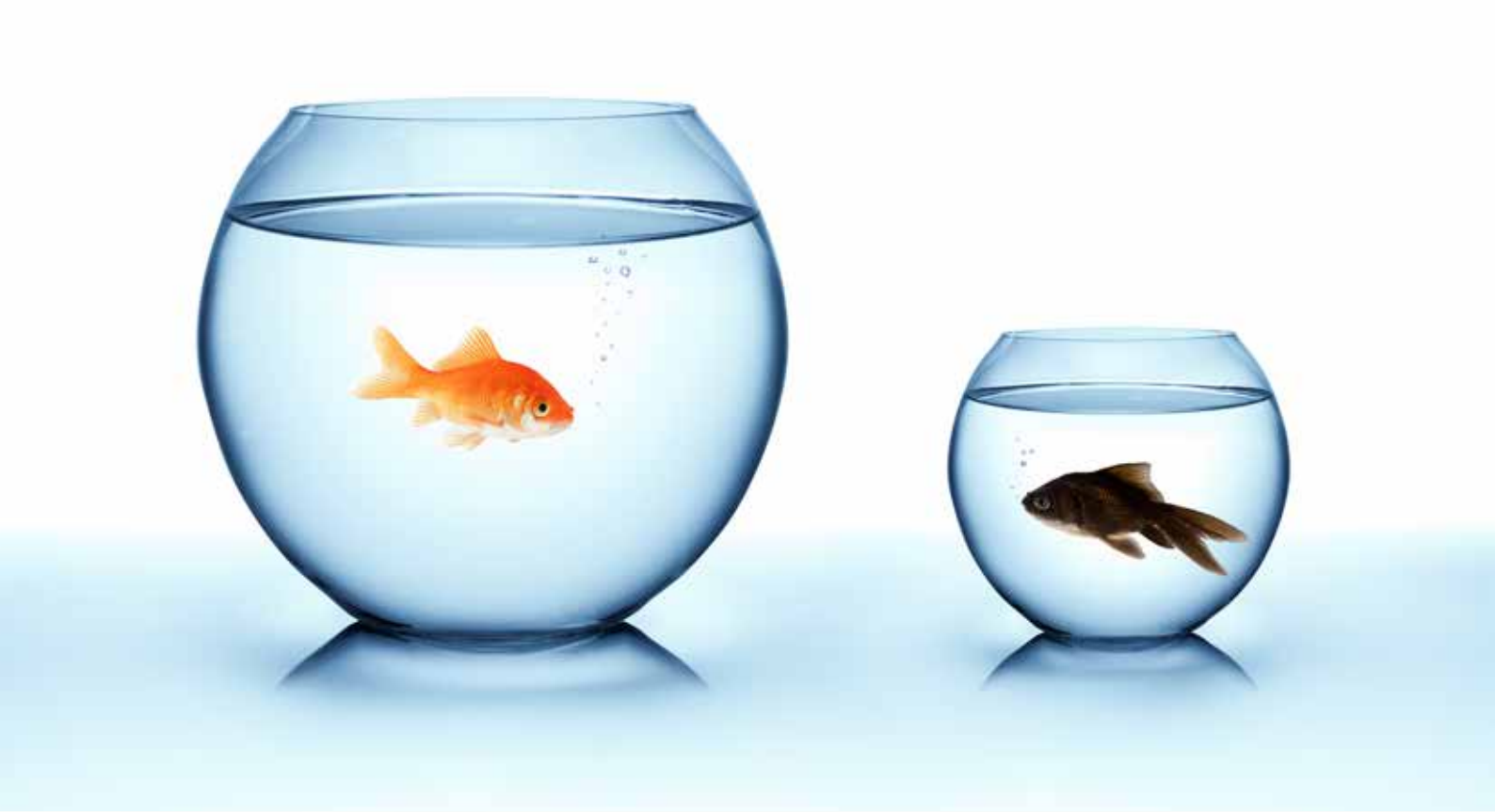
Royal College of Surgeons
ADVANCING SURGICAL CARE



Avoiding unconscious bias

A guide for surgeons

Contents

Introduction

The College aims to support all surgeons throughout their careers in achieving the highest standards of surgery and in all their professional interactions. Surgeons continuously aim to improve our clinical practice and professional behaviours. Organisations that are more diverse are better able to withstand change and we will support our members and fellows in embracing diversity. All surgeons are role models for students and trainees and are ambassadors for the profession. Their behaviour must therefore be welcoming, supportive and inclusive.

