An alternative route to burnout

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In January 2018, I received some news that would change my world forever. My father had taken his own life. My dad had struggled with depression for the past 12 months after a brutal assault and sadly left us aged 63. He was an amazing man, a teacher, an avid sportsman and most importantly to him, a loving father to myself and my younger sister.

I found this out whilst doing some locum shifts in a small town in South Australia, in between jobs. I was isolated, all alone and nowhere near any of my social supports. I remember it vividly because I received the dreaded call in the middle of the night from a policewoman gently trying to tell me the news because my sister was too distraught to do so.

The rest of the night I didn't sleep, I just laid there in utter shock and disbelief. I knew I had to get home as soon as possible to be with my family. I called the hospital administration where I was working and thankfully, they understood, let me go and soon I was on the plane to what felt like the longest trip home.

Using work as a distraction

This was less than a week before I was due to start the job of my dreams, finally getting into the training program I had been aiming for since starting medical school. Even though I knew bereavement leave was a thing that existed for people in these sorts of situations, I was determined to make a good first impression (and not be seen as difficult or demanding in my new job) and so commenced in my new role the same week as my father's funeral.

The next few months I worked in the Emergency Department at the one of the tertiary hospitals in Western Australia, seeing a variety of presentations with the constant pressure to see more and more. I thought by burying myself in work I could forget the awful reality that my dad was gone and there was nothing I could do to change that.

I found myself taking on or volunteering for more shifts just so I wouldn't sit at home and find myself constantly agonising over the fact that as a medical professional, I had not recognised the signs that he was getting to the point of no return, ruminating on all the 'what-if' scenarios. Less than a month before, he had walked me down the aisle at my wedding, in what I would learn was a bittersweet moment, as it was the last time I would see him alive and happy.

The cracks of burnout begin to appear

The shift work of emergency didn't help my difficulties with sleeping, depressed feelings or sense of losing control in what was happening around me. I went to go see my GP, as I knew I was struggling, who was an absolute credit to the profession. She

was caring and supportive and suggested I go see a Clinical Psychologist who specialised in grief counselling, but reassured me I could come back any time. I dutifully booked my first session with the Psychologist to then discuss and delve into the issues I was having.

Overall, I felt like I was doing okay at work and just keeping my head above water, but I also knew that cracks were starting to appear. I dreaded any time I was asked to see a suicidal patient and often found myself actively avoiding them for fear of my reaction - Would it be tears? Would it be anger? It was hard to know and I often found myself in the bathroom, trying to take some deep breaths and suppress the feelings either way.

My next rotation unfortunately was not much better, as I was placed in the Rehabilitation ward. Here I was constantly surrounded by devastating cases often from accidents/injuries or long-term disabled patients who struggled with everyday activities and often made very small, slow progress. While it gave me a much better understanding and greater appreciation for the work involved in looking after complex care patients, it also led to a further deterioration of my own mental health.

An alternative option to avoid complete burnout

Despite ongoing support from my GP and my Psychologist, I felt myself becoming less and less engaged with clinical medicine, resenting having to go in to work and getting frustrated at patients for becoming unwell, even though I knew it was not their fault and that they were just there hoping to get better.

Recognising this point, I decided to break away and do something completely different, moving into non-clinical medicine for the second six months of the year. This involved taking a break from my training program to explore a hospital administrative role. This role enabled me to make improvements and changes to systemic issues I knew needed fixing, helping both junior and senior doctors within the hospital setting.

The change I needed

This role was a complete breath of fresh air from what had been a tumultuous year, allowing me to explore some of my passions in junior doctor wellbeing initiatives, medical education and improving medical workforce modelling to optimise training opportunities. The news I received that fateful day in January rocked me to my core and I now have the hindsight to recognise I was burnt out and needed an alternate option to clinical medicine at that point in time, or risk never returning.

While arguably there were multiple points along the way that I could have changed my actions: taking bereavement leave, seeing less patients in emergency, engaging more in the support services available at the hospital… I believe my story is not unique in its nature and that many other doctors have experienced similar situations, too afraid to seek help or to change their routines at work. I tell my story not for sympathy but in the hope that others will realise there are various supports and options outside of clinical medicine available for them too.

The opportunity I had in non-clinical medicine not only revitalised me in terms of what I felt I could contribute to the system, but also reinvigorated my passion for clinical

medicine. When I felt that I was in the right head space to contribute again (only a few months later) I was able to return in a casual, then eventually back to-full time clinical capacity; when just shortly before I had seriously considering leaving medicine altogether.

While I'm not saying this option is the best approach for everyone with personal and or mental health issues, non-clinical roles can be a great option for those who are not interested in taking time off but still want to contribute meaningfully to the healthcare system. They can be made available at both a junior (in rotations from 10 weeks to 12 months) or senior level (part or full time for project, leadership and advisory roles) in every hospital setting.

The Medical Service Improvement Program

In Western Australia, the Medical Service Improvement Program is the staple non-clinical rotation program, a 10 to 13-week rotation for junior doctors aimed at clinical service redesign, which is available in most major teaching hospitals. There is increasing interest year-on-year for these positions, with many junior doctors recognising the potential benefit in developing their knowledge around clinical service redesign and leadership, but also the benefits of having regular hours and a term 'to just breathe', with no nights or after hours coverage expected or time away from their friends and loved ones.

I believe the rising demand for these positions reflects the increasing interest in non-clinical positions outside the standard clinical setting and that hospitals should be encouraging the growth and development of these rotations and the alternate skills they bring, to ensure engagement and durability of their doctors' clinical careers.

Clinical leadership terms

It is great to see the move towards non-clinical options being adopted on the east coast of Australia, with doctors from the Royal Prince Alfred Hospital in Sydney recently presenting at the 2019 Australian and New Zealand Prevocational Medical Education and Training Forum (ANZPMEF) in Canberra on the introduction of Clinical Leadership Terms at their hospital. These terms were implemented after the NSW Health JMO Wellbeing and Support Forum recognised the need for a reduction in the conditions that contribute to burnout in junior medical officers (JMOs).

They introduced terms that were 0.2 FTE Clinical (leave relieving one day a week) and 0.8 FTE in a non-clinical area such as Medical Media, Performance and Leadership, Clinical Governance or Medical Education. These rotations increased flexibility and decreased workload pressure across the JMO cohort and provided career development in areas that were not previously available to junior doctors.

We need to advocate that these (or similar) rotations and other non-clinical positions for doctors be made available in all hospitals and healthcare services, to engage and empower disenfranchised doctors, cater for a broadening range of non-clinical interests of medical staff and provide an opportunity to improve the overall wellbeing and skillset to doctors; helping to ensure continuity of service and longevity of their careers within the healthcare system.

Useful resources

1. Doctors' Health Advisory Service
2. Employee Assistance Program
3. Lifeline
4. Beyond Blue Support Service
5. Beyond Blue Doctors Mental Health Program

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