Interview has been edited with the consent and help of Dr Elizabeth (Liz) Berryman

Introduction

If you have ever felt bullied or embarrassed within the workplace, Liz Berryman gives us hope to be heard. Although there has been a shift away from the hierarchical culture within the hospital system, many people fall victim to these old ways, especially as medical students.

As Liz explains: “You are not alone.” Having experienced bullying first-hand, she was able to not only stand up for herself but also create a revolutionary app called Chnnl. Her story of courage in the face of adversity shows that we should not give up hope and that there is always something to be done.

As the Chief Executive Officer (CEO) of Chnnl, Liz Berryman has an important message to New Zealand medical students — wellbeing is important! She has made admirable contributions to collegial wellbeing in health whilst balancing life as a junior doctor, mother, and leader in other areas of medicine including board roles with the New Zealand Medical Association (NZMA) and Health Informatics New Zealand (HiNZ).

Can you tell us about your path and how you got here?

I’ve wanted to be a doctor since eight years of age. For a variety of reasons, I did nursing; which I loved. I worked in the mines in the outback of Australia, where I decided to follow my dreams of being a doctor. I tried twice for Auckland, but they declined me. I tried for a third time in Otago and they accepted me straight away. I started my journey of six years of medical school in Dunedin.

Could you tell us a bit more about the Chnnl app for the medical students out there that don’t know about it?

Wellbeing is one of the most important issues for healthcare workers. We work in one of the most stressful environments, with a lot of what we call “psychological risk”. We have many conversations with people around difficult subjects, such as informing a patient of a cancer diagnosis, or informing a family that their loved one has just passed away. These are things that many people probably wouldn’t face in real life, and yet we do this day-in-and-day-out in medicine, so there is a toll that this takes on us personally.

The Chnnl app is a way for us to measure and monitor what is happening for people on a day-to-day basis, so we can give more support to people when they need it. For example, when we have a group of people troubled about talking to families around death and dying, we are able to give support and education on how to process this personally. We give feedback to the District Health Boards (DHBs) and run relevant workshops and interventions depending on what things people are experiencing in a timely manner. Because the Chnnl app detects early warning signs of mental distress, it is able to prompt the user to get help earlier, and makes it easy and safe to access that help in an anonymous and confidential way.

Did you have an inspiration in creating the Chnnl app?

Yes, very much so! I was on my first ever run on a surgical placement as a fourth year medical student and I was excited about being outside of university lectures and into “real life”. I was also excited because I was a nurse and I thought that I could finally have a one-up on the others. But in fact, no — I was put with a notorious surgeon, who decides that he either likes you or doesn’t. Unfortunately for me, he decided that he did not like me, and he made it his mission to make sure that I knew what the hierarchy was and that I was at the bottom of it. He also made a lot of personal remarks about me — what clothes I was wearing, how I was more interested in fashion than medicine, and that my glasses “were much too big for my face”. He also did something known as pimping, which is common in medical training, where doctors ask junior students questions which are far beyond their year level. This causes students to keep going with answers until they are completely flustered and, in my case, brought me to tears every single time. This was always done in front of colleagues or on a ward round in front of patients. That wasn’t fair for a fourth year who had only been in the hospital for a whole one week.

For the first time in my life I started having panic attacks, sleeplessness, and anxiety. I thought it was me, and that I was not good enough. I just thought, “Oh my gosh, what am I doing! I am not cut out to be a doctor; I’ll just go back and do nursing.” I went to see the Dean of the medical school and told him, “I’m done; I quit.” He laughed at me and said, “No, you can’t quit! This is how this particular surgeon teaches and you will have to just toughen up and become more ‘resilient’.” That paved the way to my hatred of the word resilience! You are talking to someone who is a leader in so many other areas, and yet was failing after four weeks in the hospital. I said to myself, “No, we need to do something about this.” I went to see a counsellor who, for the first time, told me this is what bullying is. For the first time, I realised that I was the victim of bullying and that wasn’t ok. I went back to the surgeon with a fellow student and told him how I felt, and that he wasn’t seeing the best of me when he yelled at me and asked me questions that were beyond my year level. He said he was “very sorry, some other people have told me similar things”, and that “we will try work on it”. From that day he completely changed — he started working with me. At the end of the run he told me that he was glad that I had told him what I did, otherwise he would have failed me as he thought I was “completely incompetent”. It was reassuring that since that run I managed to receive distinctions and passed everything — “so actually, Mr Surgeon, it was your teaching style; I’m not an incompetent student!”
How did you use this experience to start your journey in creating the Chnnl app?

