



ADHC 2019

AUSTRALASIAN DOCTORS'
HEALTH CONFERENCE
22-23 NOVEMBER 2019
PERTH AUSTRALIA

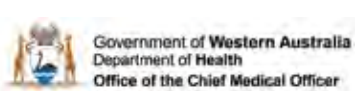
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FINAL PROGRAM



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Profession**

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The Doctors' Health Service Pty Ltd is an independent service supported through funding from the Medical Board of Australia.

DRS4DRS

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Promoting a healthy medical profession

New website and learning platform to be launched at the Australasian Doctors' Health Conference

DRS4DRS has been developed by the medical profession for the medical profession.

Through our network of doctors' health advisory and referral services, we offer an independent, safe, supportive and confidential service.

DRS4DRS promotes the health and wellbeing of doctors and medical students across Australia.

We're here to help you find the support you need – online resources, referral services and importantly for wellbeing, we'll help you find a GP.

The new Drs4Drs.com.au website is a one-stop-shop for the profession and medical students providing advice, resources and contacts to ensure the wellbeing of the profession.

Doctors' Health Services Pty Ltd has at its core, the need to ensure that doctors and medical students, no matter where they live, have access to consistent and readily available services. The services include health-related triage, one-on-one advice and online resources.

The site has a learning platform for doctors who want to be a doctor for doctors. Completion of the modules is recognised with a certificate which can be submitted to RACGP and/or ACRRM for CPD points.

The State/Territory providers also deliver education programs for medical students and training for doctors to treat other doctors.

Currently in development is the DRS4DRS telemedicine mental health platform which will be launched in early 2020.

Doctors' Health Services has a small Board that is supported and advised by its Expert Advisory Council composed of nominees of the State providers as well as a doctor in training, a medical student and a nominee of the Australian Medical Association. The Council also includes a member representing entities in New Zealand that provided doctors' health services.

Doctors' Health Services is a wholly-owned subsidiary company of the Australian Medical Association and is funded by the Medical Board of Australia. There is no connection between the providers and the Medical Board of Australia.

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Ramsay Health Care is the largest private hospital operator in Australia with 72 hospitals located across the country.

Working together with universities, governments, specialist colleges and other teaching institutions, Ramsay Health Care provides undergraduate and postgraduate clinical training that is unparalleled in the private hospital sector.

Ramsay's ethos 'People Caring for People' extends to a broad range of stakeholders including our medical staff. We understand the importance of individual and team wellbeing in providing safe and high quality patient-centred care.

Further information about Ramsay Health Care can be found at www.ramsayhealth.com

KEYNOTE SPEAKERS

DR JANE LEMAIRE

Dr Jane Lemaire is a Clinical Professor, Division of General Internal Medicine, and Vice Chair, Physician Wellness and Vitality, Department of Medicine at the Cumming School of Medicine, University of Calgary. She and her research colleagues have passionately advocated for recognition of physician wellness as a quality indicator of healthcare systems, and a shared responsibility for physician wellness that lies with individual physicians, the medical profession and healthcare systems.



Dr Lemaire received the 2016 Canadian Medical Association Misericordia Award for her contributions to physician wellness.

She is also the Director of Wellness at the Office of Professionalism, Equity and Diversity, as well as the Wellness Lead at the W21C Research and Innovation Center, Cumming School of Medicine, University of Calgary.

The W21C Wellness team has studied determinants of physician wellbeing, explored workplace nutrition on physician wellness and studied the influence of coping strategies and personalities on physician wellness.

Recent research explores how contextual factors within the complex healthcare work environment are linked to physician wellness, and patients' views on physician wellness and how it links to patient care.

Since 2018, with support from provincial stakeholders in healthcare, Dr Lemaire and the wellness team have created the Well Doc Alberta Initiative, a pan-provincial approach to physician wellness.

EMERITUS PROFESSOR GEOFF RILEY

Emeritus Professor Geoff Riley graduated from The University of Western Australia (UWA) in 1974 and trained in Psychiatry in Perth and London before spending ten years in rural general practice.



In 1991, he was invited to join the UWA Faculty of Medicine as a member of the School of Psychiatry, and in 2004, he was appointed Head of the School of Psychiatry.

In 2008, Emeritus Professor Riley was appointed Head of The Rural Clinical School of Western Australia and Professor of Rural and Remote Medicine. He was also Head of the School of Primary, Aboriginal and Rural Health Care.

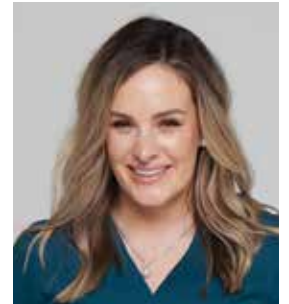
Emeritus Professor Riley was a member of The Medical Board of Western Australia for a decade from 1996 to 2006.

In 1988, with three colleagues, he established and then coordinated the 'Colleague of First Contact' service in Western Australia. This has been superseded by the Doctors' Health Advisory Service of Western Australia of which he is the Patron. He is particularly known for caring for medical professionals and their families in Western Australia.

Emeritus Professor Riley was appointed a Member of The Order of Australia (AM) in 2010.

DR NIKKI STAMP

Dr Nikki Stamp holds a Bachelor of Medicine and Bachelor of Surgery with Honours from UWA and holds a Fellowship of the Royal Australasian College of Surgeons, specialising in cardiothoracic surgery.



She works as a cardiac surgeon and has a special interest in heart disease in women and transplantation. Dr Stamp has a strong desire to change the way we think about health and she is committed to raising awareness of women's heart disease, currently the number one killer of Australian women.

As a strong advocate for heart health, Dr Stamp hosted *Heartbeat: The Miracle Inside you* on ABC's flagship science show *Catalyst*, and is author of the book *Can You Die of a Broken Heart?* exploring our most amazing organ, the heart.

She was the expert commentator on Channel 7's *Operation: Live* and also appears regularly on national shows such as *The Today Show*, *Studio 10* and ABC's *Matter of Fact*.

Dr Stamp is a passionate advocate for women achieving in domains that are traditionally dominated by men and is a strong advocate for the importance of self care and work-life balance. She has written for publications including *The Huffington Post*, *The Guardian*, *The Sydney Morning Herald* and *Mammamia*.

Dr Stamp is a sought-after speaker, mentor and prominent participant in the *I Look Like a Surgeon* and *This is What We Look Like* campaigns, which aim to provide women with strong, positive role models. She was nominated for *Cosmopolitan's* Woman of the Year – Game Changer and one of *Harper Bazaar's* Women of the Year for 2017, as well as one of *Time Out Sydney's* 40 Under 40 and *Mamamia's* Inspirational Women You Can Look Up To.

DR ANNE TONKIN

Dr Anne Tonkin is Chair of the Medical Board of Australia which is responsible for registration and regulation of all doctors in Australia. She has been involved in medical regulation for more than 10 years and was first appointed to the Medical Board of South Australia in 2009, prior to the National Scheme. She held the position of Chair of the South Australian Board from 2012 until she was appointed as Chair of the National Board in 2018.



Dr Anne Tonkin trained as a general physician with a sub-specialty in clinical pharmacology and practised at the Royal Adelaide Hospital for more than 25 years. She was a clinical academic in the Adelaide Medical School for 22 years, becoming Professor in Medical Education with responsibilities for curriculum planning and implementation.

Dr Tonkin has also served the Australian Medical Council as a council member and had long-standing involvement with its accreditation processes for medical school and specialist colleges up until her appointment to the Medical Board of Australia.

Through her sub-specialty in clinical pharmacology, Dr Tonkin has been involved in drug regulation nationally for more than 20 years. She has served terms on the Australian Drug Evaluation Committee and the Pharmaceutical Benefits Advisory Committee and provided evaluation services to the Therapeutic Goods Administration for many years.

DR GEOFF TOOGOOD

Dr Geoff Toogood is a cardiologist and specialist consulting aviation cardiologist who has practised for 20 years on the Mornington Peninsula. He has held The Director of Cardiology position at Frankston Hospital and is a



Fellow of the College of Physicians, Cardiac Society and the prestigious Heart Rhythm Society.

He is trained and skilled in all aspects of device therapy and follow up.

Dr Toogood established the pacing services on the Mornington Peninsula, inserting the first pacemakers (this also applies to ICD and CRT devices) and has run the pacemaker clinic since 1993.

He is the CrazySocks4Docs campaign founder, an ambassador for Beyond Blue (speaking regularly in the area of mental health) and a passionate advocate for doctors' mental health.

PROFESSOR FIONA WOOD

Professor Fiona Wood has been a burns surgeon and researcher for over 20 years and is Director of the Burns Service of Western Australia.



She is a Consultant Plastic Surgeon at Fiona Stanley Hospital (previously at Royal Perth Hospital) and Perth Children's Hospital, co-founder of the first skin cell laboratory in Western Australia, Winthrop Professor in the School of Surgery at UWA and co-founder of the Fiona Wood Foundation (formerly The McComb Foundation).

Professor Wood's greatest contribution and enduring legacy is her work with co-inventor Marie Stoner, pioneering the innovative 'spray-on skin' technique (Recell), where today the technique is used worldwide.

In October 2002, she was propelled into the media spotlight when the largest proportion of survivors from the 2002 Bali bombings arrived in Perth where she led the medical team at Royal Perth Hospital to save many lives.

Professor Wood was named a Member of the Order of Australia (AM) in 2003. In 2004, she was presented the WA Citizen of the Year Award for her contribution to medicine in the field of burns research. Professor Wood was then named Australian of the Year for 2005. She is a Fellow of the Australian Academy of Health and Medical Science, and an Australian living treasure.

Fiona is married to fellow surgeon Tony Kierath and is mother to four boys and two girls.

DINNER SPEAKER

DR AHMED KAZMI

Dr Ahmed Kazmi is a British GP and comedian who splits his time between the United Kingdom and Australia.



He has performed at several prestigious international Fringe and Comedy Festivals and regularly speaks to doctors about self care and mental health wellbeing.

Dr Ahmed performed at this year's Fringe Festival in Perth. After titillating and amusing us with his sell-out comedy show at the 2017 Festival, he came back with a more visceral, more musical offering in 2018 and 2019.

Dr Ahmed is very excited to speak at the conference dinner.

REGISTRATION DESK

Please visit the registration desk if you have any questions relating to the conference program, venue locations or social events. Located in the Exhibition area, the registration desk will be open during the following times:

Thursday 21 November 2019	4.30pm-7.00pm
Friday 22 November 2019	6.45am-5.00pm
Saturday 23 November 2019	6.45am-1.00pm

Conference organisers

ON-SITE CONTACT

Katie Kindleysides

Events Coordinator
M 0436 922 903

**RURAL
HEALTH
WEST**

Thursday 21 November 2019

TIME	EVENT
5.30pm-7.00pm	Welcome Sundowner Bourbon Lounge, Ball and Chain Bar – Esplanade Hotel Fremantle by Rydges

Friday 22 November 2019

TIME	EVENT
7.00am-8.00am	Yoga in the park Esplanade Park

8.15am REGISTRATION – welcome tea and coffee

OPENING PLENARY

TIME	ROOM	EVENT	SPEAKER/PRESENTER
8.45am	SIRIUS	Welcome to Country	Mr Trevor Stack
		Welcome from Conference Chairperson	Dr David Oldham Chairperson Doctors' Health Advisory Service Western Australia
		Welcome from Diamond Sponsor	Dr David Russell-Weisz Director General Department of Health Western Australia
		Welcome from Platinum Sponsor	David Brennan Chairperson Doctors' Health Service
9.30am	SIRIUS	Keynote address Good culture and teamwork	Professor Fiona Wood Fiona Stanley Hospital
10.15am	SIRIUS	Keynote address Why physician wellness matters <i>Sponsored by the Government of Western Australia Department of Health Office of the Chief Medical Officer</i>	Dr Jane Lemaire University of Calgary

11.00am **EXHIBITION AREA** MORNING TEA AND POSTER PRESENTATIONS



This activity is accredited for Category 2 points, as part of the RACGP Quality Improvement & Continuing Professional Development Program in the 2017-19 triennium. Activity number 169844.

