

## FEATURE



# THE ROLE OF THE WELFARE OFFICER

As an executive member, co-founder, and past chair of the Welfare of Anaesthetists Special Interest Group (SIG), Dr Diana C. S. Khursandi (FRCA, FANZCA) has dedicated much of her career to promoting the welfare of her fellow practitioners. Here, she discusses the role of the welfare officer.

The Welfare of Anaesthetists SIG was formed in 1995 and the current chair of the SIG is Dr Prani Shrivastava from Western Australia. One of the recommendations of the group is that each department or group of anaesthetists identify someone who is willing to act as a 'welfare officer'.

In many organisations this has occurred and in others the role has been assumed unofficially. Such persons are not

appointees of the College, the ASA or the New Zealand Society of Anaesthetists.

It is extremely important that the welfare officer does not take on a duty of care to any anaesthetist, but refers him or her to an appropriate provider of the relevant professional service or suggests such referral.

Members of the SIG executive have been contacted for advice in many different situations. The founders of the SIG, myself and Dr Genevieve Goulding, have fielded phone calls on a regular basis from colleagues concerned about others. Issues range from the suicidal trainee to significant performance concerns in senior anaesthetists.

If a group or department appoints a welfare officer, that person should not hold

any official role with respect to trainees and should be someone who junior staff and colleagues will feel comfortable approaching. He or she will frequently be chosen as a mentor by others. Characteristics such as a sympathetic ear, a non-judgmental attitude and a guarantee of confidentiality are paramount.

Other skills may include an interest in doctors' health, in medical education and knowledge of local resources. In public hospitals it is often appropriate to offer access to a psychologist via an employee assistance program. Psychologists are a valuable source of help to any doctor in distress. Knowledge of methods of 'de-stressing' will also be useful. Dealing with colleagues in distress or performance issues may require a team approach,

with discretion and confidentiality by all members of the team being essential. Common issues which have come to our attention are briefly discussed here.

## PERFORMANCE ISSUES

Welfare officers may be called upon in situations where an anaesthetist's performance has been called into question. He or she will know the importance of accurate documentation of the relevant issues and may be asked to discuss the appropriate process with those in authority in the department or group.

If the person is a trainee, then the College has a Professional Document to outline the process to be followed: TE18. If performance issues are impacting on patient safety, then the College Trainee Performance Review process may be considered and/or the trainee may be asked to cease work temporarily. The welfare officer must be aware of the existence of these processes and also be aware of the criteria for mandatory reporting to the relevant medical board or council.

Where the person is a specialist, the actions suggested are more complex and problematic, especially if the anaesthetist is exclusively in private practice. Garnering and documenting evidence must be suggested to the enquirer—often easier said than done. Evidence must be documented before any approach is made to the clinical privileges committee, the employer, or the medical board or council. Mandatory reporting conditions apply if the practice of an individual is significantly jeopardising patient safety (potential 'substantial harm') or significantly departs from standard practice.

## PSYCHIATRIC ILLNESS

The welfare officer must be sensitive to the problems of others and be able to recognise (or be alerted to) those in distress. Sometimes the commencement interview raises flags that an anaesthetist may struggle in the future or is currently

struggling. A sympathetic talk may bring out problems that the distressed doctor has not revealed to anyone else at work. Often the offer of a chat will have to be made a few times before the doctor will agree to it.

## THE DIFFICULT CONVERSATION

It is recommended that those who seek to fill (officially or unofficially) the role of a welfare officer read *Difficult Conversations—How to Discuss what Matters Most* by Stone, Patton and Heen. As a Director of Clinical Training at my hospital, I have difficult conversations every week with my junior doctors and this book has been an enormous help to me.

## CRITICAL INCIDENTS AND COMMUNICATION

Both junior and senior doctors can be involved in critical incidents; dealing with the fall-out of an adverse outcome can be very stressful, especially if litigation may result (see RD5).

Communication skills are of supreme importance to anyone who has to deal with personal and professional issues. *The Handbook of Communication in Anaesthesia and Intensive Care* is an essential read.

## SUBSTANCE ABUSE

Tragically some anaesthetists feel the need to have recourse to intravenous recreational drugs—perhaps more often than we realise. Recognition of, and conducting interventions in, these cases are crucial to successful handling of such doctors. Rob Fry has written about this condition in another article in this magazine (and see RD20).

## VIOLATIONS

If a welfare officer becomes aware of deliberate or serious violations of the Code of Conduct, or any criminal activity, the doctor concerned will immediately be the subject of a mandatory report to the relevant medical board or council, as well

as to the head of the department or group and the employer.

## CONCLUSION

Looking after ourselves and our colleagues is an essential activity in ensuring patient safety and is a responsibility which must be taken seriously.

Those whose interest is in this area should join the SIG (for instructions on how to join visit [www.acecc.org.au](http://www.acecc.org.au)), read the Resource Documents, and consider acting as a mentor and/or an official or unofficial welfare officer.

## RECOMMENDED READING

- Welfare of Anaesthetists Special Interest Group Resource Document 3: Depression and Anxiety 2011. From <http://www.acecc.org.au/Welfare.aspx>.
- Welfare of Anaesthetists Special Interest Group Resource Document 5: Critical Incident Support 2011. From <http://www.acecc.org.au/Welfare.aspx>.
- Welfare of Anaesthetists Special Interest Group Resource Document 16: Welfare Issues in the Anaesthetic Department. From <http://www.acecc.org.au/Welfare.aspx>.
- Welfare of Anaesthetists Special Interest Group Resource Document 20: Substance Abuse 2011. From <http://www.acecc.org.au/Welfare.aspx>.
- Welfare of Anaesthetists Special Interest Group Resource Document 24: Mandatory Reporting 2011. From <http://www.acecc.org.au/Welfare.aspx>.
- Australian and New Zealand College of Anaesthetists Training and Educational Document 18: Policy for Assisting Trainees in Difficulty. From <http://www.anzca.edu.au/resources/professional-documents/documents/training-and-educational/training-and-educational-18.html>.
- Stone D, Patton B, Heen S, Fisher R. *Difficult Conversations—How to Discuss What Matters Most*. New York, USA: Penguin 1999.
- Cyna A, Andrew M, Tan SGM, Smith AF (eds). *Handbook of Communication in Anaesthesia and Intensive Care*. Melbourne, Victoria: Oxford University Press 2011.