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Team working, ethos and the uncomfortable conversation

There has been a bit of a kerfuffle in the UK with the recent #hammeritout campaign, organised by the British Orthopaedic Trainees Association, in response to an electronic survey completed by around half the membership concerning undermining, bullying and harassment in the surgical workplace. This has not yet occurred in other western workplaces, but the issues raised are just as relevant.

What has followed has been a series of uncomfortable conversations, and these are difficult conversations to have from every perspective. The headline results (available at www.bota.org.uk/hammer-it-out/) have been felt to be relevant to other specialties with campaigns in general surgery, anaesthetics and max fax well on their way. The initial response to survey results, such as 43% of trainees felt they had witnessed a colleague being bullied, are unsettling and the reassurance that just 0.7% feel they have been regularly harassed (which is a single respondent) doesn't go too far to calm the disquiet.

The difficulty of course is one of perspective – but we cannot have a situation where the whole workforce has such a schism. As time goes on trainees are going to be more and

more dependent on their trainers, not just for support during training but as numbers and competencies continue to suffer from changes in working practice 'dual consultant operating' is becoming the norm, and trainees are more commonly being 'eased' in to specialist consultant practice.

The traditional surgical training is one of apprenticeship often with demanding working conditions, long hours and in some cases bullying and undermining. The challenge that the profession faces is maintaining the quality of the training experience in a workplace which is becoming increasingly generic with full shifts and larger 'teams' replacing the apprenticeship model.

In truth generic training emphasises these problems and sometimes appearances can be deceptive. Although essentially the trainees and trainers are the same as they have always been, the lack of opportunity to engage with a trainer can erode continuity of training as well as care. Generic trainees who are on full shift patterns may appear to turn up unprepared for lists – this then results in trainers failing to find time for juniors who can now appear to 'wander in and wander out'.

As the dust has settled conversations are starting to be had about moving this on. Whilst perhaps with hindsight BOTA might have constructed their questions a little more carefully – what constitutes a colleague of course means different things to different people – there is a problem to discuss. It is not true to say that most trainees are bullied or that even bullying is rampant in the workplace, but it certainly exists. Trainees who don't feel part of a team feel undermined when criticised, and trainers who feel no bond with their trainee often appear terse and unconstructive. What the BOTA survey highlights very well is that there is a problem with breakdown in professional working relationships and a lack of team approach. There is a view that a less hierarchical and more 'open approach' may help – I wonder if we are asking the correct questions. A sticking plaster probably won't do here – what is needed is a change in attitude and ethos to make training a two way street again – trainers have a duty to train, but trainees also have a duty to be trained. Restoring some of the collaborative and team based ethos that was the hallmark of the Calman and pre-Calman era would go a long way to solving some of the problems that the BOTA survey has highlighted.