

International Practitioner Health Summit 2018

# The Wounded Healer

*10 Year Anniversary Conference  
of the Practitioner Health Programme*

Thursday 4 - Friday 5 October 2018

De Vere West One Conference Centre, London



Supporting Organisations



Media Partner:



International Practitioner Health Summit 2018

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## *10 Year Anniversary Conference of the Practitioner Health Programme*

Thursday 4 - Friday 5 October 2018

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Aimed at doctors, nurses, pharmacists, allied health practitioners, dentists, counsellors and researchers in the field of practitioner health the 10 Year Anniversary Conference of the NHS Practitioner Health Programme will bring together the academic, clinical and experiential aspects of physician and practitioner health with a particular focus on mental health.

**Sir Simon Wessely** President of The Royal Society of Medicine will join **Professor Clare Gerada** MBE Medical Director at NHS PHP to chair the first day, and the following speakers are confirmed:

- International Keynote Session: **Mr Henry Marsh**, Retired Neurosurgeon and Author 'Do No Harm: Stories of Life, Death and Brain Surgery'
- International Keynote Session: Why are Doctors in Distress? **Dr Abigail Zuger**, Associate Clinical Professor of Medicine, Icahn School of Medicine, Mount Sinai, and Senior Attending Physician, Mount Sinai Roosevelt and Mount Sinai St. Luke's Hospitals, New York City
- Keynote Closing Address: **Adam Kay**, Writer, Comedian & Former Junior Doctor
- Burnout Proof LIVE Workshop: **Dr Dike Drummond**, CEO and Founder TheHappyMD.com Mayo, trained family doctor, professional coach, author, speaker and trainer
- Changing Practice to support sick Doctors: what have we learnt? **Dr Ide Delargy**, Clinical Lead, Practitioner Health Matters Programme, Dublin
- Keynote: A father's experience: **Dr Robin Warshafsky**
- Keynote: Physicians as Patients: reducing the stigma: **Prof Michael Myers**, Professor of Clinical Psychiatry, Immediate Past Vice-Chair of Education & Director of Training, Department of Psychiatry & Behavioral Sciences, SUNY-Downstate Medical Center in Brooklyn, and Author, "Why Physicians Die By Suicide: Lessons Learned From Their Families and Others Who Cared"

Delegates will have the opportunity to participate in drop in question time and experiential learning and group work. We will leave time for networking at the evening drinks receptions. There will be a chance to speak to practitioner support groups and access resources to help you consider your own, and colleagues health and wellbeing needs and how these can be met.

# Day 1 Programme

## 10.00 Chairman's Introduction

**Professor Sir Simon Wessely** *President Royal Society of Medicine*

## 10.05 Welcome

**Dr Clare Gerada** *Medical Director NHS Practitioner Health Programme*

## 10.15 International Keynote Session: Why are Doctors in Distress?

**Dr Abigail Zuger**

*Associate Clinical Professor of Medicine  
Icahn School of Medicine at Mount Sinai &  
Senior Attending Physician  
Mount Sinai Roosevelt & Mount Sinai St. Luke's Hospitals in New York City*

10.45 *Question and answers*

## 11.00 International Keynote Session

**Mr Henry Marsh**

*Retired Neurosurgeon and Author  
Do No Harm: Stories of Life, Death and Brain Surgery*

- The difficulty of finding a balance between clinical detachment and compassion.
- The over-arching benefit of having good colleagues but the need for some iron in the soul.
- The difficulty of being honest with yourself, your colleagues and patients, especially as doctors now work in an increasingly critical, unsympathetic environment.

11.30 *Question and answers, Followed by tea and coffee break at 11.40*

## 12.00 CONFERENCE CONTINUES & SPLITS INTO BREAKOUT STREAMS

### Stream A

Addiction

### Stream B

Doctors Stories

### Stream C

Promoting Resilience

### Stream D

Mistakes, Complaints  
and Blame Culture

### Stream E

Treatment Models  
for Mental Health  
Problems

### Stream F

Medical Students

## 13.15 LUNCH & EXHIBITION

## 14.15 CONFERENCE CONTINUES & SPLITS INTO BREAKOUT STREAMS

### Stream A

Pure Research  
(The Evidence  
Base)

