

# Unconscious bias, Bullying & Behaviour change

**Mrs Scarlett McNally**

**BSc MB BChir FRCS(Tr&Orth) MA MBA FAcadMED**

**Consultant Orthopaedic Surgeon, Eastbourne D.G.H.**

**Council member, Royal College of Surgeons of England**

**Honorary Senior Lecturer, Brighton & Sussex Medical School**

# I have no conflict of interest



- I have done several bullying investigations for my Trust
- Director of Medical Education 2008-11



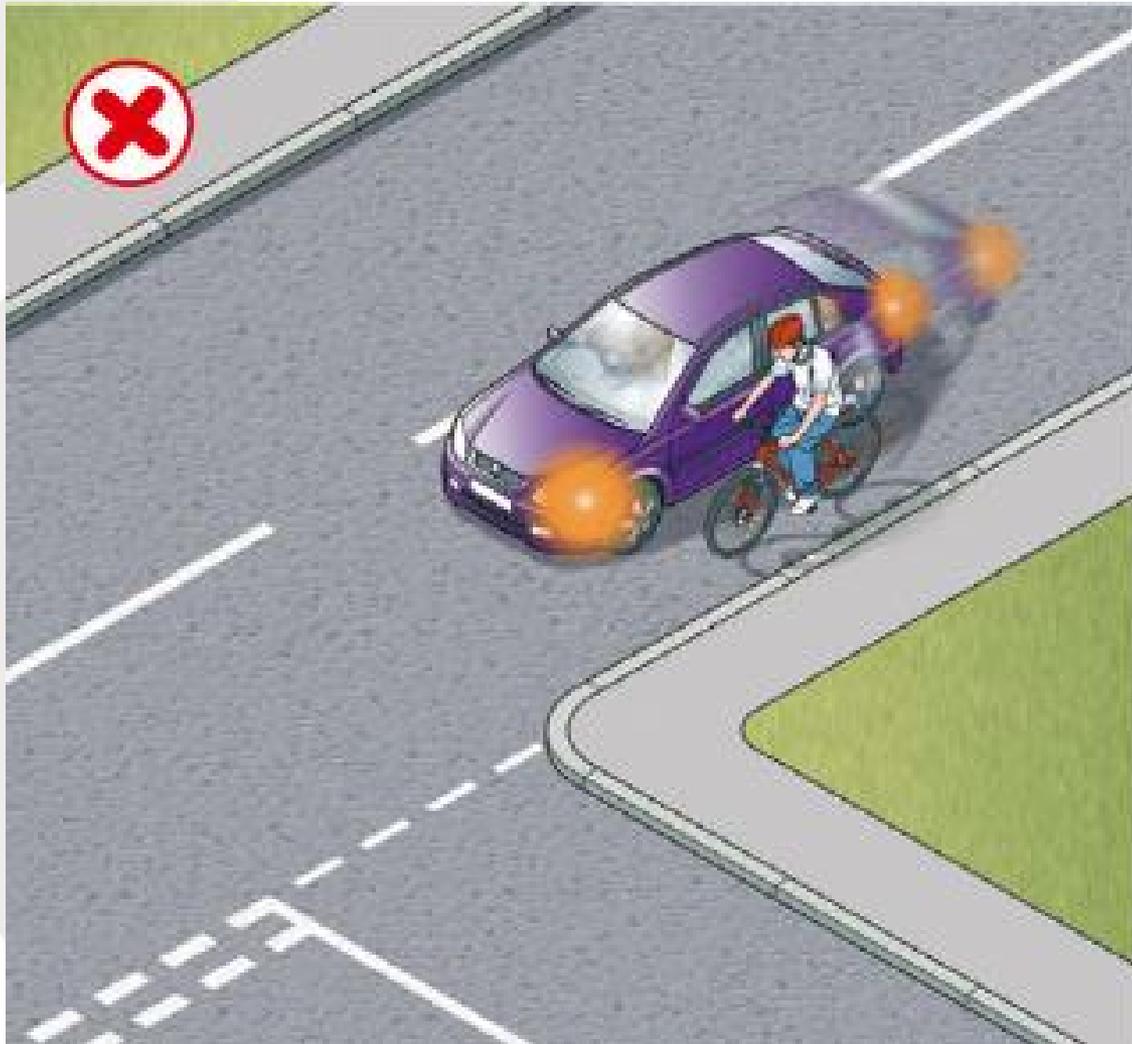
Don't need to answer!



