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## **Evening Medical Update: Working within a Team** **December 2021**

### **UNCONSCIOUS BIAS IN MEDICINE – HOW PEOPLE AND INSTITUTION CAN CHALLENGE AND CHANGE**

*Ms Scarlett McNally, Consultant Orthopaedic Surgeon, Eastbourne District Hospital*

#### **Burnt out physicians are becoming a problem particularly after the pandemic, is there any quick fix for this growing problem?**

Burn out can creep up on people - you just feel as if things are not worth it. Organisations can try to make staff feel supported and valued. Individuals should try to do the things that make health better - sleep, eat, connect with others, exercise and making time for these things. Help is possible, e.g. from <https://www.bma.org.uk/advice-and-support/your-wellbeing/self-help-questionnaires/worried-you-may-be-burning-out> . There is an academic article on: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5041038/>

#### **Do you lose accountability when it is “team based” rather than having someone held responsible?**

You shouldn't lose accountability. The important thing is that the whole team should work together and be clear about who is "allowed" to do what. We should share skills and be clear about roles. There is more about 'Transdisciplinary working' page 9 at: [https://www.aomrc.org.uk/wp-content/uploads/2020/05/Developing\\_professional\\_identity\\_in\\_multi-professional\\_teams\\_0520.pdf](https://www.aomrc.org.uk/wp-content/uploads/2020/05/Developing_professional_identity_in_multi-professional_teams_0520.pdf)

**Note:** Most of the information quoted in the talk, with free e-learning and a booklet, can be found in: <https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/avoiding-unconscious-bias/>

### **NHS STRUCTURE & LEADERSHIP**

*Dr Simon Watson FRCPE, Medical Director and NHS Honorary Consultant Nephrologist, Healthcare Improvement Scotland, Edinburgh*

#### **How do we keep a fresh perspective and prevent ourselves from getting desensitised to things which aren't working as well as they could be? We start in new roles always seeing areas for improvement but this tends to wane.**

A very insightful question.

For most people in the early months of a new job we see a lot but understand a little about the practices, teamwork and culture. After that the balance flips; we see less but understand more. So it's vital to capture somewhere – notes, diary, wherever – some of the things we SEE early on even if we don't fully understand how and why they came to be that way. That list should form the basis of a discussion with local leaders and colleagues about longer term opportunities for improvement. However it doesn't mean that we sit on our hands and not trying to fix urgent problems impacting on safety or quality of care from day 1.

#### **Three tips:-**

##### **1. 'In God we Trust, all others bring data'**

This is one of the most often quoted principles of improving quality. Don't rely on belief that something is good – constantly measure how good important work actually is.



## 2. Keep asking 'Why?'

Assumptions are at the root of most serious problems. Don't assume; find out why things are as they are. If at the root is no answer or a bad one, there must be an opportunity to improve

## 3. Make improvement a daily habit

Use the strategies that work to build other good habits – health, fitness, diet etc - to build the habit that every day you try to make something better. Spend a proportionate amount of time learning how to do it well and then have a system to track that you are trying to improve on a daily basis.

***How much does systemic racism play a part in inequalities found in - 1. NHS Leadership and management, 2. Team working, and 3. Bias in practice.***

This is a very important question. I won't comment on 2 and 3 as I think they were intended for other speakers.

I am absolutely convinced that NHS Leaders and managers across the whole country are committed to eliminate racism in all its form from the health system. I am also convinced that they would all acknowledge that we have a way to go in terms of eliminating differential attainment amongst minority ethnic groups (and other minorities). I have asked HR colleagues for advice on more specific reports relating to NHS management/leadership.

I also encourage us all – as medical professionals – to focus on what our profession can do. The GMC's guidance on differential attainment is worth reading.

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/differential-attainment>