Everyone has biases – some of which we are aware of, others we are not. Doctors, probably more than most, are conditioned to make assumptions or spot diagnoses and are uniquely exposed to a full spectrum of individuals at their most vulnerable. Our biases can affect our thinking about what is required to do a particular role. It is important to focus on the requirements of the task and to separate this from the individual.

To encourage diversity, we must consider both individual behaviour and organisational processes. For instance, there are many roles in LETBs, colleges, health organisations, etc where the process of applying is perceived as opaque, so that the potential talent pool is not as wide as it should be and many may stay in roles for many years, limiting new ideas.

How you view your own behaviour can differ greatly from how this is perceived by others and some doctors may need support to change how others view them. Surgeons, especially those who are role models for the College, should recognise when behaviour is unacceptable[1,2] and address this. A concept of 'respect' can be useful.

Equality and diversity

Most organisations offer training in 'equality and diversity', but these are two very different concepts:

- Equality is about ignoring difference at a time of judgement and giving everyone an opportunity.
- Diversity awareness is about welcoming difference. It may feel uncomfortable at first.

Equality training often focuses on legislation, which makes people fearful of mentioning difference. At the time of an assessment, interview or summative feedback, the person should be judged against the explicit criteria required to do the role. The Equality Act 2010 protects against discrimination based on any of the following characteristics: age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex and sexual orientation.[3]

Diversity awareness is about welcoming different individuals with different ideas and experiences. This usually makes for a more responsive organisation. Some people will need adjustments to allow them to fulfil their role. If you are someone's manager, it is OK to notice that the individual is short, pregnant or has a hearing impairment, especially if they need adjustments to do their role (eg chair heights or telephone access).

Bias

In addition to acknowledging and addressing our individual biases, we can work to avoid processes and ways of working that perpetuate organisations' biases and inadvertently favour particular types of people. This can include encouraging diversity when recruiting and acting inclusively when chairing meetings.

Addressing individual bias

Everyone has biases. We should acknowledge them, analyse them, work out why we have them, find something in common and force ourselves to appear as if we do not have biases until they reduce.[4] Box 1 summarises these steps.

Box 1: Thiedeman's Seven Steps for defeating bias in the workplace[4]

1. Become mindful of your biases
2. Put your baises 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)

For example, if you meet someone who does not fit your image of who should be doing their role, you should think about why you have the feeling that they do not fit. Then you should consider whether you gain anything by excluding them, then consider whether you have anything in common with them and finally you should disregard the biases and focus on acknowledging what they do, even if it feels fake at first. Fairly quickly you see them as normal.

Addressing bias in organisations

As well as individuals, organisations can go through phases to become more tolerant. These phases have been suggested as: exclusionary, 'club' mentality, compliance, affirmative action, redefining and finally becoming multicultural.[5]

Advice for those recruiting to committees or posts to improve diversity

Many people from under-represented groups will not apply to committees where they do not feel they fit in. It is also more difficult for those who have caring responsibilities or other roles to drop everything to go for a particular role without understanding what it involves and without having time to plan how they would manage.

- Advertise the post well in advance
- Ideally put the potential interview date on the advert, so candidates can book leave
- Ideally put a phone number on the advert so that potential applicants can seek further information about the role
- Set a clear person specification
- Recruit according to skills needed
- Advertise the post widely
- All roles should state the length of tenure
- Contact people and suggest they might consider applying.

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

Bullying

Bullying is where an individual or group abuses a position of power or authority over another person or persons that leaves the victim(s) feeling hurt, vulnerable, angry, or powerless.[2] The definition of bullying has been refined to include those who perceive that a senior is being negative to them. Cyber-bullying includes electronic communications that are perceived as bullying, although this may not have been the sender's intention. It is important to note that it is the perception of the victim that defines bullying, not the intention of the perpetrator. The Royal College of Obstetricians and Gynaecologists[9] have a good resource for those who feel bullied on practical steps to take (Appendix 1).

