

Minutes of the Derby Medical Society, Tuesday 25th September 2018
Derby Medical School Lecture Theatre

Apologies - Dr Ian Shand
Mr Tony Henry
Dr A.R. Nicholson
Dr J. Nicholson
Dr Dick Williamson

Everybody was welcomed to the first meeting of the year by Dr Stuart Holloway. It was with great sadness the deaths of members of Dr Peter Golding and Dr Ray Smith were reported. A moment of silence was held.

The Winner of the Golf Cup was announced – Dr Ian Shand

It was with enormous pleasure that Dr Holloway welcomed Miss Susie Hewitt to the role of president of the society. She started working in Derby in 1995, as the first female Emergency Medicine Consultant. She has worked on many projects, including relocating the hospital to one site and also featured on every episode of 'Super hospital'. The medal was handed over to the new president with a round of applause.

Speaker – Miss Susie Hewitt
MBChB (Hons) FRCS FRCEM
Consultant Emergency Medicine at Royal Derby hospital

Presidential Address 2018: Well-being, resilience and finding joy at work

Miss Hewitt thanked Dr Holloway for the kind introduction and introduced new member Dr Rachel Parrish.

For her presidential address she wishes to talk about personal understanding of well-being, resilience and finding joy at work. If one were to search for 'well-being' online then an image of a spa is commonly found. Contrast this with the search for 'physician' and an image of worn out doctor is seen. This does not have to be the case.

We often deal with difficult pressures of working in a system with limited resources. We hear common phrases like "getting through the day" and "ride it out". Whereas, joy is actually instrumental in delivering good care and can only be given by a workforce that feels hopeful and safe.

The main objectives of this talk were to define burnout, explore resilience, review the evidence and everyone take away something for our 'resilience toolbox'.

Well-being is a dynamic process and is reliant on a variety of factors. Miss Hewitt posed the question – 'What's in your toolbox?', everyone agreed coffee was a major tool which many of us rely upon! Other things include personal health, physical fitness, nutrition and hydration.

Did you know, doctors are disadvantaged group when it comes to our own healthcare? There are many factors, including the fact that we sometimes ask a colleague for advice instead of going through proper channels. Miss Hewitt also pointed out it is a GMC requirement to have a GP.

Burn out is different from tiredness. It encompasses emotional exhaustion, depersonalisation and lack of personal accomplishment. During burn out we become detached and unfeeling towards our patients, colleagues and students. People suffering from burn out are not just those signed off for months. It is often also the case in the instance of colleagues who have turned to alcohol, drugs, gambling or those with behavioural changes, such as being really grumpy.

Shanafelt et al did a study on burnout and satisfaction with work-life balance. They found that Emergency Medicine was at the top for risk of burn out. This poses the question of why this is the case. Miss Hewitt referred to the 'Demand, Control & Support' model when discussing this. If we are working in a system which is high in demand, low in personal control of work load and support is poor then we are in at significant risk of stress and burnout. A certain amount of stress is productive but if it becomes too much then, as illustrated by the 'Starling curve', it becomes problematic and hinders our performance.

So what is the impact of too much stress on our work? It impacts on our concentration, leads to impairment of memory, inability to prioritise and leaves us prone to distractions. A workforce under stress results in lower levels of staff engagement, productivity, patient care, increased number of safety incidents and ultimately leads to compassion fatigue.

Miss Hewitt then moved on to talk about resilience. It comes from the Latin 'salire', which translates to 'to bounce', or the capacity to recover from adversity. People who are resilient are less likely to become ill and are able to turn adversity into growth opportunity

Seligman and Beck researched resilience and coined the term 'Learned Helplessness'. They found some people under pressure lose capacity to spot opportunities and the capacity to act on them. They found, however, there are always a resilient few participants. Differences were often in the way they interpreted the world around them and in their support networks.

Miss Hewitt talked about what tools we have at our disposal to help us with our well-being and resilience. This can be referred to as our 'Resilience Toolbox', some components of which are:

- Explored explanatory styles
 - o Different people can see the same event differently, eg optimists and pessimists, due to their different outlooks
- Notice unhelpful thinking styles
 - o Such as cognitive distortions, often seen in people suffering from depression, e.g. catastrophizing.
- Triggers
 - o Common ones include being hungry, angry, late, tired, lonely. Often a cup of tea can diffuse.
- Saying yes and no wisely
 - o How to say no when overwhelmed – listen to request respectfully, say 'no' as simply as possible (have to look at the floor afterwards!), transfer ownership of your refusal eg. 'My diary wont allow it'.
- Focus on significant strengths
 - o A study in America followed 2 groups of people who received MSF report. For the next year one group focused on the positives and one on the negatives. In the next

year's MSF, the scores of people who focused on positives went up by 35% v 14% in the other group.

- authentichappiness.sas.upenn.edu – useful resource to show signature strengths
- ABCDE of resilience
 - A – Adversity- what actually happened?
 - B – Belief – how did you explain it to yourself?
 - C – Consequences – what consequences will there be if any?
 - D – Disputation – are there other ways to interpret this?
 - E – Energisation – how can this be made better in the future?
- Mindfulness v mind wandering
 - Mindfulness can be very challenging and originates from Buddhist teaching. How often do we actually sit quietly for 10 minutes? When we are stressed we apically breathe, instead of using the diaphragm, which can lead to neckache and backache. Miss Hewitt recommended that when stressed, to take a moment to sit quietly and breathe well. She also recommended the Headspace app.
 - We often find it difficult to do nothing and can be obsessed with being busy. We spend a lot of time looking at our phones and not looking at our surroundings. She suggested if we find ourselves faced with a tricky problem, to go for walk and let the mind wander.
- Tarzan
 - Just like Tarzan swinging through the trees, we all need islands on which to pause, whilst going through our life. For example, always having a holiday booked. Miss Hewitt suggested that if we feel stressed to sit down and book something we can look forward to.
- FISH
 - Principle from customer care training. There is a Fish market in Seattle, which is famous as putting on a show, usually involving throwing and juggling fish. It is widely known to be a great place to work and provides excellent customer satisfaction.

Miss Hewitt suggesting going to work thinking about 4 things:

- Play – its ok to have fun at work
- Make their day – make it your mission to make somebody's day with something simple
- Be there – be present, give them your full attention
- Choose your attitude – decide how you are going to be at work that day on arrival.

Final thought – Let joy, not burnout rule the day!

The speaker at the next meeting will be Dr Chris Moulton, VP of the Royal College of Emergency Medicine. There will be socialising and networking afterwards.

Total attendance at meeting – 92

Members - 29

Trainee Drs -2

Medical Students – 53

Guest members - 8