Anyone done a speed awareness course?

When do I get bullied every day?

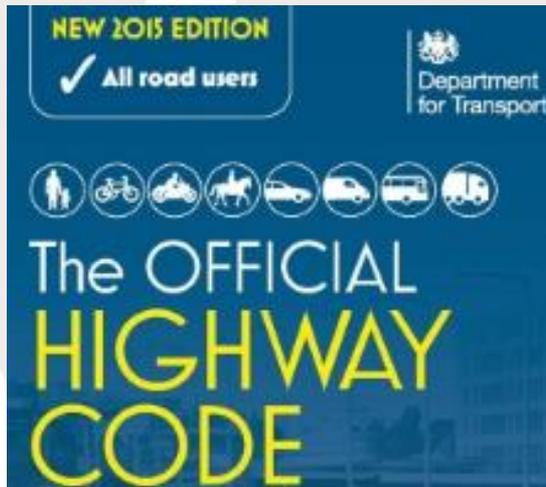
# On my bike



# So what are the rules?

**Rule 163** Give cyclists as much room as you would when overtaking a car

**Rule 182** Do not overtake just before you turn left





# RACS

LET'S OPERATE WITH RESPECT

Find out more: [www.surgeons.org/respect](http://www.surgeons.org/respect)

- 48% Australian surgeons in training had witnessed bullying
- Alleged perpetrators didn't realise how they were perceived
  - They recommend: "Call it out"



# Who is most at risk of being accused of bullying?



- Is a doctor who qualified in a time of teaching by humiliation
- 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 trainees
- Is poor at coping with below-average trainees or staff
- Expects too much of trainees at a junior level
- May not have insight into the effects of their actions & behaviours

e-learning package on bullying, 50 minutes on BMJ

<http://learning.bmj.com/learning/module-intro/tackling-bullying-in-medicine.html?moduleId=44>

# UNACCEPTABLE BEHAVIOURS



- Persistent attempts to belittle and undermine work / undervaluing efforts
- Persistent and unjustified criticism and monitoring of work
- Intimidating use of discipline or competence procedures
- Destructive innuendo and sarcasm / persistent teasing / threats / inappropriate jokes
  - Withholding necessary information from individual
  - Freezing out, ignoring or excluding
  - Unreasonable refusal for applications for leave/training
  - Setting impossible deadlines/ Undue pressure to produce work
  - Shifting goalposts /removing responsibilities without telling them
  - Persistent attempts to demoralise individual
  - Persistent attempts to humiliate individual in front of colleagues
- Physical violence / Violence to property
- Discrimination based on racial, gender, sexual orientation and disability
- Unwelcome sexual advances

Work  
style

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](http://www.ons.gov.uk))
- 9% of over-65s are living with dementia – ?parent
- 20% of known pregnancies miscarriage ([www.tommys.org](http://www.tommys.org))
- IVF has only 14% success rate aged 40 ([www.hefa.gov.uk](http://www.hefa.gov.uk))
- 20% of known pregnancies end in miscarriage ([www.tommys.org](http://www.tommys.org))
- Some of operations will have a complication
- There are only 168 hours in a week

# 52% burnout in surgeons

**BJUI**  
BJU International

Surgical Education

## Rates of self-reported 'burnout' and causative factors amongst urologists in Ireland and the UK: a comparative cross-sectional study

Fardod O'Kelly\*, Rustom P. Manecksha\*, David M. Quinlan†, Alex Reid‡, Adrian Joyce§, Kieran O'Flynn§, Mark Speakman§ and John A.Thornhill†

\*Department of Urological Surgery, Tallaght Hospital , †Irish Society of Urology , ‡Department of Occupational Health, Tallaght Hospital, Dublin, Ireland, and §The British Association of Urological Surgeons, London, UK

BJA Education, 17 (10): 334–340 (2017)

doi: 10.1093/bjaed/mkx020

Advance Access Publication Date: 9 June 2017



## Burnout and resilience in anaesthesia and intensive care medicine

Adrian View-Kim Wong BSc MBBS MRCP FRCA FFICM EDIC<sup>1,\*</sup> and  
Olusegun Olusanya BSc BM MRCP FRCA<sup>2</sup>

OXFORD



Revalidation  
FOR ANAESTHETISTS  
RCA Revalidation matrix  
Matrix reference  
1H02, 2H01, 3J02

