# Dr Jean Skillman’s Story—Transcript

Jean Skillman: My name is Jean Skillman and I am from Ontario, southwestern Ontario. I grew up on a farm south of Aylmer, Ontario, which is southwest of London. I was there until I was 17.

On a farm you work hard, you learn values of a rural countryside rather than an urban countryside, and yet it was different. And we grew up in a culture where there was racism between Protestants and Catholics. I'd never met any people who had brown or Black skin color. The only people who were brown or Black were some of the Jamaican people who came to work in tobacco in the summertime.

But other than that, we were a small community and you hung out with people from your church and people from your school. I went to a one-room country school from grade one to grade eight. And, at most, there were only ever 35 kids in the school. It's very different. So they were all ages of kids, from grade one to grade eight, and all abilities. So the teacher had to prepare lessons for eight grades every day. I think it was a tough job-

Interviewer: Yeah.

Jean Skillman: But she was very good, this woman. I showed you her picture. She was really, really good, and as I did.

And then in grade nine, I had to go on a bus to high school because high school was in Aylmer, which was five miles away.

Interviewer: Mm-hmm.

Jean Skillman: So the bus would pick us up in the morning. We were the last house on the bus route, which meant that we were the last to be picked up in the morning, which meant there was no seat on the bus for you when you got on the bus. You had to persuade some other kids to squish down so you could get three kids on a seat rather than two, didn't always like doing that. But then we were also the last kids to get off the bus. So we left the house at about quarter to eight, and then got home at about quarter after five or 5:30 in the wintertime, because the roads were worse in the wintertime, ice and stuff like that.

So it meant that I couldn't really do any extracurricular activities at school because we couldn't stay after school. And my mom could not guarantee that she could come pick us up because she was running a household of five kids. And her husband being a farmer meant that she often had to go on errands for him, and then be back to the farm with whatever errand he needed done, a part picked up for a machine or something that had to be done. So we were basically... We just were bus kids. So I couldn't do sports, couldn't do clubs, couldn't do anything like that.

After I graduated from high school, I went to University of Western Ontario in London. And I got a scholarship from a tobacco company to go into medicine. And my parents debated whether they would accept this money, but there was no other money to send me to school with, so in the long run, they decided to accept it. And of course, eventually the tobacco company went out of business. But that was essential money to get me through university.

When I was in grade 10, you can see from the scrapbook I had, I was interested in medicine. We had to do a project for guidance in grade 11, saying what our aptitudes were, as if when you're 15 you can say what your aptitudes are.

Anyways, there are all these charts we had to fill out. It's like doing something in a girls' magazine, you fill in and you get these answers-

Interviewer: Yeah.

Jean Skillman: ... And they don't really tell you anything but you think they do. So I was interested in medicine largely because my dad was a farmer and he used to do some minor surgery on the pigs on the farm. And so, I thought that was very interesting and kind of liked it, so thought medicine would be good. And so that's what I decided in grade 11, was I was going to be a doctor.

And so all of my course load after that and my university stuff was fast-tracking into that. So I did two years of undergrad. I applied to medicine before I even went to university. And I actually got a pre-admission acceptance. So I was in. And there were seven women in a class of 75 people. So we went through that and we worked really hard. You had... Well, you know that you had to study your brains out. You have to keep your eyes on the books.

So I graduated and then I got a boyfriend. I got a first boyfriend. And I had a boyfriend in first year of university, but he didn't pan out. I didn't know how to be a girlfriend, so that didn't work out. He actually went into medicine, too. Became a doctor afterwards. And I had another boyfriend who was... We met at one of the fraternities. That was a really bad idea. This guy was...

Interviewer: It usually is.

Jean Skillman: I married him. He was terrible, and within two years I knew he was terrible.

Interviewer: Mm-hmm.

Jean Skillman: But by that time I had a child, I had Tom. So we lived apart. Apart, together, apart, together, apart, but we really tried to make it work, but it takes two to make that happen-

Interviewer: Yeah.