This activity is accredited by ACCRM in the 2017-19 triennium. Activity number 17745.



DOCTORS CARE FOR PEOPLE - BUT WHO CARES FOR THE DOCTORS?



I'm Sharee Johnson, Registered Psychologist, ICF-Accredited Executive Coach, and Mindfulness Teacher. As principal of **Coaching for Doctors**, I work exclusively with doctors, helping them to take better care of themselves and their patients.

Our proactive programs help doctors to:

- Perform at their peak
- Lead others effectively
- Deal skilfully with workplace challenges
- Maintain optimal health and wellbeing
- Relate better with colleagues and patients
- Reconnect with their purpose & feel more fulfilled
- Live a more balanced life
- Avoid burnout

Doctor Immersion Program

Our unique flagship program brings together small groups of doctors for a 10-month learning journey consisting of **1:1 coaching, workshops and retreats.**

Instead of just "surviving" at work, doctors leave better equipped to care for themselves and their patients and feel more fulfilled and balanced in work and life.

Registrations for our next program open on 1 September 2019. Call NOW for a free consultation to find out more.

Coaching for Doctors

Coaching is a collaborative, reflective process that enables growth and development. Through building the skills of mindfulness, compassion and awareness, doctors feel empowered and supported to deliver the best possible patient care, coupled with improved self-care, greater purpose and connection, and enhanced leadership and people skills.

Coaching is available:

1:1, for groups or practices, online and via workshops.

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coachingfordoctors.net.au



sharee@skjconsulting.com.au



Friday 22 November 2019

ABSTRACT PRESENTATIONS

TIME	ROOM	EVENT	SPEAKER/PRESENTER
11.30am	SIRIUS	11.30am Long Lives, Healthy Workplaces – a framework for anaesthesia departments	Prani Shrivastava Sir Charles Gairdner Hospital and Perth Children's Hospital
		11.45am Helping doctors stay well – lessons from the diary of a Doctors' Wellbeing Officer	Richard Read Royal Perth Bentley Group
		12.00pm A doctor's wellbeing success story at Royal Perth Bentley Group	Lucy Kilshaw Royal Perth Bentley Group
		12.15pm Developing a training support unit – the experiences of a specialist medical college	Carly Moorfield The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
		12.30pm Developing the skills to create healthy workplaces – the challenge for doctors	Peter Connaughton Australasian Faculty of Occupational and Environmental Medicine
		12.45pm Appreciation month – an online-based initiative to boost morale and positivity in the hospital workplace	Albert Van Wyk Fiona Stanley Hospital
	PLEIADES	11.30am Physician self care – what it means and why it matters morally	Pacifico Eric Calderon The University of Sydney
		11.45am Medical benevolence – collegiate support 'by doctors for doctors'	Ida Chan Medical Benevolent Association of NSW and ACT
		12.00pm The peers in peer support – challenges and highlights of supporting fellow doctors in crisis	Claire Hutton Monash University
		12.15pm Caring for doctor-patients – yes, compassion and equanimity can co-exist	Margaret Kay and Vicky Dawes Queensland Doctors' Health Programme
		12.30pm Unaccredited registrars – doctors lost in limbo	Beatrice Kuang Royal Adelaide Hospital

Friday 22 November 2019

ABSTRACT PRESENTATIONS

TIME	ROOM	EVENT	SPEAKER/PRESENTER
11.30am	ADMIRALTY GULF	11.30am Practising under adversity – claims, complaint and investigation	Hilary Fine Medical Indemnity Protection Society Ltd
		12.00pm Reduce, reuse, recycle – making education fit for purpose	Christine Watson and Jean Murphy Top End Health Services
		12.15pm Winning the ACEM Wellbeing Award 101	Andrew Toffoli St John of God Midland Hospital and Fiona Stanley Hospital
		12.30pm What happened next ...	Andrew Tagg Western Health
	CARNAC	11.30am A job for life – helping doctors stay active in the workforce	Jill Benson, Emily Kirkpatrick and Phoebe Holdenson Kimura GPEX
		12.30pm RPA Choir – singing for health	Isabel Hanson Royal Prince Alfred Hospital
1.00pm	EXHIBITION AREA	LUNCH AND POSTER PRESENTATIONS	
1.45pm	SIRIUS	Keynote address What is 'burnout' and what should we do about it?	Emeritus Professor Geoff Riley The University of Western Australia
	PLEIADES	Keynote address Doctors' health and the Medical Board of Australia	Dr Anne Tonkin Medical Board of Australia
CONCURRENT SESSIONS			
TIME	ROOM	EVENT	SPEAKER/PRESENTER
2.30pm	SIRIUS	Staying well in medicine – a light-hearted look at thriving in a difficult profession	Ahmed Kazmi General Practitioner
	PLEIADES	Tips and hacks for managing high pressure – a perspective from a military aviator	Ray Werndly Human Ballistics
	ADMIRALTY GULF	Transition to retirement – challenges and stresses	Emeritus Professor Geoff Riley The University of Western Australia
	CARNAC	Coping strategies in the hospital work environment	Jane Lemaire University of Calgary
3.15pm	EXHIBITION AREA	AFTERNOON TEA AND POSTER PRESENTATIONS	

Friday 22 November 2019

ABSTRACT PRESENTATIONS

TIME	ROOM	EVENT	SPEAKER/PRESENTER
3.45pm	SIRIUS	Building work resilience – sustaining practice: finding meaning at work	Jill Benson and Ronda Bain GPEX
	PLEIADES	Workplace bullying – current issues for doctors in training and supervisors	Hayley Legrand Avant Mutual
	ADMIRALTY GULF	Treating practitioner mandatory reporting – How far have we really come? Where should we go?	Roger Sexton Doctors' Health SA Timothy Bowen MIGA
	CARNAC	Creative Careers in Medicine	Marisa Magiros GP Synergy Amandeep Hansra Creative Careers in Medicine
4.15pm	SIRIUS	Keynote address My story and the history of Crazysocks4docs	Dr Geoff Toogood Cardiologist and Crazysocks4docs Founder
5.00pm CLOSE OF DAY ONE			
6.30pm-11.00pm	Conference Dinner Bather's Beach House, Fremantle DRESS: Cocktail		Guest speaker Dr Ahmed Kazmi General practitioner and comedian

AUSTRALIAN MEDICAL ASSOCIATION (WA)
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Doctor Wellbeing is Good Medicine

Our advocacy has resulted in:

- WA's unique Mandatory Reporting Treating Practitioner Exemption
- The AMA (WA) Hospital Health Check (DiTs)
- Clinical Engagement & Morale Survey (senior doctors)
- Fighting for your employment rights
- Protecting access to Annual Leave




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Government of Western Australia
Department of Health



Saturday 23 November 2019

7.00am-8.00am **Walking tour of Fremantle**
Meet in Foyer of Esplanade Hotel Fremantle by Rydges

TIME	ROOM	EVENT	SPEAKER/PRESENTER
9.00am	SIRIUS	Keynote address I look like a surgeon	Dr Nikki Stamp Cardiothoracic surgeon

ABSTRACT PRESENTATIONS

TIME	ROOM	EVENT	SPEAKER/PRESENTER
10.00am	SIRIUS	10.00am Building resilience in medicine – a South Australian pilot project	Jill Benson, Roger Sexton and Kiara Cannizzaro GPEX
		10.15am HOTSPOTS – the development and implementation of an anti-bullying initiative in the Auckland medical program	Fiona Moir University of Auckland
	PLEIADES	Care under pressure <i>Sponsored by Avant Mutual</i>	Morag Smith and Hayley Legrand Avant Mutual
	ADMIRALTY GULF	10.00am Why is 'retiring gracefully' such a challenge in intensive care?	Charlotte Chambers Association of Salaried Medical Specialists, New Zealand
		10.15am Piloting an online educational program to assist late-career practitioners in advanced career planning	Jill Gordon Australasian Doctors' Health Network
		10.30am Art of Medicine	Kiara Cannizzaro Doctors' Health SA

10.45am EXHIBITION AREA MORNING TEA AND POSTER PRESENTATIONS

11.15am	SIRIUS	Tackling the mental ill-health of doctors and medical students	Sally Fitzpatrick Everymind Samineh Sanatkar Black Dog Institute Michelle Lamblin Orygen
		PLEIADES	More than a mindful moment – enabling the compassionate workplace Margaret Kay and Vicky Dawes Queensland Doctors' Health Programme Anne Ulcoq Doctors' Health Advisory Service Queensland
		ADMIRALTY GULF	Art in medicine – an experiential workshop Ameeta Patel Gwandalan Summerland Medical Centre

Saturday 23 November 2019

TIME	ROOM	EVENT	SPEAKER/PRESENTER
12.00pm	SIRIUS	Panel discussion Medical workplaces of the future	<i>Facilitated by Dr David Oldham</i> PANELISTS Dr Roger Lai, Dr Jane Lemaire, Dr Sarah Newman, Emeritus Professor Geoff Riley, Dr Nikki Stamp
12.50pm	SIRIUS	Thank you and farewell	Dr David Oldham Conference Chairperson
1.00pm		CLOSE OF CONFERENCE	

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**RURAL
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BreastScreen WA – Supporting West Australian women’s health and wellbeing for over 30 years!

2019 marks the 30th anniversary of WA’s only accredited breast cancer screening service, BreastScreen WA.

From a single clinic in Cannington opened in 1989, with one X-ray machine, BreastScreen WA has grown into a state-wide, contemporary screening service that uses the latest technology to access and image the women of WA. BreastScreen WA now has 11 permanent clinics, including one in Bunbury and four mobile units travel around WA.

In 1989 BreastScreen WA performed 4,685 mammograms and in 2018 screened nearly 125,000 women. BreastScreen WA has performed well over 2 million mammograms during the past 30 years.

Dr Liz Wylie, Medical Director, BreastScreen WA, observed that BreastScreen WA has seen many technological improvements in its thirty years and continues to provide a first class service with highly trained staff at all of its clinics.

All WA women aged 40 and above, with no breast symptoms, are eligible for a free mammogram and may book their appointment online at www.breastscreen.health.wa.gov.au or by calling 13 20 50.



Visit: breastscreen.health.wa.gov.au
or call: 13 20 50



Government of Western Australia
North Metropolitan Health Service

ABSTRACT SESSION OUTLINES

Long Lives, Healthy Workplaces – a framework for anaesthesia departments

Prani Shrivastava*

Sir Charles Gairdner Hospital and Perth Children's Hospital

Friday 22 November | 11.30am | SIRIUS

Long Lives, Healthy Workplaces is a toolkit developed by Everymind (formerly the Hunter Institute of Mental Health) funded by the Australian Society of Anaesthetists and additional funding provided by the Prevention Hub. It was conceived by Dr Tracey Tay and the Welfare of Anaesthetists Special Interest Group in response to the Beyond Blue National Mental Health and launched in 2018.

It is designed to be utilised in anaesthesia departments, private practices and also individuals. The toolkit brings together the best available evidence for what works to prevent and respond to mental ill-health and applies it to the context of an anaesthesia department.

It offers an evidence-based framework and a toolkit of suggested actions that are relevant to anaesthetists and the environment in which they work. It contains an assessment tool that assists departments to evaluate their own workplaces and strategise, and implement change.

The toolkit identifies five broad strategies which incorporate risk reduction, reducing stigma, responding to those needing support, supporting those impacted by mental ill-health and suicide, and improving leadership, data and information.

Helping doctors stay well – lessons from the diary of a Doctors' Wellbeing Officer

Richard Read*

Royal Perth Bentley Group

Friday 22 November | 11.45am | SIRIUS

Physician Heal Thyself – reports of increasing incidence of mental health disorders and suicidal ideation suggest that the medical profession as a whole has taken this old adage too seriously. Many doctors have held the view that to show vulnerability and seek professional help impairs their capacity to help others. In some jurisdictions, mandatory reporting of a diagnosis of mental illness in a fellow doctor has created further barriers to doctors seeking much needed professional assistance.

The Doctors' Wellbeing Program at Royal Perth Hospital (RPH) commenced in January 2017 with the appointment of a Junior Doctors' Wellbeing Officer. In less than three years, the enthusiastic uptake and endorsement of the program by Western Australian junior doctors has shown that there is not only widespread recognition of the need for better support structures for doctors in training, but that junior doctors have a hunger for opportunities to share their experiences (both struggles AND victories) with their peers when provided with a safe environment to do so.

