

Surgical Forum of Great Britain and Ireland

April 15 2019 - RCS Edinburgh



The Surgical Forum of Great Britain and Ireland, which before 2007 was called the Senate of Surgery, is comprised of the Presidents and Vice Presidents of the four Royal Colleges and the Presidents of the 10 legally defined surgical specialty associations. The Surgical Forum is therefore a truly representative voice of surgery across the entirety of Great Britain and Ireland.

Meeting Theme - 'Building Modern Surgical Teams'

Speaking Truth to Power

Prof Megan Reitz, Ashridge Business School

<https://www.meganreitz.com/truth-to-power> who highlighted the differences between how people think they are at talking and listening, and how they are perceived. Her peer review publications are available from her website <https://www.meganreitz.com/articles>

Her mnemonic was TRUTH

| | Speaking-Up | Listening-Up |
|----------------------|---|--|
| Trust | How much do you trust the value of your own opinion? | How much do you trust the value of others' opinions? |
| Risk | What are the risks involved in speaking-up - or staying silent? | How 'scary' are you? What risk does that pose for others? |
| Understanding | ...of the political environment. What are the 'rules of the game' (who can say what to whom and when in your organization/situation?) | What are you hearing - and what are you not hearing? Why? What are the political agendas at play? |
| Titles | What labels do we give one another that effect status and authority and therefore the capacity to speak up (gender/race/age/appearance/job title/personality...)? | What labels and titles are applied to me and how do they affect what I get to hear - and what I don't? |
| How to | How skilled am I in speaking up (how to say things, to whom, when... to get best results)? | How do I invite others to speak-up - through the signals I send and the techniques I use? |

Which is also outlined at <https://www.iedp.com/articles/speaking-up-at-work/>

Efficiency over Effectiveness

John Putt, Business consultant.

He talked of his experience in an engineering company, at Jordan F1 and more recently as a non-executive director at Brompton bicycles.

Deming's 14 principles of management & how they were applied in post-war Japan <https://www.bl.uk/people/w-edwards-deming> and how discovering and then applying Toyota Production System https://en.wikipedia.org/wiki/Toyota_Production_System

Deming's 14 points

- 1 Create constancy of purpose toward improvement of product and service, with the aim of becoming competitive, staying in business and providing jobs.
- 2 Adopt the new philosophy. Western management must awaken to the challenge, must learn their responsibilities and take on leadership for change.
- 3 Cease dependence on mass inspection. Build quality into the product from the start.
- 4 End the practice of awarding business on the basis of price tag alone. Instead, minimise total cost. Move towards a single supplier for any item, based on a long-term relationship of loyalty and trust.
- 5 Improve constantly and forever the system of production and service to improve quality and reduce waste.
- 6 Institute training and retraining.
- 7 Institute leadership. The aim of supervision should be to lead and help people to do a better job.
- 8 Drive out fear so that everyone may work effectively for the company.
- 9 Break down barriers between departments. People in research, design, sales and production must work as a team, to foresee and solve problems of production.
- 10 Eliminate slogans, exhortations and targets for the workforce as they do not necessarily achieve their aims.
- 11 Eliminate numerical quotas in order to take account of quality and methods, rather than just numbers.
- 12 Remove barriers to pride of workmanship.
- 13 Institute a vigorous program of education and re-training for both the management and the workforce.
- 14 Take action to accomplish the transformation. Management and workforce must work together.

Deming's seven deadly diseases of management

He describes the main barriers faced by management to improving effectiveness and continual improvement. He was referring here to US industry and their management practices.

- 1 Lack of constancy of purpose to plan products and services that will have a market and keep the company afloat.
- 2 An emphasis on short term profits and short term thinking (just the opposite from constancy of purpose to stay in business), fed by fear of unfriendly takeover, and by demand from bankers and owners for dividends.
- 3 Evaluation of performance and annual reviews.
- 4 Mobility of managers and job hopping.
- 5 Management by use only of available data.
- 6 High medical costs.
- 7 High costs of liability.

