GUIDING THE WAY

The 2019 DiT Welfare Workshop focused on strengthening peer support programs offered at hospitals. Dr Rosalind Forward reports

Question: What do you get when you put 55 doctors motivated about and interested in doctors' wellbeing in one room? Answer: Lots of fantastic discussion, ideas and suggestions.

Earlier this year, the AMA (WA) Doctors in Training Welfare Subcommittee hosted the 2019 DiT Welfare Workshop with the support of the Doctors Health Advisory Service (WA) (DHASWA) and the Chief Medical Officer, WA Department of Health. Skilfully facilitated by general and bariatric surgeon Dr Ruth Blackham, the workshop was attended by a range of different doctors, from interns to consultants.

The aim was to identify what hospital-based DiTs need in terms of peer support related to debriefing, with the objective of writing a guideline to provide to hospitals for use in their programs.

We heard briefly about the peer debriefing and support programs already in place at RPH, SCGH, KEMH and PCH. Each hospital presented a very different model for peer support. This included the closed group style "peer group program" run by RPH with the same participants and facilitators; the open group style with various presenters and participants such as project Pow Wow at SCGH; the advanced trainee-run and facilitated Paeds in a Pod project at PCH; and the consultant/psychiatrist-led program for

Drs Megge Beacroft, Marie Herd, Rosalind Forward and Ruth Blackham.

issues around confidentiality.

It was also identified that there was no one ideal facilitator as this was a skill that could be developed through practical experience. There are different benefits of having facilitators from diverse backgrounds including pastoral care, educators, senior doctors and retired doctors. Having two facilitators for a group session was identified as better than just one. Another recommendation was for an overall project leader who could be a direct contact outside of group sessions.

Attendees also highlighted the importance of the department facilitating the peer support program independent from training programs so it would not affect participants' ability to enter their chosen career pathway.

Formal one-to-one debriefing was thought to be better left to those who had formal training in the area rather than putting pressure on colleagues and adding to our already busy work roles. There should be the option of seeing someone

Dr Rich Read and Dr Antonina Volikova.

Drs Sarah Hearn, Bonita Duan, Nick Martin and Karim Johnson.

Dr Verena Merry and Dr Rikki Priest.

Dr James Caudle and Dr David Oldham.

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Dr Rosalind Forward

different to those who provide mentoring and career guidance. Clear escalation pathways should also be established for doctors being debriefed, and those doing the debriefing.

The detailed recommendations on how to design and implement peer support programs, which will meet the needs of our current DiT's are in the process of being compiled into a guide for hospitals to use and will hopefully, be distributed shortly.

Ultimately, there is no one correct model that will meet the needs of all hospitals and junior doctors. However, by identifying the different programs out there and the pros and cons of each, we have a better understanding of what hospitals can do to improve peer support and doctors' wellbeing. ■

For doctors in crisis or for those wanting to speak with a DHASWA doctor: (08) 9321 3098 – 24 hours/day, seven days/week

For general enquiries and feedback, phone 9273 3025 or visit www.dhaswa.com.au

If you or someone you know is experiencing depression, you can contact Lifeline on 13 11 14.

To contact Beyond Blue, please call 1300 22 4636 or visit beyondblue.org.au

Dr Rosalind Forward is the DiT representative at the, Doctors' Health Advisory Service WA. DHASWA is an independent not-for-profit organisation supported through funding from the Medical Board of Australia