Each year, RPH intern doctors are volunteering in increasing numbers to join peer group sessions during which they reflect not on the issues themselves, but on how these experiences have impacted their emotional and spiritual wellbeing, and their sense of meaning and purpose as a healthcare professional.

In 2018, 68 of the 86 interns participated in a research project monitoring their mental health and wellbeing over a full year. Changes in levels of depression, anxiety, stress, resilience and burnout were recorded and factors contributing to these changes investigated. Risk of burnout was significantly affected by teamwork/cohesion, opportunities to develop clinical skills, and overall workload.

This presentation will draw out the key lessons we have learnt from this innovative and unique program.

ABSTRACT SESSION OUTLINES

A doctor's wellbeing success story at Royal Perth Bentley Group

Lucy Kilshaw*

Royal Perth Bentley Group

Friday 22 November | 12.00pm | SIRIUS

Wellbeing at Royal Perth: a story of success and widespread cultural change through award winning Doctors Wellbeing initiatives.

Royal Perth Bentley Group (RPBG) has emerged as a leader in the development and delivery of services to improve the wellbeing of junior medical officers (JMOs) and to foster an organisation-wide culture of wellbeing. RPBG JMOs were experiencing disturbing levels of burnout and mental health challenges. Key to the success of the program was the creation of a dedicated Wellbeing Officer (WBO) position, the appointment of a Pastoral Care professional to that role and the high level of collaboration between the WBO, Medical Education, JMOs, occupational health team, pastoral educators and key hospital leaders. The program was a finalist in the 2017 WA Health Excellence Awards and received commendations in the Rotary Allied Health Team Excellence Awards and ACHS Quality Improvement Awards in 2018. The author won the 2018 WA and national Clinical Educator of the Year Award based on this work.

The presentation will cover the background drivers and approach to RPBG's evolving and expanding collection of wellbeing initiatives:

- How we got buy-in from JMOs and support from hospital executive
- How we secured funding
- How the program's success surprised and motivated the team to do more.
- How it reinvigorated the importance of staff wellbeing as one of the key pillars of the organisation's vision and values.

Results

- Strong and incremental engagement in peer groups
- Increased referrals of Residents/Registrars/Consultants to WBO
- Majority of 2018 interns joined a prospective research study tracking mental health parameters
- WBO increased to 1.6FTE.
- AMA Hospital Health Check results show decreased burnout, improved culture, wellbeing and morale amongst RPBG JMOs.
- RPBG attracting higher numbers and calibre of graduating doctors.
- Development of a 'train the trainer' curriculum to expand the program to other campuses.

Developing a training support unit – the experiences of a specialist medical college

Paula Fernandez*

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Friday 22 November | 12.15pm | SIRIUS

Acknowledging the need to provide professional and personal support to doctors in training, the Training Support Unit (TSU) of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) was formed in 2017, within the Education and Training Directorate. The emergence of women in medicine is predominant at RANZCOG, where 82% of trainees are female. Being an O&G specialist is rewarding, but it takes hard work, determination and sacrifice. The hours are long whilst coping with the demands of a busy profession; developing skills, building knowledge as well as balancing family and personal commitments can be challenging. One of the key objectives of the TSU is to provide personal and professional support to trainees and their supervisors through an environment that is safe, welcoming and non-judgemental.

This presentation will discuss initiatives such as providing access to emotional and psychological support, the development of workshops to drive cultural and educational change, improve capacity to provide compassionate care and the establishment of partnerships with internal and external stakeholders.

Data relating to the personal and professional issues affecting trainees will be presented, including tips and strategies that assist trainees to achieve their goals. Participant feedback from the following workshops will be presented:

- Training Supervisor Workshop
- THRIVE for trainees
- Respectful workplaces

Critical success factors, such as working with committees, effective use of social media and marketing, and participation at trainee events will be discussed. The presentation will also outline challenges faced establishing a wellbeing-focused initiative in a medical educational college, with particular focus on the barriers to 'help-seeking' by doctors in training.

Developing the skills to create healthy workplaces – the challenge for doctors

Peter Connaughton*

Australasian Faculty of Occupational and Environmental Medicine

Friday 22 November | 12.30pm | SIRIUS

This presentation will challenge doctors to reflect on the need to develop new skills and knowledge in order to create healthier workplaces for themselves, their colleagues and for doctors in training. Workplace stress, burnout and job dissatisfaction can arise from a broad range of causative and contributory factors. Strategies that are focused only on building resilience in individuals do not address broader issues in organisations, including leadership, organisational culture and operating systems.

Results will be presented from the International Occupational Medicine Society Collaborative survey of burnout and stress in healthcare providers in 26 countries. The successful 'Health Benefits of Good Work' campaign by the Australasian Faculty of Occupational and Environmental Medicine will be described and explained. The campaign is leading a paradigm shift to focus on creating 'good work' and is based on compelling evidence that 'good work' is beneficial to health and wellbeing. The campaign brings together approximately 250 organisations in Australia and New Zealand to encourage employers' support for workers' health and to advocate for improved policies on work and health.

The reasoning will be explained behind why we should be creating workplace environments that are mentally healthy and that promote wellbeing. They include ethical responsibility, improved patient safety outcomes, compliance with legal obligations, enhanced performance and quality, and on average, a positive return on investment.

The strategies applied by occupational physicians to improve work environments will be described, including systems theory, organisational behaviour, negotiation strategies and leadership. The magnitude of the current challenges in healthcare require strategic, targeted and professional approaches to identifying workplace hazards, reducing risks and promoting mental health.

Appreciation month – an online-based initiative to boost morale and positivity in the hospital workplace

Albert Van Wyk*, Rebecca Long and Ruwani Rajapaksa
Fiona Stanley Hospital

Friday 22 November | 12.45pm | SIRIUS

Workplace culture and relationships are associated with increased job satisfaction, reduced staff turnover and improved morale. However, there are few published practical interventions on how to address these in the hospital setting.

We present a hospital-based initiative aimed at engaging healthcare staff in expressing appreciation and thanks to their colleagues or departments, thereby promoting a culture of positivity in the workplace.

Participants included staff amongst three hospitals within the South Metropolitan Health Service of Western Australia.

An online forum was established for the month of May 2019, which participants could access through a link that was widely disseminated through print and online media.

The online platform included a submission form where users entered basic demographic information (with the option of anonymity) and their words of appreciation or thanks. This was sent to a third-party site where administrators could moderate content to ensure it was appropriate and confidential. Comments were then posted to the initial site, where participants could view their responses and those of others.

Eighty-four comments were submitted throughout the month, with widespread engagement from staff across medical, nursing and allied health sectors. Qualitative data in the form of participant comments demonstrated willingness to express gratitude on a public forum through personal comments of thanks to individuals or teams, and general sentiments of appreciation for positive aspects of the workplace environment. Furthermore, participant comments and feedback from other welfare groups within the health service showed enthusiasm for the intervention and a need for its continuation in future.

The 'Appreciation Month' initiative was a low-cost, feasible and acceptable means of engaging healthcare staff in promoting positivity in the workplace. The framework is well established, easily replicated and the authors invite others to adapt and share this initiative in their workplace.

ABSTRACT SESSION OUTLINES

Physician self care – what it means and why it matters morally

Pacifico Eric Calderon*

The University of Sydney

Friday 22 November | 11.30pm | PLEIADES

The current discourse on physician wellbeing or flourishing highlights whether and how its contributing determinants (self-care included) have been put aside by the technical and emotional demands of medicine.

In this paper, I seek to do two things. Firstly, I map scholarly views on what it means for the physician to actively practise self-care. A wealth of philosophical material construes self-care as an awareness of self and of one's place in the world, and the ability to comprehensively cultivate one's own wellbeing using such awareness. Nevertheless, there is little scholarship that articulates how physician self-care is/should be perceived and practised particularly in the context of the physician's personal needs, their metaphysical and professional vulnerabilities, and the contemporary healthcare landscape. Secondly, I offer critique of physician self-care as a practice, ethical ideal and moral disposition. Considering self-care a personal responsibility, I bring to question whether its current notion brings the physician empowerment and/or marginalisation.

While it appears challenging to jigsaw various formulations and views together, a critical understanding of physician self-care as a fundamental pillar of the medical profession – and not just an indulgent or fringe practice – offers an opportunity for the physician to take over their wellbeing and self-preservation.

I conclude with optimism to contribute to a more robust discussion and prolific possibilities for physician self-care.

Medical benevolence – collegiate support 'by doctors for doctors'

Ida Chan*

Medical Benevolent Association of NSW and ACT

Friday 22 November | 11.45pm | PLEIADES

While doctors are less likely than the general population to suffer lifestyle-related illnesses such as heart and smoking-related disease, evidence shows doctors are at greater risk of mental illness and stress-related problems, and more susceptible to substance abuse. Depression and anxiety are common among doctors with suicide rate higher than the general population. Doctors struggle to move from being 'helper' to 'the helped'. The Medical Benevolent Association of NSW provides financial assistance and counselling support to medical practitioners and families in need, and is as vital as it was when formed in 1896.

Doctors are not immune to crisis, illness and personal tragedy and the Association lives the ideals and values of our caring profession as a modern-day embodiment of the Hippocratic Oath – *To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money, to give him a share of mine, and to regard his offspring as equal to my brothers.*

The Association is assisting over 70 medical families in need, with a wide range of requests, from help getting back into the workforce (those with children with significant developmental or medical issues) to those unable to work due to physical or psychological health issues, accident, illness and crisis. With a dedicated social worker providing ongoing support and the ability to alleviate financial stress, the Councillors bring collegiate support to the work – 'giving back' to medical colleagues and emulating the thoughtful, kind, independent group who started the Association over 120 years ago. Members bring to the table a variety of personal attributes, combined with the skills and knowledge of their various specialties and drawing from retired, experienced and recently-qualified doctors.

Our paper will explore various ways in which collegiate support can 'make a difference'.

The peers in peer support – challenges and highlights of supporting fellow doctors in crisis

Claire Hutton*, **Grant Russell**, **Chris Barton** and **Penny Round**

Monash University

Friday 22 November | 12.00pm | PLEIADES

AMA (Vic) introduced its Peer Support Service (PSS) in 2008, a phone service for doctors experiencing difficulties in relation to either work or personal issues. Callers can remain anonymous, and fellow doctor volunteers who receive training and ongoing supervision for the role, answer their calls. For a profession with numerous well-documented barriers to seeking help, the use of peers represents an important and distinct form of support.

Objectives: To identify the profile and explore the experiences of the PSS doctor-peer, including:

- Who they are, in terms of demographics such as gender, work status and specialty
- What kind of calls they find most rewarding and most challenging, and why
- What discourses are useful as ways of understanding the experiences of the doctors taking calls from peers in distress?

The design of the study: Case series analysis Doctor-peers completed call records for all calls to the PSS (n=817 calls from 2008-2018). The call record includes an open-text section, for the doctor-peer to note anything they experienced as 'personally' significant about the call, such as challenges with addressing the presenting issue, or managing the emotional state in which the caller presented (e.g. teary, angry).

Setting: The PSS is based in Melbourne, 90% of callers are from Victoria, both from metropolitan and regional/rural areas.

Participants: Doctors who volunteer for the PSS (past and present).

Findings: In progress. Using discourse analysis of the doctor-peers' open-text comments to provide ways of understanding their experiences.

Implication(s) for practice: The study will contribute to a deeper understanding of the dynamics, challenges and rewards of helping fellow doctors.

Caring for doctor-patients – yes, compassion and equanimity can co-exist

Margaret Kay* and **Vicky Dawes***

Queensland Doctors' Health Programme

Friday 22 November | 12.15pm | PLEIADES

Doctors often struggle to navigate their personal healthcare. Challenges to help-seeking are compounded when doctor-patients find the care they receive has been suboptimal.

This presentation explores the doctors' health literature, acknowledging the barriers that doctors may experience. Doctors' personal narratives are used to highlight the need for physicians to enhance their skills when delivering care to colleagues.