Box 2: Statistics on bullying in healthcare

- In the 2014 GMC trainee survey 8% of doctors in training said that they had experienced bullying and 14% had witnessed it, with both Obstetrics & Gynaecology and Surgery being particular areas of focus[6,7]
- 15% of NHS staff report bullying[8]
- 48% of Australasian surgical trainees reported bullying.[1,2]

Who is most at risk of being accused of bullying?

Some people are astonished when they are accused of bullying as they often feel that they have already proven themselves to be good colleagues and trainers. Frequently, the senior may be a doctor who qualified in a time when teaching by humiliation was normal. In addition, they may be dedicated to patient care, and irritated by apparent failures in this. While they may have received many plaudits from trainees, they may expect too much from trainees and may be poor at coping with trainees or staff they view as below-average. They are likely to lack insight into the effects of their actions and behaviours.

Advice on avoiding bullying behaviour

Senior surgeons with high standards who expect dedication and are valued as trainers by high-flying trainees sometimes have difficulty coping with a below-average trainee, or another staff member who does not seem to be working to their expectations.

In these situations, allow more time for listening, to ask questions and to clarify a minimum level of expectation (eg notes to be written up, start time of rounds, allocation of leave, ability to make clear decisions, etc).

When directly addressing the problem, talk about the task or behaviour, rather than the person. Allow time to have a discussion about opportunities for change. Try to define the actual problem, and consider whether there is a skill gap that could be improved in a different way.

To avoid accusations of cyber-bullying, care should be taken to re-read emails before sending to avoid distress, to avoid copying in unnecessary recipients and to avoid putting undue work pressure out of work time.[10]

What can be changed to reduce bullying?

Bullying affects the victim and makes team dynamics worse, but the alleged perpetrator often does not realise the effect of their actions. An action plan to avoid future problems should include any improvable features in the environment and any behavioural or awareness issues in the alleged perpetrator, potential victims and other staff.

Be aware of potential 'trigger points'. Periods of change or increased activity can cause stress, which can affect your behaviour. Try to be aware of this and plan to mitigate the impact. For example, if a new trainee is due to join a team, the expected workload may have to be adjusted in advance.

The first step for many is insight around the need to change. Individuals who have a coach or mentor can find it easier to put their role into context and to change their behaviour.[11] Training is available on communication skills and dealing with difficult people, and parallels can be drawn with anger management techniques. Although it can be difficult, it is possible to change behaviour; many anti-social behaviours that were once commonplace – eg drink-driving, corporal punishment in schools – are now rare.

What to do if you are accused of bullying or if a unit needs more help

Sometimes the surgeon accused of bullying can feel devastated in a similar way to the 'second victim' in medical error cases.[2] In addition to the support for those who feel they are being bullied, the College can provide support if you have been accused of bullying.

In each region, a surgeon can contact the Director for Professional Affairs (DPA) or the Regional Specialty Professional Advisor (RSPA). The College runs a Confidential Support and Advice Service (CSAS) to provide surgeons with an informed listening ear and to support them in identifying approaches to resolve their situations.

The College's Invited Review Mechanism (IRM) is an external service to Medical Directors if there are concerns about the surgical practice within a unit or of an individual. Although surgical practice and behaviour are separate, the IRM experience is that where there are tensions within teams or stress manifesting in inappropriate behaviour, the quality of the surgical service as a whole can reduce.[19] The IRM 'Self-Assessment questionnaire' for surgical units can help direct efforts to improve future working[19] www.rcseng.ac.uk/surgeons/supporting-surgeons/regional/docs/dpa-toolkit/rcs-improving-surgical-practice/view/.

Behaviour

'Where bullying and harassment are experienced or witnessed but not reported, this contributes to normalising this behaviour. Doctors in training, or medical students, who have previously witnessed nothing being done to combat bullying are less likely to report it when it happens to them.'[6]

A career in surgery is now less attractive to UK medical students and junior doctors,[17] many of whom report being put off by negative comments or opinions and dissatisfaction with the support offered.[1,2,7,8,18] It is therefore vital that inappropriate behaviour is not ignored and is addressed.

