How to change poor culture and behaviours impeding education - especially in “difficult” specialties

Prof Scarlett McNally  BSc MB BChir FRCS(Tr&Orth) MA MBA FAcadMed
Consultant Orthopaedic Surgeon, East Sussex
Deputy Director, Centre for Perioperative Care (www.cpoc.org.uk)
Honorary Clinical Professor, Brighton and Sussex Medical School
President-elect, Medical Women’s Federation

I have no conflicts of interest

• Centre for Perioperative Care pays East Sussex Healthcare NHS Trust for ½ day of my time

• I have/had voluntary roles with:

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Past me:

Common attributes of the disruptive leader

- Dominant, arrogant, aggressive, egocentric, impersonal and autocratic – being outspoken and often intimidating
- Dismissing trainees’/team members’ questions or challenges.
- Not sharing information.
- Treating management or admin staff without respect.
- Passive disruption such as:
  - persistent non-attendance at key meetings (eg MDTs; directorate meetings)
  - refusal to abide by decisions agreed by the team
  - criticising colleagues in public
  - refusal to delegate
  - failure to handover

www.rcseng.ac.uk OR
The messenger = www.rcseng.ac.uk
The message is the same

One dimensional

• Presenteeism
• Perfection
Statement by President Neil Mortensen, Jan 2022

• “We are outraged and appalled by the testimonials of sexual assault in the surgical workplace following the article *Sexual assault in surgery: a painful truth*

• We have been aware that there needs to be a cultural change in surgery for some time”
More than 3 months later, the Royal College of Surgeons of England apologised for what these women had experienced and stated it was “outraged and appalled”
What is wrong?

www.civilitysaveslives.com

Dr Chris Turner

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Learning from invited reviews (patient care)

- 54% problems with leadership & management
- 76% problems with team-working

https://invitedreviews.rcseng.ac.uk

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Why has it gone wrong?

My excuses
Below 10,000 feet

- Take off and landing
- Concentrating time

In 1990s we lived for work = some excuse. Now: Be work persona for 48 hours of work-time

In 1996: Emergency procedures:
- 41% at evenings or nights
- Many at weekends

Now: we have CEPOD lists + trauma lists
Surgery is highly competitive (McNally JRSM, 2008) (2005 data)

- Women who applied statistically significantly MORE likely to be appointed.
- 30% of applicants to core surgery were women. Women want to do surgery.
- Far fewer women applying. Many not proceeding to apply to Higher/Registrar.
<table>
<thead>
<tr>
<th><strong>Stress</strong></th>
<th><strong>Burnout</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Characterized by overengagement</td>
<td>Characterized by disengagement</td>
</tr>
<tr>
<td>Emotions are overactive</td>
<td>Emotions are blunted</td>
</tr>
<tr>
<td>Produces urgency and hyperactivity</td>
<td>Produces helplessness and hopelessness</td>
</tr>
<tr>
<td>Loss of energy</td>
<td>Loss of motivation, ideals &amp; hope</td>
</tr>
<tr>
<td>Leads to anxiety disorders</td>
<td>Leads to detachment and depression</td>
</tr>
<tr>
<td>Primary damage is physical</td>
<td>Emotional damage</td>
</tr>
</tbody>
</table>

“The Iceberg of Practice” (Fish & Coles, 2008)
Why?

• How we behave as a result of Bias can be interpreted as Bullying
• How we select... Unfairness?
• How we de-motivate... Lack of diversity?

FACTS:
• Bullying is how the victim feels
• Equality is pretending there is no difference and judging against criteria
• Diversity is listening to how an individual needs to be better
• Behaviour can be changed
Bullying and me

• Accused x1
• Grievance x1
• I was Director of Medical Education and had several “meetings”
• I have undertaken investigations x4

• “the nuclear option”

• People need to see things are fair, to have rules
• People need to be involved
• Give feedback on the task not the person

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A few unspoken truths

• Doctors are selected from very high achieving – we need to slow down
• Everyone thinks they are doing good
• Time pressure or too many things affect behaviour
• Lots of doctoring is pattern recognition
• Bias (treating people differently) can lead to bullying by mistake

<table>
<thead>
<tr>
<th>General</th>
<th>“more women are part-time so having CEAs paid pro rata is worse for women”</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>“you are a woman and should be part-time”</td>
<td>Not OK</td>
</tr>
</tbody>
</table>

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Who’s most at risk of being accused of bullying?

