



WELFARE OF THE INTENSIVE CARE TRAINEE

Intensive Care is a rewarding career, full of excitement, variety and providing a strong sense of purpose. However, training to become an intensivist, although similarly exciting and rewarding, holds significant stressors and challenges in maintenance of personal wellbeing. This article will outline some of the common stressors for trainees, discuss potential consequences of reduced wellbeing, and provide some approaches (both personal and systemic) to address trainee welfare issues.

Common stressors for trainees include:

1. **Mobility:** Trainees are often exposed to the stress of multiple changes in location (both workplace, and city or town of domicile) during training. Often this involves moving away from their usual supports.
2. **Relationships and supports:** There is little spare time to build or maintain friendships or relationships which can become socially isolating.
3. **Family demands:** Although family demands are a part of life for everyone, the training years often coincide with child bearing years. Parenthood introduces significant new demands and changes. In some cases, having children is postponed during the training years which also adds pressure to the trainee. Time pressures may contribute to under-prioritisation of family. Primary carers for children and elders may find progression through training difficult, particularly when it comes to examinations.
4. **High physical, cognitive and emotional demands:** Because of the nature of the service provided, intensive care rosters frequently involve a large proportion of evening, night and weekend work which can be physically demanding and result in significant fatigue. In particular, the high frequency of night shifts disrupts normal sleep-wake cycles. There are also high cognitive demands with a long, steep learning curve and ever-present pressure to learn and improve, along with the perception that in managing critically ill patient there is little room for error. Additionally, there is the high emotional load associated with increasing responsibility for patient care and decisions as well as the heavy exposure to death and other emotional trauma, often without training or support to manage this.
5. **Continual assessment:** Trainees are continually being assessed during their training. Although this is important to ensure training is progressing along an appropriate trajectory, it does impose a chronic burden on the trainee. In addition, developing longitudinal working relationships can be difficult with the temporary nature of rotations so there can be inconsistency and lack of continuity in feedback to the trainee. Feedback related to perceived poor performance, whether accurate or not, may have a lasting impact on a trainee's confidence in the workplace.
6. **Opportunity cost:** The high demands of the intensive care training scheme have opportunity cost for many other areas in life. Child bearing is mentioned above, but many other aspects of life which contribute to wellbeing can become de-prioritised over this time. Training takes at least 5 years and can be longer. This is a significant sacrifice and opportunity cost decisions are stressful.
7. **The exam:** The postgraduate exams add to trainee stress which can play a role over a number of years.

All of these stressors can have a significant bearing on trainee wellbeing with potential attendant consequences including: lost time; loss of relationships and connection; loss of self identity; reduced morale and workplace efficacy; mood and or behavioural disorders; in some cases extreme consequences such as substance abuse or suicide. It is important to have strategies in place to attend to the wellbeing of trainees throughout their training period and set them up to be the best intensivist that they can be.

Personal strategies to enhance trainee welfare:

1. **Acknowledging the demands and buying in** - Set appropriate expectations at the commencement of training and throughout the process. Trainees should be encouraged to acknowledge personal control over their life decisions and that they have chosen to embark on intensive care training because they enjoy it. Although there are inevitable high demands and the previously outlined stressors, personal ownership of their pathway and positive framing of training and intensive care as a specialty is helpful in facing these demands.
2. **Personal health and wellbeing** - Every trainee should have thought about and have a strategy to attend to their personal health and wellbeing. Such a strategy should involve: having a therapeutic relationship with a trusted GP in place in advance of any problems occurring; a healthy, balanced diet; setting aside time for exercise; considering sleep hygiene practices. The issue of presenteeism (presenting to work when you should not be at work) is recognized amongst the specialist workforce. It is important to discourage all doctors, including trainees, from ongoing presenteeism.
3. **Work-life balance strategies** - Although time is very much at a premium, it is important to consider time allocation and ensure that time is allocated to activities other than work. It may seem that the training years demand all of a trainees time, but it is possible to schedule time for relationships, family, leisure and relaxation if they are prioritised and planned. Trainees should know how to debrief and unwind in order to be at their best.
4. **Leave** - Annual leave is allocated in a work contract to enable rest and recharging. It should be used for leisure, not work. Schedule regular blocks of leave in advance so that you don't end up in the situation of not having had a holiday for several months. Lack of utilization of annual leave is a significant red flag.
5. **Personal organisation** - Getting the most out of the training years requires an organised approach. Training requirements need planning in order to be achieved and taking the time to plan ahead assists in effective allocation of time for other activities.
6. **Peer group support/Study groups** - During the training years, peers are a strong source of support. They are often the main community which the trainee belongs to. They understand much of the trainee's current life context and have shared experiences and time on the floor. Peer groups and study groups are very useful for sharing knowledge, debriefing, supporting and providing strength through adversity.
7. **Senior colleagues/Mentors** - Senior colleagues can also be a strong source of support and guidance. Seeking out a mentor is recommended. They can provide support by listening, providing advice when needed, sharing wisdom obtained through having survived similar experiences and occasional advocacy when necessary. Supervisors of training can also assist in navigating many of the stresses or problems encountered during training. They have access to resources and support systems for this purpose. Try and identify mentors that are able to provide you with the kind of support and advice that you require and that is specific to your stage of training. This may mean that mentor relationships are short in some instances, or in others will span a number of years, despite a change in geographical location of the trainee.
8. **Relationships** - Important interpersonal relationships outside of work should be maintained. Family, partners and close friends provide support during difficult times. They are often best placed to recognize high levels of stress or other problems and help advocate. It is easy for these relationships to deteriorate or be taken for granted during these years due to time pressures but spending time to nurture them is an important investment.
9. **Dealing with failure/putting the exam in the box** - Doctors are accustomed to passing exams and being successful when they work hard to achieve. The training years are frequently the first time that many trainees experience failure despite their work. This can be confronting and challenging. However, with appropriate expectation setting and framing, it can be seen as a valuable stepping stone in development. The exam, or indeed any of the training requirements, although necessary to complete training, should be seen only as individual hurdles which, in isolation, do not define the success or failure of the individuals facing them.
10. **Ring fencing** - As discussed, there are plenty of demands on trainees. It is important to demarcate the boundaries of work and be prepared to know one's priorities and advocate for them. This can be a difficult skill to develop and having allies who are assertive and can assist in advocacy is worth considering for those who find it difficult to say no. This is particularly