The Royal Australasian College of Surgeons' action plan on reducing bullying has as its first recommendation the need to 'provide a safe environment for speaking out'.[2] All surgeons should be aware of relevant local policies and procedures and should work to create an environment where colleagues feel able to raise concerns.

What is acceptable behaviour?

The trainees' charter[12] and the SAS charter[13] both describe the need for respect. Some trusts have an anti-bullying policy[14] or a dignity at work policy.

Trainers should:

- Provide support, guidance and fair treatment to trainees, irrespective of gender, race, sexual orientation, disability or any other aspect of the trainee's background
- Avoid demonstrating favouritism to the exclusion of individuals or groups, allowing all trainees equity of access to the appropriate training opportunities
- If educational or clinical supervisor: develop and maintain skills needed for these roles
- Offer prompt, timely and constructive feedback that links to trainee performance
- Work with trainees in a constructive and professional manner
- Avoid giving feedback in such a way as to belittle, humiliate, threaten or undermine
- Provide feedback that highlights observed behaviours and helps the trainee to find alternative strategies to overcome problems
- Highlight areas of good performance that help trainees envisage what they are capable of as well as dealing with problem areas
- Listen to trainees' concerns in relation to working conditions to ensure patient and staff safety
- Avoid behaviour that intimidates or bullies trainees and deal with problems in an appropriate manner for a professional practice that aims to encourage positive approaches to practice
- Avoid inappropriate behaviours: shouting/swearing/public outbursts about trainee performance
- Make time
- Focus on the tasks, not the individual.

Trainees should:

- Ensure you are professional in your approach to clinical practice
- Be timely and efficient in your clinical roles
- Engage fully with the area of practice you are working in at the time to ensure that you make the most of the opportunities to broaden your experience and knowledge
- Engage in ongoing professional development on a regular basis
- Engage in clinical audit and governance activity
- Contribute to critical incident assessments (both formally if needed and via your learning portfolio) in regard to your own practice
- Engage proactively in your own educational supervision, taking responsibility for learning about the requirements for assessment and maintaining an up-to-date record of your training progress
- Contribute to training undergraduates, postgraduate trainees and other healthcare professionals
- Find out how to fulfil the requirements of your position and discuss any limiting factors with more senior personnel in your department if problems arise
- Seek out feedback on your performance, by critically appraising your own performance and highlighting areas you are seeking to improve
- Avoid engaging in behaviour that intimidates/undermines/belittles colleagues during their training
- Be fair in dealings with colleagues re training opportunities and service responsibilities
- Follow the same principles as the trainers' guidance in dealings with other trainees and staff.

Unacceptable behaviours

- Persistent attempts to belittle and undermine work
- Persistent and unjustified criticism and monitoring of work
- Persistent attempts to humiliate individual in front of colleagues
- Intimidating use of discipline or competence procedures
- Undermining individual's personal integrity
- Destructive innuendo and sarcasm
- Verbal and non-verbal threats
- Making inappropriate jokes about individual
- Persistent teasing
- Physical violence
- Violence to property
- Withholding necessary information from individual
- Freezing out, ignoring or excluding
- Unreasonable refusal for applications for leave/training
- Undue pressure to produce work
- Setting impossible deadlines
- Shifting goalposts without telling the individual
- Constant undervaluing of individual's efforts
- Persistent attempts to demoralise individual
- Removal of areas of responsibility without consultation
- Discrimination based on racial, gender, sexual orientation and disability
- Unwelcome sexual advances

Behaviour in surgical environments

The operating theatre can be an area where surgeons are accused of difficult behaviour. You can reduce the risk of this.

- Use the team briefing well:
  - To ensure that everyone knows who everyone else is
  - To explain to the team if there may be a particularly tricky step or a patient where there may be an excess level of tension
  - To think in advance who should assist, scrub, etc for the whole list.

- Getting new staff and students to understand the possibilities and expectations:
  - Be clear about what you expect – should they see all the patients with you on the ward first – where do they meet and when?
  - It may be useful to send them the RCS guidance *Learning in Operating Theatres*[15] http://bit.ly/1F780oC.

