

Royal College of Obstetricians & Gynaecologists

Clinical Tutors Conference 11 October

Notes from morning workshop session on Workplace Behaviours (Undermining)

1. Undermining is definitely an issue in obstetrics and gynaecology. 1700 trainees were asked about this in the GMC survey and 1000 stated that they had experienced undermining.
2. Five case studies drawn from real situations were presented. Small groups met to discuss the case studies and feedback on how they might approach them.
3. The case studies were well received and delegates were able to recognise them as relevant to real-life scenarios. The opportunity to discuss them was positively received.
4. Issues from the feedback session included the following:
 - Need to keep an open mind when undermining issues are reported
 - Understand that there are 2 sides (or more!) to each scenario
 - People may need to be removed from the clinical environment to defuse the situation
 - Allow time to enable all parties to give their experience of the incident
 - Try to be objective and give equal weight to the reports from each party
 - Ensure that a private space is available to allow individuals to explain or describe what has happened
 - Urgent action may be required to protect patients and staff – e.g. removing an individual from the situation to allow recovery time
 - In some situations it may be necessary to change rotas so that two colleagues are not working together – this is less preferable to finding a more professional solution whereby colleagues realise and accept that they must work with a diverse community of colleagues
 - People cannot absent themselves from professional responsibilities simply because their ‘feelings have been hurt’
 - Recognise that family issues or other external matters may change the usual behaviour of people in distress.
 - People who are stressed may not have insight
 - It may be necessary to seek information from colleagues who are not involved in the ‘dispute’ – i.e. those who may have observed any incident
 - Keep good records – one example involved sending an email to each part with a summary of the discussion. This made it clear that a record had been kept and also allows for individuals to ‘contest’ any aspect of the record that may concern them. This in turn should enable an agreed record to be compiled
 - Seek advice if required, e.g. Director of Medical Education, Medical Director, Human Resources, Heads of School, Occupational Health
 - Good feedback sensitively delivered can change behaviour and help with developing resilience
 - Mentorship is always helpful
 - A SMART action plan (specific, measurable, achievable, realistic, timed) is needed to address agreed follow up actions

- Be aware of the professional support structures that exist in your own Deanery/LETB area

5. Organisational structures are different across the country. The Local Faculty Group (LFG) structure in London was felt to be a good example. All consultants with an educational role attend and a trainee representative is present. Trainee feedback about the educational environment in the unit is very powerful. LFG meetings enable open discussion of issues and involve colleagues from other disciplines. These 'healthy' discussions can help separate perception from reality.