How to become a Gynaecological Surgeon

Paul Fogarty MD FRCOG
Obstetrician & Gynaecologist
How to be a Gynaecological Surgeon

The Plan for Today

• Past Training
  – The real way to train

• Present Day Training
  – “In my day we used to do it like this”

• The Future of Training
  – Back to the Future!
• I am a Baby Boomer
• I am not an educationalist
• I wanted to be a surgeon
• I enjoy teaching (if interested pupils)
• I am really Tim Draycott’s warm up act
• Teaching for J&J, AMS & Bard
Surgical Training – The Past

See One
Do One
Teach One
Sir Lancelot T Draycott Sen.
Traditional Training

• Apprentice system
• Team or Firm
• Strict hierarchy
• Take it or leave it
Qualities of a surgeon

- Multitasking
- Superior Academic Skills
- Problem Solver
- Dexterous
- Stamina
- Strong
- Good Sight
- Communicator
- Calm
- Leader
- Quick Learner
- Determined
- Humble
- Compassionate
- Dependable
- Responsible
10 Things We Can Learn From the World’s Greatest Surgeon
Dr. Michael DeBakey
Cardiac Guru • Innovator • Trailblazer

1. Build your brand
2. Never quit learning
3. Risk more, gain more
4. Play to your genius
5. Refuse to sell out on your dream
6. Be a guru, thought leader, industry expert
7. Balance passion with discipline and focus
8. Find a void and figure out how to fill it
9. Show people that their work matters
10. Be generative—inspire others to pursue the cause
Educational theory

I hear and I forget. I see and I remember. I do and I understand.

Confucius
Chinese Teacher, editor, politician and philosopher
(551 BC - 479 BC)

QuoteHD.com
Involvement & understanding

Cone of Learning (Edgar Dale)

After 2 weeks we tend to remember...

10% of what we READ
20% of what we HEAR
30% of what we SEE
50% of what we HEAR and SEE
70% of what we SAY
90% of what we both SAY and DO

Reading
Hearing Words
Looking at Pictures
Watching a Movie
Looking at an Exhibit
Watching a Demonstration
Seeing it Done on Location
Participating in a Discussion
Giving a Talk
Doing a Dramatic Presentation
Simulating the Real Experience
Doing the Real Thing

Verbal Receiving
Visual Receiving
Receiving/Participating
Doing

Learning Pyramid

- Lecture
- Reading
- Audiovisual
- Demonstration
- Discussion
- Practice doing
- Teach others
Peyton’s 4 Stage Method for Teaching a Procedure

1. Demonstration
2. Deconstruction
3. Comprehension
4. Performance
Educational theory

Give a man a fish and you feed him for a day.

Teach a man to fish and you feed him for a lifetime.
Surgical Training – The Present
## Career pathway for an O&G consultant

<table>
<thead>
<tr>
<th>ONE YEAR</th>
<th>TWO YEARS</th>
<th>THREE YEARS</th>
<th>FOUR YEARS</th>
<th>FIVE YEARS</th>
<th>SIX YEARS</th>
<th>SEVEN YEARS</th>
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<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
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<tr>
<td><strong>Undergraduate</strong></td>
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<tr>
<td><strong>Foundation</strong></td>
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<tr>
<td><strong>Junior doctor</strong></td>
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<tr>
<td><strong>Specialty Training</strong></td>
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<tr>
<td><strong>Basic</strong></td>
<td><strong>Intermediate</strong></td>
<td><strong>Advanced</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part 1 MRCOG (specialty exam)</td>
<td></td>
<td></td>
<td>Part 2 &amp; 3 MRCOG (specialty exam)</td>
<td></td>
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</tr>
</tbody>
</table>
Advanced Skills Training

**Gynaecology**
- Abortion Care
- Acute gynaecology and early pregnancy
- Advanced laparoscopy for the excision of benign disease
- Benign abdominal surgery open and laparoscopic
- Colposcopy
- Forensic gynaecology
- Hysteroscopy
- Menopause
- Oncology
- Paediatric and molex gynaecology
- Sexual health
- Supportive care reproductive health
- Urinary incontinence and vaginal surgery
- Vulval disease

**Obstetrics**
- Advanced antenatal practice
- Advanced labour ward practice
- Fetal medicine
- Labour ward lead
- Maternal medicine
- Medical education
- Vulval disease

**An evolving speciality**
Modern technology has brought about significant developments in recent years. These include:
- Ultrasound and body imaging
- Fertility treatment
- Minimal invasive techniques
- Molecular genetics
- Cervical cytology (the smear test)
- Family planning
- Hormone replacement therapy
Obstetrician
Gynaecologist

