

Individual Armour for the Obstetric Anaesthetist - The Welfare Perspective

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Stanford Model of Professional Fulfilment



Well-being is driven not only by individual Personal Resilience...

- ...but also through an organization's dedication to
- fostering a Culture of Wellness, and
- Efficiency of Practice

Culture of Wellness

Organizational work environment, values and behaviors that promote self-care, personal and professional growth, and compassion for ourselves, our colleagues and our patients.

Key success factors of this dimension include:

- · Leadership support, commitment, and accountability for wellness
- Infrastructure and resources to support wellness
- Regular measurement of well-being and professional fulfillment
- Recognition and appreciation
- Fairness and inclusiveness
- Transparency and values alignment



Efficiency of Practice

Workplace systems, processes and practices that promote safety, quality, effectiveness, positive patient and colleague interactions and work-life balance.

Key success factors for this dimension include:

- Identification and redesign of inefficient work
- Involvement of physicians in redesign of clinical processes and flows
- Teamwork models of practice
- Design of workspace for interpersonal proximity for improved communication
- Use of efficient communication methods to minimize e-mail time burden
- Designing roles to practice at top of licensure
- Streamlining EHR and other IT interfaces
- Realistic staffing and scheduling that recognizes predictable absences

























Q1) How am I?

Time for your Pen & Paper

Q2) Who am I?

Q3) Why am I?

Over the last 2 method have after have used have been hethored				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "V" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
 Feeling bad about yourself — or that you are a failure or have let yourself or your family down 	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual 	0	1	2	3
 Thoughts that you would be better off dead or of hurting yourself in some way 	0	1	2	3



STOP-BANG

		NO (0)	YES (1)
S	Do you snore loudly?		
	Louder than talking or loud enough to be heard through closed doors		
Т	Do you often feel tired, fatigued, or sleepy during the daytime?		
0	Has anyone observed you stop breathing or choking/gasping during sleep?		
Ρ	Do you have (or are you being treated for) high blood pressure?		
В	Is your BMI more than 35 kg/m ² ?		
Α	Is your age over 50 years?		
Ν	Is your neck circumference (shirt collar) 40cm (16inches) or more?		
G	Gender: Are you male?		



PATIENT: Because alcohol use can aff treatments, it is important that we will remain confidential so please b Place an X in one box that best des	ask some e honest	questions	about your	e with certa use of alcol							
Questions	0	1	2	3	4						
 How often do you have a drink containing alcohol? 	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week						
 How many drinks containing alcohol do you have on a typical day when you are drinking? 	1 or 2	3 or 4	5 or 6	7 to 9	10 or more						
3. How often do you have six or	Never	Less than	Monthly	Weekly	Daily or	Questions	0	1	2	3	4
more drinks on one occasion?	Never	monthly	wonting	weekiy	almost daily	How often during the last year have you needed a first drink in the morning to get yourself	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last	Never	Less than	Monthly	Weekly	Daily or	going after a heavy drinking session?					
year have you found that you were not able to stop drinking once you had started?		monthly			almost daily	 How often during the last year have you had a feeling of guilt or remorse after drinking? 	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
 How often during the last year have you failed to do what was normally expected of you because of drinking? 	Never	Less than monthly	Monthly	Weekly	Daily <mark>o</mark> r almost daily	 How often during the last year have you been unable to remen ber what happened the night before because of your drinking? 		Less than monthly	Monthly	Weekly	Daily or almost daily
					Į	 Have you or someone else been injured because of your drinking? 	No		Yes, but not in the last year		Yes, during the last year
			1			10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
											Total





Body

___ I don't regularly get at least seven to eight hours of sleep, and I often wake up feeling tired

___ I frequently skip breakfast, or I settle for something that isn't nutritious

___ I don't work out enough (meaning cardiovascular training at least three times a week and strength training at least once a week)

___ I don't take regular breaks during the day to truly renew and recharge, or I often eat lunch at my desk, if I eat it at all









The Energy Project

"Manage your Energy, not your Time"

Harvard Business Review (Oct 2007)

- Time is a finite resource but Energy is not finite
 - Energy is the capacity to work
 - Managed well, Energy is a sustainable renewable resource
 - Energy can be systematically expanded and renewed via rituals
- Recognise cost of energy-depleting behaviours
- Take responsibility for changing them, regardless of circumstances
 - Physical: sleep, movement, nutrition, ultradian rhythms
 - Emotions: mindfulness, gratitude, relaxation, positive psychology
 - · Mind: reducing distractions, improving productivity, focus
 - Human Spirit: living consistent with values, purpose, priorities







Reflect: How sick is my work?

Do I experience drivers of burnout in doctors:

- 1. Excessive workload
- 2. Inefficiency and undue clerical burden
- 3. Loss of flexibility & control over work
- 4. Problems with work-life integration
- 5. Loss of meaning in work
- 6. Organisational values that conflict with altruistic values of the profession
- 7. Micro-aggressions: Gender Bias, Racism, Incivility, Interpersonal Conflict

Am I feeling:

- Fatigued, Burnt out, Dis-engaged, Cynical
- Hopeful, Valued, Engaged, Passionate, Grateful





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Q1) How am I? Q2) Who am I? Q3) Why am I?