<b>Stress</b>	<b>Burnout</b>
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	Primary damage is emotional

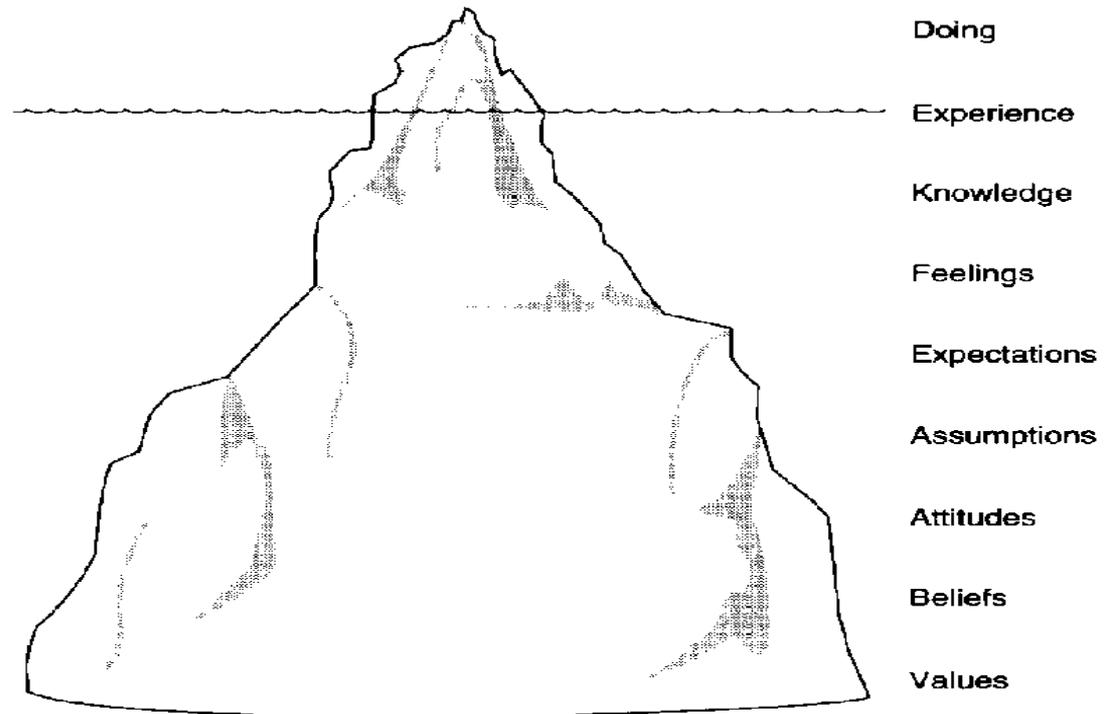
We are all short of time

We all have competing pressures

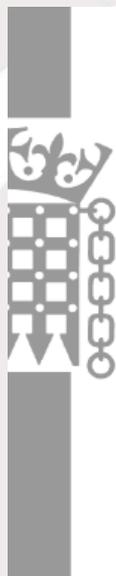


Friend can/should ask: "Are you OK?"

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



- People can't see:
  - why you do something
  - what other alternatives you considered
  - what you meant
- Behaviour change is possible
- Re-setting the culture of what is normal is also possible