important around exam time. Don't be afraid to say no to things which will not assist in your learning, development and the development of intensive care practice. Not everyone needs a PhD, but some will enjoy it. Say yes to things you are passionate about, and you may find it much more enjoyable. Mentors, SOTs and family can all play their role in helping with ring fencing.

11. Future planning - Intensive care training is undertaken with the goal of completion to become an intensivist. It can be helpful to project into the future during challenging periods and have things to look forward to. The hard work towards achieving goals is tempered by anticipation of the reward of completion.
12. Be kind to yourself and others - A culture of kindness can mitigate stress and periods of high demand. When training seems hard, it is usually because it is hard and this should be borne in mind when self-assessing and in understanding others in the training environment.
13. Get involved. There are many positive steps being taken, at a systemic level, to improve trainee welfare. When more trainees advocate for safer working hours, flexible training, gender equality and other issues that are pertinent to trainee welfare, the situation can only improve. Join local and national networks and advocacy groups, keep the momentum going surrounding trainee issues and provide support to others around you.

Systemic approaches to improving trainee welfare:

The onus on trainee welfare does not simply rest on the trainee alone. It requires active involvement of the College and the work force.

1. Recognizing the problem and gathering data - There appears to be some recent recognition of the importance of staff welfare in medicine. There needs to be a shift in culture towards a kinder approach towards staff. The specific trainee welfare issues outlined above are not commonly discussed and there is little information delineating the problems trainees face and what interventions are effective in enhancing trainee welfare and improving healthcare outcomes. Increasing publicity and dialogue about this issue and gathering data may help in developing policies and resourcing solutions.
2. Welfare SIG - The CICM welfare SIG has recently formed and has resources available to assist in addressing welfare issues. It can also advocate for trainee welfare issues.
3. Welfare advocate - Departments may have welfare advocates who can provide assistance in welfare issues for trainees.
4. Mentors - A mentor system for trainees should be encouraged within Intensive Care departments.
5. Teaching and resources/training - Having access to a high quality teaching program at work and appropriate educational resources and guidance in appropriate learning for training can reduce the stress of a training scheme for trainees.
6. Trainee representation - Trainee representatives in work related matters can be an excellent conduit to address issues. This can be the College training representative or via hospital committees. They should be sought out and utilised to advocate trainee perspectives
7. Exam design and college assessments - The College has a responsibility to consider the opportunity cost of training assessment on trainee welfare. The exam and other assessments are carefully designed to ensure rigour.
8. Supports - There are a number of supports available to trainees during their training in addition to welfare advocates and mentors mentioned above. Most hospitals have access to psychological counselling for those who need it in the form of an Employee Assistance Program (EAP). In Australia there is the Doctor Health Advisory Service (DHAS) for trainees in difficulty and the relevant medical councils will have pathways developed for exceptional circumstances involving safety issues for trainees or their patients due to welfare issues.
9. Part time options, rostering practices - Workplace rostering and employment contracts can have a large influence on wellbeing. Consideration of trainee welfare in rostering and the possibility of part time work can reduce the burden of training considerably.

Conclusion

Overall, intensive care training is a very demanding but also rewarding field. By considering the training implications on trainee wellbeing, the quality of the training experience can be greatly enhanced. Not only does this reduce the very high burden of the training years but helps to set the new Intensivist up with a stable platform for their specialist career.