

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

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1

I have no conflicts of interest

-  pays  for ½ day of my time

- I have/had voluntary roles with:

thebmj



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Past me:



The Royal College of Surgeons - Council April 2012

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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

<https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/surgical-leadership-guide/>

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



<https://www.rcseng.ac.uk/standards-and-research/support-for-surgeons-and-services/irm/improving-professionalism/>
<https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/managing-disruptive-behaviours/>

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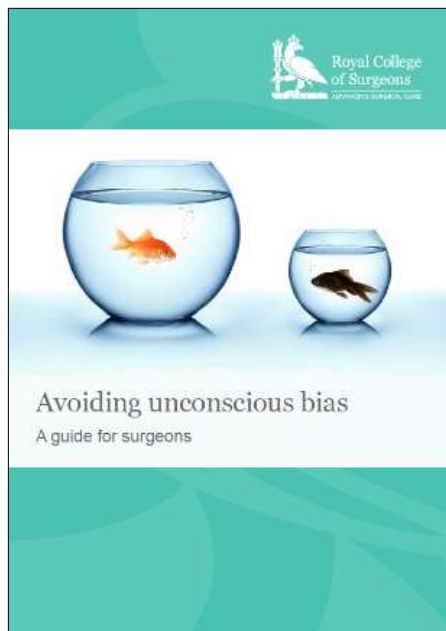
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One dimensional

- Presenteeism
- Perfection

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www.rcseng.ac.uk/study

www.rcseng.ac.uk/career

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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”

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- 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”

THE LANCET

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9

Mr Simon Fleming



10

What is wrong?

11

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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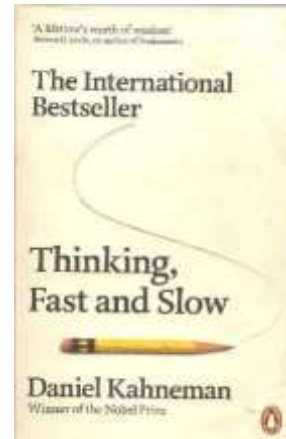
13

Why has it gone wrong?
My excuses

14

Below 10,000 feet

- Take off and landing
- Concentrating time



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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

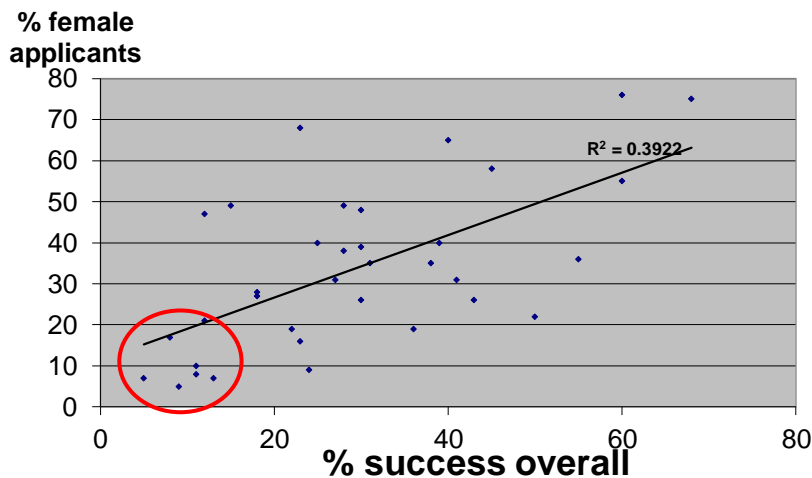
Now: we have CEPOD lists + trauma lists

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Surgery is highly competitive (McNally JRSM, 2008)

(2005 data)



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**SURGICAL TRAINING:
STILL HIGHLY
COMPETITIVE BUT STILL
VERY MALE**

SA McNally Consultant Orthopaedic Surgeon
Eastbourne District General Hospital, Eastbourne

♂♂♂♂

♀

*Ann R Coll Surg Engl
(Suppl) 2012; 94: 53–55*

- 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.

