

I'm Kellie Bateman a General Surgery Registrar at Morriston Hospital and this is my Climb leadership talk. Today I'm going to share with you my account of a being a doctor in training, some of the difficulties I've faced and the role of being authentic in supporting this. I'm starting with a poem I've written to help encapsulate some of the experiences and feelings associated with this.

A Doctor - burnt out

A doctor, a healer walks on to the wards
Hi I'm Jack, how can I help he calls
The team flurry past handing him jobs and charts
Start here, do this, admin work, not smarts.
Rotate, next job

77 % of trainees this year felt burnt out
They think of patient problems like an annoying flare of gout.
When they feel undervalued and forgotten,
How can they care about your mum's problem?
Rotate, next job

He flails within a system no longer fit for purpose
Ambition deflated, he don't reach for the skies
He thought this job was about saving lives,
But who cares about him at the end of the night.
Rotate, next job

Mindfulness, resilience, offered like Band-Aids.
Staying late, again, all of it unpaid
Trying to do your best, the expectation too much.
Stuck in your own head, Forget the power of touch.
Rotate, next job.

But stop! Listen,
Who is this doctor?
What makes him tick?
How can he belong, love his work, not be sick
Understand his story, what makes him feel valued
Build support systems, Not doctors abused.
Money might help, that is true.
But let's improve working conditions too

Rest facilities, study leave, a computer that works
Teamwork, a purpose, a supervisor that cares
We ask that you take a pause for a minute
Understand our perspective, how to live it
Doctors unsupported, undervalued, burnt out
Hear us, respect us, put the fire out.

This experience is common for many doctors as we start work, we are often treated as a number on the rota, there for admin and service provision, struggling to make connections and feel that we belong as we frequently rotate to the next job.

My career as a doctor started in 2015, as my university friends dispersed across the country and I left Bristol moving to the sunny, English Riviera, Torquay. I was fortunate in this relatively isolated district general hospital to find a close network of friends, with good mentors and teachers to support me in this new job; helping me find my feet and deal with new responsibilities and pressures. The work was still hard, often staying late to care for patients, and like now, we were also undergoing contract negotiations and junior doctor strikes. As new Doctors we struggled to see a positive future and career for us, where we felt valued and that we were actually making a difference. For one of my friends and colleagues, Rose, an exceptionally friendly, hard-working, and diligent doctor, the pressure to do well and uncertainty of her role became too much and was one of the contributing factors in her tragic suicide. We all felt the pressure to succeed and not show weakness, and as Rose struggled, she felt she had nowhere else to turn. Her loss was devastating and made us question everything. How did we not realise? Could we have stopped it? How can someone who appeared to be thriving in the job be hiding so much strain? Before we could even process the loss, we were back at work, caring for patients as her photo stared at us from the newspaper on the patients' table. But by sharing our grief and our worries, and embracing the healing power of the seaside, we formed stronger friendships and managed to survive together.

18 months later I was offered a surgical training job, and as I moved to Wales, I packed my memories of Rose and my friendships in Torquay into a small little box at the back of my mind. Rotate next job. I now had to focus

on my career and being a surgeon. I had no friends locally and felt very isolated as I struggled to balance exam revision, busy on calls and cv building. Some days I really needed a hug and someone to talk too, but that was now a 3-hour drive away. The pressure was high and as I worked hard to meet my own and my trainers' expectations, I was overwhelmed and ready to give up, but I couldn't tell anyone, and I couldn't fail.

Now we know that all good stories have a happy ending, and this is where I'd like to say that over time, I made new friends to connect with and share my struggles, but that would be disingenuous. In reality, time passed, work got a little easier and I did make a few work friends to have coffee with and share trivial grievances, but just as we're reaching the 'dating stage' of a new friendship with dinner, wine and deeper conversations, guess what, rotate, next job.

Now each rotation it gets harder and harder to open up, to be authentic and to be ourselves. It's like a secret plan to numb our emotions before we become Consultants in case we start feeling too much. If we're lucky we might get to return to the same hospital later in our training or settle down and buy a house but face a long commute instead – so you can live near our friends and family, but not have too much free time to see them.

As humans we need connection to promote our sense of belonging, improve our physical and mental health and prevent suicide. This can be particularly challenging for doctors who feel the need to promote the professional persona and focus on the job. So, what is the solution to build connection and protect our mental wellbeing, stop rotations? Do we think that the doctors that stay with one team don't feel alone or overwhelmed by the pressure. Of course not, and that is part of the solution, in realising you're not alone with your feelings and knowing you're doing your best in a system under pressure. In recognising our emotions and talking openly about them we can come to manage, accept and work with them, enjoying the highs as well as facing the lows.

Some days coming to work I still feel that I put on my mask and to perform a balancing act of pleasing patients, consultants, the nursing staff and my other colleagues. Most of the time I'm very good at this; friendly, organised, caring and efficient. But I can't perform at 100% all the time, some days it is harder to put on the show, and I start to feel the weight of trying to be someone I'm not, especially when I'm stressed or tired. Sometimes it can

seem easier to hide away from our feelings or blame others, but that can create an unhealthy culture that isn't civil or sustainable. Whenever I meet a new colleague, I wonder will they survive? I've seen too many colleagues' burnout or develop destructive behaviours, leave the country, leave medicine or die, to know that the way we've been doing things wrong and things needs to change. Medicine shouldn't be about survival!

We can't manage the stress of the job, the pressure to succeed or isolation on our own. We need to connect with each other. Recently I had a colleague, shared their worry for their family in Sudan, who are trapped in their homes in the middle of the war zone, fighting for their lives. They confided how scared they were, and how although at times distracted, being in work enabled them to feel helpful somewhere. I was humbled by their ability to share so openly, enabling the team to support them, making allowances if the colleague had to answer their phone or suddenly have a break.

Writing this talk, I had many ideas about wellbeing, but still felt a block when it came to sharing my personal stories and feelings. It's really hard to be authentic and vulnerable, especially when you rotate jobs every 4-6 months. Rotate, next job. But in sharing my stories and my anxieties about stress at work, loneliness and public speaking, I realised I have many trusted friends and colleagues who believe in me and want to help me succeed. So whether it's giving a presentation or dealing with a complex patient or a busy on-call, I know I'm not alone, and I owe it to them to be honest and be myself when I'm having a good day or a bad day so they can support me to succeed. As doctors, educators and leaders we have a responsibility to understand our emotions and authentically acknowledge how that impacts our behaviour and the people around us.

I now try to consciously share some of my tensions with my colleagues so they can understand my perspective that day and in turn they may feel a little bit more comfortable sharing things. Now I'm not saying you have to have a 30 minute team hug and a cry but a quick question to explore 'how are you feeling today?' or 'what are your energy levels on a 1-10' or 'what's troubling you at the moment', these might help break the ice and offer an opportunity for someone to share they slept poorly, they're have stress at home or are struggling with the workload.

Every August as the new doctors start full of compassion and enthusiasm for their vocation, we need to stop questioning who will survive the pressure of training, who will drop out, and who will lose their life. As a trainee, it's easy to feel lost in the system, to be overwhelmed and feel just like a number there for service provision. Isolation and a loss of purpose quickly leads to burnout, but by talking authentically about our difficulties and fallibilities, we can create a safe space for others to connect and share their stories. And perhaps we can help a few more Doctors survive.