Ultimately, a strong therapeutic relationship needs to be much more than a tick box 'Yes' to the question "Do you have a GP?" The therapeutic relationship provides a robust foundation for a doctor's self-care and enables access to medical care when needed.

Drawing upon expert opinion and current research, a framework for 'caring for the doctor-patient' is constructed. The principles of equanimity and compassion are discussed, recognising the tension that can exist when navigating these potentially complex consultations. Enabling the shared decision-making process within the patient-centred consultation can be challenging for the treating-doctor, and the doctor-patient can find it difficult to decide when they might be stepping out of their patient-role.

This framework offers the treating-doctor confidence as their step into their role and provides both doctor-patient and treating-doctor a language for navigating a successful therapeutic journey together.

ABSTRACT SESSION OUTLINES

Unaccredited registrars – doctors lost in limbo

Beatrice Kuang*

Royal Adelaide Hospital

Friday 22 November | 12.30pm | PLEIADES

Earlier this year, Dr Yumiko Kadota's blog about her harrowing experience as an unaccredited plastic surgery registrar spread worldwide through social media overnight.

Whilst certainly not all unaccredited registrars are exploited in the same manner, this case highlighted a subgroup of doctors whose welfare is often overlooked. These doctors may work in the same role for years without career progression and a lack of job security. Unaccredited registrars are prone to minimal formal training or supervision, they are unable to raise concerns about training and supervision without risk of jeopardising their career and the long working hours are biased to after hours.

Unsurprisingly, they report high levels of workplace distress. As an unaccredited registrar, the negative impact on social, family and lifestyle worsens each subsequent year.

Yet, there remains no formal welfare and training support from medical education or training boards. Without an overarching body supporting these doctors, there is a significant discrepancy in the working conditions between hospitals.

This presentation explores the systematic changes within the Australian surgical training program over the years contributing to the creation of the unaccredited registrar position. This includes removal of the basic surgical training program in 2008, increasing examinations and research compulsory for prevocational doctors and the decreasing number of positions into surgical training. It also explores the jurisdiction of the South Australia Medical Education and Training Health Advisory Council and Accreditation Committee to support unaccredited registrars within the State.

As the number of unaccredited registrars continues to increase, the future support of these doctors remains unknown.

The Australian Medical Association has called for a national review to minimise these positions and for the accreditation of these positions by the associated College or by Postgraduate Medical Councils. However, at this stage, there has been minimal impact following these statements.

Practising under adversity – claims, complaint and investigation

Hilary Fine* and Douglas Gallagher

Medical Indemnity Protection Society

Friday 22 November | 11.30am | ADMIRALTY GULF

A face-to-face workshop for students and all medical practitioners.

The personal effect on health practitioners who are involved in civil litigation or who are investigated by AHPRA, Medicare, drugs and poisons authorities, their training provider or hospital can be immense and life changing.

Feelings of anger, denial, regret and loss of self-worth are just some of the common ramifications. Practitioners often feel helpless and do not know where to turn to, keeping the issues to themselves, not garnering the expert advice they need.

There is increasing research regarding these widely recognised consequences and an increasing wealth of practical advice on how to manage these often difficult times.

The workshop will discuss some of the frequent professional and personal consequences that practitioners experience at such times and the various mitigating strategies that can be adopted to minimise adverse impact. In addition, it will become clear how medical defence organisations such as Medical Indemnity Protection Society (MIPS) can advise, assist, support and represent practitioners practising under such adversity.

The workshops will comprise a combination of didactic presentation, video vignettes, case studies, small group discussions and a Q & A session.

Practitioners will appreciate that it is not only the 'bad doctors' who are subject to complaint, claim and investigation. When practising under such adversity, with the right advice and approach, you can successfully navigate that slippery slope and disembark successfully in terms of professional and personal health and wellbeing status.

Learning outcomes

- Describe the potential effects of a complaint, claim or investigation on practitioners.
- Identify resources who can assist and advise you to negotiate this often difficult time.
- Develop a strategy to manage and cope with criticism of your practise.

Reduce, reuse, recycle – making education fit for purpose

Christine Watson* and Jean Murphy*

Top End Health Services

Friday 22 November | 12.00pm | ADMIRALTY GULF

The Top End hospitals Doctors Health and Wellbeing Interest Group was established in 2018, through a desire by several senior clinicians to explore and support doctors' health and wellbeing. The group saw a benefit in exploring linkages to other work occurring in this space. One of our most successful partnerships is with Doctors' Health NT program. They provide guidance and direction for some of our activities and have even dedicated a small budget to enable us to drive our workplan and run some local events.

At the end of 2018 the group undertook a health and wellbeing needs-based survey to inform the areas they would focus on for 2019. Seventy-one medical officers responded; predominantly junior doctors. The top 'area of need' identified by 50% of respondents was education and training on managing difficult, heart sink or aggressive patients.

With a tight fiscal environment, we saw the need to be innovative and started to look to the areas that do this well – could we learn from them? Alcohol and Other Drugs (AOD) service some of our most vulnerable clients and also those who may challenge us the most to get their needs met. The AOD service has developed seminars with strategies to enable them to cope with these difficult consultations, so we wondered if we could adapt their training and make it relevant for any doctors when managing difficult consults. The training examines patient and doctor archetypes, how to identify when you are in a tricky situation and provides some practical tools for doctors to use to keep calm, remain professional and feel confident handling difficult consults. It's now part of the health service education curriculum.

We believe small struggling services who are trying to develop a program may be interested in our approach.

Winning the ACEM Wellbeing Award 101

Andrew Toffoli*, Philip Brooks, Michele Genevieve and Matthew Summerscales

St John of God Midland Hospital and
Fiona Stanley Hospital

Friday 22 November | 12.15pm | ADMIRALTY GULF

In 2018, the Australasian College for Emergency Medicine (ACEM) established the ACEM Wellbeing Award to recognise those members and trainees who are proactively putting in place a well thought through strategy to encourage and promote the physical and mental health of emergency department staff. The St John of God Midland Public Hospital Emergency Department (SJGMPHED) in Perth, Western Australia, was an inaugural winner of the Group section of this award for its novel caregiver Wellbeing program.

The steps required to develop this successful Wellbeing program included: normalisation of wellbeing so that it is considered 'business as usual'; establishment of relevant wellbeing priorities by asking and listening to staff, using a variety of multimodal approaches, strong multidisciplinary collaboration, and having realistic expectations that change can be challenging. Examples of wellbeing initiatives undertaken are highlighted, as are plans for evolution of the program.

Key message: The SJGMPHED caregiver Wellbeing program represents a feasible model that other departments can adopt to enhance the wellbeing of their staff.

ABSTRACT SESSION OUTLINES

What happened next ...

Andrew Tagg*

Western Health

Friday 22 November | 12.30pm | ADMIRALTY GULF

In 2017, in front of a stage of 450 friends and strangers, I came out as someone who had attempted to take their own life. There is a huge stigma about speaking up about mental health and this talk is about the aftermath – about some of the people that came to speak to me afterwards, who speak to me now, about their own struggles.

It is a talk of the ongoing fears of discrimination and job security, coupled with the hope for change.

A job for life – helping doctors stay active in the workforce

Jill Benson*, Emily Kirkpatrick*, Phoebe Holdenson Kimura*, Amanda Howe, Amanda Barnard, and WONCA Working Party on Women and Family Medicine

GPEX

Friday 22 November | 11.30am | CARNAC

Work burnout is currently a topical issue in medicine, with increasing rates of physical and emotional exhaustion across the medical workforce, particularly at times of transition.^[1] The Beyond Blue study reports notable percentages of Australian doctors with high levels of emotional exhaustion (32%) and cynicism (35%), with higher rates of emotional exhaustion among female doctors (38%) than males (27%).^[2]

There is a gender bias towards women being expected to take dual responsibility for domestic and professional commitments. This workshop is based on the work of the World Organization of Family Doctors (WONCA) Women's Working Party and research undertaken on professional resilience in lifecycle transitions. It is noted that major lifecycle transitions such as becoming a parent, moving geographically or developing a major illness can be instrumental in doctors leaving the workforce permanently.

Participants will gain a greater understanding of these transitions and the impact they can have on a doctor's ability to continue working. Rehearsing transition scenarios can be seen as an effective way to prepare both individuals and workplaces for times of transition, with this workshop discussing case-based scenarios. In addition, building up mentors for transitions inside and outside of medicine is important and workforce planning should embrace and expect flexible working.

References:

^[1] Baigent, M., & Baigent, R. 2018. 'Burnout in the medical profession: not a rite of passage'. *The Medical Journal of Australia*, 208(11), 471-472.

^[2] Beyondblue, Oct 2013. *National mental health survey of doctors and medical students*. www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-reporte-nmhdms-full-report_web (viewed June 2019).

RPA Choir – singing for health

Isabel Hanson*

Royal Prince Alfred Hospital

Friday 22 November | 12.30pm | CARNAC

Royal Prince Alfred Hospital has founded its first wellbeing Choir as part of our MDOK program. Our model is a free weekly open-door singing group where all staff are welcome to sing together every Monday. We sing for an hour with musical accompaniment and direction by our Choir master, followed by the opportunity to socialise over tea and snacks.

Our Choir provides an opportunity for staff members to reduce stress, improve wellbeing, experience communal joy and connect with new colleagues from across the hospital.

RPA Choir is an example of creative disruption in action: breaking down hierarchies to bring registrars, nurses, consultants, switch board staff, researchers, residents and interns together to share in the joy of creative expression.

Our research assessment of the Choir is currently underway and will be presented in our brief research review prior to our interactive presentation.

Singing creates connection and can bond large groups of people together through the power of creative expression.

In institutions such as hospitals where burnout is common and effective communication is vital to daily operations, choirs can provide a creative way for people to connect, communicate and experience collective joy.

Building Work Resilience – Sustaining Practice: Finding Meaning at Work

Jill Benson* and Ronda Bain*

GPEX

Friday 22 November | 3.45pm | SIRIUS

Medical training is a difficult period of time when registrars juggle work commitments, study, exams and family demands. We know that doctors are passionate high achievers who have high expectations of themselves and their work output. Research has shown that doctors also have greater levels of burnout, depression and suicidal ideation than similar age cohorts. This poses the question of how to maintain the health and wellbeing of doctors experiencing high levels of stress?

GPEX is currently offering GP registrars one-day resilience training, aiming to build their resilience to sustain their health and relationships and successfully complete their training, while maintaining their passion for medicine. In addition, they will be able to access an interactive app to support their resilience development. This program utilises positive psychology principles to allow participants to reflect on their own practice and explore different ways of managing stressors and relationships, whilst building resilience and wellbeing. The training has been specifically mapped to the needs of doctors, and the participants will be asked to complete assessments prior to, and after the training.

This workshop, Finding Meaning at Work, will explore one component of the full-day course. Research has found that people who report that their work is meaningful, also report feeling more happy and satisfied with their life, and experience greater wellbeing. The workshop will explore how connecting with values and finding the meaning (the why) within a career, can build satisfaction and wellbeing.

At the completion of the workshop the participants will:

- Be able to identify what creates positive mood within their work and life
- Have a plan to build positive mood and realistic optimism
- Understand how our cognition and stories we tell ourselves affects our feelings and influences our behaviours

ABSTRACT SESSION OUTLINES

Workplace bullying – current issues for doctors in training and supervisors

Hayley Legrand*

Avant Mutual

Friday 22 November | 3.45pm | PLEIADES

Recent reports illustrate that workplace bullying and harassment is prevalent within the medical profession and poses a risk to the health and safety of staff and patients. Over the past 12 months, three hospital departments have been stripped of their accreditation to train registrars in light of bullying allegations. Currently, there is growing concern within the medical profession and the wider community, about the impact of bullying on the health and wellbeing on doctors in training.

Workplace bullying is defined as repeated unreasonable behaviour that creates a risk to the health and safety of others. Bullying includes overt unreasonable behaviour, as well as indirect behaviour, such as unreasonable work expectations, setting tasks that are beyond a person's skill level and unfair treatment in relation to accessing workplace entitlements. Workplace bullying is a complex legal area. It requires consideration of an employer's statutory duties and common law duties to provide a safe workplace.