18

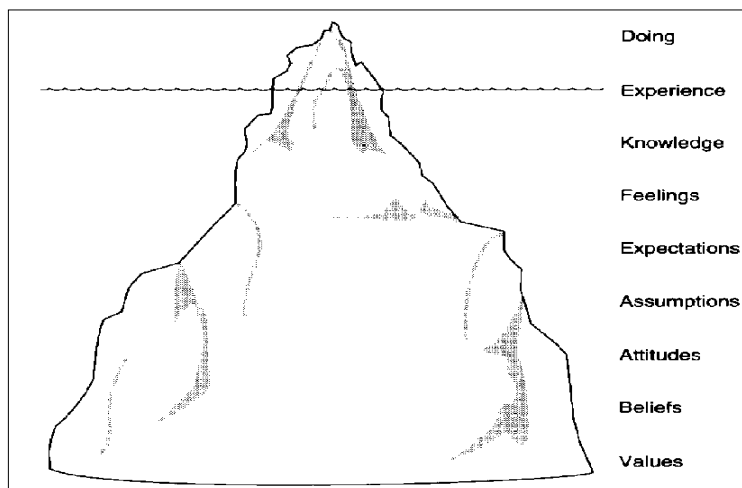
Stress	Burnout
Characterized by overengagement	Characterized by disengagement
Emotions are overactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals & hope
Leads to anxiety disorders	Leads to detachment and depression
Primary damage is physical	Emotional damage

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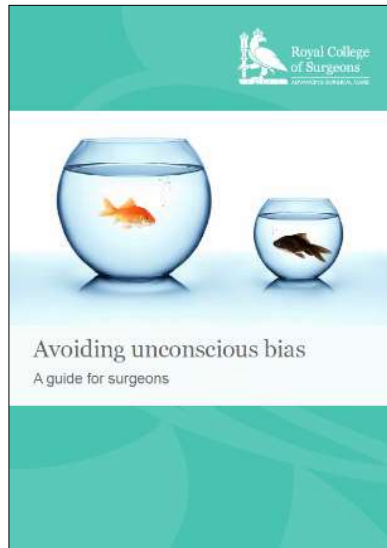
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“The Iceberg of Practice” (Fish & Coles, 2008)



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21

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

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Bullying and me

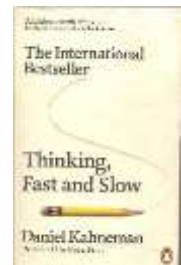
- Accused x1
- Grievance x1
- I was Director of Medical Education and had several “meetings”
- I have undertaken investigations x4
- “the nuclear option”
- People need to see things are fair, to have rules
- People need to be involved
- Give feedback on the task not the person

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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



General	“more women are part-time so having CEAs paid pro rata is worse for women”	OK
Individual	“you are a woman and should be part-time”	Not OK

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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



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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

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How do you get change?

27

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."

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Exercise = prevention + treatment

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

<https://www.aomrc.org.uk/reports-guidance/exercise-the-miracle-cure-0215/>

<https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2020.28> AND: <https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2020.146>

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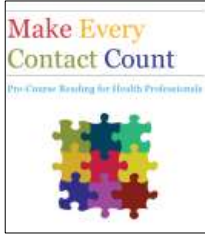
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Learn to do Motivational Interviewing



www.movingmedicine.ac.uk

- How to talk about exercise in 1-minute consultation



www.e-lfh.org.uk

- Making Every Contact Count “MECC”

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31



31

What to do?

For people with power

32

For people in power:

- Minimum standard
- Aspirational standard

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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?



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34

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"

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

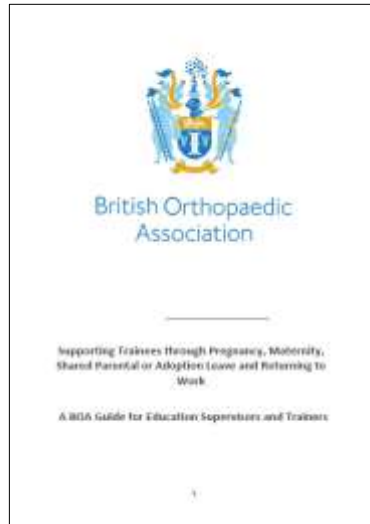
- Can also have an aspirational standard.