I started talking about my experience to the New Zealand Medical Student Association (NZMSA), which I was ironically the President of at the time this was all happening. I was surprised that a lot of students had experienced the same thing. We conducted a national survey of the medical students in New Zealand and found that 54% of the students experienced bullying (as per the WorkSafe definition) or sexual harassment whilst on clinical placement in the past year. It’s horrific that over half of medical students have experienced this. We wanted them to share stories with us about what they’ve experienced and that’s when we started getting really interesting anecdotes. There were some sad and incredibly challenging stories that came out. I wanted to end the bullying and toxic work culture that was not good for patients or our future doctors. Sadly, in my final year at medical school we had a colleague in our class who lost his life through suicide just six weeks away from graduation. This gave me a reason to continue the work in supporting the mental wellbeing of healthcare workers.

I started doing some research around bullying and we created a research group called Creating A Positive Learning Environment (CAPEL). 2 It was set up by Associate Professor Lynley Anderson, from the Bioethics Centre at Otago University. The group also included Tim Wilkinson, the Dean of the Christchurch Medical School; two post-doctoral researchers; and Emma Collins from the Otago Polytech Nursing School. We know nurses are also involved in bullying — some of the charge nurses can be bullies and likewise nurses can also be bullied by doctors. The research group has been running for more than five years now and we have six publications. We undertook research around bullying in the workplace and, more importantly, what we can do about it. I didn’t want to be someone who just stood up on the soapbox and had a mind about things; I wanted to do practical things that could help people.

As a side project from the CAPLE group we wanted to see what medical students wanted to help with their mental wellbeing. This was overseen by the Dean of Otago Medical School, Professor Barry Taylor. We ran five focus groups with medical students and asked what they would like to help with their mental health and tackle the big issue of bullying. They informed us that they would like to be able to report bullying safety and anonymously. They didn’t want to go through the medical school as they were scared it would be put on their record. The students also wanted to report events whenever and wherever they wanted. They wanted to do it on their phones which they could access at 2am in the morning if they were feeling down. They said they wanted an app!

We got a medical student who had a previous life in database computer science and he designed the app for us. Reflecting back on the iterations we completed, I am very grateful for his help. We launched the app — now Chnnl, previously named Particip8 — and completed a feasibility study which was published in the Journal of Medical Internet Research. 3 I went over to the Royal College of Surgeons at Adelaide and presented at a conference there based on our research. There were only six people in the room. People were presenting their PhDs, and I was the little New Zealander, only a fifth year medical student at the time, presenting the Particip8 app research. From that, to my complete surprise, it won the best education prize! I won $500 Australian and they put our research into the Royal College of Surgeons magazine which goes out to every single surgeon in Australia and New Zealand!

After that, I received messages from all across Australia and New Zealand asking if our app could be used for trainees. I thought it was just a research project and I didn’t know if the software could handle being scaled to go over to Australia. I got an email from Dr Jenny Wagener from Middlemore Hospital who wanted the app. As Middlemore was close to where I lived in Auckland, I decided to pursue it whilst on maternity leave. Dr Wagener was our first client. We changed the Particip8 app slightly and we got junior doctors going through surgical runs and new graduate nurses to use the app for a whole year. We got them on board during second quarter, and that was when things got really interesting, because I got to see if it really worked. It was a good learning curve. This study was presented at the HiNZ conference and is being submitted for publication in 2020.

What reflections do you have when looking back at your journey in creating the Chnnl app?

Let’s say it is the one thing that keeps me going! Being a junior doctor is really tough — there are long hours and you do a lot of the grunt work, working night shifts and weekends. The fact that I am helping other people is the one thing that has kept me focused and really got me through this year. You will see it in your colleagues; they are burnt out and struggling to get leave, especially in the Auckland region. It gives me hope that I can really make a change and make things better.