This presentation will assess the impact of bullying and harassment within the medical profession. It will provide an overview of the current laws pertaining to workplace bullying and harassment with a specific focus on the current issues which face doctors in training. This presentation will explore the statutory and common law duties of employers and employees, and the different avenues of legal redress for victims of bullying and harassment will also be evaluated. The presentation will conclude with recommendations and practical strategies on how to address the issue of workplace bullying and harassment.

Treating practitioner mandatory reporting – How far have we really come? Where should we go?

Roger Sexton* (Doctors' Health SA) and

Timothy Bowen* (MIGA)

Friday 22 November | 3.45pm | ADMIRALTY GULF

Mandatory reporting of doctors by their treating practitioners has been a controversial and high profile topic over the past few years.

Debates have centred on whether these obligations operate as a barrier to doctors seeking necessary care; adversely impacting ill doctors, those close to them, their patients and the broader community, with potentially very significant consequences.

Reforms have now been made to treating practitioner mandatory reporting across Australia, other than in Western Australia, where treating doctors continue to be exempt from mandatory reporting obligations for their doctor-patients.

Ultimately, Australian governments chose to make modest changes, with an intention of creating a higher threshold for treating practitioner mandatory reporting.

Drawing on joint experiences of a doctors' health service and an MDO, this interactive style workshop will provide clarity on mandatory reporting and other related issues by exploring:

- Doctor patient and treating practitioner concerns around mandatory reporting
- Experiences of treating practitioner mandatory reporting
- Whether the reforms created a higher threshold for reporting, or done something else
- What other related issues we need to address
- Next steps the profession should take in dealing with these issues

Creative Careers in Medicine

Marisa Magiros* (GP Synergy), **Amandeep Hansra*** (Creative Careers in Medicine) and **Ashe Coxon**
Friday 22 November | 3.45pm | CARNAC

Many doctors and medical students experience career indecision including feeling stressed about not fitting into traditional medical career paths. These bright individuals often leave medicine prematurely because of a perceived lack of viable and visible alternative options.

Creative Careers in Medicine (CCIM) was formed in 2018 in response to this need for an organisation dedicated to diversity in medical careers, as well as a way for health professionals to feel connected, heard and in control of their career path. The current climate of large numbers of medical graduates from many varied backgrounds, the competition between limited specialty training posts, as well as systemic issues of burnout and bullying, contribute to the essential need for CCIM now.

CCIM showcases the myriad of ways that doctors and their unique skillsets can work in the healthcare sector in unconventional ways, not just in direct patient contact. Messages are shared through symposia, various social media platforms, podcasts and mentorship opportunities. The range of doctor speakers have included artists, medical administrators, digital health experts, medical educators, management consultants, medical writers, entrepreneurs, aviation medics, career coaches, pharmaceutical, insurance industry and many more.

The CCIM movement is supportive of the path less travelled and that all experiences and skills are useful to medicine and the community. There are many ways to be a doctor and our society benefits greatly from this diversity. We want longevity of medical professionals working in the sector – they need purpose and career fulfilment. Medical culture needs to embrace and support all doctors, not just those delivering patient care. There is a need, and room, for us all. These creative careers need to be visible starting from university and embraced by the profession. CCIM is here to spread the word for everyone's benefit.

Building resilience in medicine – a South Australian pilot project

Jill Benson*, **Roger Sexton***, **Kiara Cannizzaro***,
Hugh Kearns, **Maura Kenny** and **Liz Farmer**
GPEx

Saturday 23 November | 10.00am | SIRIUS

A newly designed educational and practical skills workshop was offered to 66 doctors and medical students in five separate career timeline groups that are known to be at particular risk of burnout (first year medical students, interns, female doctors in training, new Fellows and mid-career doctors).

The one-day workshop is focussed on improving the resilience, mindful self-care and time management skills of the participants in a series of three educational and experiential seminars titled *Mindful Self Care for the Medic*, *Medical Professional Time Management* and *Mental Health in a Nutshell*. A healthy lunch and a 'walk the doc' occurred after the first two seminars followed by the final seminar.

On arrival, participants completed the Perceived Stress Scale and the Warwick-Edinburgh Mental Wellbeing Scale. At the end of the day they completed an evaluation of the workshop and four to five weeks later were invited to take part in an online survey that asked them a range of questions that reflected what practices, exercises and ideas they were using and to what effect.

Overall, the workshop evaluations were very positive with high confidence in the ability to build resilience and foster ways to achieve this. The high levels of psychological distress on the pre-workshop questionnaires were a concern, but the survey some weeks later suggested that 71% of respondents felt that there had been an improvement, with 95% stating they would recommend the workshop to a colleague.

In this presentation we will describe:

- An overview of the project development, funding and recruitment strategies
- A brief description of each of the three two-hour seminars that made up the day, including an example of a skill from each one
- A summary of the evaluations and outcomes

There will be time for discussion and questions at the end.

ABSTRACT SESSION OUTLINES

HOTSPOTS – the development and implementation of an anti-bullying initiative in the Auckland medical program

Fiona Moir*, Bradely Patten, Andy Wearn, Holly Dixon, Kira Bacal and Lucy Mo

The University of Auckland

[Saturday 23 November](#) | [10.15am](#) | [SIRIUS](#)

HOTSPOTS is an anonymous group feedback initiative, designed to report medical students' experiences of bullying, harassment and discrimination in the clinical environment along with levels of respect and inclusion in daily activities.

It is a six-monthly online survey where grouped scores from teams in different clinical locations are calculated and compared to total program mean scores in order to identify outliers, thereby highlighting potential areas of concern or good practice.

Results are provided to senior staff in the University and the District Health Boards, to enable action to be taken. Prior to HOTSPOTS' implementation in June 2019, there was extensive consultation with the New Zealand Ministry of Health Taskforce for Professional Behaviours, the New Zealand Chief Medical Officer Forum and University of Auckland staff and student groups.

This presentation will outline the rationale behind the HOTSPOTS design and will cover the practical steps in the consultation, development, promotion and implementation of the initiative. Challenges to implementation will be covered along with solutions to date. Response rates and feedback received from students after the June survey will be included and the ways in which this information has been used to inform the further development of the initiative will be described.

Advice and suggestions from conference participants that may drive further improvements to HOTSPOTS are welcome.

Care under pressure

Morag Smith* and Hayley Legrand*

Avant Mutual

[Saturday 23 November](#) | [10.00am](#) | [PLEIADES](#)

Why is 'retiring gracefully' such a challenge in intensive care?

Charlotte Chambers*

Association of Salaried Medical Specialists, New Zealand

[Saturday 23 November](#) | [10.00am](#) | [ADMIRALTY GULF](#)

Research conducted by the Association of Salaried Medical Specialists (ASMS) in 2016 found nearly 45% of specialists aged 55 and over in New Zealand were considering leaving the District Health Board based workforce in the next five years with 60% of those over 55 working in intensive care signalling an intention to leave.

Analysis suggested feelings of disillusionment and frustration were acting as potent disincentives to remain working with intensivists emphasising onerous call duty and fatigue as core issues.

In this presentation, I probe some of the challenges facing the ageing intensivist approaching retirement. I weave statistical data from recent research conducted by the ASMS with five interviews conducted with intensive care specialists who have either retired or are contemplating retirement. I discuss their advice for younger intensivists as well as their thoughts concerning what might need to change to enable the holy grail of successful, graceful retirement.

Piloting an online educational program to assist late-career practitioners in advanced career planning

Jill Gordon*, Joanne Earl, Chanaka Wijeratne and Anna Mooney

Australasian Doctors' Health Network

[Saturday 23 November](#) | [10.15am](#) | [ADMIRALTY GULF](#)

With the AHPRA focus on cognitive assessment for medical practitioners aged 70 or more, we want to develop and evaluate a resource for doctors who want to actively plan for transition to retirement or an 'enclave career'.

Design, participants and setting: The training consists of four interactive planning modules delivered online. The modules' themes are:

- The transition
- Health
- Social and emotional wellbeing
- Financial wellbeing

The participants are Australian doctors recruited via a medical defence organisation, aged 55 or over and working 30 or more hours per week. They completed three online surveys, including the following:

- Baseline survey
- Post-training survey
- Follow-up survey at six months

Main outcome measures: The Retirement Resources Inventory (RRI; Leung & Earl, 2012) and perceptions of resource-based retirement goals, including:

- Perceived goal importance
- Thought and effort toward goal achievement
- Perceived likelihood of achieving the goal(s)
- Perception of the consequences of not achieving the goal(s)

These were measured across five resource domains – health, financial, social, cognitive and emotional.

The effectiveness of the training is being longitudinally tested with three data collection points at pre and post training, and at six months (completion due August 2019) to assess changes to goal perceptions (perceived importance, outcome consequence, goal striving and achievement likelihood), resource accumulation (RRI; physical, financial, social, emotional, cognitive and motivational resources). The effects of work centrality, mastery and professional quality of life will be investigated.

The presentation will include reporting of results and training evaluation outcomes. These results will inform the development of future interventions designed to promote planning for late-career development and, by extension, the development of programs to assist mid-career medical practitioners to plan for their late career.

***Presenter**

Art of Medicine

Kiara Cannizzaro* and Roger Sexton

Doctors' Health SA

[Saturday 23 November](#) | [10.30am](#) | [ADMIRALTY GULF](#)

We know that doctors and medical students are very creative people and medicine can compete for precious time to pursue their artistic interests. The statewide event 'Art of Medicine' was created by Doctors' Health SA in 2015 to encourage doctors and medical students to rediscover and reinvigorate their artistic interests, support their health and wellbeing, and enjoy participating in a formal and professional art exhibition experience.

Since the inaugural event in 2015, the two Art of Medicine exhibitions have attracted doctor-artists from all over South Australia and interstate as well. Both events in 2015 and 2018 have provided a platform for over 60 doctor and medical student artists to exhibit over 200 of their own art works.

The Art of Medicine evaluations highlighted the importance to doctors and students of remaining connected to their art, the inspiration derived from this event and their enjoyment at being able to inspire others to take up art and share their creations with colleagues, family and friends in a formal art gallery setting.

This presentation will:

- Give an overview of creating and holding such an event as Art of Medicine
- Share a two-minute video of the 2018 Art of Medicine Exhibition launch
- Give a summary of the evaluations and outcomes

There will be time for discussion and questions at the end.

Tackling the mental ill-health of doctors and medical students

Sally Fitzpatrick* – Everymind

Samineh Sanatkar* – Black Dog Institute

Michelle Lamblin* – Orygen

[Saturday 23 November](#) | [11.15am](#) | [SIRIUS](#)

ABSTRACT SESSION OUTLINES

More than a mindful moment – enabling the compassionate workplace

Margaret Kay* and Vicky Dawes

Queensland Doctors' Health Programme

Anne Ulcoq

Doctors' Health Advisory Service Queensland

Saturday 23 November | 11.15am | PLEIADES

Physician wellness is a major factor in the delivery of safe, high quality patient care and the challenge is to enable wellness in the workplace.

This workshop is designed to empower individuals who are keen to provide leadership in developing wellness initiatives within the workplace. Activities will be guided by three clinicians with expertise in the field of physician health. Many physicians have been exposed to positive self-care education but bringing this learning into the workplace can be problematic.

The workshop will help identify the barriers to the introduction of wellness initiatives, including issues of stigma. Breakout groups, video clips and practical activities will help participants to identify how to communicate their messages within their workplace. An exploration of the discourse of doctors' health as a fundamental enabler of safe conversations will be woven throughout the workshop to strengthen the participants' capacity to speak up for wellness at work.

A pragmatic framework for incorporating wellness within our workplace will be offered. Key understandings of the literature will be provided, including the presentation of an economic argument for instituting change. Identifying potential supports within the workplace (financial, personal, structural supports) that can help leverage change is essential. Self-reflection and leadership skills are vital. Establishing processes for evaluating the outcomes of any interventions will help foster positive outcomes while ensuring that negative (unintended) outcomes can be identified and addressed. Opportunities for networking to provide support and share stories of success (or learning) will be discussed.

