

SA JMO Forum

South Australian Junior Medical Officer Forum

Newsletter - September 2020

Welcome from the Deputy Chair

This is a busy time of year for our state's junior doctors, with interviews happening and job offers just around the corner.

Add to this the stress from a global pandemic and you may be feeling overwhelmed. In this issue of the newsletter, clinical advisor Dr McManis discusses ***"How to capitalise on the well-being upside for doctors during COVID"***.

Don't forget to **complete the Medical Training Survey** as part of your AHPRA registration renewal this year. This survey is vital to inform the Medical Board of Australia, Colleges, medical education units and hospitals of issues faced by trainee doctors to help strengthen medical training in Australia. Last year 657 SA doctors completed the survey so we can improve our response rates in 2020. **The survey closes on 30 September 2020.**

The JMO Forum is here to advocate for issues that matter to you, such as education, mental health, and workplace issues. Please contact your LHN representative to discuss any issues you'd like to bring to the attention of the JMO Forum.

Kind regards,

Dr Shihab Siddiquee

Deputy Chair, SA JMO Forum 2020



How to Capitalise on the Wellbeing Upside for Doctors During COVID

COVID-19 has undoubtedly changed the landscape of Australian healthcare delivery, even within our relatively well-protected state. Principally of concern to SAMET and the Doctors in Training Committee is the welfare of SA's junior medical officers, who face obvious new challenges before the brunt of a pandemic.

The news is not all doom and gloom for medics in the time of COVID however; this month psychiatrists Betty Pfefferbaum and Carol North discussed in their article in NEJM how most health care providers develop new resilience and "...do not succumb to psychopathology," and indeed each of us in this profession appreciate the gravity of our work when confronted with something as tangible as a once-in-a-generation public health crisis. There is also no doubt that the profession has seen a return to status and for some doctors this is particularly welcome given the difficulties and the nuance of work at the coal-face. There is no doubt that the high-stakes of COVID which introduce a new layer of stress or distress for medics has the up-side of amplifying the importance of the work, the purposefulness of the task and ultimately the meaningfulness of the career chosen. This experience fortifies morale and actually increases the buffer to experiencing pathological stress.

Nevertheless, while PTSD can't readily be diagnosed in the context of direct or indirect experiences of health woes in a pandemic, depressive and anxiety disorders skyrocket. The authors also discussed a major survey of American health care providers working in quarantined states, which illustrated that subclinical phenomena such as worsening irritability, stress, insomnia, boredom and frustration are having a significant impact on the well being of medical professionals and in some instances affecting the care delivered. These deleterious effects remained stable in groups of healthcare workers even after quarantine regulations were lifted, and the American example may prove instructive for our Australian context as, even though we've had nothing of the chaos wrought by COVID that the American health system has had, our youngest and most vulnerable doctors have had to endure through both strict social distancing regulations and increased pressures at work. When those buffers to stress are depleted through lack of normal socialising, sleeplessness, increasing work stress, and managing the emotional welfare of others, our own well-being is most at risk.

The challenge for junior doctors may be two-fold; interns and residents typically interface most with patients' distress and worry on ward service. In addition to provision of healthcare, already stretched JMOs bear the obligation to translate health information for patients and their families and contain the anxieties this frequently causes. Junior doctors are also most likely to be guiding and tutoring medical students while attempting to navigate relatively new systems of work, attend to expectations of registrars and consultants, manage nursing concerns and short calls, and outside of work hours, may be labouring toward application to training programs.

The burdens can amass, and even prior to COVID the evidence suggests the toll can surmount the available emotional resources of junior MOs. It is timely to note that doctors retain a risk for completed suicide which is twice the rate of the general population, and both the RANZCP and the American Board of Psychiatry and Neurology acknowledge that both poor self-care habits and ongoing stigmatisation and denial of psychiatric illness within the profession are barriers to sound mental health for doctors.

While many of us appreciate the basic tenets that burnout is common, self-care is important, sleep is essential, and that organisations like Doctors for Doctors provide fantastic resources (they really do; <https://www.drs4drs.com.au/>) It would seem the greatest hurdle for young doctors is recognising when they are approaching high levels of fatigue. The medical school experience can habituate junior doctors to high levels of stress and shift the balance away from healthy levels of stress against relaxation. Common early warning signs of pathological fatigue or psychological disquiet are a loss of compassion for patients and colleagues, deterioration in quality of clinical and administrative work, and increasing use of alcohol, caffeine or recreational drugs. If you think any of the above applies to you or someone you're working with, check in with them (or yourself) and if necessary make a plan to attend to the factors of physical health, and reintroduce away-from-work time to rediscover other joys in life. Consider taking annual leave if you need more time away from the ward.

Of course, the challenge is finding ways to access what previously may have been taken for granted; COVID has meant more than a logistical change to the way we seek connection and interaction, and a cultural shift toward isolation and fearfulness may be playing a bigger role in the lives of JMOs than we yet understand. As health professionals we've no excuse to eschew the evidence that demonstrates connectedness is psychologically protective, and as our oath also extends to one another, it is precisely at this time we need to connect more, rather than less, to one another.

As COVID continues to unfold across the globe and before it eventually fades, we know our careers will be characterised by an endless supply of patients who need our care; it may be that in the time of a pandemic, we can do more to care for each other and ourselves.

If you or someone you know is experiencing a crisis, contact LifeLine on 13 11 14. Visit Doctors for Doctors for a collection of resources aimed at medical professionals: <https://www.drs4drs.com.au/>

Pfefferbaum, B., & North, C. 2020. Mental Health and the Covid-19 Pandemic. N Engl J Med; 383:510-512

Dr. Stephen McManis

Psychiatry Registrar, stage 1

Remember to renew your AHPRA registration before September 30 to avoid paying late fees. While you're there, make sure to complete the Medical Training Survey. Renew [here](#).

SA MET facilitates and supports the activities of the JMO Forum, however, the contents of this newsletter do not necessarily reflect the views or policies of SA MET.

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Contact healthsamet@sa.gov.au if you have any questions