June 2021

BABBLE

THE EAST MIDLANDS PAEDIATRIC SCHOOL NEWSLETTER

IN THIS ISSUE:

A Word from the Editor and Team Lead...

Dear All,

I hope that you are all well and are enjoying the little bit of freedom we are now experiencing in slow and steady doses. During these challenging times, it is nice to see the weather take a turn for the better and I like most of us am hoping for a long hot summer.

In this edition of the Babble there is a lot of focus on; maintaining good general health and mental wellbeing. Personally, I have found myself going on strolls and exploring Leicester with my children to keep fit and as a good stress reliever. I have also managed to surprise myself by completing the Vitality 10KM run for a local stroke support charity. It surely was a rewarding experience (beaming with joy in the image) and am very keen to keep the running going.

In addition to this, I have learnt that exercise alone is not enough to maintain a healthy mind. I feel that simple means of support for each other makes a huge difference and cannot be underestimated. By regularly communicating and checking on each other in our work based environment and also within networks of family/friends can be super helpful. I do hope that you find some useful tips highlighted in this edition and until next time please do:

"***Look after YOURSELF and EACH OTHER***"

Dimple Minhas

NEWS.... by Dimple Minhas

FAREWELL to.....

Dr Cathryn Chadwick, who will be sadly leaving her role as the East Midlands Head of School before embarking on to her new journey as the RCPCH Vice President for Training and Assessment very very soon.

On behalf of the Babble Team, I would like to thank Dr Chadwick for her wonderful work as Head of School and her continuous input into the Babble newsletter. I wish Dr Chadwick all the very best with her new adventure.

I would also like to take the opportunity to give a.....

very warm WELCOME to.....

Dr Joe Fawke, who will be our incoming Head of School. Many congratulations and a warm welcome to Dr Fawke as you step into your new role.

I hope that you both get the opportunity to put your feet up before you step into your new roles.

LOOKING AFTER YOUR MENTAL HEALTH DURING A PANDEMIC

By Judwin Ndzo

As doctors, we deal too often with the patient who is suicidal, or who has an eating disorder, or who simply is low or anxious. But how often do we think about our own mental wellbeing?
Even though as paediatricians, the pandemic may not have had as much of an impact on our work as our other colleagues, it has changed our lives in numerous ways, directly or indirectly. Mental health has been a big one for most people. We have lost someone or know someone who if grieving; we have been unable to get married; we have even been unable to see our loved ones. And many relationships have degenerated. It is no surprise that many are struggling, and struggling alone.
From time immemorial, doctors have the highest suicide rates of any profession. As doctors, we share privileged information with patients. We get insights into their deepest fears and secrets and we are sometimes faced with the futility of our endeavours. We work in stressful conditions, all being aware that we are held to higher standards than most, and we judge ourselves harshly, or get judged easily. Never mind that complaints and referrals to your regulator can sometimes loom above you and this has sometimes been the final blow to many a life.
But we are human. We need to learn to not sacrifice our lives for our profession, by learning to look after ourselves better. Not that this is an easy task. As challenging as it is, we need to find an outlet, and not burn in silence.

Some tips I have found useful:

- There is something about keeping physically active and eating healthy. It frees your spirit, boosts your confidence and mind.
- Taking a break at work, checking on each other and just asking someone, “Are you alright?”
- Standing up for colleagues when you think they are being bullied, or reporting bullying incidents can do a lot to reduce workplace bullying.
- Having work buddies to talk and let it out. In the heart of the pandemic, when I couldn`t meet my friends outside work, we organised zoom calls to catch up on each other.
- I personally find religion an outlet when I`m stressed. I have attended organised zoom prayer sessions with other Christian doctors in Nottingham for example, and found this helpful. If religion is your thing, go for it.
- Foreign-born doctors have, in addition, faced enormous challenges in this pandemic. Being unable to travel abroad to see parents, sometimes dying family members has been challenging. If you really feel the need to, don`t hesitate to speak to someone at work. Help is always available.
- Just ask for help. Speaking to someone close, a friend, colleague, professional can be very helpful.

