



Image: Dr Rhea Liang

Ready, SET, Go

Dr Rhea Liang conducts study into reasons why some women choose to leave surgery

The surgical axiom *“timely and simple interventions prevent further deterioration”* may apply equally to Trainees at risk of leaving surgery as it does to the risks facing critically ill surgical patients, according to General and Breast Surgeon Dr Rhea Liang.

Dr Liang has conducted the first in-depth qualitative study into the reasons why women choose to leave the SET program as part of a Master of Surgical Education at the University of Melbourne.

With women leaving the training program at twice the rate of men, Dr Liang said solutions must be found to stem the exodus if RACS was to reduce the disparity in the gender distribution of consultant surgeons.

She found that the over-riding reason women decided to leave surgical training lay in the cumulative effects of the sacrifices required to conform to surgical culture and complete training.

She said these sacrifices also affected men in surgery, with the exception of those relating to childbirth, and that any changes that helped retain women would be of benefit to all Trainees.

She said the findings of her research also indicated that it was time for the profession to move away from the historical concept of a surgeon as a senior military officer to one of a surgeon as collaborative team member.

Through a series of detailed interviews with 12 women, who represented five out of the nine specialty streams, Dr Liang found that reasons for leaving the SET program included:

- Long working hours, fatigue and sleep deprivation
- Unpredictable lifestyle in which there was no control over being relocated
- Lack of primary operating experience
- Bullying, sexism/discrimination, genderised behaviour and the lack of independent and specific avenues to address such behaviours
- Inaccessibility of leave without judgement
- Impact of pregnancy, childbirth and childrearing duties
- Lack of role models and support.

Dr Liang is the Clinical Lead for Breast Services at the Gold Coast Hospital and Health Services in Queensland, a member of the Academy of Surgical Educators, a CCrISP Course Director, a Surgical Teachers Course convenor, and a member of the RACS Building Respect: Improving Patient Safety Education Reference Group.

She said she set out to find why women chose to leave the SET program when they had already succeeded in a very competitive entry process in which they often out-performed their male colleagues.

“A lot of really good work is going on now at RACS by a number of committees but we don’t need to wait for College policies to be finalised or for grand gestures to be made because my research indicates that small gestures can make a very big difference.”

She said while most of the findings confirmed the results of limited research conducted in the US and UK, an unexpected finding was that interventions specifically designed for women in surgery may have unintended adverse consequences.

“The women interviewed indicated a concern that gender-specific interventions can actually exaggerate the ‘otherness’ of women in surgery and that it may act to inhibit male mentorship, teaching and support while exacerbating genderised behaviour,” Dr Liang said.

“This tells us that any intervention should be designed to benefit all trainees because these issues affect all young doctors going through the SET program and creating a culture of ‘secret women’s business’ has no value or validity within surgical training.

“The interviews also indicated that the factors affecting the final decision to leave were additive but that the final impetus may be relatively small and usually occurs within the first 18 months of entering the SET program.

“Therefore I believe that small interventions may be preventive such as putting Trainees in contact with an independent mentor, providing them with protected meetings with the Director of Training during each rotation, offering early positive feedback and providing reasonable access to leave without judgement.”

Dr Liang was supported in her research through the RACS Ian and Ruth Gough Surgical Education Scholarship, which she received last year.

She said she chose to investigate this aspect of surgical training because she had twice come close to leaving training, the first time when she became a mother and the second time after being bullied.

She said increasing access for part-time training placements could make a significant difference to both male and female Trainees while hospitals could play a role by providing on-site childcare, which is relatively common in the US.

She praised the College for the work undertaken in the past year to address issues of discrimination, bullying and sexual harassment and said that while the culture was changing, there was still much to be done.

“A lot of really good work is going on now at RACS by a number of committees but we don’t need to wait for College policies to be finalised or for grand gestures to be made because my research indicates that small gestures can make a very big difference,” Dr Liang said.

“We can look out for each other, we can offer to take

someone’s shift if their child is sick and we can stand up against sexist or bullying behaviour when we see it.”

Dr Liang said that other medical specialties such as Obstetrics and Gynaecology, Psychiatry and Anaesthesia had found a way to address some of these issues raised in her research, proving that it could be done if there was sufficient will.

“Changes that could make a difference simply require the political will and a shift in our thinking of who we are and who we should be as surgeons,” she said.

“We need to think more holistically about what we want of surgeons and about how we see ourselves and move away from the old stereotype of a surgeon as some sort of a army major leading his troops.

“This will take time however, as all cultural change does, because for many years people were selected for surgical training precisely because they fitted this ideal.

“Yet separate research indicates that patients want us to be more like normal human beings, in that we have humility and compassion and can communicate well while still having excellent skills and good judgement.

“Other medical specialists want us to be human beings, hospital staff want us to be human beings and we should want that for ourselves as well.

“We should see ourselves as people who work hard but also people who can fall in love, have children and who have the same highs and lows in life as everyone else.

“Ultimately, I believe we could reduce the number of Trainees leaving the SET Program simply by supporting each other better, particularly our junior colleagues.”

CAREER HIGHLIGHTS

2015: Inaugural recipient of the John Collins Educational Research Development Prize

2015: RACS Ian and Ruth Gough Surgical Education Scholarship

2014: Massey Scholar (Postgraduate Scholarship) from Massey University, New Zealand

2012: Inaugural recipient of the Outstanding Achievement Award, Massey University.

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