A woman at a surgical conference, they thought I was the waitress

Scarlett McNally 15 May 2017 BMA news

https://www.bma.org.uk/connecting-doctors/b/work/posts/a-woman-at-a-surgical-conference-they-thought-i-was-the-waitress

Humans have a primeval response to first impressions. I was attending an orthopaedic conference as a surgical registrar in a crisp black suit, and three different people assumed I was a waitress on my one trip to the loo at dinner. I now only wear red, pink and green suits/dresses, and I save that black one for the coroner's court.

Let's own up. We've all made assumptions like this. Acknowledgement is the first step. But once you can see it, I suggest that you have a duty to improve it. Why is it important?

The first issue is fairness. The second issue is that unconscious bias can lead to bullying. Some perpetrators don't realise they are behaving badly when they react to how they see the person, rather than the role or the task. Bullying is how the person feels.

The third issue is safety – more diverse teams work better. The RCS (Royal College of Surgeons of England) often finds that a dysfunctional team is at the heart of it of problems with patient care or staff being scared to voice a problem.

The fourth wider issue is the economy: if the real requirements for a job are clarified and the person in the job is treated with respect, then fewer people will feel unemployable or give up.

The RCS's Women in Surgery (WinS) network and the University of Exeter discovered that women who felt they did not fit in with the culture were more likely to burn out or fail to continue their surgical training.

So, what to do about it?

Re-educating and training people provides a lot of the answers.

The book 'Thinking fast and slow' by Daniel Kahnemanshows how our quick-reacting brain is usually in charge; it requires positive effort to engage our sensible processing brain. I think we all need a short course in 'engage brain before open mouth'. '#Hellomynameis' is a fantastic campaign. It gives you time to look interested while you fire up your sensible brain.

I had years of seniors thinking they were being supportive by saying: 'Oh, you want to be a surgeon, well yes some women do that now.' and then rushing off. Only a couple ever followed with: 'Well you need to do the Slome course [FRCS prep course]' or 'bring your CV to me on Friday'. Senior colleagues can help by saying something that they would say to a bloke, or to someone else in the same role.

The Royal Australasian College of Surgeons is tackling bullying with its 'respect' campaign. A key element is that others who spot poor behaviour should 'call it out'. This isn't just a woman's problem. In craft specialties, every wasted opportunity to improve skills is important. We need men and women, seniors and other staff to challenge the status quo. It can help to have an immediate phrase, eg. 'I have some concerns' or 'I don't think you meant to say that' and a way of

coming back to it later, to make the future better, eg put on the agenda for a consultants' meeting: 'what can we do so we don't get our training status removed?

NHS 'equality and diversity' training based on equality legislation gives a helpful guide about appropriate workplace behaviour. For example it highlights that if you are interviewing/assessing candidates you mustn't mention the candidate's headscarf or pregnancy. Conversely, to help diversity if that person is working/studying under your supervision, you must ask them what might make the job work as best as possible and then listen.

Other staff have their own unconscious biases. A theatre nurse perceived as scary may put off hundreds of medical students. As a recruitment crisis looms, surgery can't afford to continue picking from the minority who happen to be tall, male and handsome. (I stand on a stool and wear a mask.)

Every medical student should be encouraged to scrub in, even those who will go into other specialties. This will break down barriers about surgery being scary and elitist and give kinaesthetic understanding of surgery. I hope some simple tips on 'learning in the operating theatres' can help all staff understand this better.

To change a culture which limits established women doctors' progression, a first step would be to give a copy of the RCS's guide to 'avoiding unconscious bias' to any managers, HR, and recruitment staff. Suggestions include advertising posts well in advance with clear person specifications, a phone number for queries and a fixed tenure so that new ideas and people can be brought in.

For some women, confidence is an issue. Mentoring is a good source of support. It works by verbalising your long-term goals (usually with a peer or senior) and planning how to get through the moments when it seems tough. The RCS has published a simple guide on mentoring. For example, asking 'can I do the femoral nailing tomorrow?' may feel daunting, but you need confidence to realise your boss has unconsciously omitted to offer this. You need to fake it until you make it.

Role models make a big difference. I feel the best role models are those who got through training maintaining their work-life balance (eg in less than full time training with small children) and now are enjoying consultant life, with a fixed timetable and less travelling, so often full-time. There's no longer any need for heroic icons.

I feel lucky to be a surgeon. Yet every so often, someone contacts me whose career was blighted by someone assuming they couldn't do it. Women in Surgery and the Medical Women's Federation provide support just by existing.

My patients' unconscious bias now takes the form of a double-take. I still hear this every week - 'so do you do the operation?' But as a consultant surgeon, people re-calibrate their brain very quickly and assume I must have some qualifications. The problem is when people don't notice their biases. Is it the quiet foundation doctor who gets bleeped back to the ward to do the discharge letters?

Scarlett McNally is a consultant orthopaedic surgeon in Sussex and is a council member of the Royal College of Surgeons of England