Some websites I have found useful for doctors are:
Samaritans ***(jo@samaritans.org);*** NHS GP Health service ***(gp.health@nhs.uk)***; NHS Practitioner health Program ***(http://php.nhs.uk/)***; DocHealth ***(www.dochealth.org.uk)***; Royal Medical Benevolent fund ***(https://rmbf.org/).***

Pearls of Wisdom
From Dr Ali Davies

Consultant Paediatrician with specialist interest in Neonatal Medicine at Kings Mill Hospital

Interviewed by Nicola Martin

Did you do any preparation/courses for stepping up, if so which ones and were they helpful?

START was a good start for consultant interview prep! I didn't do any formal interview prep courses, but spoke to lots of people and had some interview practice sessions with the amazing Prof Vyas.

What do you wish you could tell yourself before starting?

It will all be okay??!... but I don't think I've been doing the job long enough to know if this is true or not yet!

How do you see your Consultant role evolving over the next 5 years?

My aim is to eventually do more neonatal management work alongside Simon Rhodes and help to shape and evolve the neonatal service here at Kings Mill.

How did you choose your specialty?

I chose to work in a DGH as have done a SPIN in neonates so wanted the benefit of being able to manage children and young people on the ward as well as babies on the neonatal unit. My favourite part of the job is managing an acutely unwell child so, (weirdly, I know!) liked the idea of being called in out of hours to manage this sort of patient rather than having a PICU on site.

Tell us something that surprised you about being a new Consultant?

How fun it would be to have a consistent team who become like your second family! I was also nervous about the transition to becoming a new consultant but was so well supported that this felt far less scary than anticipated.

What has been the best thing about it?

Gaining a new work family, having my own office space that nobody comes and messes up, (apart from Jenny, but she's allowed!) actually knowing my follow up patients in clinic, and them not all seeming like new patients in follow up slots (the joys of a reg list!)

What has been the worst thing about it?

Not being able to switch off as well – the patients are your responsibility, even when they go home... for years....!!

How do you relax at the end of the day?

Erm.... A LARGE glass of wine, obviously!! I should say something like, 'Go for a run..'... but that would be a lie!

POEMS

Selected by Mahdieh Malekpour

Your laugh is like a silver bell:

Clean and light and free;
Just like the hours of happiness
Your friendship brings to me.
You're like a room of sweet wind chimes
Enlightened by a breeze,
Or like an open, grassy field
Dotted with old trees.
I am grateful for the things you do,
But more for what you are:

Like a breath of open sea,
Of life beyond the bar.

A Universe, a Little Boy

A universe, a little boy,
A bear pretending it's a toy,
A rattle ready to bring joy,
All soon, yes, soon will meet.

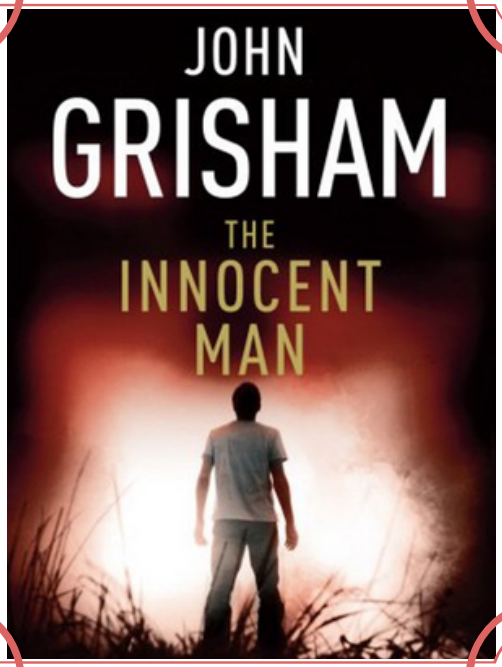
Some tiny clothes, an empty room,
A wind-up lamb, a tinkling tune,
A soul that will be ready soon,
Yes, yes, they all will meet.