Jean Skillman: ... And he wasn't interested in being the second person to make that happen. So we got a divorce eventually. And then I was single for a little while and worked in Hespeler, Cambridge. Cambridge at that point was three towns, Hespeler, Galt, and Preston, and became one town, I think in 1976, and that was the year of the big flood.

I was in the office working and people were not showing up. And finally somebody said, "They can't get across the river. There's a foot of water on the 401, traffic is backed up to Toronto, and nobody can get around town because nobody can get across any of the bridges." There was this massive flood of the Grand River. So it flooded the 401 between Kitchener and Cambridge. And the Nith River flooded as well. So it was flooded in two spots. So there's all these cars just... And it was this bright sunny day and we had a fully booked office with people not showing up.

We took the people who came in and then people in town found out that we were sitting around twiddling our thumbs. So people who lived close by started coming. "Heard you weren't busy. Thought I would just come down and see if you could see me." Sure. Sure. So that was fun.

So I remember that, and I had a patient who actually worked for the Grand River Conservation Authority. And his job eventually, was to get in a canoe and go up and down the river, and look at the water levels of the river, and decide whether the dams upriver needed to be opened or shut in terms of flood prevention.

Our office was right beside a creek. One of the drainage creeks for a relatively new neighborhood in town, back then a new neighborhood. So there was again one of these massive rainfalls one day.

Interviewer: Mm-hmm.

Jean Skillman: And somebody who had been partying with neighbors decided to jump on an air mattress and ride the stream down by the office. But the stream then went under the park and under the road at that point, and there was a grate in front of where the stream went under the park. And there was a grate, because the kids, including my kids, used to duck into this culvert and then walk down to the river. I never found this out for years until they told me this.

Interviewer: Yeah.

Jean Skillman: So the grate was to prevent the kids from going down into this culvert. It was about a half a mile to the river from the opening of outside the office. Well, this man got sucked down in the hydraulic of the water and smashed up against the grate and was killed instantly.

Interviewer: Oh wow.

Jean Skillman: So that was a pretty traumatic event for everybody. We had to close the office, we had the coroner there, we had the police there, yellow tape everywhere, and then they put a fence around this part of the drain. So there was always stuff like that.

In the office at that time, there was an emergency department in the office, but the emergency department was, it was seven miles down the road. And so when people had emergencies, they would come to the office. It was like a mini emerge walk-in center. And at that time, family doctors did everything we did... Our scope of practice was everything.

Interviewer: Yeah.

Jean Skillman: Duties as assigned basically. So we would get people showing up with lacerations, with concussions, with broken limbs.

People who were in labor fortunately called us and didn't come to the office for that. But we did look at babies, we did basically everything except intensive care. And so it wasn't unusual to have somebody walk in with a laceration that we would then have to drop everything else and sew them up because that would take priority and did that a lot. So you got pretty good at, I had people come in from car crashes and at that time you didn't have to wear seat belts.

So what would happen was people would get a bounce injury to their face and the bounce injury was that the windshield would hit you here, here and here as you bounced on it, as you were thrown forward by the impact, right? Because when you impact something, you still have momentum because you're moving at the speed of the car.

And so you then go forward with the speed of the car and the windshield stops you because the windshield is now stopped. Your head breaks the windshield fractures, you get a laceration across here, one across here and one across here. So I got pretty good at sewing that stuff up. It took a lot of time. You had to pick the glass out first and it was very time-consuming and it would mean that I wouldn't get home till eight o'clock at night. You couldn't send to emerge, there was no emergency to send them to, but you sewed them up. It was actually very gratifying work. You've got a real mixture of things. You saw all sorts of varieties of conditions coming in. You didn't turn anybody away. My feeling that what people do now is that people really pick and choose who they're going to see.

And we never did that. We never felt that that was ethical.

Interviewer: Yeah.

Jean Skillman: We felt that if somebody showed up with a medical problem, we should see them. We should look after it. We shouldn't just defer it off to somebody else.

Interviewer: Yeah.

