WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP
Australian and New Zealand College of Anaesthetists
Australian Society of Anaesthetists
New Zealand Society of Anaesthetists

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.

ASSESSMENT

- Consider providing a welfare assessment in parallel with, but separate from, in-training assessment.
- Ensure that the ANZCA assessment processes are 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

- 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 – RDs - (ANZCA, ASA, NZSA, or ACE websites).
- Each department or group should appoint a Welfare Advocate for assisting with departmental welfare issues (RD 26).
- Ensure that all members of the group/department know who this person is.
- 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 ACE 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 recommended 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 (RDs 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 (ACE): acecc.org.au
Australian and New Zealand College of Anaesthetists (ANZCA) College Professional Documents and
  Handbook of Training and Assessment
  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 Anaesthesia 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
RD 26 The Welfare Advocate


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*Promulgated: 1996*  
*Date of current document: 2016*  

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