Establishing wellness initiatives requires leadership. Executive leadership including the development of policy and frameworks is important, but successful innovative solutions require leadership to emerge from within our individual medical and surgical units, in hospital and private practice. This workshop is designed to help provide a robust foundation.

Art in medicine – an experiential workshop

Ameeta Patel*

Gwandalan Summerland Medical Centre

Saturday 23 November | 11.15am | ADMIRALTY GULF

Arts in healthcare is a diverse, multidisciplinary field dedicated to transforming health and the healthcare experience through the arts. The field integrates literary, performing and visual arts into a variety of healthcare and community settings for therapeutic, educational and expressive purposes.

Arts have been used for millennia as a healing tool; increasingly they are being used within healthcare institutions worldwide as the evidence of effectiveness increases. Arts is used for patient wellbeing but should also be used to sustain physicians and other members of the healthcare team.

In the undergraduate setting it is used as a teaching tool for developing reflective skills. Reflective practice and the empathy of colleagues can assist in making sense of critical incidents or those deeply personal challenging encounters that are a regular part of clinical practice. This is one tool in the toolbox needed to reduce stress, depression and burnout in our students, trainees and physicians.

To aim is to engage participants in an experience of using visual art as a tool to enhance self-reflection, with the aim of improving doctor wellbeing.

A very brief background on the use of arts in healthcare will be followed by a guided activity to create a piece of visual art with personal meaning. Participants will be invited to share their work with their colleagues if they wish.

By experiencing the activity, participants will gain a deeper understanding of the healing powers of art. The activity allows for meaning making; for expression of emotions and reflection using images.

It will provide an opportunity for participants to share their work with their colleagues in a safe space. This tool can be used personally as well as be incorporated into teaching and wellbeing programs.

POSTERS

Poster presenters/authors will be available at the Poster Area in the Exhibition Hall at the following times:

PRESENTER	POSTER TITLE	TIME
FRIDAY 22 NOVEMBER 2019		
Axisa, Carmen Ms	Burnout and distress in Australian physician trainees – evaluation of a wellbeing workshop	1.00pm-1.15pm
Cheong, Bianca Dr	Risk factors of work absence in mental health claims	1.00pm-1.15pm
Clayman, Danielle	Just what the doctor ordered – promoting medical student wellbeing	1.15pm-1.30pm
Cowie, Sarah Ms	Using complaints to drive positive workplace change	1.00pm-1.15pm
De Silva, Eve Ms	Bullying and harassment of postgraduate medical students – empowering students through a bottom up change	1.30pm-1.45pm
Dunkley, Kay	Mentoring and career support for Syrian and Iraqi refugee doctors	1.15pm-1.30pm
Forbes, Malcolm Dr and Kay, Margaret Dr	Barriers to the psychological wellbeing of Australian junior doctors – a qualitative analysis	1.00pm-1.15pm
Hogan, Jemma Dr	An alternative route to burnout	1.30pm-1.45pm
Hutton, Claire Ms	Young, overworked and overwhelmed – callers to an anonymous doctor peer support service	1.30pm-1.45pm
Kopacz, David Dr	The gift of burnout – initiation into becoming a healer	1.15pm-1.30pm
Lindsay, Kristen Dr	Lighten the load – night doctors morning wellbeing check	1.30pm-1.45pm
Mekhail, Anni Dr	Resident guide – a digital solution for improving inpatient clinical management	1.30pm-1.45pm
Moore, Sarah Dr	Online mindfulness training in rural medical students – a pilot study	3.15pm-3.30pm
Patel, Ameeta Dr	Violence in healthcare – keeping our healthcare workers safe	3.15pm-3.30pm
Patel, Ameeta Dr	A peer review group to sustain family physicians in transition	3.30pm-3.45pm
Taylor, Richard Dr and Sadler, Peta Dr	A country practice – challenges of working in the country as a GP proceduralist	1.15pm-1.30pm
Toffoli, Andrew Dr	Club Rules – stay between the flags: a bespoke workplace behaviour framework	3.30pm-3.45pm
Toffoli, Andrew Dr	What's up, doc? – establishing a debriefing program for doctors in training at Fiona Stanley Hospital	1.15pm-1.30pm
SATURDAY 23 NOVEMBER 2019		
Ngo, Vinh Dr and Teo, Malcolm Dr	What does an intern doctor actually do? A quantification of time on work activities	10.45am-11.00am
Patel, Ameeta Dr	Culture change – sneaking in stress and mental health into occupational health workshops	10.45am-11.00am

FRIDAY POSTER PRESENTATIONS

Burnout and distress in Australian physician trainees – evaluation of a wellbeing workshop

Carmen Axisa*, Louise Nash, Patrick Kelly and Simon Willcock

University of Technology Sydney

The objective is to evaluate the effectiveness of a workshop intervention to promote wellbeing for Australian physician trainees using a randomised-controlled design.

Participants were randomly assigned to intervention and control groups. The intervention group attended a half-day workshop. There was a focus on building resilience, stress management and developing long-term healthy lifestyle behaviours. Outcome measures included depression anxiety stress scale, professional quality of life scale and alcohol use disorders identification test. Demographic and work/life factors were also measured. Measurements were recorded at baseline, three and six months and the workshop was evaluated by participants.

High rates of burnout (76%) and secondary traumatic stress (91%) were detected among study participants and around half met screening criteria for depression (52%), anxiety (46%) and stress (50%) at baseline. Workshop evaluations showed that participants agreed that the training was relevant to their needs (96%) and met their expectations (92%). There was a small reduction in alcohol use, depression and burnout in the intervention group compared with the control group at six months, but these changes did not reach statistical significance. Workshop participants had the opportunity to share ideas, gain insight into their own behaviour and learn practical strategies for stress management. Workshop discussions enabled physician trainees to share their experiences in a supported environment where they learned that other trainees experienced stress and burnout and they were not alone in needing to acquire successful coping mechanisms and stress management strategies.

These findings demonstrate high levels of psychological morbidity among physician trainees and a need to improve their wellbeing. Workplace systems need to promote healthy work environments and support physician trainees through good supervision and mentorship. A change of culture in the medical community is critical to remove barriers for doctors seeking help for mental health problems and to provide healthier work places.

Risk factors of work absence in mental health claims

Bianca Cheong*

Alcoa of Australia

Mental health illness is the fastest growing cause of disability in Australia. Work related mental illnesses are disproportionately associated with prolonged work absence and high costs when compared to other forms of work-related illnesses. Doctors are not immune to this emerging crisis with latest research describing increasing rates of burnout amongst physicians.

The objective of this study was to examine the factors associated with mental health claims and establish if there are differences in the factors associated with short duration work absence versus long duration work absence.

This study was a retrospective cohort study of worker's compensation data in Western Australia from 2005 to 2015. Potential associations were analysed using chi-squared test of independence between sociodemographic, disease and employment related factors and long-term work absence (> 60 days in total) in a cohort of 3,345 workers with accepted claims due to a mental health condition.

Long duration mental health claims (defined as >60 days off work) were associated with older age, professionals, the education sector, larger employers and the mechanism of 'work pressure'. Short duration work absence was found to be associated with younger age, sales and service workers, working in the retail/wholesale trade, construction, mining and manufacturing sectors or working for smaller employers. Interestingly the mechanism of 'exposure to a traumatic event or workplace violence' was associated with short duration work absence.

This study identified differences in the factors associated with long and short duration work absence in mental health claims. The findings highlight 'work pressure' as a major risk factor for long term work absence and demonstrates the need for workplace change.

Just what the doctor ordered – promoting medical student wellbeing

Danielle Clayman* and Hannah Sloan

The University of Melbourne Medical School

The tertiary student experience is not the same for all. Some students navigate the challenges of student life and flourish amidst stresses, whilst others experience considerable distress and disengage (Stallman, 2010;¹ Larcombe et al., 2015²). Much research has sought to identify what factors contribute to students thriving at university and what constitutes a successful student. Medical students have long been thought of as 'successful' students with high academic attainments and abilities; however, recent research suggests medical students experience higher rates of mental health distress and suicidal ideation compared to the broader student population (Rotenstein et al., 2016³).

In recognition of the challenges faced by medical students, the University of Melbourne Medical School has developed a dedicated program for student support through the appointment of two health and wellbeing practitioners. The health and wellbeing practitioners work within a 'Health Promoting University' strategic model that emphasises the implementation of proactive individual interventions and group-based programs. These interventions and programs have been designed in close consultation with medical students and aim to instil positive health behaviours to benefit students during the time at university, as well as within their future medical careers. This innovative approach to medical student health and wellbeing demonstrates a targeted, prevention-based approach to promoting medical student mental health.

The presentation will explore the delivery and progress of this program, and will include information regarding the current suite of wellbeing initiatives provided throughout the MD.

References:

- ¹ Stallman, H. M. 2010. 'Psychological distress in university students: A comparison with general population data'. *Australian Psychologist*, 45(4), 249-257
- ² Larcombe et al. 2015 'Prevalence and socio-demographic correlates of psychological distress among students at an Australian university'. *Studies in Higher Education*, 1-18.
- ³ Rotenstein et al. 2016 'Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students A Systematic Review and Meta-Analysis'. *JAMA*. 2016; 316(21):2214-2236.

Using complaints to drive positive workplace change

Sarah Cowie*

Health and Disability Services Complaints Office

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority that receives complaints about health, mental health and disability services in Western Australia and the Indian Ocean Territories.

HaDSCO is required to consult with the Australian Health Practitioner Regulation Agency (AHPRA) about complaints relating to registered health professionals. Complaints and workplace change are intrinsically linked. The perceptions of complaints in a workplace are often negative; however, complaints can present opportunity for positive change in the workplace and in professional practice.

References to the way in which the Sustainable Health Review Final Report, which seeks to drive a cultural and behavioural shift across the health system, relates to complaint prevention and workplace change improvements will be explored, specifically noting Strategy 4; Person-centred, equitable, seamless access. This presentation will also consider case studies where complaints about a health service or practitioner have elicited systemic change for the better.

The significance of 'complaints culture' and how changes in workplace attitude and practices towards complaints, can yield positive outcomes for both staff and patients, will be highlighted.

FRIDAY POSTER PRESENTATIONS

Bullying and harassment of postgraduate medical students – empowering students through a bottom up change

Eve De Silva*

School of Medicine, Griffith University

Medical students continue to experience bullying, harassment, discrimination and sexual harassment throughout their clinical training with detrimental effects.

In 2017, 186 medical students enrolled in the Griffith University School of Medicine participated in a pilot study on their experiences of bullying, harassment, and discrimination whilst in medical school. Results demonstrated that students believed it was futile to report their experiences as there was no formal support person and that no action would be taken.

Following this, the School of Medicine appointed a Contact and Wellbeing Officer, who is separate to the assessment processes, thereby making it more comfortable for students to access assistance. The number of students presenting with distress related to their experiences of bullying and harassment increased; however, despite an appointed officer, there is still limited action taken forward by the students.

Literature has shown that whilst the negative experiences students are having is increasing, there are very little, if any, interventions to empower students towards a bottom up change within the medical culture. Pre-internship studies show that students report not being adequately prepared to “stand up” for themselves in the clinical environment.

Whilst there are numerous policies and procedures including online portals for reporting, students do not report as they fear personal and professional retribution. Future management of bullying and harassment needs to focus on intervention that build the students’ confidence and courage in managing situations as they occur.

This study has two parts, the first aim is to gather current data on post graduate medical student experiences in the clinical years including barriers and outcomes of reporting. The second aim is to gain insight into students’ views and interest in future interventions including creation of workshops to assist in managing and coping with bullying and harassment while assisting to induce change in the medical culture.

Mentoring and career support for Syrian and Iraqi refugee doctors

Kay Dunkley*

Pharmacists’ Support Service and AMA Victoria

In 2018 AMA Victoria was approached by AMES Australia for assistance in preparing a group of Syrian and Iraqi Refugee Doctors for the Australian medical workforce. The group of refugees ranged in experience from an early career doctor having completed the equivalent of an intern year to a surgeon with many years of experience. At the time of introduction they were in the process of completing their IELTS course and preparing for the clinical exams set by the Australian Medical Council. No members of the group were planning to use the Specialist Pathway to registration.