### Stream B

Reflective Practice

### Stream C

Resilience and  
Healthy Workplaces

### Stream D

Getting the balance  
right

### Stream E

Mindfulness

### Stream F

Wounded Medical  
Students

## 15.30 TEA & COFFEE BREAK & EXHIBITION

## Final Joint Sessions

### 15.45 Group Discussion: Changing practice to support sick doctors: Consensus building as to what works ?

**Panel Members include:**

**Chair: Dr Clare Gerada** *Medical Director NHS Practitioner Health Programme*

**Dr Ide Delargy** *Clinical Lead Practitioner Health Matters Programme, Dublin*

**Prof Debbie Cohen OBE** *Senior Medical Research Fellow and Deputy Director Centre for Psychosocial and Disability Research University of Cardiff & Director of the Individual Support Programme, providing assessment and remediation for doctors and medical students*

### 16.30 Keynote Closing Address: This is going to hurt

**Adam Kay**

*Writer, Comedian & Former Junior Doctor*

*Based on his best-selling book about his experiences of being a junior doctor*

17.15 *Drinks Reception*

# Day 1 (AM): STREAM A: Addiction

## 12.00 Learning from each other about how to treat addicted doctors: 'more carrot less stick?'

**Chair: Jenny Keen**

GP Practitioner Health Programme

**and Jane Marshall**

Consultant Psychiatrist South London and Maudsley NHS Foundation Trust

This will consist of brief presentations from each speaker followed by a facilitated discussion with panellists and the audience to decide on best practice in the management of addicted doctors

## The Dutch System of Practitioner Health: Addicted Doctors

**Mej De Rond**

Project Leader ABS-doctors

The Royal Dutch Medical Association

- The Royal Dutch Medical Association will publish a new rule of conduct in January 2018 'Zero is the Norm'. This rule of conduct states that physicians may not use drugs or alcohol during or prior to their work
- Since 2011 the RDMA offers a physician health program (ABS-doctors) for doctors with addiction problems. Every year the number of doctors who contact the program increases (in 2017 79)
- the effects of implementing the rule of conduct on the program will be presented

## Doctors, addiction and recovery

**Tim Leighton**

Director of Professional Education and Research

Action on Addiction

Will present the outcomes of doctors admitted to a rehabilitation unit compared to other non-medical patients.

- what are the pathways into addiction for doctors
- what kind of treatment do doctors receive
- what do we know about the outcomes

## No Doc Left Behind

**Gustavo Tolchinsky Wiesen**

Barcelona Medical Association

- the Catalan model of 'Caring programme for Physicians Health' (PAIMM) provides confidential, free and high quality of attention in all settings of care (inpatient and outpatient units)
- identifying clinical features that may challenge treatment requires more in-depth communication and collaboration between team members such that treatment is tailored to the specific needs of doctors, careful not to compromise any clinical or patient outcomes

## Practitioner Health Programme

**Dr Shivanti Sathanadan**

Practitioner Health Programme

- what we found works at PHP
- what doesn't work/pitfalls to good outcomes
- is there a difference between outcomes between in and out patient care?

13.00 Questions & answers, followed by lunch and exhibition

# Day 1 (AM): STREAM B: Doctors Stories

## A focus on surgeons and anaesthetists. Do they have special needs?

**Chair: To be confirmed**

## 12.00 Post Traumatic Stress Disorder, intrusive thoughts and memory in surgeons?

**Helen Bolderston**

Clinical Psychologist & Senior Lecturer in Psychology

Bournemouth University

- presentation of key findings from research investigating the impact of adverse events on surgeons
- high levels of rumination are reported following an adverse event, with 20% of participants of a nationwide survey scoring positively on a PTSD screening tool
- do support provisions need to be adapted to improve the efficacy of formal support mechanisms?

## 12.20 Changing the culture on night shifts – making power naps the norm

**Dr Nancy Redfern**

Consultant Anaesthetist and Immediate Past Honorary Membership Secretary

Association of Anaesthetists of Great Britain and Ireland (AAGBI)

- the working pattern of healthcare workers often leaves doctors at risk of fatigue and its consequences
- a national survey of anaesthetic trainees has informed a working group tasked with addressing the issue of fatigue
- Will present information about good sleep hygiene and the steps the working group is taking to improve workplace culture

## 12.40 Historical Perspectives on Surgeons' Emotional Wellbeing

**Agnes Arnold-Foster**

Postdoctoral Research Fellow, Surgery & Emotion

University of Roehampton

- modern surgery is a highly emotional enterprise
- detachment has a potentially harmful effect on surgeons' mental health and wellbeing
- historical research has a place in policy debates about surgeons' mental health and wellbeing