HOUSE OF LORDS

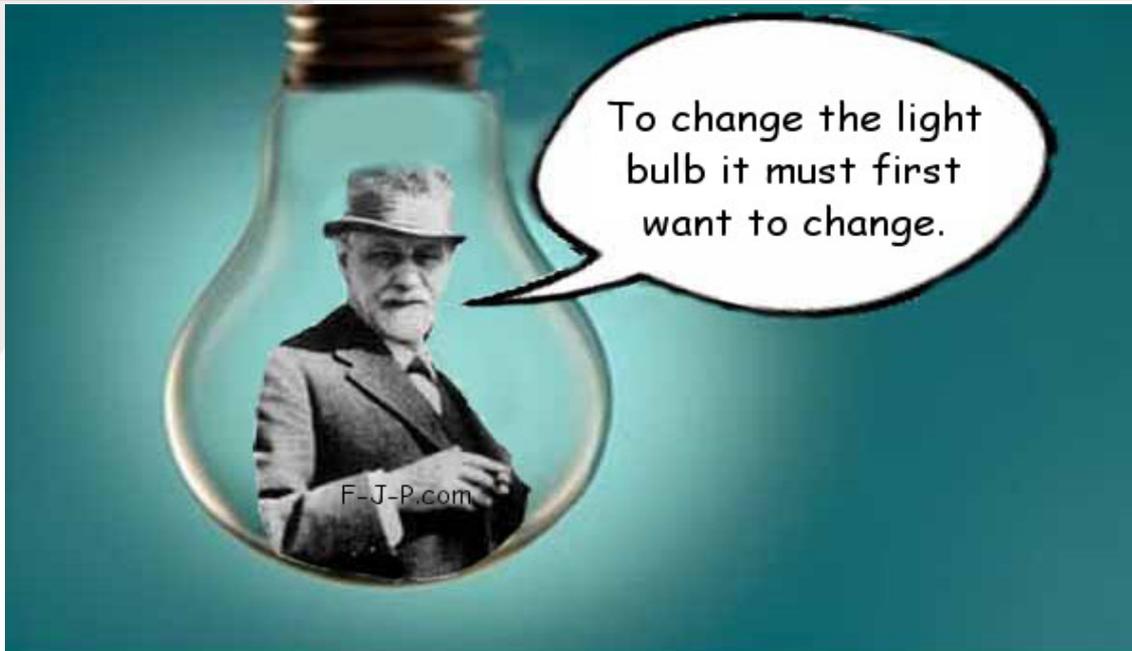
Science and Technology Select Committee

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2nd Report of Session 2010–12

# **Behaviour Change**

# Behaviour change



- First = realising it is important
- Second = skills
- Third = visualise it working  
= and have a plan for failure

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 Consultant Orthopaedic Surgeon, Eastbourne DGH & Council member, RCS England

## 1. Everyone must read *Avoiding unconscious bias*



[www.rcseng.ac.uk/avoiding-unconscious-bias](http://www.rcseng.ac.uk/avoiding-unconscious-bias)

## 2. Awareness course - get ALL seniors to do this

- They must understand the risk
- Skills / What to say / do / what we look like / walk in their shoes / task not person / First Aid now vs. later chat / Have some words

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

- Skills or team meeting (eg WHO checklist)
- How to take peer for a Vanderbilt cup of coffee
- [www.rcseng.ac.uk](http://www.rcseng.ac.uk)
- [www.surgeons.org/respect](http://www.surgeons.org/respect)
- Integrated Surgical Curriculum Programme e-learning 'cultural awareness' [www.iscp.ac.uk](http://www.iscp.ac.uk) - soon

## 3. Re-write Equality & Diversity mandatory training NOW

- To include how to deal with diversity
- Include: you CAN ask, make the person their best
- Include: how to Chair a meeting, how to select (see RCS bias document)

## 4. Write new Codes of Conduct:



- For all recruiting quangos to increase diversity
- Tenure, person specification, long advert
- For those with management roles in NHS



## 5. Reduce workload

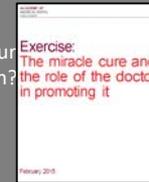
- Employ Band 3 Doctors' Assistants



(Job Description on [www.scarlettmcnally.co.uk](http://www.scarlettmcnally.co.uk))

## 6. Increase human health

- Ask / monitor / where's your cycle lanes / water fountain?
- Exercise, nutrition, [www.drinkaware.co.uk](http://www.drinkaware.co.uk), sleep, connectedness



## 7. Resilience

- Value
- Exercise
- Nutrition
- Alcohol
- Sleep
- Connectedness

## 8. Better Trust processes for poor behaviour or alleged bullying

## 9. How to teach better

- Minimum standard
- What they need
- Do stuff, eg. scrubbing in



## 10. Mentoring



- Active listening
- Rules

1. Everyone must read

***Avoiding unconscious bias***



[www.rcseng.ac.uk/avoiding-unconconscious-bias](http://www.rcseng.ac.uk/avoiding-unconconscious-bias)

# Other effects of unconscious bias



Attribution bias	Success their work and failure luck (if similar) Success is luck and failure their fault (if different)
Confirmation bias	We expect. We seek info to confirm.
Comparison bias	When comparing, we exaggerate the differences.
Source bias	We challenge less if one source.
Benevolent bias	We try to protect, by not exposing to challenge.
Halo – horns bias	One characteristic colours our judgement.
Primacy, Recency and Impact bias	First time / major embarrassment easier to recall.
Status Quo bias	Desire to not ‘rock the boat’
Bias Blind spot	Can’t see defects in our own decision-making
Stereotyping	Apply group stereotypes to an INDIVIDUAL

