

# Intern discussion group: a supportive educational experience for junior doctors

Mark Davis

***The intern year is often a very demanding and stressful experience. To support the interns in a New Zealand hospital, a facilitated weekly discussion group was set up. The group's main goals were to provide training in the management of personal and professional stress while encouraging frank and open discussion. It proved to be a supportive and valuable learning experience for the interns. A similar format could be beneficial for senior hospital doctors.***

The intern discussion group at Hutt Hospital was started 5 years ago in response to the recognition that more specific support and training for junior doctors is required. Interns are preregistration, first-year house officers.

Junior doctors, as a group, are vulnerable to developing stress and psychological disorders (Firth-Cozens, 1987; Davis, 1998). The nature and conditions of their jobs are significant causative factors in the development of this stress. Preexisting personal vulnerabilities also contribute (Vaillant et al, 1972). More recently, attention has been directed at the importance of doctors' health and the prevention of associated morbidity and mortality (Canadian Medical Association, 1998; O'Hagan and Richards, 1998).

While there have been reports of efforts in other centres to educate students and junior doctors in personal and professional stress management (Siegel and Donnelly, 1978; Reuben et al, 1984; Ziegler et al, 1984), it is agreed that more could be done to address these issues in New Zealand medical settings.

### PURPOSES OF THE GROUP

The group was established to meet two primary goals. One was to provide a relaxed and friendly setting where the interns felt sufficiently comfortable to discuss any work-related issues and problems that might arise in the course of their training. It was hoped that the interns would become more supportive

of each other as a result of ongoing contact in a group such as this.

The other goal was to provide teaching and training in specific life and work skills such as stress and time management. These are topics that are not covered in any detail in medical training, if at all. It was felt that such training would both help to reduce the experience of distress in the interns and to enhance their capacities to cope with the stress that arose.

In addition to these goals, the intention was for the group to be a setting where the interns had an opportunity to reveal their feelings and understand themselves more as people. As a result, they learnt more of how their roles as doctors and their personalities influence what happens in their relationships with patients, relatives and other staff. In this way, the group resembled a Balint group as described by Michael Balint in his seminal work (Balint, 1957).

The group focused more on the 'art and practice' of medicine rather than the clinical science aspect. The more formal clinical skills training, which is an essential part of the development of a well-rounded doctor, continued in other settings in the hospital. These included traditional activities such as X-ray sessions, ward rounds, grand rounds, and registrar tutorials. The intern discussion group was designed to augment but not replace these other teaching sessions.

An important purpose of the group was for it to be a means of enabling more ongoing face to face contact between the interns and the intern

supervisor. In New Zealand hospitals, the intern supervisor is a designated consultant who oversees and coordinates the clinical supervision and training of interns. It was hoped that the closer contact between the interns and the intern supervisor would allow sufficient trust and respect to develop that the interns would speak more openly about the stresses, concerns and difficulties that they were experiencing on a week-by-week basis. Maintaining group confidentiality supports this process. Through the increased understanding of the problems raised, it was possible to offer both direct support to the interns and also feedback of their concerns to the hospital administration.

The hospital Medical Director often attended the group, and his supportive involvement helped sort out procedural and administrative problems at an early stage.

### STRUCTURE AND FUNCTION OF THE GROUP

The group met each week for an hour at lunch time. A room in the hospital educational facility was used and food and refreshments were available. Between 10 and 14 interns are employed at the hospital for each 3-month rotation and they are all strongly encouraged to attend the sessions on a regular basis. Sixth year medical students and second and third year house officers were also welcome to attend. The more senior house officers in particular brought a great deal of experience and wisdom to the group. As much as possible, other medical colleagues covered the

**Dr Mark Davis** is Consultant Psychiatrist and Intern Supervisor at Hutt Hospital, Lower Hutt, New Zealand

interns' clinical work at the time of the group session.

The group's programme was organized and facilitated by the intern supervisor. The goal was to give the interns sufficient free time for discussion while providing enough structured time for the teaching of skills. Obtaining the right balance between formal and informal sessions was important.

Some sessions took the form of a general discussion on current issues of interest or concern to interns. These were commonly issues such as difficult clinical cases, problems of conflict with staff members, the pressure of time and clinical demands when on call, medicolegal and ethical dilemmas, and the interns' relationship with their consultants.