What type of impact do you think this app has made? Could you tell us some specific examples?

It has definitely raised awareness and continues to do so, especially in personal wellbeing. One person pointed out that “it’s hard to know that you’re actually quite stressed out”. You may feel like you’re having a bad day, but sometimes you can’t be sure if that bad day will lead to a bad week, bad month, or bad year.

People have found it very beneficial and it does make you feel better that the data is not just going into a big black box which no one ever does anything about. When you do end-of-run or engagement surveys, you sometimes don’t see change from it. The Chnnl app data is different because it is a daily check in, the data is almost real time, and people who can make changes, like educational supervisors, are reading and responding to the data on a weekly and sometimes daily basis. They can make a change for their department and as soon as this happens, we see more users engaging with the app and more feedback coming in. It is helping a large organisation like the DHB create change quicker.

What challenges did you have when you were creating and innovating this app?

We encountered many challenges. Dealing with something like mental health/suicide, we have to go through the highest level of ethics. All the ethical committees have different questions that you have to receive legal advice on.

The other challenges were technical in nature. When the app grew and we outsourced the development side, that was very expensive and time consuming. They told us it would have taken three months but ended up taking a whole year. There are always bugs and things going down which makes it quite stressful in itself! But it’s a great learning curve and I now have a new appreciation for all software.

It seems like it has been working in the medical field but do you think this could expand to other types of organisations?

I have been asked to speak at many different conferences this year. For example, HR New Zealand organised some wellness in the workplace conferences to speak about what I’m doing in health care. The response has been overwhelming. I have currently been declining organisations that are not in health care but I have been in discussions with other people keen to invest in the app and I will think about a funding round to be able to go outside the health industry.

The University of Auckland, through UnServices, is helping and commercialising the app. To date, we have had Spark New Zealand, Tourism Holdings Limited, Z Energy, and ASB Bank show interest in the app. It takes a whole year to go through a selling cycle when I’m selling to the DHBs, including going through lawyers and the CEO — whereas with other organisations, the CEO of the company has contacted me. They are determined to push for the app and Z Energy wanted to go live within two weeks! I had to tell them I couldn’t do that because it the app is very specific for health care. We need to look at research around psychological risk outside of healthcare and change the app slightly for organisations outside of health.
It’s exciting; it’s like public health, where you can help a lot of people. Working in a hospital, we may help around 20–30 people daily but doing something like this enables us to help 1000 people a day! It involves the public health approach where prevention is better than cure.

You never know what ideas you may have as a medical student or a junior doctor that might just change your entire life forever or the lives of other people.

**For the people out there going through difficult times, what would be your personal message for them?**

My message would be to not give up hope. There is always something that can be done. There are a lot of good people out there so don’t hesitate to reach out to people and ask for help and support.

There is a great organisation called Wahine Connect which is helping women get mentoring and is a great way to engage. If you get on well with a consultant, registrar, or even house officer, you can ask them to informally mentor you. It’s great to have someone to speak to who is a few years ahead and can give you wise advice.

Secondly, you are not alone. The survey that we did showed that 54% go through this. It may be reassuring to know that you are not the only person experiencing this and it is okay to talk about things.

**If people would like to see what is going on, how would they do that?**

Website: www.chnnl.app

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**References:**


**About the authors**

▶ Mustafa Sherif is a trainee intern at the University of Auckland, placed at the Waitematā District Health Board. He is passionate about teaching and optimising the academic welfare of students. He is also the 2020 Academic Sub-editor for the NZMSJ and enjoys academic and reflective writing.

▶ Oliver Dugeña is in his final year of medicine at the University of Otago, Wellington campus. He has entered into medicine through the Oral and Maxillofacial programme, following his dentistry degree after working in the United Kingdom as a Maxillofacial SHO. He is currently the Workforce Officer for the NZMSA and the Features Sub-editor for the NZMSJ. He is extremely passionate about education, learning, innovation and working as a team to create new projects. If you see him around he welcomes you to say hi and connect with him.

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