## A woman at a surgical conference, they thought I was the waitress



Scarlett McNally

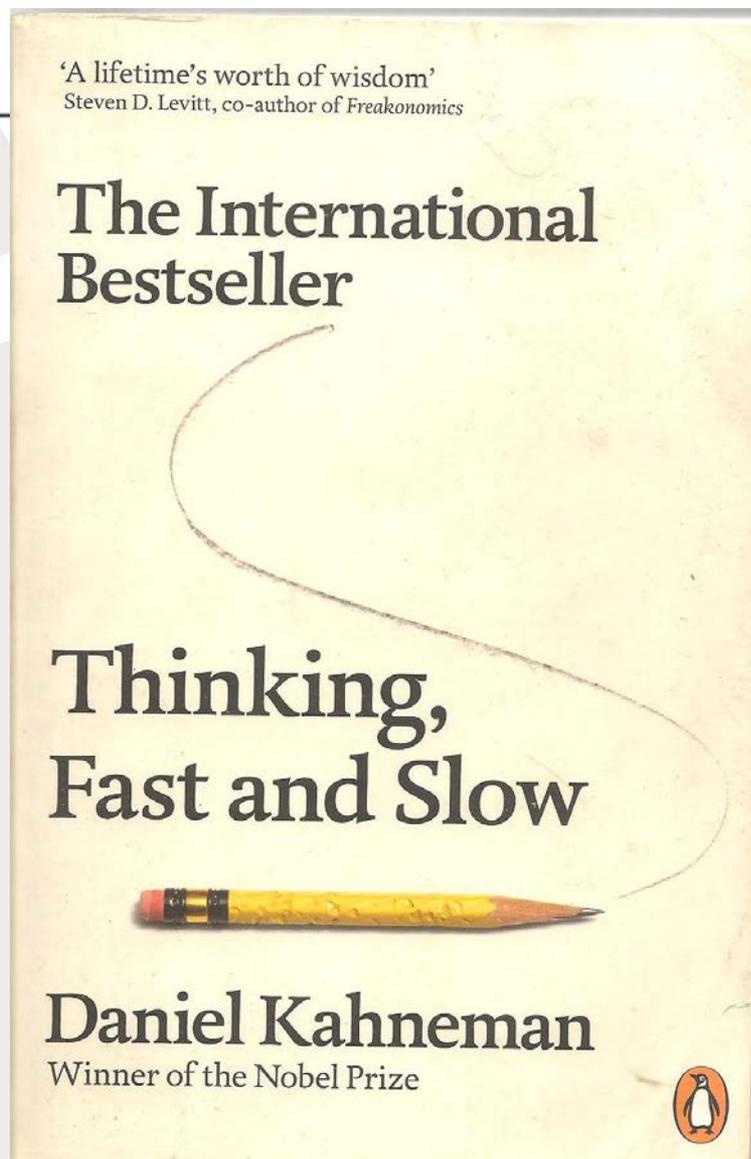
15 May 2017

women in medicine  
NHS Equality Week

👍 1

Humans have a primeval response to first impressions. I was attending an orthopaedic conference as a surgical registrar in a crisp black suit, and three different people assumed I was a waitress on my one trip to the loo at dinner. I now only wear red, pink and green suits/dresses, and I save that black one for the coroner's court.

<https://www.bma.org.uk/connecting-doctors/b/work/posts/a-woman-at-a-surgical-conference-they-thought-i-was-the-waitress>



- 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
- Have systems to reduce your stress

## Thiedeman's (2008) Seven Steps for defeating bias in the workplace

1. Become mindful of your biases
2. Put your biases through triage
3. Identify the secondary gains of your biases
4. Dissect your biases
5. Identify common kinship groups
6. Shove your biases aside
7. Fake it till you make it (what we say can become what we believe)

<https://www.amazon.co.uk/Making-Diversity-Work-Defeating-Workplace/dp/0793177634>

## 2.Awareness course - get ALL seniors to do this

- They must understand the risk
- Skills / What to say / do / what we look like / walk in their shoes / task not person / First Aid now vs. later chat / Have some words

### 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

- Skills of team meeting (eg WHO checklist)
- How to take peer for a Vanderbilt cup of coffee
- Australian surgeons' info
- Integrated Surgical Curriculum Programme e-learning on 'cultural awareness' soon