Jean Skillman: We should do our best to look after it ourselves. Now there's so many subspecialties and all that stuff that people sort of go, "Oh, I don't do that. I don't do fifth toes."

Interviewer: Only one through four.

Jean Skillman: Yeah, there's that kind of, there's a little bit of that kind of attitude. And I don't know whether it's changed at all, but I felt like a real doctor when I was doing this stuff. It was very satisfying.

Interviewer: I'm sure.

Jean Skillman: But it didn't mean that your family time was sacrificed and your friend time was sacrificed. And so I had very few friends that didn't have time for friends. I was on call so much, you had these long days in the office. I had to hire people to look after my kids. So I think probably the work lifestyle balance that people have now is way better.

Somebody once said that on the tombstone, it is not going to say she worked 16-hour days. I think you have to prioritize things. You have to have a balance of family and work and friends.

There's a lot of me moments, I don't think I have a hierarchy of what's the most meaningful moments. Was there a lot? I mean, there was a birth of my children, the birth of my grandchildren, and I actually have a great-grandchild coming in December. And that's pretty exciting to have that generation coming along.

Interviewer: Mm-hmm.

Jean Skillman: And I mean those were very meaningful moments is birth of your children, birth of your grandchildren, birth of great-grandchild, the marriages of my children. So there are meaningful moments in family life and those are the ones that stand out. My divorces were meaningful as well. My marriages were meaningful, my relationship with your grandfather is meaningful.

Interviewer: Mm-hmm.

Jean Skillman: And those are just sort of weigh stations along. There are, so I sort of group them. I have family meaningful moments. I have work meaningful moments. My graduation was important for work.

Interviewer: Yeah, I'm sure.

Jean Skillman: Alumni Hall, the University of Western Ontario, across the stage, you get that hood thing on you and then you go off and it's like 30 seconds for six years of work.

So I bought myself a gold necklace for that and I still have that.

Interviewer: Nice.

Jean Skillman: And the gold necklace has shape of a labyrinth on it because I felt that this whole thing was kind of a labyrinth thing. So that's what that means to me when I wear that thing that labyrinth a little bit, you may have seen me wear a little gold labyrinth on a gold chain and it was my graduation labyrinth.

And then after that, in terms of work mean, there were all these stories that were meaningful about cases that you did. The lady who had this bounce injury to her face, I put it back together. And actually she looked not too bad after that, which made me think I should have gone into plastic surgery. Quite seriously because I liked doing stuff like that and I was fairly good at it without, I didn't have any plastics training whatsoever. All the training I had was from being pointed to an emerge, "Go and sew that up," okay, well how do I do that? Well just give the package.

And so you eventually learn how to do it. Eventually people gave you some tips on how to do it. Some of the other surgeons were very good at that and gave me you tips on how to do that stuff. But in my era, the training was experience, go and do it for somebody else who didn't want to do it. And that's how you learned. Nowadays, I think you actually learned a little bit more how to do it properly and how to make a better job of it. But we didn't. We just had to do the work.

Interviewer: Yeah.

Jean Skillman: There was a doctor shortage when I was an intern as well. So we were basically trying to fill in for the shortages at that point. And I think interns are doing that now. They're being asked to do likely more than they feel trained for. They're really deer in headlights.

In some ways that's a better way to do it.

Interviewer: Mm-hmm.

Jean Skillman: But the problem is you got to have mentors around it to help you out. And if the mentors aren't there anymore, that's a problem. But hasn't ever been the best. So it's better than nothing I guess.

But I really liked the plastic stuff, so much so that I developed a little side specialty of repairing torn ear lobes. People who had earrings and had the earring and torn through. I got pretty good at repairing them. I figured out how to do that and I liked it. And the ones that I did didn't end up with huge scars in them. I saw some that came back, had big keloids from the repairs and for some reason I never got keloids. I had no idea why. I never did. And then it was re-pierced ears and people go away happy.

