also the full range of allied health services which patients need at different times.

Last time we mentioned that we had been joined by Alethea Leendertz, our experienced occupational therapist. Now we

are delighted announce that we can also offer the services of an experienced speech pathologist, Virginia Cheng.

Virginia spent more than five years in private practice in Sydney but recently relocated to Melbourne. She works with both children and adults.

Speech Pathologists (sometimes called speech therapists) work at assessing and then treating patients

with difficulty speaking or understanding, literacy issues and—not realised by many people—swallowing problems. Swallowing issues occur commonly in patients as they get older, as well as associated with many illnesses and conditions such as after a stroke or in multiple sclerosis.

In adults, communication issues frequently arise after strokes or in neuro-degenerative diseases like Alzheimer's disease, Parkinson's and other conditions.

Language deficits are sometimes described according to the

basic problem. Dysphasia means trouble with the content o f language understanding what words mean, or being able to choose the right word to use.

Dysarthria means difficulty being able to pronounce the

Speech Pathologists assess and treat patients with speaking, understanding, literacy and swallowing problems

words because the muscles or nerves of speech are not working properly. Dysphonia is similar but refers to trouble with the sound of the speech—problems like laryngitis, vocal nodules and sinus problems can cause the quality of speech sounds to be impaired.

Virginia can help with all of the above conditions as her training and experience allows her to assess and treat pa-

tients with any of these issues.

Children are commonly seen by speech therapists to assist with Receptive (understanding) and Expressive (communicating) Language. She also deals with children who have delayed speech or language, those who have stuttering problems, issues with their voice and children who have reading issues.

This includes children who are otherwise developing normally as well as children with autism, developmental delay, Down's syndrome, hearing problems and other issues.

A typical speech pathology appointment starts with an assessment of 45minutes to an hour to work out the issues the client is having and to discuss what interventions may be recommended. Follow-up appointments are typically 30 minutes long.

Patients under Workcover, TAC or DVA will receive funding through those bodies, whilst other patients—depending on their condition—may be able to receive rebates through Medicare care plans, their private health insurance or

> FAHCSIA (Helping Children with Autism and Better Start). Please ask reception or speak to Virginia to see if you are eligible.

Virginia attends the clinic on Monday mornings currently and will progressively increase her hours. She can be contacted directly on 0449 967 288 or by email at virginia.@speechology.com.au.

## Vitamin D

You can hardly pick up a magazine or newspaper without hearing about the "epidemic" of Vitamin D deficiency. Certainly in medical circles it's a bit of a standing joke that nobody has a normal Vitamin D level. As we have previously explained in Wellnews, there are actually two levels that we look at. One is the "normal" level, which is typically seen in Australia. The figure quoted is about 50, though many, many patients don't even reach that figure. The other number is 75—the so called "recommended" level, which only a very small proportion of patients actually reach.

Despite all the medical meetings, conferences and consensus statements nobody really knows what levels of Vitamin D is achievable—particularly when we also need to be sunsmart and avoid exposure to too much melanoma causing radiation. Meanwhile, Vitamin D testing has exploded—an increase of nearly 5000% over the past decade. Medicare has therefore severely limited the funding for Vitamin D tests from November 1st. Rebates on tests are now only available for patients with established high-risk conditions such as osteoporosis, malabsorption or severe lack of sun exposure for cultural or residential reasons. Interestingly, previous low Vitamin D levels do not count!

Whilst testing is still available for all patients who want it (or if we think it is appropriate), if you do not fall into one of the ten categories of high risk patients as defined by Medicare, you will have pay for your testing privately.

# Wellness Whispers

#### **NEW STAFF**

We recently expanded our nursing team when we were joined by **Fiona Bridson** who tells us, "Having completed my nurse training in the UK (back in the days of navy & red capes and white hats!) I worked in two of the large hospitals in Liverpool. There I met my future husband, also a nurse, and went on to specialise in the areas of coronary and intensive care.

"That led me to fulfill my dream of working in Australia, arriving here in the early 90s. I worked in the then-new, cardiothoracic intensive care unit of Epworth Hospital. For the last 9 years I have been working in emergency nursing, which has given me a large knowledge base and skills in both acute and chronic conditions

"These days I leave the cape-wearing to my 10 year old son...often seen dashing through the trees in our little piece of paradise in Dandenongs. It's here I can be found walking our dog or, if time allows, busy with my latest mosaic project.

"My 14 year old daughter is harder to spot, usually too busy with her huge list of extra curricular activities... or washing her hair."

We're also delighted to expand our allied health team with the addition of Virginia Cheng, who is a certified practicing speech pathologist with over five years experience working with children and adults alike. She enjoys working with children and adults in the areas of speech, language, fluency, literacy and voice. She has also worked with children diagnosed with Autism and Down Syndrome and adults with swallowing disorders. Virginia has been practicing in Sydney since graduating, but recently decided to move down to Melbourne. She has thoroughly enjoyed exploring what our city has to offer, especially café culture! We've also been joined by Dr Anuradha Sakthivel who completed her specialist training in Adelaide and Melbourne. She has dual training in Endocrinology (hormone diseases like diabetes) and General Medicine with special training in Obstetric Medicine. This is a new field of medicine that deals with the medical problems of women while pregnant, such as diabetes and blood pressure.

She developed her expertise in medical disorders

in pregnancy at The Royal Women's Hospital, Melbourne & Flinders Medical Centre in Adelaide. Apart from Wellness on Wellington, Anu practices at Knox, Box Hill and Angliss hospitals.

Dr Sakthivel is married with two children. She enjoys travelling and cooking.

#### **NEW BABIES**

Congratulations to **Dr Anna Harris** on the birth of her second daughter. Martha Emily was born on September 28th and weighed 4.1 kg. Mother and daughter, as well as father Lachlan and sister Iris, are all doing well.

We are also pleased to welcome back **Dr Mihiri Weerasooriya** from maternity leave. Mihiri is now consulting on Wednesday and Friday mornings.

#### **COMMITMENT, CARE AND DEVOTION**

We usually use this page to talk about our staff comings and goings—but this time we'd like to talk about our stayings. We recently began awarding Certificates of Appreciation to long-standing staff members for their many years of dedicated service to the practice and to the individuals, families and community of Rowville, Lysterfield and Ferntree Gully.

Receptionists Melissa Yandle and Nancy Cosentino recently completed ten years with the practice. Our nurse, Amanda Dolphin, was awarded her 10 year certificate a little late - as that milestone was achieved in 2013. Dr Kim Leow achieved his ten year milestone in February 2014, and finally, Dr Elise Liew received recognition for her 10 years of service, reached in August 2008, followed a few seconds later by her award for 15 years at the practice in 2013.

We sincerely acknowledge and thank these staff for their years of commitment, care and service.

#### APPLE FOR THE TEACHER

We take great pride that our practice is not just staffed by highly experienced practitioners but that we put in a lot of effort training the doctors, nurses and administrative staff of tomorrow. Congratulations to **Dr Jonathan Brown**, who recently received the 2014 Monash University prize for Teaching Skills and Excellence Award. This honour goes to the best clinical teacher of 4th-year medical students, based on their feedback. Well done!

The information in this newsletter is general in nature and cannot be relied upon in any particular case. Serious conditions may appear minor and vice-versa. We therefore advise that if you have any concern about your health, you should consult your doctor at the earliest opportunity.