[www.surgeons.org/respect](http://www.surgeons.org/respect)

[www.iscp.ac.uk](http://www.iscp.ac.uk)

- Taking peer for a Vanderbilt cup of coffee
- 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

From [www.iscp.ac.uk](http://www.iscp.ac.uk) Cultural awareness 2018

What the English SAY	What the English MEAN	What someone from another culture might UNDERSTAND
With all due respect...	I think you are wrong.	<i>He is listening to me.</i>
Perhaps you could think about... I would suggest...	This is an order. Do it or face the consequences.	<i>Think about this idea and do it if you like.</i>
Oh, by the way...	What I am about to say is important...	<i>This is not very important.</i>
Could you consider other options?	Your idea is not a good one.	<i>They have not yet decided.</i>
Yes, we <i>could</i> do that...	I have no intention of doing that but don't want to disagree with you now.	<i>Good. He is agreeing that we can do it.</i>
...Right...right...	I am not confirming what you say is right, just that I've heard what you said.	<i>She is verifying what I'm saying to be correct.</i>

### 3. Re-write Equality & Diversity mandatory training NOW

- To include how to deal with diversity
- Include: you CAN ask, make the person their best
- Include: how to Chair a meeting, how to select (see RCS bias document)

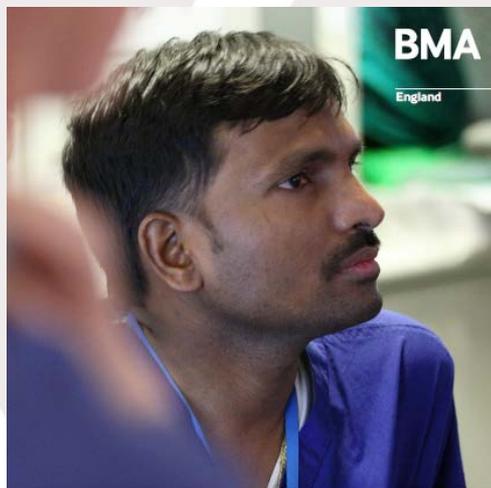
Equality uses opposite skills to diversity

Ignore difference vs. welcome difference

## 4. WE SHOULD WRITE new Codes of Conduct:

1. For all recruiting quangos to increase diversity
2. Tenure, person specification, long advert
3. For NHS managers/Clinician Managers
4. For Chairs of meetings

CS



**BMA**  
England

**A charter for staff and associate specialist and specialty doctors**

Health Education England NHS  
NHS Employers  
ACADEMY OF MEDICAL ROYAL COLLEGES  
British Medical Association  
bma.org.uk



**Avoiding unconscious bias**  
A guide for surgeons

### Advice for those organising, chairing or administrating meetings

- Welcome and introduce members
- Consider a welcome coffee/telephone call in advance for new committee members and lay representatives
- Be aware that people may feel intimidated by a new role
- Consider informally approaching a new member in advance of the meeting to ask if there is anything they want to raise; otherwise the new member may save it to 'any 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 emails between meetings should be 'reply all', 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 some short training (eg 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 re-apply for their roles to keep them fresh
- Agendas should clearly state expected start and finish times, for those with specific transport arrangements

ANY Member or Fellow  
can stand for Council:

- 8 Thursdays /year
- write 100 words

- By 9<sup>th</sup> Feb 2018



The Royal College of Surgeons - Council April 2012

## 5. Reduce workload

- Employ Band 3 Doctors' Assistants



Job Description on [www.scarlettmcnally.co.uk](http://www.scarlettmcnally.co.uk)  
Band 3 (£9.70/hour. £18,000pa. Draft discharges.)  
2 week induction. From HealthCare Assistants  
Award-winning.

