



How behaviour influences surgical outcomes

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The personal behaviour of surgeons can affect the quality of clinical performance, delegates to the 81st Annual Scientific Congress (ASC) of the Royal Australasian College of Surgeons have been told.

Professor Spencer Beasley, a paediatric surgeon at Christchurch Hospital, told delegates there are four main determinants of surgical outcomes: (1) clinical expertise – the application of medical knowledge and professional judgement in clinical decision-making; (2) technical skills – particularly operative ability; (3) non-technical competencies such as teamwork and situational awareness – ‘inter-personal factors’; and (4) the effect of the surgeon’s personality, mood and thoughts on his or her capacity to manage him or herself and the mindset of others.

“It is this last determinant, the ‘intra-personal factors’, which have been largely neglected and warrant further attention,” Professor Beasley said. “The College’s Surgical Education and Training (SET) programmes for each surgical specialty teach and assess the first two skills, while the Non-Technical Skills for Surgeons (NOTTS) course addresses the inter-personal factors. Relatively little attention, however, has been paid to the effect of a surgeon’s personality on performance, and how that may influence the other determinants of outcome. While training and experience are well known to affect clinical and operative decision-making, the influence of the surgeon’s thoughts, mood and behaviour on the quality of clinical performance is only just being realised.”

Professor Beasley’s presentation considered the extent to which surgeons’ own mindsets affect the way they function clinically and how surgeons’ behaviour may affect those working around them. It looked at the degree to which surgeons can control their own behaviour to maximise the quality of their clinical performance. He also identified several tools which can be used to help the surgeon better understand his or her own behaviour, as well as the behaviour of those with whom he or she works. If used constructively, these tools can enable surgeons to function at their highest level of competence.

“It is also very important that we recognise destructive behaviour in the workplace and know how to prevent it. A valid, evidence-based and practical model of identifying and understanding signs of distress in us and our colleagues, and of resolving conflict or poor performance, should be applied to our clinical work,” Professor Beasley said.

This year’s ASC, with the theme ‘The Making of a Surgeon’, runs from 6 to 10 May and is being held at the Kuala Lumpur Convention Centre. Approximately 2,500 delegates from Australia, New Zealand and around the world are attending.

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