

Surviving 30 years on the road as a team physician

Peter Brukner

I realised the other day that it was 30 years since I did my first overseas tour as a team doctor (World University Games, Edmonton, Canada, 1983). Since then I have lost count of the number of trips that I have with a succession of Australian national sporting teams (swimming, athletics, field hockey, soccer and cricket). It has taken me to Olympic, Commonwealth and World University games, World Championships and World Cups.

It has always seemed pretty straight forward, you travel with the team, you just do your job as conscientiously and enthusiastically as you can, you contribute to the team in as many ways as possible, and you get a lot of satisfaction and enjoyment. You get to work with some amazing athletes and at times make a small contribution to their success.

And yet what seems a fairly simple task does not go well for many sports medicine professionals. I have heard many stories of doctors who have 'failed' on tour and their passports stamped 'never to tour again'.

WAYS TO FAIL AS A DOCTOR ON TOUR

There have been the party animals, the ones who are in the bar every night. There are the ones who try and be best mates with the athletes and join them out socialising. There have been the ones who are branded as 'tourists', always out shopping or sightseeing and never there when needed.

There have been doctors who spent the whole tour taking literally thousands of

photos (and have been mistakenly identified as the team photographer). Then there was the one who arrived at his first training session took his shirt off and proceeded to work on his suntan for the duration of the tour. Or the doctor who sat in the front seat of the tour bus in the seat usually occupied by the coach and refused to budge. Then there was the doctor who drank too much and tried to move in on a player's romantic interest. There are those who are always running late, keep the team bus waiting, late for team meals, wear the wrong uniform and basically think there is a rule for them and one for the rest of the team. They do not last long.

HABITS OF HIGHLY EFFECTIVE TEAM DOCTORS

So what is the secret of survival and more importantly doing a good job and enjoying the experience. The first rule is be available. Unfortunately as a doctor you can never predict when you will be needed and there is nothing worse than an athlete looking for the team doctor and being told that he cannot be contacted, or that he is off shopping or sightseeing. So I rarely go shopping or sightseeing unless the whole team is doing something similar.

Fitting in with the team rules and customs is essential. You do not want to draw attention to yourself by being different. Wear the correct uniform, turn up on time (I always aim for 10 minutes early) for meals and the team bus, find out where you should sit in the bus and sit there (there is often a pecking order of seating on team buses). Do not hide in your room all the time, be seen in the treatment room.

As a doctor you spend a lot of time at team training. Do not sit down and read a book, get involved, help out, pick up stray balls, fill drink bottles, put out cones for the fitness staff or coaches, record times and other data, generally assist the team as much as you can. When travelling or packing up after a game, help carry equipment and bags to the bus and help unload at airports and hotels.

You can also contribute to team events and culture. I have organised quiz nights, tipping competitions, arranged guest speakers and even carried out a 'This is your life' show.

You do have plenty of spare time while on tour and I have always tried to use that time productively. I save much of my journal reading for trips away and try and do some writing—I am writing this in the Australian dressing room at Chennai, India during the first cricket test.

I suspect the reason that some doctors struggle is that they are used to being the centre of their working universe. Hospitals and clinics revolve around doctors, and other staff such as receptionists, nurses and paramedical staff are there to make the doctor's working life easier. On tour, however, the doctor is a small cog in a very large wheel where the players and the coach are the key people. The doctor is there to provide service. If you cannot handle that concept then probably you should not tour.

I would encourage anyone to take the opportunity to travel internationally with a team if they get the chance. It does not suit everyone's personality or their desired work environment, but there are enormous benefits to be gained.

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