# Recognition for concept



WON	Skills for Health Gold Award “workforce”	Nov 2017
Finalist	HSJ Award	Nov 2017
Runner-up	BMJ Award ‘Clinical Leadership category’	May 2017



East Sussex Healthcare   
NHS Trust



University of Brighton

## 6. Increase human health

- Ask / monitor / where's your cycle lanes / water fountain?
- Exercise, nutrition, [www.drinkaware.co.uk](http://www.drinkaware.co.uk), sleep, connectedness

ACADEMY OF  
MEDICAL ROYAL  
COLLEGES

Exercise:  
The miracle cure and  
the role of the doctor  
in promoting it

February 2015

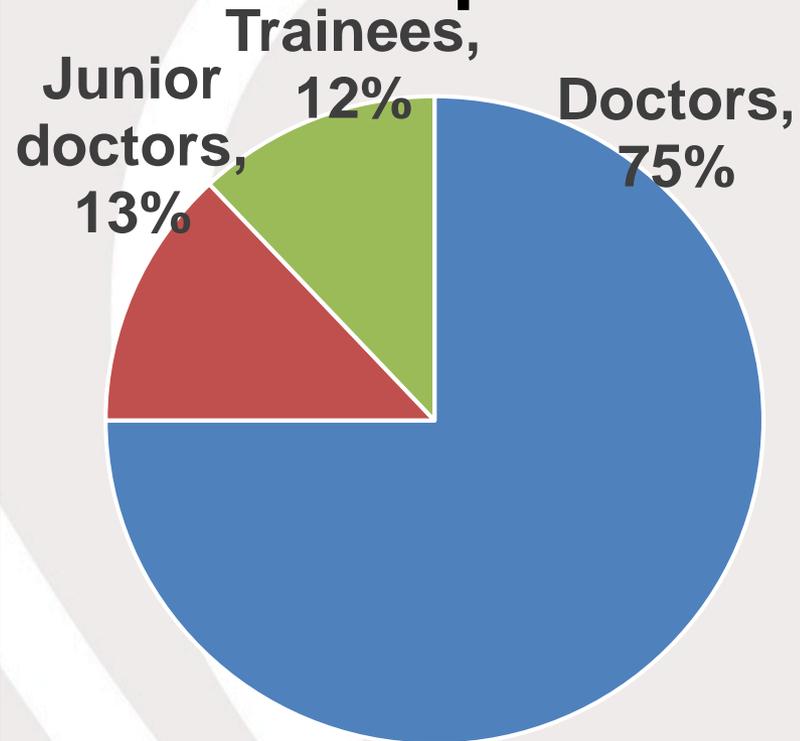
## *7. Resilience*

- Value / self-worth / to others
- Exercise
- Nutrition
- Alcohol
- Sleep
- Connectedness

# What should we call 'junior doctors'?

## **Doctor** (or **Surgeon** if they have MRCS or FRCS) And **Consultant**

### **For the public**



### **For other staff**

- 'Registrar' 97%
- SHO 84%

RCS survey at ASiT, 2017

*8. Better Trust processes for poor behaviour  
or alleged bullying*

## *9. How to teach better*

- Minimum standard
- What they need
- Do stuff:
  - scrubbing in
  - Assess in clinic
  - Lead ward round



## 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.

# 10. Mentoring

- Active listening
- Rules
- Toolkit for mentor
- Checklist



Listening skills	
Resist urge to give advice	
Communication skills	<ul style="list-style-type: none"> <li>- Interpret and reflect back</li> <li>- Remove barriers and negativity</li> <li>- Avoid judging</li> </ul>
Rapport building	<ul style="list-style-type: none"> <li>- Focus on mentee</li> <li>- Have an intrinsic desire to help</li> </ul>
Motivating and inspiring	
Curiosity flexibility and challenge	<ul style="list-style-type: none"> <li>- People's needs are different</li> </ul>

Mentor: \_\_\_\_\_  
 Mentee: \_\_\_\_\_  
 Frequency of meetings: \_\_\_\_\_  
 Duration of meetings: \_\_\_\_\_  
 End date/ Duration of mentoring: \_\_\_\_\_  
 Cancelling meetings: \_\_\_\_\_  
 Communication between meetings: \_\_\_\_\_  
 Purpose of relationship, including mentor goals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Consent and boundaries

- Confidentiality: \_\_\_\_\_
- Will clinical advice be given? Yes/ No
- Will mentor act as referee? Yes/ No / Not yet certain

Agreement and contact details			
Mentor name:		Mentee name:	
Job role:		Job role:	
email address:		email address:	
Telephone:		Telephone:	
Other telephone:		Other telephone:	
Other contact:		Other contact:	
Signature:		Signature:	
Date:		Date:	

CHANGE =

Have a WHY?

Have a REALLY WHY?

Have a HOW?