The interns often raised specific administrative issues. These typically were related to concerns about general workload and rostering problems.

Formal teaching was also provided and this was usually every second or third week. Topics for the formal teaching were:

- Stress management
- Time management
- Assertiveness and conflict management
- Financial planning and budgeting (particularly important for the junior doctors, many of whom were burdened with debt)
- Medical career advice
- Communication skills — especially dealing with terminally ill patients and their relatives
- Professional and sexual boundary issues.

Stress management teaching involves:

- Discussion of the common health problems of doctors (especially depression and substance abuse)
- Practice of relaxation techniques
- Discussions on how to maintain health, wellbeing and lifestyle balance.

Some sessions included discussion of important journal articles which dealt with the art and philosophy of medicine and its practice.

Most of the formal teaching was

done by the intern supervisor. Outside facilitators were used for topics such as financial advice, career advice and dealing with terminally ill patients. Video recordings were often used as a teaching aid. Role playing was used depending on the interest and level of comfort of the group.

### **BENEFITS OF THE GROUP**

Each cohort of interns was asked to give written and verbal feedback on their experience of the intern group. The overall consensus of the feedback was that the group was regarded as 'innovative', 'much needed' and 'generally appreciated'.

The aspect of the group which received most favourable feedback was having a regular opportunity to meet and talk with other junior colleagues about relevant personal and professional issues in an open, caring and trusting environment.

The formal teaching sessions that were most valued were those on: stress management, relaxation techniques, time management, communication skills and career guidance.

Most respondents seemed pleased with the form of the group and the topics being taught. When new topics of interest were suggested, they were included in the programme. A number of now more senior doctors who had attended the group in past years have subsequently commented on how helpful the group was in helping them cope with their junior doctor years. They also added that the benefits of being taught coping skills became increasingly evident over the course of their careers.

There were a number of significant other benefits arising from the group. It helped the interns 'find their voices' and develop their confidence and assertiveness while they supported each other in managing challenging situations in their work.

The relationship between the interns and the intern supervisor deepened significantly as a result of the group. The mutual respect and understanding that developed was rewarding for both parties. It was at times a moving experience to be with a group of young

doctors, especially as one's own memories and sympathies were stirred. Possibly because of the increased trust and intimacy that developed, more interns approached the intern supervisor on an individual basis to discuss specific personal concerns. These were often concerning out-of-work problems or emotional issues. This was a positive development since more significant problems and stresses were being aired at an earlier stage and the intern was able to be referred on for counselling and therapy if necessary.

### **CRITICISMS OF THE GROUP**

Criticisms of the group tended to centre on the repetition of topics, the inhibiting influence of dominating group members and a tendency for the group to be a repository of chronic complaining and negativity concerning the hospital and its organization. As a result of this feedback, changes to the process and structure of the group were made, such as the interns were asked to provide new topics for discussion, paired discussions were used and the group was encouraged to comment on the cooperation and enjoyment they experienced in their ward work.

### **CONCLUSIONS**

The intern discussion group proved to be an innovative and successful development. The benefits were many and varied. Both the formal teaching and the informal 'being together' were particularly valued by the interns.

Stimulated by the success of the group, plans for a day long or weekend 'junior doctors' life skills and stress management' retreat have been developed. Ideally this will occur in a pleasant, off-campus setting and be structured to allow sufficient time for learning, discussion and practice.

The intern discussion group proved surprisingly easy to get started and to maintain. Making sure interns were free from clinical duties and so could attend sessions was particularly important.

Most intern supervisors would be capable of facilitating such a group. A willingness to be involved and participate openly in discussion is required. Being a psychiatrist or psychotherapist

is not essential. For the teaching of topics beyond the expertise of the intern supervisor, outside facilitators can be used.

It seemed obvious to those involved in the intern group that senior doctors and consultants would also benefit from such a group particularly since senior doctors are currently under such considerable pressure themselves. **HM**

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### KEY POINTS

- Junior doctors experience considerable distress and stress.
- A facilitated weekly discussion group for interns encouraged collegial support while providing teaching on self-care and stress management.
- Sessions of particular value were on relaxation, time management, financial advice and vocational advice.
- The opportunity to meet regularly, share problems, and offer support to each others was particularly valued by interns.
- An intern discussion group was easy to establish and maintain, and seemed to be worthwhile for the interns and the hospital.

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