- Try very hard not to make assumptions. For example, there are still some surgeons who assume that the male student/trainee will want to scrub and the female trainee/student will not. Treat everyone as their role requires.
- Be aware that you may be a few decades out of date about career-planning and know where you can refer trainees to, for example, the RCS.
- Be polite. If you are distracted from the operation in hand, find a polite way to say this.

Behaviour in clinics requires consideration similar to that in the operating theatre. Think about what will give students/trainees the most opportunities to learn. Try running it as a 'teaching clinic'.[16]

On ward rounds, be clear about what is expected. Be cautious about appearing critical of a team member in front of a member of another staff group or patient. There are many templates to help you get the best learning opportunities from a ward round.

Advice for mentors, line managers, supervisors, appraisers

Individuals should have support, to encourage them to be as good as it is possible to be and to apply for promotions they might not otherwise consider. This will encourage individual excellence and benefit the organisation. Trusts have been criticised for following a 'colour-blind' approach and treating everyone the same, as this could have an indirectly discriminatory effect on some groups.[27] Mentoring has been hailed as having substantial potential for those from minority groups,[28] for women doctors[29,30] and indeed all doctors, but many do not know what options are available.[30] The Royal College of Surgeons has produced a guide for best practice in mentoring.[11]

If you are supporting another, you are allowed to ask or advise about personal issues that may have an impact on the person's ability to do their job, although ideally they will raise issues themselves. It is useful to ask the employee/trainee if they think there are issues. There should be regular opportunities to discuss issues, at reviews or appraisals. 360-degree feedback from co-workers, patients or service users can be helpful as a starting point for discussion.

When an issue is identified, it can help to analyse any problems into component parts. It may be that a skill set can be taught. For example:

- If someone does not make eye contact when talking and this has an impact on their job role, communications skills courses can be offered.
- Ask a pregnant trainee what would allow her to do her role better. Do not assume she should be doing clinics rather than operating.

Definitions[6,20]

There is some overlap between terms, so some can be used interchangeably. The key factor is how the victim perceives that they have been treated.

Discrimination	Discrimination is the favouring of an individual or a group to the detriment of others.
- Direct discrimination	Direct discrimination includes refusing a job or offering lower pay to those from one group.
- Indirect discrimination	Indirect discrimination occurs when a 'provision, criterion or practice' disadvantages a significantly larger proportion of one group than another.
- Positive discrimination	Positive discrimination (acting to support someone from a minority group, to the exclusion of another) is unlawful.
Positive action	Positive action includes, for example, making individuals in a minority group aware of an opportunity. This is lawful.
Bullying	Bullying is behaviour that makes you feel hurt, offended or socially excluded, and that affects your work. The key feature is the potential victim's perception of how they are being treated.
Undermining	The term undermining is used interchangeably with bullying, especially when a trainee or subordinate is involved. Undermining behaviour subverts, weakens or wears away confidence.
Harassment	Harassment can be any unwanted attention or behaviour that a person finds objectionable or offensive and which makes them feel threatened or uncomfortable, leading to a loss of dignity or self-respect. There is overlap between bullying and harassment. The key feature is that the victim perceives the behaviour to be distressing, humiliating or threatening. It tends to be related to a protected characteristic (eg sexual harassment). The protected characteristics are: • age • disability • gender reassignment • marriage and civil partnership • pregnancy and maternity • race • religion or belief • sex It is often persistent. A person may claim harassment if they have to work in an unpleasant environment, eg witnessing persistent unpleasant behaviour.
Victimisation	Victimisation is treating someone differently as a result of them exercising legal rights. This is illegal.
Dignity at work	Employers are legally obliged to improve this.
Respect	Some trusts have a 'respect' policy.

Inequalities at work

Inequalities at work encompass a much larger range of aspects than just discrimination. There are many other issues around inequalities of staff recruitment, retention, progression and satisfaction that are not covered by any legislation. Because of the many and various forms that these inequalities can take, and the interdependence within the culture of an organisation, these aspects are often mentioned in 'dignity at work' policies or as part of an agenda of 'respect'.