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“Have some rules”



<https://www.boa.ac.uk/careers-in-t-o/parenthood-orthopaedics.html>

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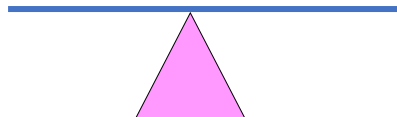
Equality vs. Diversity

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?



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Equality
Diversity
Inclusion = being welcomed/valued
Belonging

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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.



41

"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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42

What to do?

For people with less power

43

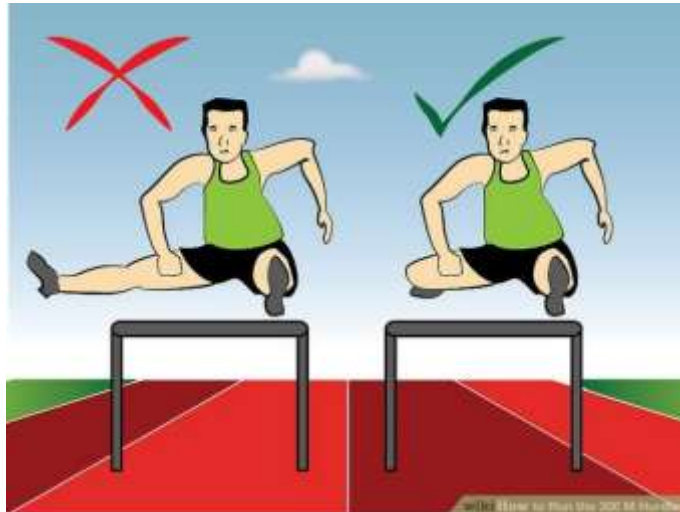
For people at risk of being treated badly

- 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




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SET the RULES:


so ALL operating theatre staff help students / Postgrad doctors

On www.rcseng.ac.uk/study Get them to scrub in!



If you are invited to scrub:

- Try to meet the patient first. Aim to follow them up, in recovery and back on the ward.
- Practice scrubbing and gowning in advance, before you have to do it for real
- If given instruments to pull, pull with exactly the tension you are given
- Say if you are going to move.



Learning in Operating Theatres

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



Advice for those organising, chairing or administering meetings	
•	Welcome and introduce members
•	Consider a welcome coffee/telephone call in advance for new committee members and key representatives
•	Be aware that people may feel intimidated by a new role
•	Consider introducing a new member in advance of the meeting to ease if there is anything they want to raise, otherwise the new member may save it to 'say other business'
•	Explain the structure of the meeting and any 'rules' or conventions of behaviour that should be observed (eg meeting behaviours, which items will have a longer discussion, whether volunteers might be needed, whether certain issues between meetings should be 'left off' etc)
•	Consider promotion opportunities and succession planning. A person may not naturally look like a Chair to you, but may be good
•	Consider setting up notes (not having one for the person may not have an administrative assistant, so a brief course on how to manage emails may help)
•	Consider setting up a brief course on how to chair a meeting
•	Committee members should actively be applying for their roles to keep them fresh
•	Agendas should clearly state expected start and finish times, for those with specific transport arrangements

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47

What to do?

For allies and bystanders

48



LET'S OPERATE WITH **RESPECT**

Find out more: www.surgeons.org/respect

- 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.



49



LET'S OPERATE WITH **RESPECT**

Find out more: www.surgeons.org/respect

Get the APP
 "SPEAK UP: Operate with Respect RACS"

50

Kennedy report - RCSEng

What do we mean by micro-aggressions?

A micro-aggression is a behaviour or action – whether accidentally or purposefully – that subtly undermines someone's identity by playing into the stereotypes or historic biases about social groups. While not born out of malicious intent, it can have a serious consequence or impact on the people it is directed towards.

Examples that were highlighted to us in this review included:

- The far greater propensity to call women surgeons by their first names in situations where their male counterparts would be given their title.
- Failure to make it clear to a patient that a woman surgeon or a person from an ethnic minority in scrubs is indeed a surgeon.
- Locker room talk of a sexually explicit nature in theatre.
- "I don't know how many times I have heard the expression 'that's a bit gay' at work".
- Addressing correspondence 'Dear Sirs' – as though all surgeons are men.
- Asking a Black surgeon when they would be returning to their country.
- Calling a female surgeon a 'pretty girl with an empty head' in theatre.