And when they meet, what wonder!
What worlds within that grasp!
What will those eyes discover
When they can see at last?

A waiting crib, a family
With dreams enough of what will be,
A gift whose grace none can foresee,
Soon, soon they all will meet,
Yes, soon they all will meet.

BOOK REVIEW - The Innocent man

Review by - Judwin Ndzo



John Grisham is one of my favourite authors.

He is a lawyer turned author of legal thrillers. My best thing about his work is his ability to bring fiction to life and keep one's mind on edge.

The Innocent Man tells the story of an American criminal justice gone horribly wrong, with two men falsely imprisoned for a crime they did not commit. I found its narrative all the more chilling, because it is true.

Debbie Carter, a young sweetheart in a small quiet town called Ada is brutally murdered. The Ada police department is under enormous pressure to solve this murder and quickly finds the ideal suspect in Ron Williamson, a former rising baseball player whose career got foiled by injury, drinking and women, and who had a long history of serious mental health problems. Convinced the murder must have been the work of two, the Ada police cooked up a theory that his friend, Dennis Fritz, must have been an accomplice.

John Grisham goes on to describe how the Ada police ignored basic rules of investigating crimes, ignored potential suspects and lied against innocent men, then lied again to cover their tracks, until two men almost lost their lives on death row.

The narrative is succinct, well researched, full of comedy and the usual Grishamic sarcasm, but will also make you weep at the injustice.

The “Innocent Man” is one of those books I have read several times and is one I would read again and recommend without hesitation.

Scrambled Diagnosis

By Nicola Martin

Answers on page 9

We all use TLA's (three letter acronyms) in our every day work lives, see if you can unscramble these 10 diagnoses that are commonly referred to by their TLA

Scrambled Diagnoses (TLA's)

1.EPIULEOPHHCNNCSHRANORU _____
(6, 9, 7)
2.LYINYPEARISICARMRDKIIYSA _____
(7, 7, 10)
3.ILTLTFHPSPCAHEAOETYR _____
(11, 4, 5)
4.ACLOSSPCUNUTDDNYHEUYRHERM _____
(8, 9, 9)
5.SYSESAHDITASCAE _____
(3, 5, 7)
6.HNDARENRLESDOYSLMSEO _____
(6, 6, 8)
7.ICLEPCSEESEOBNPHDLHIDYAOC _____
(9, 8, 8)
8.LUEJRATRLTTEINHDHMEAUIIOSIRV _____
(9, 10, 9)
9.BAMNITPTPREUEOUNMPROCCRMHIUOY _____
(6, 16, 7)
10. EUKETPLCAMAUTAYLBHEIOLMIASC _____
(5, 13, 8)

For this edition, as part of our Well-being outlook, we have asked and been granted an audience with:

Professor. Harjinder Kaul

Consultant Occupational Health Physician, University Hospital's Leicester

We share excerpts of our conversation, which we found very insightful.

Interviewed by Ali Pamina

Can you please tell me about your focus on Mental Health and well being and your current interests?

I trained as a G.P. in the 1990s. I then decided to find another speciality and then, by accident, fell into Occupational Medicine. The basis behind my involvement in well-being issues was the increasing number of referrals that I was getting for medical staff. I became a consultant in Leicester in 2000 and continued becoming increasingly apparent that this was an area of need. I became a TPD in 2007, and I was approached by the Post Graduate Dean, asking me to help develop a programme for final year registrars about to become consultants. I pointed out that there was a gap in guidance as to how to make that transition. My journey into supporting medical trainees and doctors earlier helped me realise that transition points are complex, and we need a strategy to prepare ourselves better. It sparked my interest, and I decided I needed to do something about helping senior trainees prepare for their next 30 years of employment as consultants.

Also, about ten years ago, I became a volunteer with a well established century-old charity, the Royal Medical Benevolent Fund (R.M.B.F.). The charity's original focus was on supporting doctors in financial difficulty. It emphasised that doctors do face problems, and there's nothing wrong in asking for help.