But I loved doing it, general plastic surgeon. We didn't make more money. But I wouldn't have seen the variety of things that I had seen as a family doctor and I would not have learned the business side of things.

So one of the other momentous occasions of work was when the four of us in the office at that point decided that we were being drowned by paper and I mean drowned. The reception people would go and medical assistant would go and pull a chart out and the charts were like this wide some of them. They would fall all over the floor. So we'd have 300 pages mixed up on the floor and they'd have to put them together. They hated that. We hated it-

Interviewer: Yeah.

Jean Skillman: ... Because it meant you couldn't find things, you couldn't find lab reports, you couldn't find consultant reports, x-rays, they were all a jumble, stuff was really... You would spend probably an hour to an hour a half every day looking for reports that you couldn't find.

So we decided that we were going to eventually go electronic and it was going to be in a gradual... We had no idea how to do this. None of us had any business training. And so our first step was to hire somebody to do the human resources in the office because we were being driven crazy by that.

The staff had figured out that they could behave like a bunch of little kids and play one doctor off against the other in terms of so-and-so isn't doing enough. So-and-so took a break, I'm not sure you know this, but so-and-so's paid more than me, and at this time you'd be seeing patients, you're trying to think of other patient problems and staff would come up to you and do this stuff. Finally, we decided in one of our meetings, we were not going to do that anymore. We were going to hire an office manager.

So we hired an office manager who did all the HR stuff. When people came up to us we'd say, "Nope, you have to go over to the office manager, go see Ken."

Interviewer: That was probably really relieving.

Jean Skillman: Oh my gosh it was relieving. But then we could actually practice medicine and not do that part of the business, hands-on part of the business. So that was a really momentous turning point for me and the group in the office. But it meant that we then had to do more policy decisions and you had to learn how to do that.

So at that time, Ministry of Health was offering, they wanted to see people do electronic medical records, and at that point your grandfather was on this committee to get eHealth up and running, which failed for a political reason. But when he was doing that, my office was going electronic.

So the Ministry of Health had a wonderful consultant who came down and took us through all this businessy stuff we had to do. Workflow analysis, we had to do focus groups in the office. We had to do all this list of things that she had us do over a one-year period to get us ready. And the first electronic thing we did was to put in electronic scheduling and electronic billing. So we went electronic with those two things.

However, we chose the wrong system.

Interviewer: Oh.

Jean Skillman: We chose a system that, I think it was your Workmed that did not have a really good electronic medical records. By the time we actually wanted to do electronic and medical records, we had to switch to another system, which was going to be Mac based rather than Windows based.

So not only were we switching systems, we were going from Windows to Mac and we did it in one year.

Interviewer: Oh, wow. Must have been stressful though.

Jean Skillman: Well, it was stressful planning for it-

Interviewer: Yeah.

Jean Skillman: ... Because we had all of these meetings and I was chairing these meetings. So the meetings would often be started at seven in the morning, go to late, and then you'd go to work and then you'd have some leftover stuff, some, because I ended up writing bylaws and I'm a doctor, I wrote bylaws, the first bylaws for this group. So I was doing that between, after supper, while I was eating supper, I was writing bylaws.

So we learned. We got our MBAs very quickly, getting the MBAs. But that's basically what we did was we spent two years studying business as well as doing medicine. And we got this thing called A Family Health Network up and running. And we got a medical record. And the year before we did the medical record, we decided what to do and then we decided what our go-live date was going to be.

I decided that I didn't want to spend any more time than I had to entering in electronic data. So I decided that what I was going to do was to, as I saw people come into the office, so those days appointments, I would take those charts at night, I would thin them out, things that were duplicates, things that were unnecessary lab or we didn't need anymore and I would shred them all.

And then the stuff that I really needed to keep, the data I needed to keep, I put in a big paper clip on the front. And then we had scanning people who would scan them in, OCR them into the new medical record.

So I began doing that a year before everybody else did. It couldn't persuade anybody else to do it. They just thought that I was nuts. But by the end of the year, my charts were all done and they were now staying an hour after their workday every day to digitize their files and I was going home.