Make it a habit

Have a plan for failure

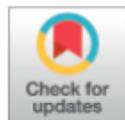
ACADEMY OF  
MEDICAL ROYAL  
COLLEGES

Exercise:  
The miracle cure and  
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in promoting it

February 2015

5% Complex - Refer to  
exercise professional

Clear  
Simple  
Just do it  
Then do a bit more  
Find your exercise  
Be a role model



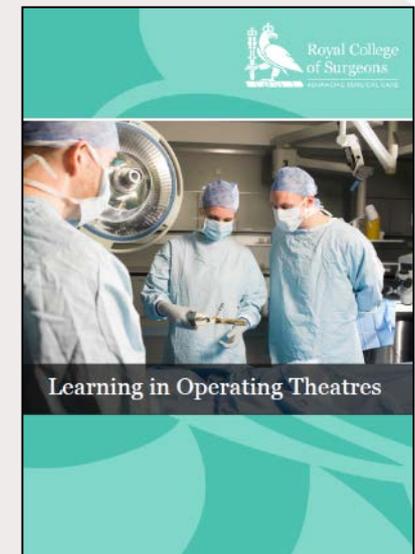
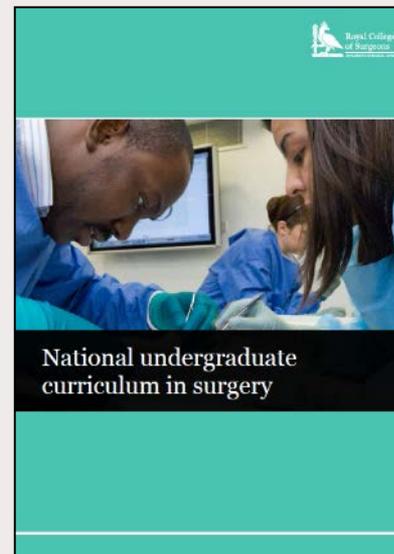
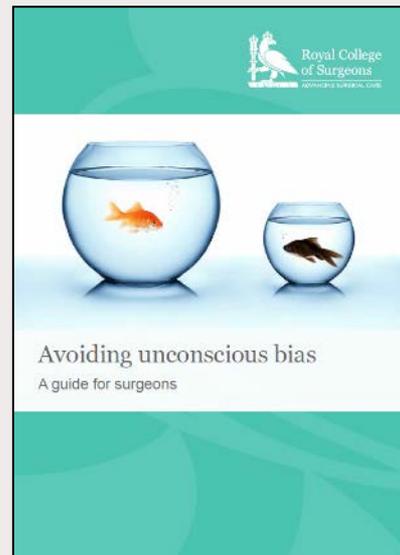
## ANALYSIS

# Focus on physical activity can help avoid unnecessary social care

A concerted effort to provide support and opportunities for physical activity can help older adults maintain independence and lessen the costly burden of social care, argue **Scarlett McNally** and colleagues

Scarlett McNally *consultant orthopaedic surgeon*<sup>1</sup>, David Nunan *senior researcher*<sup>2</sup>, Anna Dixon *chief executive*<sup>3</sup>, Mahiben Maruthappu *health executive*<sup>4</sup>, Kenny Butler *health and wellbeing lead*<sup>5</sup>, Muir Gray *public health doctor*<sup>6</sup>

- Work smarter not harder
- Respect and value EVERYBODY
- Respect and value your TIME
- Agree the tasks. Feedback on the TASK not the PERSON



# Eastbourne D.G.H. A&E 5km walk/run for cancer charities 11.11.17



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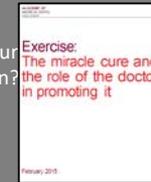
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- Minimum standard
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- Do stuff, eg. scrubbing in



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- Active listening
- Rules

# THE END: How to fix bullying in the NHS



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  - Skills / What to say / do / what we look like / walk in their shoes / task not person
  - How to take peer for a Vanderbilt cup of coffee
3. **Codes of conduct:**
  - for all recruiting quangos to increase diversity
  - Tenure, person specification, long advert
  - About management in NHS
4. **Re-write Equality & Diversity mandatory training**
5. **Reduce workload**
  - Employ Doctors' Assistants
6. **Increase human health – ask/monitor/where's your cycle lanes/where's your alcohol reduction policy?**
  - Exercise, nutrition, alcohol, sleep, connectedness

[www.surgeons.org/respect](http://www.surgeons.org/respect)

[www.scarlettmcnally.co.uk](http://www.scarlettmcnally.co.uk) @scarlettmcnally