13.00 Questions & answers, Interactive discussion, followed by lunch and exhibition

# Day 1 (AM): STREAM C: Promoting Resilience

## Promoting Resilience amongst health workers

**Chair: To be confirmed** *Patient representative and/or Practitioner* Practitioner Health Programme

### 12.00 Preventing the Preventable: SAFEMED Stress management and resilience training

**Dr Margaret O'Rourke**

*Director of Behavioural Science and Psychological Medicine, School of Medicine*  
University College Cork, Ireland

- responses to the stress of medical practice
- the SAFEMED programme for stress inoculation and resilience building
- observations on the advantages and pitfalls of such skills focused training

### 12.20 What is the experience for physicians of Hospital Schwartz Centre Rounds?

**Chantal Meystre**

*Palliative medicine physician and integrative psychotherapist*  
Heart of England Foundation NHS Trust

- Raison d'être for introduction of a Schwartz Centre Round to an acute Trust
- Internal world of the Schwartz centre round: format and content
- Medical attendee feedback compared to other groups

### 12.40 Understanding and accepting vulnerability as a positive aspect of emotional care for would healers

**Ane Haaland**

*Lecturer*  
University of Oslo and University of Cardiff

- is vulnerability a sign of weakness?
- by seeing vulnerability as a crucial and positive aspect of connecting with people as human beings, medical professionals can learn to recognize, understand and handle it with awareness and respect, using emotional intelligence gained through systematic reflective learning over time.
- such skills can improve patient safety, teamwork and professional well-being, and can contribute to reducing burnout and conflicts and increase job satisfaction

13.00 *Questions & answers, followed by lunch and exhibition*

# Day 1 (AM): STREAM D: Mistakes, Complaints and Blame Culture

## Mistakes, Complaints and Blame Culture

**Chair: To be confirmed** *Patient representative and/or Practitioner* Practitioner Health Programme or GMC Person

### 12.00 Surgeons' wellbeing and their ability to respond to adverse events: Results of a UK-wide survey

**Prof Siné McDougall & Kevin Turner**

Bournemouth University; Royal Bournemouth and Christchurch NHS Trust

- Surgeons are more likely to make negative attributions associated with self-blame when they reflect on errors in comparison to complications arising during surgery
- Surgeons experience anxiety and poor sleep following adverse events and generally report higher than average levels of burnout and depression
- given that surgeons do not have higher than average levels of resilience, ways of providing better support for surgeons will be explored

### 12.20 Recognizing and coping of chronic stress psychic and somatic consequences in doctors charged with a medical error

**Giuseppe Bersani**

*Associate Professor of Psychiatry*  
Sapienza University of Rome, Dept. of Medico-surgical Sciences and Biotechnologies

- to be charged with a medical error is a chronic stress condition for doctors
- mental and somatic consequences of chronic stress should be recognized, prevented and treated
- medico-legal implications should be considered

### 12.40 Workplace bullying and blame

**Sarah Bolger**

*PHD Student*  
The University of Surrey

- blame and bullying: the impact of a patient complaint
- exploring the culture of blame in different professional groups
- implications for practice

13.00 *Questions & answers, Interactive discussion, followed by lunch and exhibition*



# Day 1 (AM): STREAM E: Treatment Models for Mental Health Problems

## Treatment Models for Mental Health Problems in health professionals

**Chair: To be confirmed** *Patient representative and/or Practitioner* Practitioner Health Programme

### 12.00 What keeps Doctors healthy? Preventive and Health Promotion Programmes

**Anna Mitjans**  
*Preventive and Health Promotion Programmes Manager*  
Gallatea Foundation

- psychosocial risks in doctors from data collected since 2006 about their health, lifestyles and work conditions
- higher risk of mental disorders among health professionals than in general population in our environment, and also more risk among women than men
- the importance of early detection and prevention

### 12.20 The trainee doctor support service (TDSS)

**Simon Lyne**  
*Nurse Specialist and Lead for TDSS*

- will talk about the new TDSS service, aimed at providing brief intervention to trainees
- what have we found?
- What works and what might need to be changed?