AMES Australia had funding to enable the doctors to join AMA Victoria as associate members so that they could access AMA Victoria resources including the mentoring program and assistance with CV preparation and career guidance. In addition they had access to the general benefits of being a member of AMA Victoria such as networking opportunities through events and seminars held by AMA Victoria.

Mentors were recruited specifically for individual members of the group of refugees according to their needs. In addition the group was advised about observership opportunities and suitable employment vacancies that AMA Victoria became aware of through its network of hospital contacts.

The presentation will describe some qualitative feedback from both the Syrian and Iraqi refugee mentees and their Australian registered medical mentors in relation to the benefits of the program. This will include the self-reported sense of wellbeing as well as progression towards entry to the Australian medical workforce. The presentation will also describe opportunities to improve the program.

Barriers to the psychological wellbeing of Australian junior doctors – a qualitative analysis

Malcolm Forbes*, Margaret Kay* and Sweatha Iyengar
University of Melbourne

The objective was to explore factors associated with the psychological wellbeing of junior doctors in Australia. Junior doctors in Australia experience relatively high rates of psychological distress but the underlying reasons for this are not yet fully understood.

Design: Qualitative study using semi-structured interviews.

Setting: Three teaching hospitals in Brisbane, Queensland in Australia.

Participants: 15 junior medical officers (postgraduate year 2 doctors) employed across three hospitals in Queensland participated in the study.

Main outcome measures: 15 de-identified interviews were analysed. Four key themes emerged – workplace issues negatively impacting on health and wellbeing; experiences of bullying and harassment; strategies to improve health and wellbeing; and barriers to seeking healthcare.

Underlying system and cultural factors affect the health of junior doctors. Self-stigma particularly affects junior doctors and impacts on their health care seeking behaviours. Better understanding of the workplace stressors affecting junior doctors will allow more targeted strategies to address workplace contributors to psychological distress.

Funding: Avant Mutual.

An alternative route to burnout

Jemma Hogan*

St John of God Midland Public and Private Hospitals

Burnout is all too common amongst both junior and senior doctors. Often people look for an escape and find that taking a break from medicine or even leaving the profession all together is the only way forward.

Jemma talks about what we can do to combat this from a personal perspective as well as at an organisational level, helping to answer the questions – what should we do when we're feeling burnt out and how can we support our colleagues in these situations?

FRIDAY POSTER PRESENTATIONS

Young, overworked and overwhelmed callers to an anonymous doctor peer support service

Claire Hutton*, Grant Russell, Chris Barton and Penny Round

Monash University

The Australian Medical Association Victoria introduced its Peer Support Service (PSS) in 2008, a phone service for doctors and medical students experiencing difficulties in relation to either work or personal issues. Callers can remain anonymous, and fellow doctor volunteers, who receive training and ongoing supervision for the role, answer their calls. Numerous recent studies have focussed on doctor mental health and barriers to help-seeking. This study examined a unique form of help-seeking behaviour: choosing to access help from a peer, but still being able to maintain anonymity.

Objectives: to identify the characteristics of, and problems reported by, doctors contacting a peer-led telephone support line.

The design of the study: longitudinal analysis of records of all calls (n=817) to the PSS between 2008 and 2018.

Setting: the PSS is based in Melbourne, 90% of callers are from metropolitan and regional/rural areas of Victoria.

Participants: doctors and medical students who have contacted the AMA (VIC) PSS since its inception in 2008.

Findings: statistical analysis is in progress and will focus mainly on descriptive data, including means of age/length of call, percentages (gender, geographic location, reasons for calling) and comparison of the demographic data with AHPRA medical practitioner data.

Inferential data analysis will examine patterns of change over time, in particular the reasons for calling the service.

Implication(s) for Practice: numerous well-documented barriers to help-seeking mean doctors need a range of ways to access help when needed. The study will further our knowledge of how and why doctors use anonymous peer services.

The gift of burnout – initiation into becoming a healer

David Kopacz* and Gary Orr

Seattle VA/University of Washington

Burnout is often negatively characterised, implying there is something deficient or negligent about the clinician who becomes burnt out. However, intentional and ritual suffering are ancient components of the initiation of the healer, such as in Native American traditions of ritual fasting, prolonged dancing, sweat lodges. Asclepius is often considered to be the originator of Greek and Western Medicine, his mentor was the centaur, Chiron, who had a perpetually non-healing wound after being shot with an arrow dipped in poison. Chiron embodies the archetype of the wounded healer and teaches us, as well as Asclepius, that being wounded and being a healer are two sides of the same coin.

Perhaps we can view burnout as a necessary step for us to grow as healers rather than a pathology to be avoided. The problem then shifts from the individual experiencing burnout to the professional community whose job it is to guide and support the burnt out clinician to become comfortable in suffering rather than to eliminate or minimise discomfort and suffering. Initiation is a form of transformational learning, which does not seek to restore a previous state, but rather the transformation of the individual, leading to a new and expanded identity.

This workshop provides a new view of burnout, re-examining it as a process of transformational learning and initiation into the archetype of the wounded healer.

We will examine the process of finding strength and compassion in our wounds and discuss how we can develop a system of mentorship that guides and supports those going through the initiatory wounding of burnout. Gary will show how the path of a healer sometimes leads out of clinical care and into larger challenges of reinventing one's self and the effects of design on health.

Lighten the load – night doctors morning wellbeing check

Kristen Lindsay*, Adrian Tarca and Rachel Collins
Perth Children's Hospital

Junior doctors working night shifts are universally a vulnerable group due to fatigue, workload and reduced access to support. Anecdotal reports of doctors going home after their night shift upset and unable to sleep lead the junior doctor leadership group, with the support of the Department of Postgraduate Medicine at Perth Children's Hospital, to explore ways to check on the wellbeing of night doctors at the completion of their shifts.

A trial of a daily wellbeing check of night staff doctors called 'Lighten the Load' was carried out from July to September 2019. A meeting point was set up for night shift doctors to voluntarily check in with a senior doctor each weekday morning. The purpose of the check in was to provide emotional support after stressful shifts and promote collegiality amongst night staff in order to lighten the load of the emotional toll of working a night shift and promote better sleep and overall wellbeing.

Evaluation of the frequency of use and the junior doctor's perceived usefulness and impact on wellbeing will occur in October.

Conclusions are to be confirmed in October 2019.

Resident guide – a digital solution for improving inpatient clinical management

Anni Mekhail*, Rob Pearlman, Caitlin Weston, Tom Collins and Duncan Paradise
Medapps

Doctors in training rotate through new hospitals and departments up to every 10 weeks. Rural hospitals in particular experience high levels of vacancies that often have to be filled with locum doctors who rotate even more frequently. The disruption of changeover drives inefficiencies and errors that are expensive and dangerous. Meanwhile the transient nature of the workforce leads to a difficult-to-engage cohort hindering attempts for senior leaders to implement quality improvement changes.

We present a low cost, mobile first, offline accessible digital platform for streamlining induction of clinicians and engaging frontline staff to adopt quality improvement measures.

Resident Guide is a mobile-first offline accessible platform which allows clinicians to immediately access locally appropriate clinical guidelines on their phone. It is easily searchable and ensures doctors have access to logistical and clinical information they need.

Resident Guide has developed a push notification campaigns feature which allows quality improvement teams a low cost way of sustaining workforce behavioural change. This was piloted in the Royal Brisbane Hospital as a method of reducing inappropriate IV metronidazole prescribing.

Resident Guide is now live in 30 sites across three countries with 4,500 end users. The platform has been viewed over 160,000 times with over 1,500 hours spent in-app. The engagement with the app rises with every changeover, indicating that clinicians find it most useful at on-boarding. Resident Guide has been demonstrated to save five minutes of every one minute spent in-app.

The implementation friction for Resident Guide has averaged about a 28 day roll out, but has been as low as a three day roll out in some sites.

The push notification pilot for reducing inappropriate IV metronidazole prescribing demonstrated an annualised saving of \$40,000 including six days of productive nursing time released back into the department.

FRIDAY POSTER PRESENTATIONS

Online mindfulness training for rural medical students – a pilot study

Sarah Moore*, Rita Barbour, Hanh Ngo, Craig Sinclair, Richard Chambers, Craig Hassed, Denese Playford and Kirsten Auret

The Rural Clinical School of Western Australia

We sought to determine the feasibility and effectiveness of a mindfulness training program, delivered online to medical students at a Rural Clinical School.

An eight week online training program was delivered to penultimate-year medical students at the Rural Clinical School of Western Australia during 2016. Using a 'mixed methods' approach, we measured the frequency and duration of participants' mindfulness meditation practice, and assessed changes in their perceived stress, self-compassion and compassion levels, as well as personal and professional attitudes and behaviours.

Forty-seven participants were recruited to the study. 50% of participants were practising at least weekly by the end of the eight week program, and 32% of responding participants reported practising at least weekly, four months following completion of the intervention. There was a statistically-significant reduction in participants' perceived stress levels and a significant increase in self-compassion at the four month follow-up. Participants reported insights about the personal and professional impact of mindfulness meditation training as well as barriers to practice.

The results provide preliminary evidence that online training in mindfulness meditation can be associated with reduced stress and increased self-compassion in rural medical students. More rigorous research is required to establish concrete measures of feasibility of a mindfulness meditation program.

Violence in healthcare – keeping our healthcare workers safe

Ameeta Patel* and Rajan David

Gwandalan Summerland Medical Centre

Violence against and between health professionals is gaining increasing attention as a quality and safety issue, and is a barrier to achieving an effective, sustainable workforce and the best patient outcomes.

Much about this subject is deeply embedded in cultural norms and power differentials, including within medical colleges. There may be a lack of understanding about what constitutes violence; a reluctance to disclose; a lack of appropriate protections; and adverse consequences of reporting.

Australia is among the leaders in the world in addressing this challenge, yet everyday there are media reports of bullying, harassment, physical attacks and even deaths from violence. Legislation, community education and advertising can assist this; within healthcare institutions policies and practices can be implemented to protect staff. Systems change with leadership support can drive this; however, given that every interaction between individuals has a risk of violence, there is a need to train all staff in the prevention, recognition and management of violence.

Aim/objectives: a process for developing educational activities that meet accreditation standards in Qatar was used to develop a three-hour workshop for an inter-professional and intercultural group of paramedics, doctors, nurses and managers. This structured approach in educational planning was successfully applied; adult learning methods led to their effectiveness. The key learning objectives were for participants to:

- Appreciate the different contexts and causes of workplace violence affecting health practitioners
- Have learnt a framework for anticipation, identification and prevention of violence, including de-escalation techniques

Discussion: a structured approach to developing a new educational activity, and an iterative process, using participant and facilitator feedback and experience, was needed to successfully develop an effective workshop. International experiences and resources needed to be localised to explore cultural norms, create safety and ensure participation. Data will be presented on the design, delivery and outcomes.

A peer review group to sustain family physicians in transition

Ameeta Patel* and Daniel Coffey

Gwandalan Summerland Medical Centre

The health workforce is now a global commodity; however, there is a paucity of literature on how to support health professionals from developed countries relocating to less developed countries. Potential conflicts in values, loss of control and mental overload can contribute to culture shock, burnout and failure to acculturate, leading to lower retention rates. To establish an innovative Mobile Health Service, approximately 50 family physicians from Ireland, United Kingdom, Australia and New Zealand were recruited to Qatar. After a fraught recruitment process, doctors and families needed to adapt to challenges including housing, language, religion, gender roles, hierarchies, workplace culture and medical ethics. The doctors developed a peer review group as one strategy to sustain them professionally, as well as personally, by providing a collegiate platform to share experiences, reflect, learn and practise compassion.

Aim/objectives: to share the educational process of development of an accredited continuing professional activity; describe barriers and enablers; and present evidence to demonstrate effectiveness. To explore how this model can be implemented locally (for example led by primary health networks or hospitals) to sustain peer groups of doctors.

The doctors had previously experienced Balint groups or practice based small group learning continuing medical education. Based on a needs assessment, there was support for establishing a similar reflective practice group, but it needed to be a hybrid model.