Interviewer: That must have felt really good.

Jean Skillman: It did. That felt really good. And, "Bobby, I'm done." But going with the electronic medical record was so good. It meant that you really didn't... The number of lost test results dramatically shrunk. And instead of spending an hour and a half every day looking for lost test results, you were maybe spending 10 minutes a day looking for them. There was still some things that were lost-

Interviewer: Yeah.

Jean Skillman: ... But there was very few, and consultants reports were there. And if a patient said, "What was my blah, blah, blah in 2005," I could say, "Ding, ding, there it is. And in fact, I have a graph of it for you." They would go, "Oh no, I'm sorry I asked." "I can tell you the trend in your blood sugar. Do you want to see it?" And they would swallow hard and go, "I guess so."

So that really changed the way we practiced. It meant that we could practice, instead of playing catchup all the time, we could practice proactively.

So you could search by keyword. So I did a big diabetic study to look at the effect of aspirin on diabetes and whether... I did a study to see whether I was actually optimizing my diabetic care. And then I was working with this, at this point, we had a pharmacologist in the family health team because we'd also gone from a family health network to a family health organization to family health team, which may that we then hired pharmacy, nursing, social work, dietician, occupational therapist. We hired a bunch of people to work with us. We hired a couple of nurse practitioners too.

And so the team just sort of went multidisciplinary. The advantage of that was in doing a study like this, I could then run it by the pharmacist and get some help in terms of the pharmacology of things. And I could also enlist another person to be kind of a mini research assistant because I found out that all of my diabetics were not being optimally looked after. And some of them needed to be off something and on something else. And so the pharmacist and I formed this little team and we begin to phone everybody who was an optimal, get them to come in, and she would either see them or I would see them and we would rearrange their medication. So they were optimally looked after.

So I was able to take my practice from about an 80% compliance to the rules to about 95% with the diabetic guidelines.

Interviewer: Oh wow.

Jean Skillman: So that felt really good.

Interviewer: Yeah.

Jean Skillman: That was pretty momentous and that occurred over a couple of years. And now that's just sort of taken for granted that you can do that. So you can batch with your patients and you can figure out whether your hypertensives need to be treated a certain way, how many are on drugs that they shouldn't be on? You can go through all the guidelines and apply the guidelines to a population in other words.

Interviewer: Interesting.

Jean Skillman: Which we could not do with paper. There was no way. But when you were electronic, and the challenge there was to have your keywords somewhere in the file, preferably an accumulative in the patient profiles, to have your keywords in there. So some of the time we had to go back and tweak the files to make sure that we had the diagnoses standardized and not the diagnosis written in all kinds of different nomenclatures throughout the different files.

So it's a very different way of doing things.

Interviewer: Yeah.

Jean Skillman: And that has persisted. I think people are still doing that. They're able to do... But it adds a different dimension to your workload. So you can call people up who need pap smears and say, "We see, you haven't had pap smears for years. Would you like to come and get it?" "I see you haven't had a flu shot this year, you're due." And so those calls occur because of electronic medical records. So we did that. So that was pretty amazing.

And then the next real stepping point for me was coming up to retirement. I'm in my sixties and beginning to think about it, what would that look like? And I went to some... You still go to all the continuing medical education called CME, and I was always interested in geriatrics and care of the elderly. I went to a meeting that the Ministry of Health put on.

Because I was chair of the family health team I got to go to all these family health team meetings, in fact, you hear some really interesting speakers. So I heard an agency speaker from North York who was doing house calls and I was very impressed with him. He's a very shy man, and he started doing house calls because he was interested in photography and he wanted to photograph some of these people.

Interviewer: Oh wow.

Jean Skillman: And then it just kind of grew on him. He started to, and he quit his family practice and went into a house calls full time and then built up this full team practice. And I really liked his model and the administrative health put out another sort of model for this kind of thing, which I didn't like because it only gave you two weeks of holidays a year. And at this point we had given ourselves four weeks plus two weeks of CME every year and we would cross cover.