### 12.40 How to get Dutch doctors the care they need

**Hans Rode**  
*Medical Director/Psychiatrist ABS-doctors*  
The Royal Dutch Medical Association

- despite several initiatives to take care of impaired physicians by the Dutch Physician Health Program (ABS-artsen), few physicians call for help and many physicians call for advice how to help and address colleagues who seem unfit to practice
- there are well-known and understandable factors in the medical culture creating barriers for doctors to assess, address and help impaired colleagues
- developing a structural plan and using a checklist has shown to be effective in helping physicians address impaired colleagues in order for them to get help and treatment

13.00 Questions & answers, followed by lunch and exhibition

# Day 1 (AM): STREAM F: Medical Students

## Medical Students: Treating Distress

**Chair: To be confirmed** *Patient representative and/or Practitioner* Practitioner Health Programme

### 12.00 Undermining Behaviour and Bullying: Are These Issues Encountered by Medical Students as well as Doctors?

**Dr Katherine Warren**  
*Clinical Teaching Fellow*  
Great Western Hospital, Swindon

- experiences of undermining behaviour and bullying in students
- 71.3% of students reported being directly affected by undermining behaviour and bullying at least once during their time at medical school, with 82.4% reporting that they had witnessed such events
- 55% of students who had experienced or witnessed such events did not report this to anyone. A commonly cited reason for this was a belief that no action would be taken

### 12.20 Pride or Prejudice? The Role of Ethnicity and Culture in the Mental Health and Professional Development of Medical Students

**Diana Bass**  
Kings College London and University of Exeter

- Research has shown that medical students are more vulnerable to mental illness and psychological distress than other students and find it more difficult to ask for help. This research project explores some reasons for this, and also considers several high-profile research studies that delineate a significant attainment gap between BAME + students and their white peers

### 12.40 Supporting students with mental health concerns

**Dr Margaret Bunting**  
*Director of Student Support*  
Norwich Medical School

- research findings on resilience and incorporate this into an information gathering format when advising students
- influences on academic performance
- explore how a proactive academic advising stance for students with declared mental health conditions can support a student to gain insight and understanding of their condition

13.00 Questions & answers, Interactive discussion, followed by lunch and exhibition

# Day 1 (PM): STREAM A: Pure Research (The Evidence Base)

## Pure Research - the evidence base

**Chair: Dr J S Bamrah** *Medical Director & Consultant Psychiatrist* Manchester Mental Health and Social Care Trust

### 14.15 'Care Under Pressure': a realist review of interventions to tackle doctors' mental ill-health and its impacts on the clinical workforce and patient care

**Dr Daniela Carrieri**

Research Fellow  
University of Exeter Medical School

- There is a large literature on interventions that offer support, advice and/or treatment to sick doctors. However, the evidence has not been reviewed in a way that takes account of the complexity and heterogeneity of these interventions, and the many dimensions (e.g. individual, organisational, socio-cultural) of the problem
- We are reviewing this literature and involving stakeholders to understand when and why doctors develop mental ill-health, why some strategies to reduce mental ill-health are more effective than others, and in what contexts
- with this paper, we aim to discuss the results from the review, and to incorporate feedback from the clinical and academic audience of the conference

### 14.35 Do Doctors self-medicate?

**Dr Ornella Corazza**

*Reader in Substance Addictions and Behaviours*  
University of Hertfordshire

- the results of pilot study among doctors working in hospital and mental health settings in Hertfordshire
- provide a correlation between work-life balance, stress and coping strategies
- insights on doctors' ideal life-styles

### 14.55 Measuring anxiety - Do we over pathologise?

**Debbie Cohen**

*Director, Student Support, School of Medicine*  
*Director, Medic Support, and the Centre for Psychosocial Research,*  
*Occupational and Physician Health*  
Cardiff University

- HADS: an appropriate tool for use in a medical student population, however, cut-off points for 'caseness' should be reviewed.
- care must be taken not to over-pathologise medical students' normal responses to stressful situations.
- understanding how different cohorts interpret items within a population based survey

15.25 *Questions and answers, Interactive Discussion, followed by tea and exhibition*

# Day 1 (PM): STREAM B: Reflective Practice

### 14.15 Contemplative Group Dynamics for Attention to Self and Other

**Dr Jale Cilasun**

*Consultant Psychiatrist*

**and Lawrence Ladden**

*Medical Psychotherapist*  
*South West London and St Georges Mental Health*

This will be a demonstration involving participants on how group work can improve well being amongst doctors.

