



Doctor's seeking support: 10 years on

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Study Phases

- To identify where, and to whom, medical students would go for support should they feel they needed this in relation to their own emotional responses
- To identify where, and to whom, Registered Medical Officers (RMOs – House Surgeons and Registrars) would go for support should they feel they needed this in relation to their own emotional responses

Study Populations

- Population 1
 - 4th year medical students
- Population 2
 - RMOs (hospital based) working in 4 District Health Boards in New Zealand
 - average of 7 years out of medical school
- Average gap between Population 1 and Population 2 = 10 years

Study Description

- Population 1
 - paper questionnaire assessing emotional competence, emotional confidence, and support seeking
- Population 2
 - paper questionnaire assessing emotional competence, emotional confidence, and support seeking
 - PLUS:
compassion fatigue, compassion satisfaction, burnout, resilience, empathy, and spirituality

Burnout

Maslach Burnout Inventory

- Emotional exhaustion
- Depersonalisation
- Reduced personal accomplishment

Compassion fatigue

. . . the natural consequent behaviours
and emotions resulting from knowing about
a traumatizing event experienced by a
significant other . . . (Figley, 1995)

Compassion satisfaction

. . . an expression of the positive aspects of care-giving (Stamm, 2002)

Support Seeking Subscale

- 7 point Likert Scale: Strongly Disagree to Strongly Agree
- Both surveys included this statement at the beginning of the subscale questions:

If I needed additional support to assist me to understand and manage my emotions in relation to my patients:

- followed by

I would talk to

Support Seeking Subscale Items

- Population 1:
I would talk with
 - *a Counsellor or Psychologist*
 - *another medical student*
 - *my family*
 - *a member of the academic staff*
 - *one of my clinical teachers*
 - *my Spiritual or Religious Advisor*
 - *my Cultural Advisor*
 - *someone else (Please describe: _____)*

Support Seeking Subscale Items

- Population 2:

I would talk with

- *a Counsellor or Psychologist*
- *another junior doctor*
- *my family*
- *a member of the academic staff*
- *one of my clinical teachers/Consultants*
- *my Spiritual or Religious Advisor*
- *my Cultural Advisor*
- *a representative of the Doctors Health Advisory Service*
- *someone else (Please describe: _____)*

Demographics

- Population 1
 - male 45%, female 55%
 - mean age 23 years
 - NZ European 51%
 - questionnaire return rate 56% (n=89)
- Population 2
 - male 41%, female 59%
 - mean age 31 years
 - NZ European 53%
 - years since completing medical training: 7 years
 - questionnaire return rate 24% (n=253)

Results:

"If I needed additional support to assist me to understand and manage my emotions in relation to my patients":

Question	Population 1 Medical Students		Population 2 RMOs	
	All "Agree" answers (%)	"Strongly Agree" Answers (%)	All "Agree" answers (%)	"Strongly Agree" Answers (%)
Counsellor or Psychologist	27.5	6.3	31.6	8.3

Results:

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Medical Student/ Junior Doctor	97.5	23.8	85.7	32.0

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Medical Student/ Junior Doctor	97.5	23.8	85.7	32.0
Family member	82.0	30.0	77.5	30.8

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Academic staff	27.5	2.5	15.8	2.8

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Academic staff	27.5	2.5	15.8	2.8
Clinical Teacher/ Consultant	40.0	8.8	67.2	15.4

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Cultural Advisor	53.8	2.5	8.3	1.2

Results:

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DHAS	N/A	N/A	19.0	1.6

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Peers

- 97.5% of medical students and 85.7% of doctors would seek out a peer for support
- “Talking to peers for support” could mean:
 - One to one
 - Self-help group
 - Peer group (CME)
 - Peer support programme

Traditional Mentoring vs Peer Mentoring

- Traditional mentoring problems:
 - Power, Dominance, Dependency, Transference
 - Availability, Cost

(Pololi et al, 2002)
- Peer Mentoring is a feasible and “perhaps more desirable” alternative
 - Greater availability
 - Greater understanding of day to day issues
 - Early recognition of emotional problems
 - Mentees more open to sharing problems

(Ramani, 2006)

The Pyramidal System



The Mentor at the top also needs peer support

Peer Support in Universities

- Oxford Peer Support Programme (UK) (Ford)
(30 hours of training for peer support students):
 - Listening
 - Assertiveness
 - Cultural Awareness
 - Family
 - Crisis Intervention/Suicide Prevention
 - Referral
 - Limit and Boundary Setting

Family

- 82 % of medical students and 77.5% of doctors would seek out a family member for support
- Stress and coping strategies in doctors:
 - Better supervision
 - Time for discussion with colleagues
 - Time with family

(Paice E et al, 2002)

Families are Suicide Protective Factor

- Parent - family connectedness
suicide protective factor in secondary school
students (USA)
(parental connectedness: feelings of warmth,
love and caring from parents)
(Resnick MD, Add Health, 1997)
- Parents caring/other family members caring
suicide protective factor in secondary school
students (NZ)
(Fleming, T, Merry, S, 2007)



Adult

Opportunities
Good Information
Positive Experiences



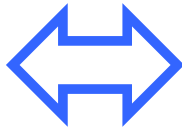
THE UNIVERSITY
OF AUCKLAND

FACULTY OF MEDICAL
AND HEALTH SCIENCES

Church

Sports Teams

Strengths
Based

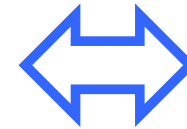


Family

Opportunities
Good Information
Positive
Experiences

Young Person

Strengths
Based



Peers

Opportunities
Good Information
Positive
Experiences

School

Self

Spirit
Mind
Body
Emotions

Community
Groups

Community

CONNECTION & RESILIENCE MODEL (YOUTHLINE)

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