Workplace Behaviour in Obstetrics and Gynaecology

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15.4% of all trainees report experiencing bullying and undermining (266 out of 1732)

- 147 out of 266 reported ongoing problem (8.5% of all trainees)
- 117 out of 266 reported resolution of problem (6.8% of all trainees)
Pressures of Obstetrics

Implications for mother AND baby

Complex multi-disciplinary environment

Significant unscheduled and emergency workload

Busy / time-sensitive clinical situations
Obstetrics at NUTH

GMC National Trainees Survey 2014

“Red flag” - Negative comments

College Tutor Information Gathering

Delivery suite, handover, grand rounds - Flashpoints for incidents

Director of Medical Education: 1:1 meetings with Obstetric Consultants

“we are not bullying our trainees”

Departmental interventions

Departmental discussions - Bespoke consultant training

GMC departmental visit – November 2014
What was needed...

A means to allow trainees to **regularly** report behaviour within the workplace that **affected them adversely**
REPORTING SYSTEM

- Trainee driven
- Regularity in reporting
- Confidential Anonymous
- DME support
AIM: To quantify and understand the scale and nature of the problem

Bullying/Undermining
- Experienced?
- Witnessed?

If ‘Yes’?
- Where
- Who
- Free text for context/detail

Good training and feedback
- By whom
- Free text for context/detail
Summary of survey responses

Experienced bullying?
Experienced undermining?
Witnessed bullying or undermining?

Number of episodes

Number of responses each month  TOTAL 161
“Where did this episode/these episodes take place?”

- Labour Ward
- Maternity Assessment Unit
- AN / PN Ward
- Handover (Obstetric)
- Risk Management
- Antenatal Clinic
- Grand Round (Obstetric)
- Obstetric Theatre
- Gynaecology Ward
- Gynaecology Outpatients
- Gynaecology Theatre
During a night shift, in spite of an abnormal CTG, the LW coordinator and the midwives kept saying that it was a rubbish trace! Called again after 25-30 minutes to document two decelerations following the FBS done for a abnormal CTG.

A consultant disapproving/criticising the management plan of another consultant at the morning LW handover.

The episodes I have witnessed tend to be back corridor conversations that are easy to over hear.

Questioning my and colleagues decisions in front of everyone including medical students; criticising these decisions and then doing things I suggested in the first place.

A consultant disapproving/criticising the management plan of another consultant at the morning LW handover.

Denying knowledge of a patient; "nitpicking" small details which are perhaps more a difference of opinion rather than objectively right or wrong.

During an on call weekend on obstetrics I felt undermined by the SpR who was covering delivery suite. On Sunday when the wards were less busy the registrar constantly contacted the Gynae SHO to assist in theatre whereas I felt those opportunities could have more useful to a ST rather than the GPVTS. I felt alienated and belittled.
Who was involved with bullying and undermining episodes? 
(as reported by O & G trainees)

No Consultant Gynaecologists

3 Consultant Obstetricians (3/13)

Consultants (other specialties) 
Trainees 
Midwives 
Theatre staff
“In the past month, how often have you received constructive feedback & training?”

![Bar chart showing the frequency of constructive feedback & training received in different months from Sep-14 to Jul-15. The chart indicates the number of instances per month for different frequencies: Every day, Once per week, Once per fortnight, Once per month, and Never. Each bar represents a month and is color-coded according to the frequency.]

- **Every day**: Represented by blue bars. Typically higher in Jan-15, Feb-15, and Apr-15, with lower counts in other months.
- **Once per week**: Represented by red bars. Peaks in Jan-15, Feb-15, May-15, and Jun-15, with less frequent occurrences in other months.
- **Once per fortnight**: Represented by green bars. Frequent in Jan-15, Feb-15, and May-15, with less in other months.
- **Never**: Represented by teal bars. Least frequent in Jan-15, Feb-15, and May-15, with higher counts in other months.
Obstetric Trainees Survey of behaviour and training in the workplace Sep 2014-July 2015

Summary

Most obstetric trainees **do not report** experiencing or witnessing bullying/undermining

A significant minority **do report** experiencing or witnessing bullying/undermining

- **How frequent?** An unacceptable level
- **Where?** Delivery Suite
- **Who?** Everyone!!!

Most Consultant Obstetricians are not identified as bullying or undermining

- “We are not bullying our trainees” was accurate!
Next Steps

So – there is a problem; the survey has delineated the problem in more detail.

But - Good training experiences are frequent – all Consultant Obstetricians named as providing episodes of memorable training/constructive feedback (Range 1-29)

What is the best strategy to address?

3 clear elements:

- Multidisciplinary discussion

- Feedback to individuals as appropriate

- Understanding and improving the Learning Environment
  - Focus on Delivery Suite
How can we measure the quality of the learning environment in obstetrics?

Development and piloting of a novel interaction map as an objective tool to aid medical educational quality improvement.

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Background

• The learning environment is an important aspect of the effectiveness of postgraduate teaching.
• Obstetrics presents trainees with a unique learning environment.
• No tools currently exist to assess this type of environment.
• **AIM:** to develop and pilot a comprehensive tool to assess the learning interactions and barriers to learning within obstetrics.

Methods

- Final tool consisted of 2 parallel parts:
  - Part 1) Questionnaire and semi-structured interview tool – ‘subjective perspective’
  - Part 2) Objective observation of the ward round – ‘objective perspective’
Results 1
Subjective perspective – quantitative analysis

- The questionnaire/semi-structured interview items were grouped into 3 domains
  - Atmosphere
  - Quality of learning and teaching
  - Distractions

- Cronbach alpha statistical testing of domains showed a high degree of internal consistency/reliability

<table>
<thead>
<tr>
<th>Part 1 Internal Consistency</th>
<th>Medical Staff</th>
<th>Midwifery Staff</th>
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<tbody>
<tr>
<td>Atmosphere</td>
<td>Learning</td>
<td>Distractions</td>
</tr>
<tr>
<td>( \alpha = 0.09 )</td>
<td>( \alpha = 0.80 )</td>
<td>( \alpha = 0.86 )</td>
</tr>
</tbody>
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Cronbach \( \alpha \geq 0.8 \) = good internal consistency
Cronbach \( \alpha \geq 0.7 \) = minimum required consistency
Results 2

Subjective perspective – quantitative analysis

- Both midwifery and medical staff viewed the atmosphere as positive (p=0.29)
- Both midwifery and medical staff did not find the environment too distracting (p=0.40)
- Medical staff found the environment better for learning than midwifery staff (p=0.005)

Figure 1. Midwifery staff, subjective perspective, average across all ward rounds

Figure 2. Medical staff, subjective perspective, average across all ward rounds
Results 3
Interaction map – Objective view on learning interactions

Integration of objective and subjective data allows insight into the learning environment above that collected from questionnaires alone.
Conclusion

• The tool produces a novel interaction map to allow mapping of teaching and learning within a multidisciplinary unit

• Integration of objective observation with qualitative and quantitative subjective allows for collection of rich data on the learning environment

• The tool has many potential uses including tracking of quality improvement measures
Learning on Labour Ward

Reframe the discussion:

Not
“how to stop bullying”

Rather
“how to improve the learning environment”
New monthly survey launched - October 2015

All labour ward staff

Aim to collect more info about how to improve things

Survey info will be fed into workshop discussions

Plan to hold workshops every 3 months

Changing the culture takes time!