- Mindfulness cultivates attention both to self and other
- Mindfulness relates to empathetic responsiveness
- the group or team as a context for mindfulness-awareness practice

15.30 *Tea and networking*

# Day 1 (PM): STREAM C: Resilience and Healthy Workplaces

## Resilience and Healthy Workplaces

**Chair: To be confirmed** *Patient representative and/or Practitioner* Practitioner Health Programme

### 14.15 Supporting leaders and managers for organisational well-being and resilience – a case study of a workplace intervention

**Dr Robyn Vesey**

*Organisational Consultant, Tavistock Consulting*  
Tavistock and Portman NHS Foundation Trust

- a group of senior managers were supported during a re-structure through externally facilitated individual and group sessions
- the benefits of this project at one-year evaluation demonstrated that focusing on supporting leaders to manage well enabled successful change on a number of indicators
- the systems-psychodynamic approach can support leaders in taking up their management roles in ways that promote organisational well-being and resilience

### 14.35 A Reorientation to Improved System-Based Management as an Effective Support Mechanism

**Professor P. Spurgeon**

*Emeritus Professor, Medical School*  
University of Warwick

- better management of work systems would support more individuals
- Medical Engagement provides the positive culture to achieve this
- evidence of its effectiveness is presented

### 14.55 The Wounded Healer: a successful teaching session at Southampton

**Kathleen Kendall**

*Associate Professor in Sociology as Applied to Medicine*  
The University of Southampton

- a critical examination of teaching on the wounded healer to year 2 medical students
- sharing of curriculum resources and findings on good practice
- recommendations for carrying our work forward with colleagues across medical schools to further develop a community of practice

### 15.25 *Interactive Discussion*

15.30 *Questions & answers, followed by tea and exhibition*

# Day 1 (PM): STREAM D: Getting the balance right

## Getting the balance right

**Chair: Dr J S Bamrah** *Medical Director & Consultant Psychiatrist* Manchester Mental Health and Social Care Trust

### 14.15 Wounded healer, wounded team/The forgotten/overlooked injured

**Dr Megan Joffe**

*Psychologist, Health Practice Lead*  
Edgecumbe Consulting

**with Barbara Wren**

*Chartered Psychologist and Edgecumbe Associate*

- a wounded healer without insight and effective management can create a wounded team with complex interpersonal dynamics
- the risks for and effects on team members, team performance and patient safety
- interventions need to take account of the individual and their ongoing reciprocal relationship within the team context

### 14.35 How to support doctors under investigation

**Jessica Whitehead**

*Specialty Registrar in Occupational Medicine*  
East Kent Hospitals University Foundation Trust

- investigations of Serious Untoward Incidents (SUIs), allegations and complaints can have a psychological impact on the employees involved. These can include; lack of confidence, low mood and anxiety symptoms.
- management and peer support are important but currently our Trust is lacking organised support systems.
- a protocol is being formalised to ensure easily-accessible avenues of support.

### 14.55 Supporting Doctors and Medical Students to disclose

**Debbie Cohen**

*Director, Student Support, School of Medicine*  
*Director, Medic Support, and the Centre for Psychosocial Research,*  
*Occupational and Physician Health*  
Cardiff University

- highlight the importance of timely disclosure of mental ill health by doctors and medical students.
- provide an overview of a programme of research into disclosure of mental ill health by doctors and medical students.
- discuss challenges to intervention development and evaluation

15.15 *Questions & answers, followed by tea and exhibition*



# Day 1 (PM): STREAM E: Mindfulness

## 14.15 Mindfulness

### Dr Stephanie Jackson

GP assessor for GP Health, Training Programme Director Cornwall GP VTS Scheme, Sessional GP, Mindfulness teacher  
Bangor University

- tbc
- tbc
- tbc
- tbc

### and Tamara Russell

Clinical Psychologist and Mindfulness Trainer  
Mindfulness Centre of Excellence, London

15.30 Questions & answers, Interactive discussion, followed by tea and exhibition

# Day 1 (PM): STREAM F: Wounded Medical Student

## Wounded Medical Student

**Chair: To be confirmed** Patient representative and/or Practitioner Practitioner Health Programme

## 14.15 Evaluation of Health and Wellbeing in Medical Students

### Dr Margaret O'Rourke

Director of Behavioural Science and Psychological Medicine, School of Medicine  
University College Cork, Ireland

- an evaluation of health, wellbeing and resilience in medical school, with a specific descriptive focus on medical student need and potential targets for intervention through stress management and resilience training strategies

## 14.35 Schwartz rounds: building compassion and resilience

### Dr Gundi Kiemle

Academic Director, Doctorate in Clinical Psychology  
University of Liverpool

- multi-professional Schwartz Rounds for pre-qualification healthcare students
- Results from ongoing qualitative and quantitative research and evaluation of the impact of the Rounds on students
- the role of Schwartz Rounds in facilitating the development of compassionate and resilient healthcare practitioners during pre-qualification clinical training

