The Junior Doctor In Difficulty
Objective

Provide guidance and the opportunity to reflect on how to identify and respond to the Junior Doctor in Difficulty
Introduction

“Frank just up and exploded. I hope I never get that burned out.”
What is the problem?

Doctors reported substantially higher rates of psychological distress and attempted suicide compared to both the Australian population and other Australian professionals.

What is the problem?

Young doctors and female doctors appeared to have higher levels of general and specific mental health problems and reported greater work stress.

The general work experience for Australian doctors is stressful and demanding.

Stigmatising attitudes regarding the performance of doctors with mental health conditions persist.

Doctors appear to have a greater degree of resilience to the negative impacts of poor mental health.

How do you identify the JDID?

What are some of the signs you may identify as a JDID?

- The disappearing act
- Low work rate
- Ward rage
- Rigidity
- Bypass syndrome
- Career problems
- Insight failure

What have you done in these situations?

What situations require immediate action?

What are the underlying issues?

Psychological issues

- unfamiliar discipline of being a hospital employee, not a student
- junior status: having to respond to the immediate demands of other staff
- frequent transitions to new work environments
- interpersonal conflict within the team
- excessive workload
- inadequate support for medical and administrative tasks
- inadequate supervision and support
- inadequate role definition/orientation
- bullying or harassment
- sexual harassment

Competence

Lifestyle issues

Extrinsic factors

- relationship issues
- accommodation and transport difficulties
- pregnancy and parenting
- financial issues
- visa and migration issues
- language and cultural issues

Preliminary assessment of concern

Further investigation

Is there a problem?

- Do not jump to conclusions
- Stick to the facts
- Confer with as few people as possible
- Always discuss with supervisor
- No “off the record”

If out of your comfort zone, seek help

Prepare

Speak with the trainee

Ensure natural justice

Initiate discussion early

Plan

“Been here awhile?”

The quiet chat

Speak with the trainee

- Establish rapport
- Define issues
- Determine remediable causes
- Agree on action plan
- Monitor outcomes

End on a positive note

- Clinical performance
- Behavioural and attitudinal problems
- Communication problems
- Health problems

Frequent feedback

Establish rapport

Define issues

Determine remediable causes

Agree on action plan

Monitor outcomes

Frequent feedback

Clinical performance

Behavioural and attitudinal problems

Communication problems

Health problems

Activity
Further investigation

Note findings and consider referral

Document
- Date, time, individuals present
- Main discussion points
- Agreed action plan

“There’s no easy way I can tell you this, so I’m sending you to someone who can.”

A documented Action Plan should provide clear expectations regarding actions, responsibilities and review dates and be developed in consultation and agreement with the Junior Doctor.

Can you think of any strategies to assist a JDID?

Finalise and implement

Action Plan

Quick fixes
✓ Orientation
✓ Increased support and supervision
✓ Unit manual
✓ Advice from near peers

Feedback
✓ Frequent
✓ Thorough
✓ Immediate

Knowledge deficits
✓ Readings
✓ Access to easy tools

Targeted supervision

Review of working conditions
✓ Roster
✓ Allocations
✓ Supernumerary

Buddy system

External courses
✓ Communication

Referral
✓ GP
✓ Psychologist
✓ Career counselling

✓ Patient safety comes first
✓ Junior Doctors require supervision and support
✓ Prevention, early recognition and early intervention are the preferred approach
Resources


Questions?