Literature on diversity

Different groups have different experiences, despite decades of legislation. There is a gender pay gap of 18%, with female doctors earning less than male doctors, even after excluding breaks in service due to maternity leave.[21] Those from different black and minority ethnic groups (BME) have very different rates of acceptance into medical school.[22] Furthermore, legislation can make things worse as people can resent generous maternity leave provisions and family-friendly legislation or may consider that these reinforce the assumption that women's careers are of secondary importance relative to that of men.[23]

While there are clear examples of people from minority groups doing very well, there remain hidden barriers – both actual and perceived. There is still reference made to the 'glass ceiling' where some people are promoted to a certain level, but not above it.[24] Ryan and Haslan's newer concept is of 'glass cliff', whereby people from a minority group are more likely to be given a project that will fail.[25]Fifty-one percent of female medical students who rejected a career in orthopaedics were found to have done so because they felt there was an anti-female bias.[18]

Many organisations have Equal Opportunity statements as an 'add-on policy stating laudable aims that are largely ignored'[26] and lack the ability to 'lift the policy off the page'.[27] Many people believe their organisation only has pro-diversity policies to reduce the risk of tribunals.[27] The 2006 change in immigration regulations crystallised the difference between racism and distrust due to cultural factors, and perhaps led to more acceptance of doctors from a BME background as either British-born and British-trained or very senior and with extensive NHS experience.

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Appendix 1

Royal College of Obstetricians and Gynaecologists' advice for trainees

What is undermining?

Undermining or bullying behaviour is behaviour that makes you feel harassed, offended or socially excluded, and that affects your work. However, the definition of undermining is wide and relies on individual perception. Examples of undermining behaviour include:

- Belittling someone in public, humilating them or accusing them of lack of effort
- Spreading gossip or rumours about someone, teasing or name calling
- Ignoring someone's presence, withholding information or preventing access to opportunities such as leave or training
- Applying undue pressure on someone to produce work, setting impossible deadlines or creating unnecessary disruptions
- Failing to give credit when due, allocating meaningless tasks, removing someone's responsibility, moving the goalposts or repeatedly reminding someone of an error.

Am I being undermined?

It's widely accepted that if someone feels they're being undermined, then undermining has occurred. So, if your experience fits the definition above, it's likely that you're being undermined.

However, difficulties arise as this is a grey area. It's important to remember that conflict isn't undermining if it's an isolated event. Also, a trainee may interpret behaviour as undermining, but the supervisor may see it as meticulous training.

What can I do about it?

Follow the guidance below to try to deal with undermining behaviour.

Be assertive: Try to separate the just from the unjust. We all need to learn from our mistakes, even if the rebuke was unreasonable. If harsh words are spoken, accept them and move on. Replying with a 'thank you' can make the underminer see the error of their ways.

If your supervisor isn't being supportive, spell out what you want them to do and why.

Talk it over: First of all, it's best to talk it over with someone you can trust. Sometimes what seems like undermining might not be.

Take no further action: If the undermining is an isolated event, you may not want to take any action. This should be on the understanding that it doesn't happen again. The underminer must realise their actions, explain their point of view and offer an apology.

Speak to the perpetrator: If the behaviour does happen again, speaking to the perpetrator can be very effective. Some undermining isn't deliberate. Arrange a meeting in private and take along a trusted companion. Plan what you're going to say beforehand to explain how their actions made you feel. Stay calm and polite. Afterwards, make a written record of the date, time, venue, persons present and what was discussed at the meeting.

Write it down: Make a note of each episode of undermining and any associated meetings. Collect any documents that may back this up, especially emails. This will be valuable evidence if the undermining persists, and will also allow you to reflect on the events.

Speak to a senior colleague: Before pursuing a formal complaint, try talking to a senior colleague. This can be any of the following, depending on where the undermining occurs: Educational Supervisor, Clinical Supervisor, College Tutor, Clinical Director, Medical HR, Training Programme Director, Postgraduate Dean. You may also wish to involve occupational health, the BMA or a Trainees' representative. Extra support can be found through counselling.

What if the undermining persists?

Make a formal complaint in writing, backed up with written evidence. This 'nuclear option' is very destructive and, like resigning, can be done only once. It effectively ends the relationship. The underminer will know this too and will be just as anxious to avoid it.

www.rcog.org.uk/education-and-exams/postgraduate-training/advice-and-support-trainees/assertiveness-work

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