• Is a doctor who qualified when teaching by humiliation was normal
• Is very dedicated to patient care
• Is very irritated by cases of failure in patient care
• Is personally very detailed
• Is highly intelligent
• Has had plaudits from many they trained
• Is poor at coping with below-average Postgrad doctors or staff
• Expects too much of Postgrad doctors at a junior level
• May not have insight into the effects of their actions and behaviours

We are not all perfect every day.
Help us value good enough

• 50% senior surgeons have burnout
• 42% of marriages end in divorce (www.ons.gov.uk)
• 9% of over-65s are living with dementia – ?parent
• 20% of known pregnancies miscarriage (www.tommys.org)
• IVF has only 14% success rate aged 40 (www.hefa.gov.uk)
• Some operations will have a complication
• There are only 168 hours in a week
How do you get change?

How to get change

• Data
• Images
• Stories
• Practicalities
• “Normalising”
• NHS as anchor institution
• Carrot + Stick

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Changing behaviour

- Fitting it into your schedule.
- Make the right choice the easy choice.
- Knowledge
- A trigger to start
- Practical things and skills
- A back-up plan for when you fail / motivation
- Attitudes / Seeing it as OK / normal / role models
- Infrastructure
- MONEY
- Regulation

www.movingmedicine.ac.uk
www.e-lfh.org.uk “M.E.C.C.”

Exercise = prevention + treatment

<table>
<thead>
<tr>
<th>Co-Morbidities</th>
<th>Reduction in risk with DOSE = 150 minutes of Exercise /week</th>
<th>Treats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>30%</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke</td>
<td>30%</td>
<td>✓</td>
</tr>
<tr>
<td>Bowel cancer</td>
<td>45%</td>
<td>✓</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>25%</td>
<td>✓</td>
</tr>
<tr>
<td>Type 2 Diabetes</td>
<td>30-80%</td>
<td>✓</td>
</tr>
<tr>
<td>Heart disease</td>
<td>30-80%</td>
<td>✓</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>up to 50%</td>
<td>✓</td>
</tr>
<tr>
<td>Lung diseases</td>
<td>30%</td>
<td>✓</td>
</tr>
<tr>
<td>Depression</td>
<td>30%</td>
<td>✓</td>
</tr>
<tr>
<td>Osteoporosis &amp; Falls</td>
<td>up to 50%</td>
<td>✓</td>
</tr>
</tbody>
</table>

https://www.aomrc.org.uk/reports-guidance/exercise-the-miracle-cure-0215/
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Learn to do Motivational Interviewing

www.movingmedicine.ac.uk
• How to talk about exercise in 1-minute consultation

www.e-lfh.org.uk
• Making Every Contact Count “MECC”

What to do?
For people with power
For people in power:

- Minimum standard
- Aspirational standard

Tackling unconscious bias

- We all have unconscious bias
- Start by NOT saying the first thing that comes into your head
- Start by saying hello and looking welcoming
- Try to find common ground
- Focus on the task not the individual (say what you’d say to another)
- Have systems to reduce your stress
- Fake it till you make it (what we say can become what we believe)

- Have clear standards for performance management.
- Giving projects to the surgeon in training that you get on with?
- Setting unrealistic deadlines?
- Giving work and taking it away again?
It is like a party invitation...

- Unless you say what the rules are, you can’t penalise them for not adhering

- Start time
- Expectations
- Dress code
- Leave policy
- Set clear rules
- Induction
- Write it down

“It’s another one of your tick-box forms, Scarlett”

Have a clear minimum standard. Have rules. Feed back on the task, not the person.

- Can also have an aspirational standard.
“Have some rules”

https://www.boa.ac.uk/careers-in-t-o/parenthood-orthopaedics.html
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Equality vs. Diversity

**Equality**

Equal standard at the point of selection / exam
Every individual to have opportunity

**Diversity**

Embracing difference.
Asking what else is needed.
How to get the individual to be the best that they can be.
Eg if you are their supervisor

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Summative? Or Formative?

Driving test?

Driving lesson?

Equality
Diversity
Inclusion = being welcomed/valued
Belonging
How to be assertive without being a bully

Prioritise patient safety.

1. **Set a goal at the start of the theatre list**
   > Be clear at the start of the day. E.g. "I’ll take over at 2pm"
   > Divide the case up eg trainee does anastomosis.

2. **Suggest someone takes a break**
   > Then feedback after the case.