An additional interest I've had is in empowering others. I've focussed on writing several guidelines for the volunteers at the charity, to help other doctors in difficulty, particularly during the pandemic. Adding to this, I continued trying to guide the strategy of the R.M.B.F. as we advanced as well.

I also involved myself, about 4 yrs ago, with a previously London-centric charity known as DocHealth. I wrote to the chief executive of R.M.B.F who were jointly funding it's service with the BMA and advised that they develop a video-based service to extend their support to the larger population. They agreed with me, and thankfully this switch had been working well, so when the pandemic hit - they were ready to switch over completely and now cater to doctors from across the country.

In the vast number of trainees and staff that you see, what kind of issues do you find people face challenges with, more frequently? And what are the barriers preventing progress on these fronts?

I think there are many barriers, and I've sincerely gained a lot more hope, especially in the last 2-3 years, than I've ever had before. The most significant barrier is culture, primarily medical culture. The profession itself is a barrier. We don't openly talk about difficulties in our careers. As trainees, we're, in a way, institutionalised to keep our mouths shut, just ticking boxes to get through the training programme as quickly as we can and become a consultant. We create this image in our minds that everything will be rosy and wonderful as soon as we become a consultant. As I try to point out to junior doctors - actually, it isn't. It's just different.

If you better prepare yourself for the difference, then you're in a better position to go forward. No one wants to put their hand up, be the odd one out and say I'm struggling. The reality is all of us are suffering in the background with our individual issues, and we get on with it.

Our 'system' is like a conveyer belt, and we get on it as teenagers. We're on it as trainees after medical school being processed by the 'machine' with an 'outcome 6' at the end to become a consultant. While that's occurring, there's a hidden journey in the background - realising, *"Oh, I've just come to medicine, I thought I was the cleverest person in my class"*, but suddenly you're not, or there are people who're better than you with additional sporting or creative talents. There's a risk of developing an impostor syndrome and not feeling good enough to do this. It's so ingrained in us to focus on academic progress just to keep your head above water.

I have a personal theory that Medicine selects overly competitive people and who perhaps have sub-clinical anxiety disorders. I don't say this is a conscious selection, but it does happen. Now in a field where we've selected these 'driven' people, who aim to be successful - these people sometimes drive themselves too much and become unwell.

Interview by Professor Kaul continued....

I believe that there are two parts of being a doctor: training and the second relates to your personal life. We spend too much time focussing on training that we forget about our personal life. Also, even talking about training - we don't invest enough in the right type of training - particularly how to be a team player. We don't talk enough about having plans - one year, five year, ten year and fifty-year plan and non career personal development. And when you're feeling lost - it helps gain perspective and have a purpose.

How would you suggest, in the COVID-19 era, a junior doctor in the 2nd quarter of their lives, with multiple work and life priorities, can better manage their time to provide an improved work-life balance? Working less than full time (LTFT) may be an option for very few people - but it comes with taking a pay cut. What strategies would you encourage?

I recently gave a talk to a group of psychiatrists, and I spoke to them about having a well-being action plan. This plan is based on the UK government's strategy and mirrors my thoughts and approach over the years. It focuses on the question - 'What's Important for me?'

I feel it helps people recognise that they can and should 'enjoy the journey over their careers which is likely to span 30-40 years, especially but not necessarily, once they've reached their interim goal/destination. I think it's healthy to slow down, get things right in your personal lives and career, and things will be much easier as you go on. One example is FY2 doctors taking an extra year before deciding on a speciality by doing an FY3 year. Another option is focussing on an LTFT career and, where needed, consider doing extra paid shifts (with the deanery's approval), additional short term roles as medical fellowships with various national organisations..

A lot of what we've discussed is individual-centric. As a senior and very experienced clinician, how do you see mental health and well-being support in a 'top-down' manner, i.e. is there a leadership change?