## 14.55 Evaluating the mental health literacy of medical students

### Marrison Stranks

Medical Student  
University of Buckingham

- The concept of mental health literacy encompasses knowledge and attitudes towards mental health that aid in the recognition of, and help-seeking for, mental illness
- Medical students are an important population in which mental health literacy should be evaluated, as it may impact medical students' ability to seek help for mental health difficulties as well as care for themselves and patients
- the results of a study evaluating the mental health literacy of medical students at the University of Buckingham Medical School using the Mental Health Literacy Scale

15.15 Questions & answers, Interactive discussion, followed by tea and exhibition

# Day 2 Programme: Support, Sharing and Creating a Network

## 09.15 Welcome

**Lucy Warner** *Chief Executive NHS Practitioner Health Programme*

## 09.25 Chairman's Introduction

**Fiona Godlee** *Editor BMJ*

## 09.35 The emotional impact of caring

**Prof Jill Maben OBE**  
*Professor in Nursing*  
University of Surrey

- the emotional impact of work and what we should do to address these issues

09.55 *Question and answers*

## 10.10 Keynote: A fathers experience

**Dr Robin Warshafsky**

- Losing my son to the system
- what have I learnt

10.40 *Question and answers, Followed by tea and coffee break at 10.45*

## 11.05 The development of expert biographies in medical writing

**Amy Wilson**  
*Medical Student*  
University of Sheffield

- contextual analysis of the emergence and changing content of physicians writing about and publishing their own illness experiences narratives over the 20th century.
- over the last 100 years the number and prominence of physicians writing about their own illnesses (especially mental health conditions) has increased.
- the emergence and subsequent increase of autobiographical ill doctors over the last century is contextualised with wider understandings of medical practice and illness.

## 11.25 Burnout Proof LIVE Workshop

**Dr Dike Drummond**  
*CEO and Founder TheHappyMD.com*  
*Mayo Trained Family Doctor*  
*Professional Coach, Author, Speaker and Trainer*

- This LIVE Workshop will discuss
- the quadruple aim blueprint strategy for organization-wide burnout prevention
  - burnout proof LIVE: interactive training

12.50 *Lunch and exhibition*

## 14.10 CONFERENCE CONTINUES & SPLITS INTO BREAKOUT STREAMS

### Stream A

Burnout Workshop

### Stream B

Looking after Self

### Stream C

Resilience and Recovery

### Stream D

Looking at self

### Stream E

We are all in this together

### Stream F

Early Resilience in Medical Students

## 15.30 TEA & COFFEE BREAK & EXHIBITION

## Final Joint Sessions

## 15.55 Keynote: Toward Preventing Physician Suicide: It Takes a Village

**Prof Michael Myers**  
*Professor of Clinical Psychiatry & Immediate Past Vice-Chair of Education & Director of Training in the Department of Psychiatry & Behavioral Sciences SUNY-Downstate Medical Center in Brooklyn & Author "Why Physicians Die By Suicide: Lessons Learned From Their Families and Others Who Cared"*

- biopsychosocial risk factors for mental illness and suicide in physicians
- how stigma works against recognition of illness in physicians themselves and confounds help-seeking and adherence to life-saving treatments
- systemic, institutional, intercollegial, familial and individual changes that must occur to stop physicians from killing themselves

## 16.25 Next Steps, Consensus Statement

**Dr Clare Gerada** *Medical Director NHS Practitioner Health Programme*

17.00 *Question and answers, then Close*

# Day 2: STREAM A: Burnout Workshop

## 14.10 Burnout Workshop

### Facilitator: Dr Dike Drummond

CEO and Founder TheHappyMD.com

Mayo trained family doctor, professional coach, author, speaker and trainer

This Workshop will cover:

- tbc
- tbc

15.30 Questions & answers, followed by tea and exhibition

15.40 Short grab a coffee and bring it back coffee break

# Day 2: STREAM B: Looking after self

## Students and Prison Doctors - what can we learn from two different groups?

Chair: To be confirmed Patient representative and/or Practitioner Practitioner Health Programme

## 14.10 The Importance of Mental Health Literacy in Medical Students: Results of a Study Evaluating the Mental Health Literacy of Medical Students at the University of Buckingham

### Marrison Stranks

Medical Student

University of Buckingham

- the concept of mental health literacy encompasses knowledge and attitudes towards mental health that aid in the recognition of, and help-seeking for, mental illness
- Medical students are an important population in which mental health literacy should be evaluated, as it may impact medical students' ability to seek help for mental health difficulties as well as care for themselves and patients.
- this presentation will present the results of a study evaluating the mental health literacy of medical students at the University of Buckingham Medical School using the Mental Health Literacy Scale.

