



Resource Document 16 (2011)

WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

WELFARE ISSUES IN ANAESTHETIC DEPARTMENTS AND PRIVATE GROUPS

ORIENTATION

Arrange a colleague to meet and greet new staff.

Provide a detailed orientation for all new members of the department or group, both senior and junior. This should include physical facilities, personnel, equipment, hospital communication systems, stationery, etc, etc.

New members should be informed what is expected of them (ie delineation and discussion of their duties).

The new member's goals and objectives should be ascertained.

The process should also include orientation to other relevant departments.

TRAINEES

Review the selection criteria and process for appointing trainees.

Ensure that the department promotes appropriate and diverse educational activities, and supports those sitting examinations.

Enable and encourage the formation of study groups.

Provide suitable career advice to all prospective and in-post trainees.

Ensure support for your Supervisor(s) of Training

IN-TRAINING ASSESSMENT

Consider providing a welfare assessment in parallel with, but separate from, in-training assessment.

Ensure that the In-Training Assessment process is followed closely. It is essential to identify trainees in difficulty as soon as possible.

MENTORS AND BUDDIES



Consider establishing a mentor system for trainees, and a "Buddy" system for specialists in departments, as well as private groups.

The "Buddy" system involves two colleagues who agree to "look out" for each other with respect to personal and professional performance issues, and to report to each other any rumoured or real performance or health issues.

WELFARE STRATEGIES & EDUCATION IN DOCTORS' HEALTH

Each department or group should appoint a resource person for departmental welfare issues.

Ensure that all members of the group/department know who this person is.

Alert all staff members to welfare issues. Ensure that all know how to access the Welfare of Anaesthetists' Special Interest Group (WOA SIG) Resource Documents (ANZCA, ASA, NZSA, or ACECC websites).

Organise regular education sessions on welfare issues in each hospital, group, and/or region (eg include the screening of "Wearing Masks", "Death on the table" & other relevant videos from time to time).

Strongly encourage attendance at these sessions by trainees, as well as senior staff, supervisors of training and other interested colleagues.

Substance abuse recognition is of great importance (see RD 20). Obtain the Welfare of Anaesthetists' Special Interest Group (WOA SIG) Substance Abuse Protocol RD 20, from ANZCA, ASA, NZSA, or ACECC websites.

RESOURCES

Maintain a list of local welfare resource personnel and helping organisations, including DHAS, Lifeline, and Drug & Alcohol bodies.

Consider establishing a formal link with a "liaison" psychiatrist

Be aware of the local Employee Assistance Program (EAP).

FATIGUE

Consider prospectively measures to minimise fatigue for all staff by appropriate rosters.

Ensure time off after night call for both senior and junior staff members.

If possible, older departmental/group members should be given the option of ceasing to be on the night call roster.

CRISES



Critical Incident Support processes should be in place and promulgated; the processes should be followed after adverse incidents (see RD 05)

Amongst the duties of the “duty or on call” anaesthetist should be the provision of help for staff involved with unexpected bad patient outcomes, or other major patient or staff mishap.

The anaesthetist directly involved should be relieved of further duties for at least the day of the event. Support and follow up of the anaesthetist and the incident must be arranged.

Provision should be made in private practice groups for this process to occur.

Ensure debriefing sessions are offered to these staff (Resource Documents 05, 10, 11).

DEPARTMENT and GROUP MEETINGS

Ensure regular discussion of welfare and organisational issues, (with input from appropriate experts), as well as professional and clinical matters such as morbidity and mortality meetings.

Don't forget social activities and a relaxation area with good coffee !

Cohesion amongst staff and good morale is worth all the hard work necessary

A united department or group is strong

It will attract applicants if recruitment is required

Further reading

Anaesthesia Continuing Education Coordinating Committee (ACECC): acecc.org.au

Australian and New Zealand College of Anaesthetists (ANZCA) College Professional Documents

TE 14 Policy for the In-Training Assessment (ITA) Process

TE 18 Trainees in Difficulties

TE 19 Policy on Trainee Illness or Disability

PS 43 Statement on Fatigue

PS 49 Guidelines on the Health of Specialists and Trainees

New Zealand Society of Anaesthetists (NZSA): www.anaesthesiasociety.org.nz

Wearing Masks II

Video available from www.allanesthesia.com

Welfare of Anaesthetists' Special Interest Group Resource Documents (RDs)

RD 01 Personal Health Strategies

RD 02 Financial Issues

RD 03 Depression and Anxiety

RD 04 Retirement

RD 05 Critical Incident Support

RD 06 Training, Examinations

RD 07 Sexual misconduct (NSW Medical Board)



- RD 08 Mentors
- RD 09 Why don't you have your own GP? (Arnold)
- RD 10 Breaking Bad News
- RD 11 After a major anaesthetic mishap
- RD 13 The Impaired Colleague
- RD 14 Medico-legal Issues
- RD 15 Training and Family responsibilities
- RD 16 Welfare issues for the anaesthetic department
- RD 17 Infection
- RD 18 Latex Allergy
- RD 19 Manual handling
- RD 20 Substance Abuse Protocol (Auckland)
- RD 21 Organ Donation
- RD 22 Bullying
- RD 23 Communication and Consent
- RD 24 Mandatory Reporting
- RD 25 The Disruptive Colleague

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ACECC is a joint initiative of the Australian and New Zealand College of Anaesthetists, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

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