3. **Have a feedback session following the theatre list or clinic**
   > Comment on good & bad aspects of the day, away from it.
   > Suggest an action plan (not just criticism).
   > Apologise if you displayed hostile behaviour, no matter how critical the situation was at the time.

4. **Keep goals level-specific rather than personal**
   > Stick to educational targets
   > Give feedback on the these goals. Don’t compare to others.
   > Record sub-optimal performance on ISCP. Be open. Record a baseline to improve.

“We have to present data in ways that connect with emotions because emotions are what drive us to act”

- BE
  - Concrete
  - Emotional
  - Simple
- Numbers
- Images
- Graphs
- Concepts
- Stories

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What to do?

For people with less power

For people at risk of being treated badly

• You do you
• “Lean in”, “Dress for success” OR “Be your authentic self”
• Be proud
• No need to challenge if you don’t want to
• No need to fix the system
• Be aware of what you need
• Every moment is precious
• Sometimes you have to be the grown-up / business-like
• Analyse situations
• Identify what is the de-stressor?

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Focus on the REAL hurdles

SET the RULES:
so ALL operating theatre staff help students / Postgrad doctors
On www.rcseng.ac.uk/study Get them to scrub in!

www.rcseng.ac.uk/learning-in-operating-theatres
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Chairing a meeting

• Ask each to introduce themselves (breaks the ice)
• Identify which items are for info, which for discussion
• Invite challenge (in the room)
• Invite different viewpoints (eg why we have a problem)
• Be fair with time, etc
• Focus on achievable actions
• After each point confirm what will be done & by whom
• Succession plan

What to do?
For allies and bystanders
• Australian surgery has/had bullying problem
• 48% surgeons in training had witnessed it
• They recommend: “Call it out”

• Most alleged perpetrators (Australian surgeons) didn’t realise how they were perceived.

Find out more: www.surgeons.org/respect

Get the APP
“SPEAK UP: Operate with Respect RACS”
Kennedy report - RCSEng

https://www.rcseng.ac.uk/about-the-rcs/about-our-mission/diversity-review-2021/

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2020 Gender pay gap


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RCPLondon Chief Registrars’ survey

• ‘You look too young to be a doctor’
• ‘Thanks, nurse, when am I seeing the doctor?’
Sexism in BMA report (Daphne Romney QC Oct 2019)

• 53. **Failure to call out** - There has been a failure of leadership for too long throughout the BMA in calling out bad behaviour, including sex discrimination, sexual harassment, rudeness and bullying of all kinds.

• Many describe their workplace as ‘toxic’.

• 58. People are on too many committees, and for too long.

• 83. Members of committees should be prevented from standing for re-election for that committee after twelve years, unless they hold an executive position. The purpose of this is to allow new members onto the committee.

• 82. Chairs should be encouraged to call more women...trying to call a woman to speak first so as to encourage more women to speak.


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BMA Sexism in medicine, 2021

• 91% of women respondents had experienced sexism at work within past 2 years

• 84% of all respondents said there was an issue of sexism in the medical profession

• 28% of men respondents said they have/had more opportunities during training because of their gender, in comparison to 1% of women respondents

• 74% of all respondents think that sexism acts as a barrier to career progression

• 42% of all respondents who witnessed or experienced an issue relating to sexism in the past two years chose not to raise it with anyone

• 61% of women felt discouraged to work in a particular specialty because of their gender, with 39% going on to not work in that specialty

• 70% of women respondents felt that their clinical ability had been doubted or undervalued because of their gender, in comparison to 12% of men

• 31% of women-unwanted physical conduct in work as did 23% of men

• 56% of women-unwanted verbal conduct relating to their gender as did 28% of men


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Stopping bad things

Skills

• YOU: Slow down. Set clear tasks. Be aware of stressors. Team brief - prepare

• EVENT: First Aid / crisis / stress vs. chat later

Have some words:
Hello
I don’t think you can say that
I am sorry
Let’s focus on the patient
Can we discuss this later?
SAFETY CRISIS: I have some concerns now

• OTHERS/PEER: Taking peer for a Vanderbilt cup of coffee. Ask how they are?
Vanderbilt programme

![Diagram showing levels of intervention]

Duke University School of Medicine, Indiana, USA
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Vanderbilt cup of coffee skills:

- Your role: To report an event; To let colleague know the behavior/action was noticed
- It’s not a control contest. (“I am coming to you as a colleague…”)
- Don’t expect thanks (acknowledgement)
- Know message and “stay on message”
- Know your natural default (your communication style; your “buttons”)
- Offer appreciation (if you can): “You’re important, if you weren’t, I wouldn't be here.”
- Use “I” statements: “I heard…” “I saw…” “I received…”
- Ask: “Are you OK?”
- Review incident, provide appropriate specifics
- Ask for colleague’s view…pause…
- Respond briefly to questions, concerns…

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Staff expectations

What to do?