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

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51

2020 Gender pay gap

2. The gender pay gap in medicine

Gender pay gaps in UK medicine are a long-standing issue. Data on median gross annual pay from the Office for National Statistics (ONS) show that, in 2016, female doctors working full-time earned 34% less a year than their male counterparts. Overall, the pay gap in medicine has grown over the past decade. Back in 2006, female doctors earned 24% less than their male colleagues (Figure 1). The gap rose to 39% in 2010 and fell again to 34% in 2016. Since 2006, published data shows that female doctors working full-time have consistently earned a third less than male doctors.

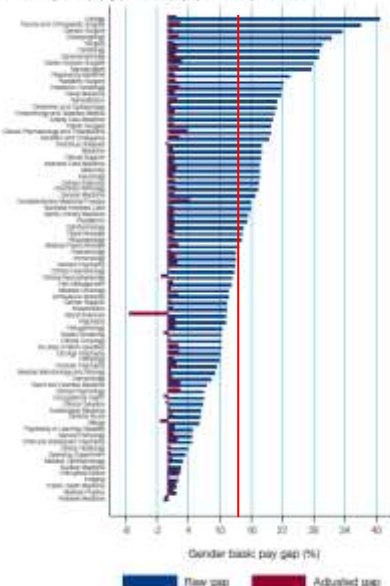
Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England

December 2020

Chair - Professor Dame Jane Davies
Lead Researcher - Professor Carol Vindrola



Figure 13. The gender pay gap in basic pay by secondary area of work

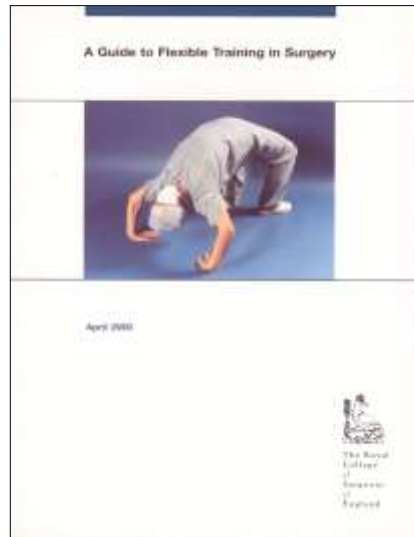


Basic pay 14%

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf

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RCPLondon Chief Registrars' survey

- 'You look too young to be a doctor'
- 'Thanks, nurse, when am I seeing the doctor?'

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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.

<https://www.bma.org.uk/media/1244/bma-daphne-romney-qc-report-oct-19.pdf>

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BMA Sexism in medicine, 2021

I have seen opportunities for progression (eg acting up consultant roles during the pandemic) offered to men over women who were perfectly suitable for the extra responsibility, with no transparency of why those choices were made. Man, consultant, Asian, full-time

- **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 by 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
- <https://www.bma.org.uk/media/4487/sexism-in-medicine-bma-report.pdf>

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56



Stopping bad things



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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

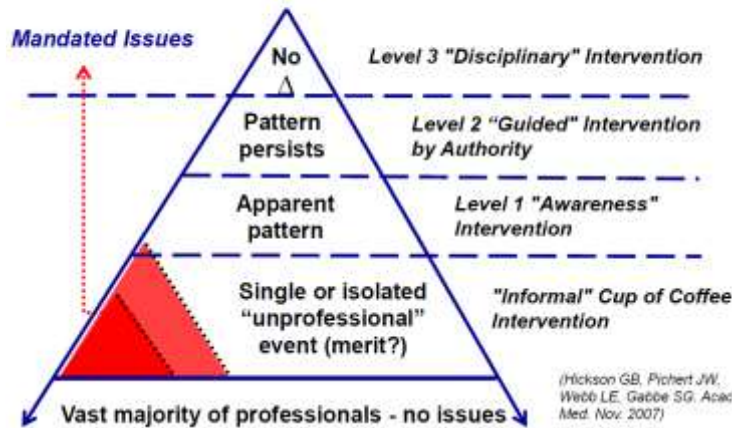
- **OTHERS/PEER:** Taking peer for a Vanderbilt cup of coffee. Ask how they are?