## 14.30 Developing support structures for healthcare professionals working within prison settings

### Andrew Shepherd

Clinical Lecturer

University of Manchester

- prisons represent complex sites for professionals to engage in clinical work
- rates of staff turnover and 'burnout' are high in such institutions
- developing adequate support structures is essential if clinical work is to be delivered to a standard that benefits the vulnerable population contained within these institutions.

## 14.55 All work and no play: would establishing a collegiate culture for the University of Bristol academics improve student wellbeing?

### Rhian Sheppard

Doctor CT-1

Gloucestershire Hospital NHS Trust

- the negative impact of studying medicine on student wellbeing and these challenges are also faced by my local teaching base
- changing the culture of the medical school
- improving student wellbeing and ensuring they have the tools to maintain their wellbeing early on in their career

15.20 Questions & answers, followed by tea and exhibition

# Day 2: STREAM C: Resilience and Recovery

## Resilience and Recovery

**Chair: To be confirmed** *Patient representative and/or Practitioner* Practitioner Health Programme

### 14.10 An RCT of Positive Mental Training and a positive factor analysis

**Alastair Dobbin**

The Foundation for Positive Mental Health

- resilience and recovery
- an RCT of Positive Mental Training for emotional distress.
- presentation of the findings

### 14.25 Healing the Wounded Healer

**Dr Andrew Tressider**

*GP Health South West Lead Clinician*

GP Health

- life is a journey of learning
- we are all wounded healers
- understanding of human software and the rules of life can help us navigate life more effectively

### 14.40 Improving the Well-being and Efficiency of Healthcare Professionals: Benefits of workplace wellness programs

**Lena Perez**

*Assistant Professor*

Long Island University

- improving wellness and efficiency of healthcare professionals
- alternative health strategies at the workplace: Improving body and mind
- organizational benefits of introducing staff wellness programs

### 14.55 Quantum light theory in our bodies-remaining whole and intuiting more

**Dr Sue Jamieson**

*Integrative Medical Practice*

Hong Kong

- Theory
- Tools
- Methods
- Recent scientific discoveries

15.10 *Questions & answers, followed by tea and exhibition at 15.20*

# Day 2: STREAM D: Looking at Self

## Looking at Self

**Chair: To be confirmed**

### 14.10 Shame and Wounds

**Dr Barry Lyons**

*Consultant Anaesthetist / Lecturer in Bioethics*

Our Lady's Children's Hospital, Crumlin, Dublin 12, Ireland & Trinity College Dublin

- is shame a prevalent negative emotion amongst doctors?
- Clinician shame is mostly invoked by a sense of failure or imperfection.
- the corrosive effects on doctor's wellbeing and practice

### 14.30 Time to take cognizance of spiritual health

**Dr A.J Alegbeleye**

*Consultant Physician and Geriatrician*

BTUH

- taking cognizance of spiritual health when treatment doesn't work
- the knowledge and the skills of the 6 domains of Health are vital for health
- the mystery surrounding human nature yet to be unravelled

### 14.55 Invisible Pain- the many facets of health

**Dr Catriona Herron**

*ST5 trainee in Child and Adolescent Psychiatry*

Northern Ireland

- Accident and Injury - treatment given, problems with diagnosis, the challenges getting appropriate treatment
- The terminal diagnosis of chronic pain
- Rehabilitation- it is not linear, challenges, setbacks
- Being the patient nobody wants, stuck and lost in the system
- Resilience
- Support- what is it? what's in place? what could be better?
- Being ready for work when work isn't ready for you - miscommunication, systemic failure, reasonable adjustments

15.20 *Questions & answers, followed by tea and exhibition*

# Day 2: STREAM E: We are all in this together

## We are all in this together - different groups, same problems

**Chair: To be confirmed** *Patient representative and/or Practitioner* Practitioner Health Programme

### 14.10 Practitioner Health: The Isolated Priest

**David Miller**  
*Mediator and Lay Minister*  
Rhos Mediation

- what are the present levels of stress amongst clergy, and how does it impact on their work and wellbeing?
- how these being addressed now?
- what resilient strategies can be employed to help clergy in the future?

