



# AUCKLAND'S MIDDLEMORE HOSPITAL EARNING RESPECT

One of the busiest surgical training hospitals in Australasia has created and introduced the first hospital-based protocols designed to tackle discrimination, bullying and sexual harassment (DBSH) within surgery

**B**ased on the Vanderbilt Principles that underpin the College's policy to eliminate discrimination, bullying and sexual harassment (DBSH) from the profession, the Middlemore protocols were drafted by Mr Garth Poole, the deputy head of the General Surgery Department.

Mr Poole talks about a department that employs 19 consultants, 33 registrars, 76 interns and trains more than 100 medical students per annum and he felt it incumbent upon hospital leaders to design a process to address DBSH effectively and swiftly.

The protocols, introduced late last year, established a seven-member taskforce to address complaints and a five-step pyramid of action and increasing interventions to remove DBSH from the work place.

These steps are:

1. Zero tolerance of DBSH;
2. Acceptance that DBSH can occur;
3. Victims are supported to react swiftly and directly to the source of the complaint;
4. If DBSH is on-going, the taskforce members will intervene;
5. The involvement of external Human Resources and other medical bodies if the taskforce intervention fails

to resolve the issue.

According to Garth Poole the taskforce at Middlemore was comprised of four surgeons - Dr David Moss, Dr Jon Morrow, Dr Maree Weston and Dr Jenny Wagener - along with two senior nurse specialists and the unit manager.

He said that the policy and processes had been accepted by all staff within the unit and had already proved so successful that not only had they been taken up by other surgical units in the same hospital but also by other hospitals including Nelson and Auckland Hospitals.

Poole said that older male surgeons needed to understand they could make mistakes in their interactions with junior staff, given that many had grown up in an era of "rampant sexism" and "casual racism".

"Under this policy we as surgeons are saying to everyone in the department, including nurses, that if we get it wrong we want you to call us out on it," Mr Poole said.

"It is, however, vital that the system is not used to avoid the appropriate firm direction to a junior from a senior in our clinically demanding environment and nor should it prevent the constructive criticism of poor performance.

"Yet, we want junior staff to feel empowered to stand up if they feel uncomfortable and simply say: 'Stop it! I don't like it'.

*"The success of the system has so far shown that zero tolerance and support for victims as well as goodwill across all levels of seniority were key to eliminating DBSH even in a complex, busy professional environment."*

"If that doesn't work, any person who feels affected by DBSH is encouraged to make a confidential approach to a member of the panel who will assess the complaint in context, and this usually involves both parties in seeking a resolution to the problem.

"If someone continues to be the focus of complaints, hospital HR managers and external agencies will become involved, a step which we would see as a collective failure."

Mr Poole said that all Trainees on rotation at the General Surgery Unit were advised of the protocols upon their arrival during orientation and were given the phone numbers of taskforce members, while posters of the pyramid were prominently displayed throughout the unit.

He said that since the process was introduced eight months ago, there had been scores of level three responses and seven complaints of DBSH that had reached Taskforce involvement at level four.

He said the majority of complaints arose at the level of junior doctor to junior doctor and that all complaints, including those involving senior surgeons, had been resolved to the satisfaction of both parties with no issues involving sexual harassment arising since the protocols had been established.

The process could also help protect older surgeons and hospital staff if they were treated with disrespect, he said.

Mr Poole said the success of the system has so far shown that zero tolerance and support for victims as well as goodwill across all levels of seniority were key to eliminating DBSH even in a complex, busy professional environment.

"I did a back-of-the-envelope calculation at one stage which indicated that senior teaching surgeons like me can have up to 250,000 professional interactions each year with around 400 interactions during one operation alone," Mr Poole said.

"All it takes is for one of these interactions to go wrong for someone to feel aggrieved and yet, while we can't avoid them and we don't want to sanitise our interactions with other members of staff, we must have a process to deal with everything from misunderstanding to abuse.

"As surgical educators, senior surgeons have to be able to teach in a firm and direct manner without fear or favour both in theatre and in the wards and Trainees are often learning how to accept criticism and instruction under pressure.

"This can make for complex interpersonal interactions but I believe the process we have introduced will enable us to resolve most issues."

Mr Poole said the new system had generated great excitement within the unit, particularly from junior doctors, because it was driving change across the spectrum of medicine.

"We are the first major hospital to tackle DBSH at a systemic level and we are very proud of that," he said.

"We developed this system so that we could fix problems as they arise because we want our junior staff to come to work feeling excited and enthusiastic and ready to learn.

"Our guiding philosophy is that no-one should come to his or her workplace in a state of fear generated by the anticipation of maltreatment by other staff members."

## **Surgical Fellowship - Upper GI/HPB Fellow**

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We are pleased to announce the continuation of the Fellowship in Advanced Laparoscopic Surgery/Upper GI at both John Flynn Private Hospital and The Tweed Hospital for a one year period commencing January 2017. This fellowship offers an outstanding opportunity for training in Advanced Laparoscopic surgery with a substantial clinical workload in operating sessions, regular robotic surgery at JFPH, post op care and weekly multi-disciplinary meetings.

Applicants should hold a FRACS, be eligible for registration with AHPRA and NSW Medical Board, have recently completed advanced training in general surgery. This position involves working with 4 upper/HPB surgeons. The Upper GI casemix includes a mix of bariatric, anti-reflux, hiatal hernia and cancer surgery. The HPB component includes major hepatic and pancreatic re-sectional surgery, as well as a significant acute biliary surgical service.

To learn more about this great opportunity, contact Dr Candice Silverman on 07 5536 8855 or email: [drsilverman@gmail.com](mailto:drsilverman@gmail.com)

Applications should be directed to Kylie Woods, HR Manager, John Flynn Private Hospital, [woodsk@ramsayhealth.com.au](mailto:woodsk@ramsayhealth.com.au)