Common Issues

- 1. How do I cope with critical Incidents, Poor Outcomes & Complications
- 2. I'm unable to do what I think I should do for patients (Moral Injury)
- 3. I'm returning to work after a period of absence
- 4. I'm concerned for a colleague
- 5. I'm sick of the interpersonal conflict at work
- 6. I'm concerned I'm not being a good parent / partner / child...
- 7. I want job enjoyment when the excitement of being able to site an epidural in less than 30 seconds fades: but I don't want to lurch to chaos & devastation





Types of Support: Group

Event Support

- Key focus: reduce stress
 during critical event
- Goal: prevent & mitigate effects from exposure to incidents
- Getting alongside staff: conversation, observation
- Actions to support
- welfare and wellbeing of staff:
 - Food, drink, breaks, advice, resources

- Debrief
- Key focus: the shared event
 Eacilitator led: independent or
- Facilitator led: independent or someone skilled that experienced the event
- Discussion of event, soon after
- Structured steps for critical incidents:
 - Introduction
 - Fact Phase
 - Thought Phase
 - Reaction Phase Symptom Phase
 - Teaching Phase
 - Re-entry Phase
- Should be outlined in Policy & Process

Peer Support

- Key focus: shared training & experiences
- Self reflection
- Support
- Reflection on emotions, dr/pt relationship
- Second opinion on management of cases
- Learning, evidence based practice
- Sharing processes, thinking
- Must be place of trust, no blame culture
- Some may be moderated / led
- E.g. Balint group, NZWIM, Schwartz Rounds

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Types of Support: Individual

Professional

Supervision

- Key focus: the Workplace
- Discussion of clinical practice
- Reflect on cases, second opinion of management of cases
- Reflect on how carrying out work responsibilities, interpersonal relationships, triggers/reactions
- May reflect on career planning, prioritisation, focus, values
- · May be claimed on CME, EAP

Therapeutic Support

- Key focus: the Person
- Motivated to address things within themselves:
 - Behaviour
 - Thinking
 - Family of Origin
 - Past Trauma
 - Diagnosed conditions
- Techniques varies by practitioner
- May be accessed by EAP (limited sessions), ACC, GP

Treatment

- Key focus: the Illness
- Motivated to diagnose then reduce severity and impacts of illness
- Physical & mental health
- Complementary therapies
- Accessed by GP, EAP, ACC, TWO, Workplace, Internet or out of pocket in Community





RTW Resour	
Recuerce of Ansesthetists	FELLOWS SIMG TRAINEES
Returning to work after a period of absence	After 12 months out of practice: • Return to practice plan highly recommended but not mandatory. • Return to practice plan highly • Return to practice plan highly • Return to practice plan highly • At a minimum you must complete the equivalent of one year's CPD • R
https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/ReturnToWork2015.pdf https://www.anzca.edu.au/fellowship/fellows-toolkit/taking-a-career-break-and-returning-to-anaesthesia	Not practiced for more than 16 months: • Required to provide a plan to AHPRA for consideration and approval • Required to provide a plan to Certificate from a medical practitioner who has not practiced medicine for to years or more must
Ý	be considered by ANZCA Council at the next full meeting.













https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/ReturnToWork2015.pdf
https://www.anzca.edu.au/fellowship/fellows-toolkit/taking-a-career-break-and-returning-to-anaesthesia
https://journal.nzma.org.nz/journal-articles/advocating-for-the-advocates-caring-for-the-caregivers-physician-health-
and-wellbeing
https://www.asms.org.nz/news/asms-news/2021/05/07/senior-doctors-battle-entrenched-burnout/
https://wellmd.stanford.edu/center1.html
https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental- medicine/health-benefits-of-good-work
https://www.rcplondon.ac.uk/projects/mental-health-and-wellbeing-size-problem
https://www.woweated.com/
https://www.rnzcgp.org.nz/RNZCGP/News/College_news/2021/Survey_results_raise_concern_for_the_health_and_su
stainability_of_general_practice.aspx
https://www.rcplondon.ac.uk/node/6316
https://www.mayoclinicproceedings.org/article/S0025-6196(21)00480-8/fulltext
https://aci.health.nsw.gov.au/covid-19/kindness
https://www.nzdoctor.co.nz/article/news/business/no-its-not-another-staff-wellbeing-survey
https://www.racp.edu.au/advocacy/policy-and-advocacy-priorities/employment-poverty-and-health
https://www.cdc.gov/niosh/topics/hierarchy/default.html
https://hbr.org/2007/10/manage-your-energy-not-your-time
https://www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/alternative-roles-doctors
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For those asking about upcoming Workshops



Please email: admin@dynamic.health.nz