### 14.30 Supporting staff to provide compassionate care

**Professor Gail Kinman**  
*Professor of Occupational Health psychology*  
University of Bedfordshire, UK

- providing compassionate care has wide-ranging benefits for patients, but can be emotionally demanding for healthcare staff
- emotional support from a wide social network and opportunities for emotional venting can protect student nurses from the negative effects of emotional demands
- Systemic interventions are presented to help healthcare staff manage the emotional demands of the work more effectively.

### 15.00 Stress and wellbeing in the Australian pharmacy profession

**Ms Kay Dunkley**  
*Executive Officer*  
Pharmacists' Support Service, Australia

- Members of the pharmacy workforce in Australia currently report more perceived stress than has been reported for the Australian population.
- The most commonly used and effective coping strategies used are: turning to colleagues, family and friends; and undertaking mindfulness/meditation and exercise. Many however, do not have coping strategies in place. Some strategies are inappropriate and some useful resources are underutilised.
- Members of the pharmacy workforce are mostly unprepared to deal with stress-related issues in their workplaces, particularly on entering those work places for the first time. This appears to be the biggest barrier to them dealing effectively with work-related stressful situation

15.20 *Questions & answers, followed by tea and exhibition*

# Day 2: STREAM F: Early Resilience in Medical Students

## Early Resilience in Medical Students

**Chair: To be confirmed** *Patient representative and/or Practitioner* Practitioner Health Programme

### 14.10 Developing Resilience through Reflection in Young Clinicians: Findings from the UCLH Medical Student Psychotherapy Scheme

**Dr Sarah Majid**  
*Consultant Psychiatrist in Psychotherapy*  
University College London Medical School / Camden and Islington NHS Trust

- overview and aims of the UCLH Medical Student Psychotherapy and Balint Group Schemes
- presentation from findings from research into medical students participating in the schemes.
- developing resilience through reflective practice in our future clinicians.

### 14.30 'Backwards learning'/'Forwards Planning': Building Resilience in Tomorrow's Doctors through reflective and anticipatory practice

**Clive Weston**  
*Sub-Dean for Professional Development*  
Swansea University Medical School

- the resilience, mental health and general well-being of medical students is tested when their idealised view of Medicine as a noble profession is challenged both by their own observations of the realities of practice and by the discouraging effect of the ubiquitous negativity expressed by other NHS staff
- supporting our students, reduce their moral distress and counteract this negativity through Reflective and Preparation for Clinical Practice

### 14.55 Scars and wounds from the NHS battlefields: the second victim

**Dr Megan Joffe**  
*Psychologist, Health Practice Lead*  
Edgecumbe Consulting  
**with Barbara Wren**  
*Chartered Psychologist and Edgecumbe Associate*

- the complex culture and competing challenges of the current turbulent NHS context are producing trauma responses in doctors and medical teams
- Medical training and healthcare culture can block the productive processing of this (realistic and predictable) trauma response but its suppression is putting team and individual effectiveness and patient safety at risk
- Interventions need to take account of the complexity of the interplay between defences (intrapsychic and professional) in doctors, the increasing pressure from relatives, managers, and society, the threat of press and media attention, and the erosion of organisational containment, and its impact on doctor's health

15.20 *Questions & answers, followed by tea and exhibition*

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**Day 1: Stream Choices - Please tick one option per time session**

**12.00-13.15 AM Session:**

**Stream A** Addiction  
 **Stream B** Doctors Stories  
 **Stream C** Promoting Resilience  
 **Stream D** Mistakes, Complaints and Blame Culture  
 **Stream E** Treatment Models for Mental Health  
 **Stream F** Medical Students

**14.15-15.30 PM Session:**

**Stream A** Pure Research (The Evidence Base)  
 **Stream B** Reflective Practice  
 **Stream C** Resilience and Healthy Workplaces  
 **Stream D** Getting the balance right  
 **Stream E** Mindfulness  
 **Stream F** Wounded Medical Students

**Day 2: Stream Choices - Please tick one option**

**14.10-15.30 Session 2:**

**Stream A** Burnout Workshop  
 **Stream B** Looking after Self  
 **Stream C** Resilience and Recovery  
 **Stream D** Looking at self  
 **Stream E** We are all in this together  
 **Stream F** Early Resilience in Medical Students

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