Gynae Onc
UroGynae
Endometriosis
Teaching
Endocrine
Feto Maternal
Growth/SB
Multiple

Repro
Menopause
PsychoSexual
Forensic
Research

Mental Health
The RCOG Way

• Induction, Supervision & Appraisal
• Workplace-based assessments (WPBAs)
  – OSATS (objective structured assessment of technical skill)
  – Mini-CEX (mini clinical evaluation exercise)
  – CbD (case-based discussion)
• Multi source feedback
• Experiences
  – Reflective practice
  – Log of experience
  – Quality improvement (audit, research, publications and formal presentations)
• NOTSS
Non-Technical Skills for Surgeons (NOTSS)

- Situational awareness
- Decision making
- Communication and teamwork
- Leadership
## Competency Language

<table>
<thead>
<tr>
<th>Current</th>
<th>Previously</th>
<th>Old way</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Observation</td>
<td>See one</td>
</tr>
<tr>
<td>Level 2</td>
<td>Direct supervision</td>
<td>Do one</td>
</tr>
<tr>
<td>Level 3</td>
<td>Independent Practice</td>
<td>?Teach One</td>
</tr>
</tbody>
</table>

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### Table Details
- **Current Level 1**: Observation
- **Previously Level 1**: See one
- **Old way Level 1**: Do one
- **Current Level 2**: Direct supervision
- **Previously Level 2**: Independent Practice
- **Old way Level 2**: ?Teach One

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**Show Me the Way**

A documentary exploring the impact Mentors have on a young person’s life.

*“Dropping out of high school is no longer an option. It’s not just quitting on yourself, it’s quitting on your country.” — President Barack Obama*
Competency, Time or Numbers?

Sir, how long did it take you to learn to drive?

Three and a half cars.
If you have too many Specialists and not enough Generalists in the Hospital Football team
Mandatory Update Training

- Fire Safety
- IT governance
- Moving & Handling
- Child Protection/Safeguarding
- Equality & Diversity
- CPR / BLS
- Infection control
- Blood Transfusion
- Health and Safety
- Mental Capacity
- Drug Administration
- CTG
- Complaints
- VTE
- Nutrition
- Vital Signs
- Pressure Area Care
- Smoking
- Ward Management
- Continence
- Medical Devices
- Blood Glucose Monitoring
- Equality and Diversity
- Health and Safety at Work
- Control of Substances Hazardous to Health
- Caldicott Principles
- Food Hygiene
- Safeguarding Vulnerable Adults (Level 1 & 2)
- Safeguarding Children (Level 1 & 2)
- Conflict Management
- Lone Working
How long does it take for doctors to train?

Doctors in training

- **GP**:
  - Years as medical student: 4 years
  - Foundation training: 2 years
  - Specialism: 4 years

- **Hospital speciality**:
  - Years as medical student: 4 years
  - Foundation training: 2 years
  - Specialism: 8 years

Source: BMA
EWTD

KEEP CALM AND TAKE THE AFTERNOON OFF

24 NO MORE
Reduce Working Hours for NCHDs

HOW to GET AHEAD IN YOUR CAREER

©HUMAN WORKPLACE 2014

European Working Time Directive
Performance vs. Stress Diagram:

- **High Performance:** Optimal Performance
- **Increased Attention/Interest**
- **Boredom/Depression**
- **Strong Anxiety**
- **Complete Meltdown**

**Axes:**
- **Performance:** Low to High
- **Stress:** Low to High
THE IMPORTANCE OF PHYSICAL ACTIVITY FOR THE NHS WORKFORCE

80% of NHS trusts have an active travel plan to encourage and enable staff to walk or cycle to work and between sites.

92% offer a bike purchase scheme.

87% offer reduced membership to local leisure.

70% offer on-site fitness classes.

80% of NHS staff are fit and healthy, they are less likely to be sick.

PHYSICAL ACTIVITY IS FREE, EASY TO TAKE AND HAS AN IMMEDIATE EFFECT, IT CAN:

Reduce your risk of major illnesses, such as heart disease, stroke, diabetes and cancer by up to 50%.

Help you to maintain a healthy weight.

Boost self-esteem, mood, self-perception, sleep quality and energy.

Reduce your risk of stress, depression, dementia and Alzheimer’s disease.

We should undertake physical activity to improve muscle strength on at least 2 Days a Week.

We should minimise the amount of time spent being sedentary (sitting) for extended periods.

Reduction in blood pressure and cholesterol levels.

Moderate intensity activity means you’re working hard enough to raise your heart rate and break a sweat. E.g. walking fast, riding a bike, swimming, running, going to the gym or attending classes.