Human Factors & Failure in High Functioning Teams

John Peters – Business Consultant

Talked about his experience as a downed Gulf War pilot and addressed the Surgical Forum in a deliberately provocative way comparing aviation and surgery.

Mr Peters summarised four major lessons in captivity as ABCD

- A: Accept the brutal realities
- B: Look *beyond the boundaries*
- C: *Consciously control emotions*
- D: Have the *discipline* to change.

<https://m360.sim.edu.sg/article/Pages/Leading-in-Uncertain-Times.aspx>

It is not just about what we learn also

Speed,
Depth, and
Breadth

Selecting & Building Leadership into surgical team

Mansoor Khan - Trauma General Surgeon RN talked about training and lessons learnt from military/emergency surgery in developing and maintaining skills

[https://www.imperial.ac.uk/people/mansoor.khan1 ...](https://www.imperial.ac.uk/people/mansoor.khan1...)

All At Sea

Nikki Henderson – Round World Clipper Race

Skipper. Described making a function team from a random group in the Clipper Race. Best description of real

'team-building' we have ever heard. She met her entire crew for the first time and had to both train them and also remember that they were paying clients in the race. Her group defined its structure, its motto "sailing with style" and at the end of each leg she did 30 min 1-on-1 debriefs (over 2 full days). She then sent hand-written letters to each crew member. Her last slide - Build a family, not a team!

<https://www.sail-world.com/news/204483/Nikki-Henderson-on-skippering-a-Clipper-Race-boat>

Simulation in Surgery

Talks from across the Royal Colleges

RCSEd: Professor Kenneth Walker

who talked about integrating simulation into the whole surgical programme from CT boot camps to late stage ST training.

RCSEng: Professor Neil Mortensen

Highlighted the recent published review about the Invited Review Mechanism.

RCPSG: Mr Ian Colquhoun

Talked about the range of simulation courses and particularly cadaveric simulation with diseases cadavers giving surgeons the opportunity to train in high fidelity.

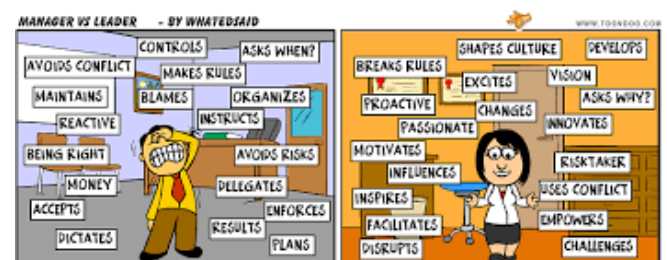
RCSI: Mr Kieran Ryan

Illustrated the fantastic resource of the new simulation building in Dublin and talked about how simulation was valuable across all.

Who is the boss in theatre?

Dr Kathleen Ferguson, President of the Association of Anaesthetists

Talked about the key elements within teams in an academic approach including Leadership v Management



Who's really in charge in the operating theatre? (open access)

Ann R Coll Surg Engl (Suppl)2012;94: 354–55

PA Sutton et al

<https://publishing.rcseng.ac.uk/doi/pdf/10.1308/147363512X13448516927468>

Groups V Teams

| Working Group | Team |
|--|--|
| <ul style="list-style-type: none"> Strong, focused leader Individual accountability | <ul style="list-style-type: none"> Shared leadership roles Individual and mutual accountability Common commitment |
| <ul style="list-style-type: none"> Commitment to own silo/function/goals Groups purpose is the same as the organizations mission Performance is a function of individual work effort Efficient meetings | <ul style="list-style-type: none"> Specific team purpose that the team itself delivers Performance is a function of collective work product Time spent in open-ended discussion and active problem solving Measures performance directly by assessing collective work products |
| <ul style="list-style-type: none"> Measures its effectiveness via influence on other indicators (e.g., business unit financial performance) Shares information, discusses, decides and delegates to enhance individual performance | <ul style="list-style-type: none"> Discusses, decides and does real work together |