So two weeks was just, I felt like a step backwards. I wasn't going to do that at this point. I was enjoying my holidays. I was beginning to travel. I could go see my kids and could do things I hadn't been able to do with two weeks of holidays a year before that.

So thinking about retirement and thinking about these house calls, I thought about it, thought about it. And then finally when I was about 65, I Thought I'd like, I would like to do this full time. I would like to do house calls full time. So I looked at one of the RFPs that the ministry had put out, and they had a nice list of criteria for frailty. So I just copied and pastd that. Made up a form, an application form, shopped that around to all of the various stakeholders in my community. So the internists, the Emerge docs, the geriatrics guy, the CCCA, Community Care Access Center people, the nursing homes. Sent them a letter, sent them this proposal, and they basically all said, "When are you starting?" And so I found, the next thing was to find something to take my family practice, which was a fairly big one. So I found two women who took over my practice, and I then went with house calls and started with 60 patients and ended up with about 400.

Interviewer: Oh wow.

Jean Skillman: It just grew like the mushrooms because it was such a need for it. And I really liked it. And I liked it for a lot of reasons. I liked it because I felt like I was a doctor again. I felt like I wasn't just pushing paper and filling out forms.

I did not feel as tired doing it because instead of seeing 35 patients a day, I was now seeing 10. Now mind you, they were all complex people. So there was a lot of problem-solving to be done. But I really liked that. So I could spend time actually thinking through a problem from beginning to end in an appointment rather than having to say to somebody, "I haven't got it figured out, we're out of time you have to come back," which is what you do in the office as family doctor. There's this volume thing you do, and there's always this pressure of there's somebody else waiting and you're behind. And so you have to catch up.

So I didn't have that pressure with house calls. And the other thing was I wasn't being constantly interrupted by other people coming in, physically tapping me on the shoulder saying, "I need to talk to you about something."

Interviewer: Yeah.

Jean Skillman: So that was really nice. And that was also made possible by the electronic record and by my phone's hotspot. Which I'd figured out how to use. So I could take my laptop into a patient's home, hook it up to the hotspot on my phone, and lo and behold, I'd be in the patient's computer, stored on the server at the office, enter into that chart and do what I needed to do with it, do my documentation for the visit, do the referrals I needed to do, talk to the occupational therapist or the pharmacist or social worker if I needed to for the patient. And then the visit was done, and then I could go on to the next one so I could get a visit completely done in 20 to 30 minutes.

Interviewer: Oh wow.

Jean Skillman: And then to have travel time and have coffee time in between, have time to think. So I really loved it. And I also had time because during flu season, I didn't have that extra time. During the flu season, lots of people got fit in because they were sick. And I think some days I would've seen 15 people, so I hired a nurse practitioner to help out. So that was real training, and I felt that I had created something important.

So that felt really good.

Interviewer: That's very good.

Jean Skillman: And then when I retired, I retired and somebody else took it over and she's still doing it.

Interviewer: It sounds like a fun job.

Jean Skillman: It was a lot of fun. And it really used, it was like family practice. Internal medicine was great. And I got paid reasonably well for it because I worked in a family health team. In family health team salaries are, I think, a better model than fee-for-service. And the government has opened them up again, I think allowing 30 new doctors to enter family health teams every month for the next year. And they will be 20 months after that, which isn't still enough, but it's something. They closed them off before this last year.

So that was really momentous. And retirement was momentous. So my colleagues joke with me that I retired twice, I suppose I did. I had two parties.

I think the biggest piece of advice is to have a balanced life. And I know there are times in a student's life where you can't do that, but it's a goal that you should have as something you want to see for yourself and balance life. And the other piece of advice is learn something about money and business, because every profession, including medicine, is actually a business. And when you're 45, it's a little late to start learning about it.

Interviewer: Mm-hmm.

Jean Skillman: And the medical schools didn't actually have businessy stuff for us to learn. They taught us all medicine but not business. And I think that's a gap that is unconscionable.