There were challenges in the implementation; however, these barriers were addressed and the group was established with success, later leading to development of similar inter-professional groups in the service. It is a model that can be applied in diverse settings to support health professionals in transition

A country practice – challenges of working in the country as a GP proceduralist

Richard Taylor* and Peta Sadler*

Panaceum Medical

Being a doctor in a rural area has its own rewards and challenges. Rewards include the diversity of work as a rural general practitioner, being part of a small community and the lifestyle that rural living affords. Challenges including professional and personal isolation, lack of privacy and having very blurred boundaries between work and personal life.

Being a procedural GP in itself has its own particular challenges performing skills and procedures outside the boundaries of standard general practice in a rural setting.

The aim of this presentation is to discuss some of the rewards and challenges in working as a rural proceduralist from the experiences of two newly-graduated doctors who decided to specialise in general practice and work outside the metro area. It also aims to give insight into rural procedural general practice to those who are considering embarking on this career pathway whether they be medical students, doctors in training or fellowed doctors.

This presentation will also be of interest to those doctors already working in rural areas facilitating a discussion amongst the participants around sharing their own personal experiences and coping strategies they employ in working in a rural setting.

FRIDAY POSTER PRESENTATIONS

Club rules – stay between the flags: a bespoke workplace behaviour framework

Andrew Toffoli*, Jon Oldham and Greg Sweetman

St John Of God Midland Hospital and Fiona Stanley Hospital

In 2018, the Fiona Stanley Fremantle Hospitals Group (FSFHG) Doctor Welfare Group (DWG) prioritised three actions from its doctor welfare strategy document:

- Promote expected behaviour in the workplace
- Foster an anti-bullying, anti-harassment and anti-discrimination culture
- Promote positive mental health and wellbeing

An essential starting point was the development of a document promoting expected behaviours and discouraging unacceptable behaviours in the workplace.

Several resources were reviewed to help determine the structure and content of the Club Rules. The original inspiration was the Imperial College UK 'House Rules'. Our Club Rules were made specific to the needs of our caregivers through reference to local documents (e.g. FSH CARE 'Our Behaviours', South Metropolitan Health Service Values, WA Department of Health Code of Conduct) and by surveying members of the FSFHG DWG for ideas and feedback.

As a result, the Club Rules express our organisational values in a practical way through demonstrable actions that have daily relevance for staff. A surf life saving theme was selected as an engaging representation of these behaviours and to link FSFHG to the nearby coastal environment and its Fremantle Hospital origins. Our hospital's Medical Illustrations team were integral in developing the final vibrant appearance of the poster. The concept has already been adopted by the FSH Emergency Department's culture committee. As the Club Rules are generalisable to all disciplines, we are looking for widespread adoption throughout the hospital through our INVEST engagement group.

We believe that following these Club Rules will create a workplace culture in which our colleagues can thrive, consequently, helping us to deliver on the vision of 'Excellent health care, every time'. Every healthcare organisation would benefit from developing a similar behavioural framework tailored to the needs of its caregivers.

What's Up, Doc? – establishing a debriefing program for doctors in training at Fiona Stanley Hospital

Andrew Toffoli* and Emma Higginson

Fiona Stanley Fremantle Hospitals Group

There is increasing awareness of the benefits for doctors of debriefing after clinical incidents. However, over the past three years, an average of only 54% of doctors in training at Fiona Stanley Fremantle Hospitals Group (FSFHG) reported they have access to any debriefing (AMA Hospital Health Checks, 2017-2019). The FSFHG Medical Education Unit sought to improve access to debriefing by establishing a bespoke debriefing program, titled What's Up, Doc?.

Establishment of the What's Up, Doc? program involved:

- Extensive consultation with local and international sites to learn about debriefing 'best practice'
- Recruitment of guest speakers
- Faculty identification: a comprehensive needs analysis helped identify senior doctors within the hospital who had demonstrated required skills during existing training programs
- Provision of facilitation aids, such as question prompts
- Creation of a confidential, supportive environment for all participants
- Consultation with doctors in training representatives regarding session times, themes and promotion
- Securing sponsorship for the program to cover catering and ensure cost neutrality
- Program evaluation

The FSFHG What's Up, Doc? debriefing program was officially launched in May 2019. Ultimately, it has taken the form of monthly sessions, primarily targeted at doctors in training. Promotion occurs through social media, email, paging and ward walk-arounds. Participants sign a non-disclosure agreement. During each session, a senior clinician starts by recounting a brief personal experience based around a pre-selected theme. Participants then break into smaller groups for further discussions, including their own experiences. To close, participants reconvene for a summary and advertisement of helpful resources.

Preliminary feedback has been encouraging, with participants expressing a high degree of satisfaction with the format, the relevance to their clinical practice and their wellbeing.

With sufficient planning, medical education units can provide regular beneficial debriefing opportunities that are well received by doctors in training in a cost neutral manner.

SATURDAY POSTER PRESENTATIONS

What does an intern doctor actually do? A quantification of time on work activities

Vinh Ngo*, Malcolm Teo* and Chang Chew
Royal Perth Hospital

Interns have traditionally been used as an adaptable frontline solution to many of the changes in healthcare, utilising their broad skillsets for both direct patient care and administrative burdens. While there are studies that focus on the total hours junior doctors work, there are few that analyse the specific tasks they do and how they dedicate their work time

We aim to quantify the amount of time intern doctors spent on specific tasks during a shift.

This is a multi-centred, retrospective, self-reported study that was carried out in a public tertiary hospital network in Western Australia, comprising one tertiary, two metropolitan, and three regional hospitals. Sixty-eight individual shifts were reported, accounting for 605.72 hours. Participants reported time spent, in fifteen minute segments, on categories grossly defined as clerical tasks, clinical tasks, teaching and personal time. Participants were also asked about their satisfaction with the amount of clinical exposure during the reported shift.

Direct patient care accounted for 22% of total shift time, indirect care 74% and personal time 4%. Discharge summaries accounted for the most time-per-shift at 26%, followed by medical note documentation at 14%, with the least being teaching at 2%. Direct patient contact by interns during a shift was on average 12% (SD 14%). Twelve interns or 18% of all responses reported no direct patient contact (0%) during a shift. Interns working in emergency medicine spent 44% of their shift on direct patient contact, significantly more compared to their medicine and surgical colleagues.

Indirect care activities consume almost three times as much time as direct care activities. Interns are mostly unsatisfied with their amount of clinical exposure per shift. The results concur with the current literature of increasing levels of clerical and administrative burden, and decreasing relevant clinical exposure in doctors' work.

Culture change – sneaking in stress and mental health into occupational health workshops

Ameeta Patel*
Gwandalan Summerland Medical Centre

Healthcare worker wellbeing, burnout and work-related injuries are of increasing concern across all health systems. Implications for the individual, families, workforce and the quality of patient care are significant. Engaging healthcare staff in yet more wellbeing initiatives and stress management can be challenging, particularly in masculine dominated cultures and workplaces. Framing the topics of stress and mental health in the wider context of occupational health is one method of engaging staff. Interactive workshops based in the lived workplace experience can also provide useful information for managers and occupational health programs.

The aim is to share lessons from a model of workplace-based education about occupational health and stress.

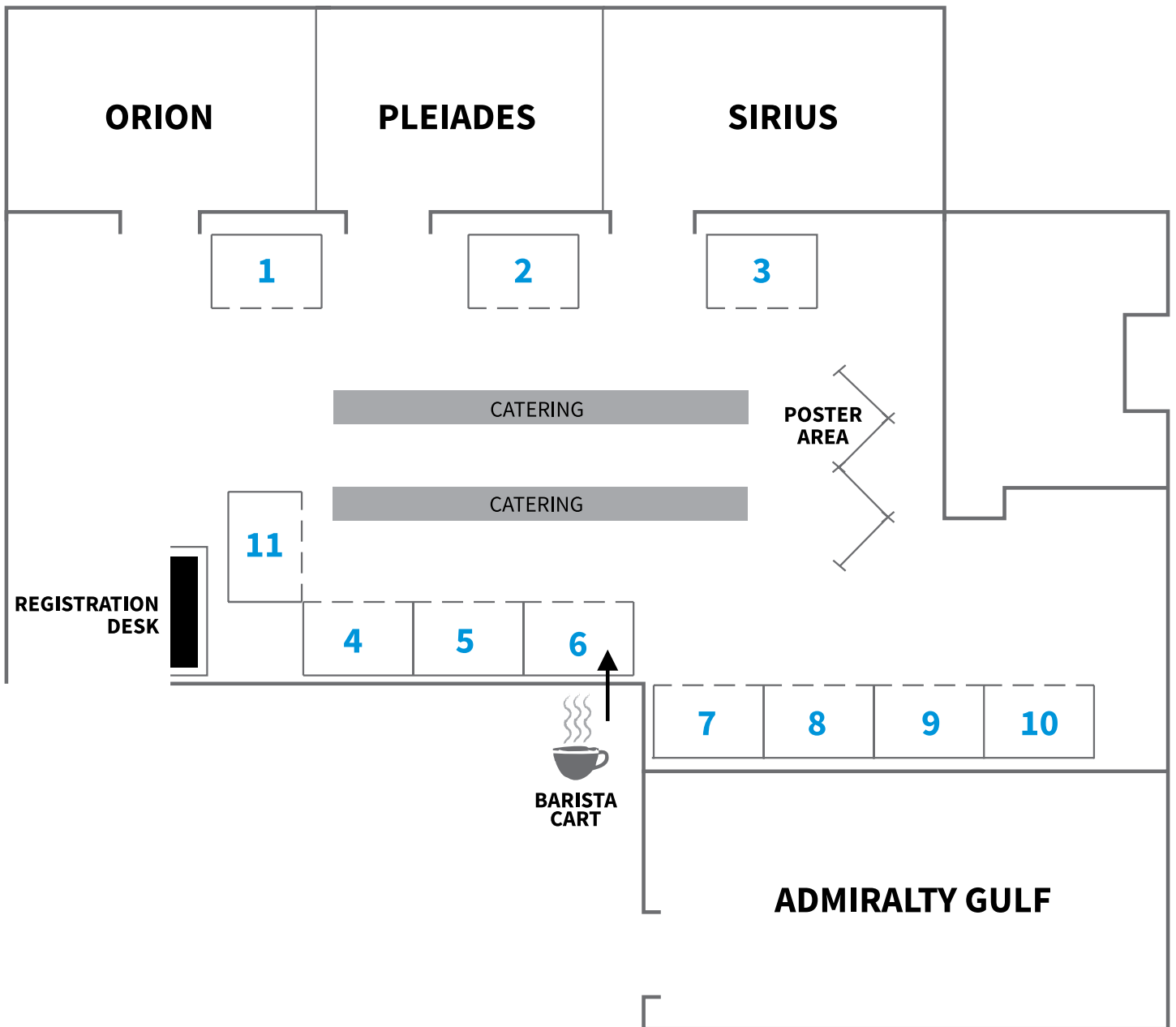
A large health corporation in Qatar had a gap in occupational health and staff wellbeing. Whilst the corporate culture was slowly changing, the Ambulance Service agreed to proceed with an occupational health service.

Part of this strategy was to educate staff and encourage more open conversation around workplace injuries and stresses and encourage reporting. The curriculum developed included small group workshops using videos, brainstorming and opportunity to reflect on psychosocial stressors.

A very diverse workforce in terms of culture, language, education and power posed unique challenges in designing interprofessional activities. Adult learning principles and following the accreditation requirements for Qatar Council of Healthcare Practitioner educational activities ensured an interactive and engaging workshop. This model could be applied in many diverse settings.

Over 30 introductory workshops for basic occupational health principles and stress management were delivered over the past 14 months to over 300 staff. Feedback was very positive; suggestions for improvement were a great resource for management.

EXHIBITION FLOOR PLAN



EXHIBITORS

Booth	Exhibitor	Booth	Exhibitor
1	Avant Mutual	7	MDA National
2	Doctors' Health Services	8	Doctors' Health Advisory Service WA
3	MIGA	9	Australian Medical Association of WA
4	Rural Health West	10	MIPS
5 and 6	Western Australian General Practice Education and Training (Barista Cart)	11	Department of Health Office of the Chief Medical Officer

VENUE FLOOR PLAN