(From: Katzenbach, J. & Smith, D. (2004). The discipline of teams. In Harvard Business Review on Teams that Succeed, Harvard; HBR Paperback, pp. 1-25)

She illustrated from Belbin Team descriptors (see below) and provided some useful reference

Towards a model of surgeons' leadership in the operating room (Open Access)

S Henrickson Parker, S Yule, R Flin, A McKinley

<https://qualitysafety.bmj.com/content/20/7/570>

Leadership in interprofessional health and social care teams: a literature review (open access)

T Smith et al

<https://www.emeraldinsight.com/doi/full/10.1108/LHS-06-2016-0026>

Surgeons' Leadership Styles and Team Behavior in the Operating Room YY Hu et al J Amer Col Surgeons (pay wall)

<https://doi.org/10.1016/j.jamcollsurg.2015.09.013>

Pear shaped – surgical fashion

Professor Sir Terence Stephenson, Ex-Chair of the GMC, Nuffield Professor of Child Health

Presented figures from his time at the GMC highlighting how things had changed from the days of the 3 As (alcohol, adultery and advertising) and Sir Lancelot Spratt to the current times when more complaints are based on unprofessionalism.

He too talked about the Belbin model (below) and highlighted the recent RCS England publication

'Learning from Invited Reviews' (free)

<https://www.rcseng.ac.uk/news-and-events/news/archive/learning-from-invited-reviews/>

He did not mention the interactive portion of this part of the RCS website. If you have not been, you should have a look and direct members of your team to undertake the 'self assessment'.

Some acronyms for your collection

SPLINTS - Scrub Practitioners' List of Intra-operative Non-Technical Skills

ANTS - Anaesthetists' Non-Technical Skills










Both available at

<https://patientsafety.health.org.uk/sites/default/files/resources/non-technical-skills-for-anaesthetists-surgeons-and-scrub-practitioners.pdf>

NOTSS - Non-technical skills for surgeons

<https://research.abdn.ac.uk/applied-psych-hf/surgery/>

THE 9 BELBIN TEAM ROLES

| | | | Team Role Contribution | Allowable Weakness |
|----------|-----------------------|---|--|---|
| Thinking | Plant | PL  | <i>Creative, imaginative, free-thinking. Generates ideas & solves hard problems.</i> | <i>Ignores incidentals. Too pre-occupied to fully communicate.</i> |
| | Monitor Evaluator | ME  | <i>Sober, strategic and discerning. Sees all options and judges accurately.</i> | <i>Lacks drive and ability to inspire others. Can be overly critical.</i> |
| | Specialist | SP  | <i>Single-minded, self-starting, dedicated. Provides rare knowledge and skills.</i> | <i>Contributes only on a narrow front. Dwells on technicalities.</i> |
| Action | Shaper | SH  | <i>Challenging, dynamic, thrives on pressure. Has drive to overcome obstacles.</i> | <i>Prone to provocation. Offends people's feelings.</i> |
| | Implementer | IMP  | <i>Practical, reliable, efficient. Turns ideas into actions and organizes tasks.</i> | <i>Somewhat inflexible. Slow to respond to new possibilities.</i> |
| | Completer Finisher | CF  | <i>Painstaking, conscientious, anxious. Finds errors. Polishes and perfects.</i> | <i>Inclined to worry unduly. Reluctant to delegate.</i> |
| People | Coordinator | CO  | <i>Mature, confident, identifies talent. Clarifies goals. Delegates effectively.</i> | <i>Can be seen as manipulative. Offloads own share of the work.</i> |
| | Team Worker | TW  | <i>Co-operative, perceptive and diplomatic. Listens and averts friction.</i> | <i>Indecisive in crunch situations. Avoids confrontation.</i> |
| | Resource Investigator | RI  | <i>Outgoing, enthusiastic, communicative. Explores opportunities, develops contacts</i> | <i>Over-optimistic. Lose interest once initial enthusiasm expires.</i> |