My take on this is right now; the door is open; I'm not sure how long this door will be open for? I've observed that primarily because of the pandemic situation and everyone's hard work - there is a clear recognition for everyone's psychological well-being of all staff. As an example, in January 2021, I've become a clinical advisor for a service called the Mental Health and Wellbeing Hub. This hub is in the Leicestershire and Rutland region and is involved with supporting staff (e.g. introduction of the wellbeing conversation and safe psychological spaces) in the health and social industry. It has a telephone helpline that just started on the 1st of April 2021. It purports to maintain an overview and encourage teams already doing well with their support - e.g. bigger organisations like UHL.; but also tries to develop more support for smaller groups, particularly supporting healthcare professionals, care home and social workers.

Regarding pitfalls and support at work, mainly referring to junior doctors new to paediatrics - what are they? And how can they be tackled besides what we've already spoken about?

Let's be honest - we need to be open to this idea - there are not enough doctors on the shop floor. Many people are keen to go part-time, but the reality is there are not enough people to do so. In itself, this is a challenge. However, people's perspective changes as they progress to different stages in their life understandably - thus, with other circumstances, what might previously have been a hurdle might not be anymore. Another way forward is to have a plan (as we discussed earlier), Non traditional, non medical hybrid posts are being developed in primary care...perhaps this will come- wait and see?

Additionally, one of the pitfalls we've seen is trainees returning from long periods away from clinical training - and RTT (return to training) is a great way forward to get the resources you need to help avoid such pitfalls. It's essential to engage with this. At the UHL, we have RTT champions, resources like the practitioner health program, for a self-referral. Many of these have come our way in the past three years - the key is utilising them pro-actively.

Having a potential plan to deal with difficult situations significantly earlier in our careers, or at least have given this a thought, might help us deal with things better even if we might not fix the problem completely. Things do change, and this is important to remember when faced with difficult situations - that when we often freeze and find ourselves lost because we worry that we're just not good enough, it's important to remember that isn't true and seek help with trusted colleagues and supervisors.

In paediatrics, we have a high turnover of doctors; this includes a large proportion of international medical graduates from all over the world - particularly from Asia and Africa. Cultural adaptation for new and overseas doctors in the NHS, who make up a large proportion of the paediatric workforce, has always been challenging and fraught with difficulties. With this background and especially in the current political context of inherent and systemic racism and our collective aversion to it, - how is it best to address this?

My suggestion is - the only way to make a difference is for people like you and me to stand up and point it out when we see structural cultural unfairness or comments. Additionally, we elevate ourselves to positions where we can address this from within the profession to nudge it and make it fairer. It's no good being outside of the system and 'throwing stones at it'. It's better to be inside, pushing it and calling it out if it's obviously discriminating. It's easier when you're in the system and competent in your skills. By being confident in this professional arena we can then also consciously say the same for our patients from diverse cultural or health diagnostic backgrounds.

ANSWERS - Scrambled Diagnosis

1. EPIULEOPHHCNNCSHRANORU
Henochschonleinpurpura

2. LYINYPEARISICARMRDKIIYSA
Primaryciliarydyskinesia

3. ILTLTFHPSPCAHEAOETYR
Hypoplasticleftheart

4. ACLOSSPCUNUTDDNYHEUYRHERM
Duchennemusculardystrophy

5. SYSESAHDITASCAE
Taysachsdisease

6. HNDARENRLESDOYSLMSEO
Ehlersdanlossyndrome

7. ICLEPCSEESEOBNPHDLHIDYAOC
Childhoodabscenceepilepsy

8. LUEJRATRLTTEINHDHMEAUIIOSIRV
Juvenillerheumatoidarthritis

9. BAMNITPTPREUEOUNMPROCCRMHIUOY
Immunethrombocytopenicpurpura

10. EUKETPLCAMAUTAYLBHEIOLMIASC
Acutelymphoblasticleukaemia

Anything interesting to share or compliment a colleague?
Want to be a Babble member?
Contact any of the Babble committee members below or,
Email us at babblenewsletter@gmail.com

Mahdieh Malekpour

Dimple Minhas
Editor and Team Lead

Nicola Martin

BABBLE TEAM

Judwin Ndzo

Chris Kingsnorth

Ali Pamina