The NHS Staff Survey found that around 30% of NHS staff reported that they had suffered from work-related stress. Physical activity can help relieve stress.

1/2 adults participate in 30 MINUTES of moderate physical activity once a week.
Surgical Training – The future?

- Competent
- Average
- Adequate
It’s Ok to do Nothing!

This space intentionally left blank.
Who would you want?

- A Good Surgeon knows how to operate
- A Better Surgeon knows when to operate
- The Best Surgeon knows when not to operate!
Surgical Training – The future?

www.rcseng.ac.uk/careers-in-surgery/trainees/ist/
Improving Surgical Training

• Better balance between service delivery & training.
• Cross-specialty and cross-professional competencies.
• Improving the quality of training posts
• Enhancing the role of trainers
  – Dedicated time to train
• Design rotas to allow more daytime training
• Developing surgical skills earlier
  – focused training opportunities, simulation etc.
• Training and developing of other professions
  – the wider surgical team to support trainees
  – deliver better patient care and free up their time for more training.
Qualities of a surgeon

- Specialist knowledge for accurate diagnosis
- Good communication skills
- A bright, eager mind
- Manual dexterity & physical skills for performing surgery.
- Extensive experience of preoperative & postoperative care
- Ability to adapt to a changing environment
- Commitment & enthusiasm for learning new skills
- Leadership skills to manage your team and help to train the surgeons of the future
- The ability to inspire confidence in others
- Emotional resilience and the ability to support your team in sometimes difficult circumstances.
What Generation are you?
Baby Boomers 1946-1964

- The Post War children
- Ambitious
- Work alcoholics
- Driven by career progression
Generation X 1965-1979

- The “latch key kids”
- Both parents working
- Frequently looked after by friends and family
- Supervised childcare
Generation Y 1980-1994

- The Millennials
- Nurtured by the Baby Boomers
- Try to protect them from negative experiences in the world
Generation Z 1995-2010

• The true “Digitals”
• Born into an age of Technology
• Generation X parents encourage more independence
# We are all Different Animals

## Talking a different language

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Wartime rationing</td>
<td>Cold War</td>
<td>Fall of Berlin Wall</td>
<td>9/11 terrorist attacks</td>
<td>Economic downturn</td>
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<tr>
<td></td>
<td>Rock’n’roll</td>
<td>‘Swinging Sixties’</td>
<td>Reagan/Gorbachev/Thatcher</td>
<td>Social media</td>
<td>Global warming</td>
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<tr>
<td></td>
<td>Nuclear families</td>
<td>Moon landings</td>
<td>Live Aid</td>
<td>Invasion of Iraq</td>
<td>Mobile devices</td>
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<tr>
<td></td>
<td>Defined gender</td>
<td>Youth culture</td>
<td>Early mobile</td>
<td>Reality TV</td>
<td>Cloud computing</td>
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<tr>
<td></td>
<td>roles - particularly</td>
<td>Woodstock</td>
<td>technology</td>
<td>Google Earth</td>
<td>Wiki-leaks</td>
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<tr>
<td></td>
<td>for women</td>
<td>Family-orientated</td>
<td>Divorce rates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage in UK workforce</th>
<th>3%</th>
<th>33%</th>
<th>25%</th>
<th>29%</th>
<th>Employed in either part-time jobs or apprenticeships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude toward career</td>
<td>Jobs for life</td>
<td>Organisation - careers are defined by employees</td>
<td>“Portfolio” careers - loyal to profession, not to employer</td>
<td>Digital entrepreneurs - work “with” organisations</td>
<td>Multitaskers - will move seamlessly between organisations and “pop-up” businesses</td>
</tr>
<tr>
<td>Signature product</td>
<td>Automobile</td>
<td>Television</td>
<td>Personal computer</td>
<td>Tablet/smartphone</td>
<td>Google glass, 3-D printing</td>
</tr>
<tr>
<td>Communication media</td>
<td>Formal letter</td>
<td>Telephone</td>
<td>E-mail and text message</td>
<td>Text or social media</td>
<td>Hand-held communication devices</td>
</tr>
<tr>
<td>Preference when making financial decisions</td>
<td>Face-to-face meetings</td>
<td>Face-to-face ideally but increasingly will go online</td>
<td>Online - would prefer face-to-face if time permitting</td>
<td>Face-to-face</td>
<td>Solutions will be digitally crowd-sourced</td>
</tr>
</tbody>
</table>

Source: Barclays, University of Liverpool
SUCCESS FOR GEN Z

75% Earning High Salary

69% Being Happy with who they are

69% Being in Good Physical Condition

60% Being able to do what they Enjoy as their Career

56% Graduating from a Reputable College / University
Take Home Message!
# The Operating is the Easy Bit