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58

58

Vanderbilt programme



Duke University School of Medicine, Indiana, USA

https://medschool.duke.edu/sites/default/files/field/attachments/Breakfast-EP-Duke-2-24-14_abbreviated.pdf

Arizona Education http://medicine.arizona.edu/sites/medicine/files/cup_of_coffee_general_faculty_meeting_aug_9_2017.pdf

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59

59

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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60

Staff expectations

What you learn over time is that you can be super, super nice 95% of the time, and then it's the one time that you slip up, because you're really stressed out, and you immediately erase all of that social capital that you've built. Cuz we're not allowed to have a bad day, ever. We have to be super sweet all the time...

As a male surgeon, it's extremely easy for me to interact pretty readily with nurses...They're kind of slow to assist or slow to help female surgeons compared to men. I think there's a lot

I think that the level of respect given to the male residents versus the female residents is very different. A male resident walks in and says, 'Do this,' and they say, 'Okay' or 'Can I go get you stuff?' And I would come to the floor with the same request, and they would say, 'The supply closet is that way.'

Status-Leveling Burden for Women in Male-Dominated Occupations

M. Teresa Cardador,¹ Patrick L. Hall and Arghavan Salles²

<https://journals.sagepub.com/doi/abs/10.1177/0018392211038505>

The general perception is that women should be friendly, and we should be friendly to other women...But it's also like why do I have to bribe the nurses for them to just do their job? Why do I have to hang out with them at the nurses' station and chat, and let them in on my personal life? Why do they feel like they have to have that personal connection with me for them to have a level of respect for me?

61

What to do?

For institutions

62

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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Working Party Sexual Misconduct in Surgery



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64

Australasia



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Educationally

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

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Everyone has different strengths



RCN 2022 <https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2022/May/010-156.pdf>

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67

67

Teamwork

68

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



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Teamwork

www.rcseng.ac.uk

Issues with teamwork in 76 of 100 reviews.

- Not meeting regularly or effectively as a team.
- The absence of agreed working practices



<https://www.rcseng.ac.uk/standards-and-research/support-for-surgeons-and-services/irm/improving-professionalism/>
<https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/managing-disruptive-behaviours/>

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70

70

Safe surgical care	82%
Teamwork	76%
Timely recognition & resolution of concerns	68%
Multidisciplinary teamwork	57%
Individual behaviours	54%



RCS 2019 Learning from Invited Reviews

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

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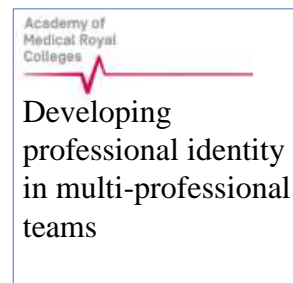
71

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



https://www.aomrc.org.uk/wp-content/uploads/2020/05/Developing_professional_identity_in_multi-professional_teams_0520.pdf

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72

72

You can change culture & behaviour

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



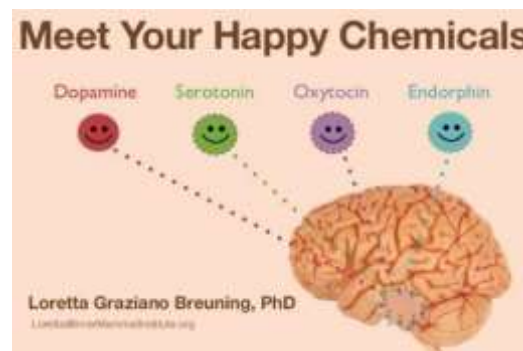
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73

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!**



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74

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



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75

75

15 seconds...30minutes:

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

76

Perioperative care is:
 from the moment surgery is contemplated
 - until full recovery



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77

Centre for Perioperative Care
www.cpoc.org.uk



- + patients
- + health charities
- + health organisations

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78

- 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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79