For institutions

https://journals.sagepub.com/doi/abs/10.1177/00018392211038505
What can organisations do?

- Networks – Network of elected women, BAME
- Identify barriers
- Clear rules:
  - Appointing
  - Role description
  - Tenure
  - Expectations
- Value staff
  - connect staff/teams/purpose
  - Develop individuals / succession plan
  - Cycle lanes & parking
- Labels
- Rules of engagement

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Australasia

Educationally

• Get data
• Withhold funding
• Have clear targets
• Force meetings/feedback
• Acknowledge the pressures – rotas/time/space/processes
• Use the team – Surgical Tutors, managers
Everyone has different strengths

Teamwork
Teams

- Value each person – be aware different types of people
- Feedback on task not person
- Slow down
- Avoid being perfect
- Ask for views
- See what the real problem is

Teamwork

Issues with teamwork in 76 of 100 reviews.

- Not meeting regularly or effectively as a team.
- The absence of agreed working practices
<table>
<thead>
<tr>
<th>Safe surgical care</th>
<th>82%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teamwork</strong></td>
<td>76%</td>
</tr>
<tr>
<td>Timely recognition &amp; resolution of concerns</td>
<td>68%</td>
</tr>
<tr>
<td><strong>Multidisciplinary teamwork</strong></td>
<td>57%</td>
</tr>
<tr>
<td>Individual behaviours</td>
<td>54%</td>
</tr>
</tbody>
</table>

RCS 2019 Learning from Invited Reviews

https://www.rcseng.ac.uk/standards-and-research/support-for-surgeons-and-services/irm/improving-professionalism/

Teams – from AoMRC
Multi-Disciplinary Team = risk of silos
Trans-Disciplinary = doing part of others’ roles

- Common goal
- Understand roles
- Share skills
- Empower staff
- Identify others’ unique skills
- Meet regularly
- Value all team members
- Use data


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You can change culture & behaviour

- Information
- Education
- Empowerment
- Photo-ops
- Websites
- Listen
- Bring people with you

Why do we ever do anything?

1. **Dopamine**: set goals, mini-rewards (vs. procrastinate)
2. **Serotonin**: be included + sun/UV  **Sign up for charity walk/run/cycle!**
3. **Oxytocin**: gifts, hugs, sex, memories, doing a good deed
4. **Endorphins**: exercise, comedy, laughter  **TAKES 20 minutes to work!**
Use the serotonin from being together

• Value each human. Do stuff. Team together
• Eastbourne D.G.H. ED- 5km walk/run for cancer charities 2017

15 seconds...30 minutes:
15s30m is a social movement and the aim is to;

1. Encourage any staff member to spend an extra **15 seconds** on a task now
2. Which will save someone else **30 minutes** later on
3. To reduce frustration and **increase joy** at work
Perioperative care is: from the moment surgery is contemplated - until full recovery

Centre for Perioperative Care
www.cpoc.org.uk

+ patients
+ health charities
+ health organisations

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Evidence reviews

- 30%-50% reduction in complications
- 1-2 days reduction bed stay
- Better team-working (skill-sharing)
- Better patient satisfaction

www.cpoc.org.uk search “evidence”
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Complications

<table>
<thead>
<tr>
<th>10-15%</th>
<th>of operations have a complication</th>
</tr>
</thead>
<tbody>
<tr>
<td>x5</td>
<td>if frail</td>
</tr>
<tr>
<td>x4</td>
<td>if physically inactive</td>
</tr>
<tr>
<td>50%</td>
<td>decrease with smoking cessation (19% in first 4 weeks)</td>
</tr>
<tr>
<td>30% - 80%</td>
<td>Decrease with daily exercise</td>
</tr>
<tr>
<td>14%</td>
<td>patients express regret</td>
</tr>
<tr>
<td>10%</td>
<td>Ops cancelled (most due to lack of beds)</td>
</tr>
<tr>
<td>2-fold</td>
<td>variation in proportion admitted (vs day case)</td>
</tr>
<tr>
<td>50%</td>
<td>UK population have multi-morbidity at 65</td>
</tr>
<tr>
<td>27%</td>
<td>UK adults do no exercise at all</td>
</tr>
</tbody>
</table>

www.cpoc.org.uk/cpoc publishes major evidence review impact perioperative care.