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Budgets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Appraisal &amp; Revalidations</td>
</tr>
<tr>
<td>WRs. Clinic, Results &amp; Paperwork</td>
<td>CPD</td>
</tr>
<tr>
<td>Teaching &amp; supervision</td>
<td>Emails &amp; Social Media</td>
</tr>
<tr>
<td>Audit &amp; research</td>
<td>Consent</td>
</tr>
<tr>
<td>Bed Pressures &amp; capping</td>
<td>Complaints</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>Complications</td>
</tr>
<tr>
<td>Meetings</td>
<td>Mandatory Training</td>
</tr>
</tbody>
</table>
How to be a Gynaecological Surgeon

Paul Fogarty MD FRCOG
Obstetrician & Gynaecologist
5 Timeless Qualities of True Leaders

Insights by Umair Haque

True Leaders are Optimists, Not Pessimists

Firm and Unyielding Belief in Human Potential

Not in Material World, But in the World of Better and Best

Good Better Best

True Leaders Lead People to Their Better Selves, Not Worst Selves

I Win More Than You

I Win - You Lose

True Leadership is a Positive Sum Game

Not Zero or Negative Sum

True Leaders Give All Who Follow Them, Humanity's Greatest Gift - Freedom

True Leaders Enable People to Realize Their Potential

They Must Never Assume That People Have No Potential

QAspire.com

Tanmay Vora @tnvora
LEAD, FOLLOW, OR GET OUT OF THE WAY
Thank you

“Remember the hierarchy of competence – see one, do one, teach one, become a regulator.”
8% of c.50,000 respondents reported being bullied

13.6% of c.50,000 respondents reported witnessing bullying

Data: Questions 47 (How often, if at all, have you been the victim of bullying and harassment in this post) and 48 (How often, if at all, have you witnessed someone else being the victim of bullying and harassment in this post)
National training survey 2014: bullying and undermining

STOP WORKPLACE BULLYING

Verbal
Homophobic
Racist
Sexist
Excluding
Disablist
Cyber
Rumours

teasing
gossiping
insults
threats
LIES
name-calling
mean words

CYBER BULLYING
Who has been bullying doctors in training?

National Training Survey 2014

Consultant/GP (within my post)

Nurse/midwife

Consultant/GP (outside my post)

Management

Other doctor

Other source

Patient or relative

Other doctor in training

Comments could be coded to more than one behaviour. 518 responses from 53077 respondents (1%) Data. Figure 4, page 14, Source of behaviour breakdown (National training survey 2014: bullying and undermining)
The Academy of Medical Royal Colleges (AoMRC)

• Create supportive learning environments is a top priority.
• Undermining toolkit developed by the (RCOG) (RCM)
• It recommends ways to make departments welcoming to all team members: for example, through daily team huddles and ‘about the team’ noticeboards.
• ‘Resilience training’ is seen by many in education as key to creating a supportive working environment.
• We need to explore these personal traits more when recruiting doctors to a speciality and to teach these skills throughout medical education.
• We will always have good days and bad, poor clinical outcomes and difference of opinion within the team.
4 Ways to Increase Your Resilience as a Leader

1. **Reframe How You Think**
   Examine the situation from a different perspective and consider what else could be going on.

2. **Get Some Sleep**
   Provide your brain the chance to process the day’s experience to make it available for future use.

3. **Find a Substitute for Sleep**
   Pause briefly to restore yourself: take a short nap, a walk, or a break to do yoga or meditate.

4. **Explore the Power of Positivity**
   Look for the good in a situation to be better able to recover from setbacks and think more broadly.

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After Training

Fig 1 Where trainees went after completing foundation training in 2016
The GMC’s annual trainee survey consistently finds that surgical trainees are the least satisfied of all the medical specialties with their training.

We believe trainers, trainers and the wider surgical team will benefit from this new approach to general surgical training, which will result in them delivering better care for patients. Ultimately we hope this will serve as a model for training in other surgical specialties.

Ian Eardley
RCS Vice President & Chair of the Improving Surgical Training Working Group
“I am pleased that Health Education England and the Royal College of Surgeons are working together to explore and pilot these innovative ideas, to help meet future patient and service needs through transformation of the surgical workforce.

Professor Wendy Reid
Director of Education and Quality, Health Education England

NHS
Health Education England
Current Training Methods

- Knowledge
  - Test
  - SAQ: Safety attitudes questionnaire
- Attitudes
  - Observation in simulator
- Skills
  - Observation in practice
- Behaviour
- Preventable harm
  - Incident reports