Complications

10-15%	of operations have a complication	
x5	if frail	https://doi.org/10.1093/ageing/afy110
x4	if physically inactive	https://pubmed.ncbi.nlm.nih.gov/23534776/
50%	decrease with smoking cessation (19% in first 4 weeks)	https://www.who.int/news/item/20-01-2020-smoking-greatly-increases-risk-of-complications-after-surgery
30% - 80%	Decrease with daily exercise	www.cpoc.org.uk/cpoc-publishes-major-evidence-review-impact-perioperative-care
14%	patients express regret	https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2020.146
10%	Ops cancelled (most due to lack of beds)	Wong et al, 2017
2-fold	variation in proportion admitted (vs day case)	GIRFT
50%	UK population have multi-morbidity at 65	
27%	UK adults do no exercise at all	Sport E

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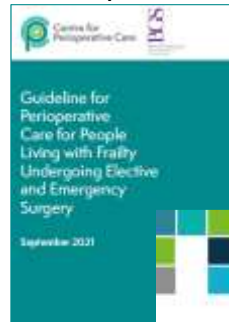
80

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

Diabetes



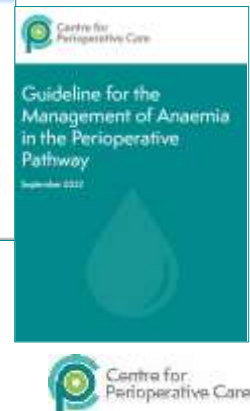
Frailty



Day surgery



Anaemia



Pre-op



Enhanced care

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81

Recommendations by step



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82

NatSSIPs



**National Safety Standards
for Invasive Procedures
(NatSSIPs)**

1		Consent, Procedural verification and Site marking
2	Team Brief	
3	Sign In	
4	Time Out	
5		Implant
6		Reconciliation (no retained foreign objects)
7	Sign Out	
8	Debrief	Handover

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83

Random other stuff from me

84



= “Doctors”

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

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Tiers

- “Doctors” for all (includes SAS)

Foundation Year 1
Central Doctors = SHOs
Registrars
Consultants/Specialists or equivalent



- Try “Postgrad doctor” or “Doctor in postgraduate training”
- avoid “trainee”

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86

Doctors' Assistants in East Sussex



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Band 3 Doctors' Assistants 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

87

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

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88

88

Also me...

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



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89

Invisible disability is the entry to the Iceberg of diversity



(Brook Graham, 2004) <http://www.brookgraham.com/WhatWeDo/Iceberg.aspx> @LiangRhea

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90

Now:

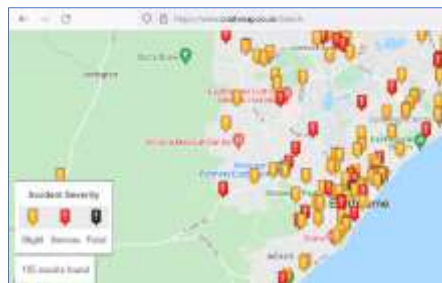
- Once you respect one, you do it for all.
- Trainers may wish to try harder to respect people who've probably had a rough time before.

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“Accidents” (road collisions) 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

<https://www.gov.uk/government/statistical-data-sets/reported-road-accidents-vehicles-and-casualties-tables-for-great-britain#casualties-in-reported-road-accidents-ras30>

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92

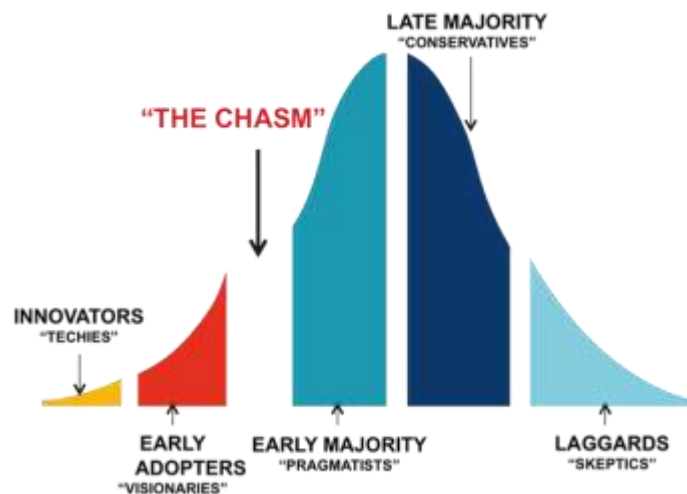
Little fixes



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93

People don't like change



East Sussex Healthcare NHS Trust

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94

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

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95

95

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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!

96