14% patients express regret
Wong et al., 2017

10% Ops cancelled (most due to lack of beds)

2-fold variation in proportion admitted (vs day case)

50% UK population have multi-morbidity at 65

27% UK adults do no exercise at all

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Using the new guidance at www.cpoc.org.uk:

Diabetes

Frailty

Day surgery

Anaemia

Pre-op

Enhanced care

Recommendations by step
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consent, Procedural verification and Site marking</td>
</tr>
<tr>
<td>2</td>
<td>Team Brief</td>
</tr>
<tr>
<td>3</td>
<td>Sign In</td>
</tr>
<tr>
<td>4</td>
<td>Time Out</td>
</tr>
<tr>
<td>5</td>
<td>Implant</td>
</tr>
<tr>
<td>6</td>
<td>Reconciliation (no retained foreign objects)</td>
</tr>
<tr>
<td>7</td>
<td>Sign Out</td>
</tr>
<tr>
<td>8</td>
<td>Debrief Handover</td>
</tr>
</tbody>
</table>

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Random other stuff from me
Doctors are the diagnosticians and handlers of uncertainty

- Not binary senior/junior
- Not their academic aspiration
- As many SAS or Locally Employed posts as doctors in Postgrad training

Tiers

- “Doctors” for all (includes SAS)

<table>
<thead>
<tr>
<th>Foundation Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Doctors = SHOs</td>
</tr>
<tr>
<td>Registrars</td>
</tr>
<tr>
<td>Consultants/Specialists or equivalent</td>
</tr>
</tbody>
</table>

- Try “Postgrad doctor” or “Doctor in postgraduate training”
- avoid “trainee”
Doctors’ Assistants in East Sussex

Tasks we CAN do include:
• Blood tests
• Cannulation (drips)
• Blood cultures
• Drafting discharge summaries
• Finding results
• Taking radiology requests
• Taking referral requests
• Making phone calls
• Writing in notes
• Preparing notes
• Writing ward round notes
• Dementia/VTE screening
• Blood glucose
• ECGs
• Giving information
• Chaperoning patients
• Helping patient comfort
• Encouraging Drs to take breaks
• Allow Drs to get to education

Tasks we cannot do:
NO medication
NO prescribing
NO requesting Xrays or scans
NO operating
CANNOT make Medical decisions

Doctors’ Assistants

National award Skills for health
Runner-up BMJ Award 2017
Finalist HSJ Award
Now a Level 3 Apprenticeship

Doctors’ Assistants:
• 44% doctors’ time on admin
• 61% exception reports on tasks
• 84% tasks speed patient flow
• 2 transport refusals without them (no paperwork)
• Two-week induction

Job Description on www.scarlettmcnally.co.uk
Also me…

• 2018: Cardiac amyloidosis + Myeloma
• 2019: Electric-cycle!
• 2020: Stem Cell Transplant
• 2021: Hip replacement

Invisible disability is the entry to the *Iceberg of diversity*

(Brook Graham, 2004) [http://www.brookgraham.com/WhatWeDo/Iceberg.aspx](http://www.brookgraham.com/WhatWeDo/Iceberg.aspx) @LiangRhea @scarlettmcnally www.scarlettmcnally.co.uk
Now:

- Once you respect one, you do it for all.
- Trainers may wish to try harder to respect people who’ve probably had a rough time before.

“Accidents” (road collisions) [www.crashmap.co.uk](http://www.crashmap.co.uk)

- We accept 150,000 road casualties per year, G.B.
- including 1700 deaths & 28,000 seriously injured

Map = Eastbourne 5 years’ of cyclist casualties
Little fixes

People don’t like change
Secrets most surgeons don’t know

1. Medicine is competitive. Most humans aren’t. They want to support you.

2. Humans like rules and fairness.

3. It isn’t about working harder or being better. Be clear.

4. You have to support the support team. Have a minimum expectation. Try UNIVERSAL POSITIVE REGARD

Summary

• Have a thing you say, while your brain catches up.
  • ‘Is there anything the team can help you with?’
• Use labels/respect
• Listen
• Be very clear about expectations
• Have a minimum standard and an aspirational standard
• If needed, take someone for a VanDerBilt cup of coffee
• Promote people
• Change is quick
• Culture matters – role model - It really is worth it!