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Undermining in the Workplace

Online Learning Programme

"It took me a while to realise what had been happening. I just assumed that this was par for the course – you know, being put in your place by more experienced staff. It was only when I got talking to a 4th year trainee that I realised that I was being seriously and systematically undermined ."

"It got to the point where I was dreading going into work – I had problems sleeping and started getting in late. I knew what was happening was wrong, but I just didn't know who to turn to, who to talk to, or even if that was a good idea in the first place. I didn't want to make matters worse".

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Why is undermining in the workplace under-reported?

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- Undermining in the workplace is a growing problem and is widespread in all sectors of the workforce. Healthcare is one of these sectors. The British Medical Association stated that 1 in 7 NHS staff reported being undermined by other staff.
- Undermining in the workplace is a silent epidemic, because it is under-reported. There are a number of reasons for this.
- People who are being undermined fear that reporting it will make matters worse and possibly lead to victimisation. They also worry that reporting it may be seen as an admission of failure.
- They believe that nothing would be done about it anyway and there is also a common belief that undermining behaviour is acceptable.
- Furthermore, people who are being undermined often have concerns about confidentiality and of being labelled a troublemaker.

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This short module looks at undermining in the workplace, what causes it and the impact in can have on the individual.

It provides some useful insights into how undermining can best be managed and resolved, as well as some advice on where to go to for support, protection or redress if you find yourself the victim of undermining.

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Session 1 of 3:
What is Undermining?

You'll now see a sequence of **six** scenarios. Consider each one carefully and decide if the situation depicted constitutes undermining behaviour.

Example 1

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A senior doctor talks behind a junior doctor's back who subsequently hears about it.

Is this an example of undermining?
Make a note of 'yes' or 'no'.

Next Example

Example 2

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A trainee has trouble inserting a canula into a patient and the nurses on the ward laugh. He tries again and again but still fails.

Is this an example of undermining?
Make a note of 'yes' or 'no'.

Next Example

Example 3

A year 2 doctor is criticised in front of her peers on a ward round.

Is this an example of undermining?
Make a note of 'yes' or 'no'.

Next Example

Example 4

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A supervisor gives trainee feedback about poor performance and then the following day speaks to him again about a complaint he just received concerning the same issue.

Is this an example of undermining?
Make a note of 'yes' or 'no'.

Next Example

Example 5

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A colleague makes degrading comments/personal remarks about a doctor in front of a patient.

Is this an example of undermining?
Make a note of 'yes' or 'no'.

Next Example

Example 6

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A member of staff spreads rumours about a colleague's personal life.

Is this an example of undermining?
Make a note of 'yes' or 'no'.

Next

How did you answer?

- All YES
- Mostly YES
- All NO
- Mostly NO

Previous

Review Session 1

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Yes, these are all examples of undermining except for the example of the supervisor providing the trainee with feedback. She is *not* undermining the trainee here, she is providing him with constructive feedback.

Review Session 1

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In fact, these are all examples of undermining except for the example of the supervisor providing the trainee with feedback. She is *not* undermining the trainee here, she is providing him with constructive feedback.

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Have you ever witnessed someone being undermined at your workplace?

YES

NO

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Which of the following is most similar to the situation/s you have witnessed yourself?

- A senior doctor talks behind a junior doctor's back who subsequently hears about it
- A trainee has trouble inserting a canula into a patient and his colleagues laugh. He tries again and again but still fails
- A year 2 doctor is criticised in front of her peers
- A colleague makes degrading comments/personal remarks about a doctor in front of a patient
- A member of staff spreads rumours about a colleague's personal life
- Other

One similar to these

More than one similar to these

Not similar to these examples

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OK, so you've witnessed one situation similar to those listed here.

These examples of undermining are very common, but they sometimes go unnoticed and, as mentioned earlier, invariably go unreported.

Trainee doctors can find themselves being undermined in clinical, educational and research environments, and the perpetrators can range from consultants through to nursing staff.

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OK, so you've witnessed at least two situations similar to those listed here.

These examples of undermining are very common, but they sometimes go unnoticed and, as mentioned earlier, invariably go unreported.

Trainee doctors can find themselves being undermined in clinical, educational and research environments, and the perpetrators can range from consultants through to nursing staff.

Next

Previous

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OK, so you've witnessed someone being undermined, but it was different to the situations listed here.

These examples of undermining are very common, but they sometimes go unnoticed and, as mentioned earlier, invariably go unreported.

Trainee doctors can find themselves being undermined in clinical, educational and research environments, and the perpetrators can range from consultants through to nursing staff.

Next

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When you witnessed that person being undermined, what did you do about it?

- I reported it to their supervisor
- I intervened and challenged the perpetrator
- I consoled the trainee
- I did nothing

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Getting involved in situations like this is difficult, and people often feel conflicted.

Part of you doesn’t want to get involved, particularly if you’re not certain that what you have witnessed is in fact a case of undermining.

Part of you might empathise with the victim, but you may not know the right course of action. We’ll look at this in more detail later on in the programme.

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Have you ever been undermined yourself at your workplace?

YES

NO

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Which types of undermining have you experienced personally?

- A senior doctor talks behind a junior doctor's back who subsequently hears about it
- A trainee has trouble inserting a canula into a patient and his colleagues laugh. He tries again and again but still fails
- A year 2 doctor is criticised in front of her peers
- A colleague makes degrading comments/personal remarks about a doctor in front of a patient
- A member of staff spreads rumours about a colleague's personal life
- Other

One similar to these

More than one similar to these

Not similar to these examples

OK, so your experience of being undermined is similar to at least one situation listed here.

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Many cases of undermining in medicine are probably unintentional, and a review from the GMC in 2015 found that where behaviours were identified as undermining, the individual had tried to change them.

In the same review, the GMC noted that less hierarchical relationships within departments facilitated open discussions between consultants and doctors in training. This made it easier to talk about problems before they escalated to the point where doctors in training felt undermined.

There are also numerous service pressures on supervisors and seniors, not least the rigid intent to safeguard professional standards.

Some incidents of undermining can be quite subtle and difficult to identify. These might include ignoring a trainee's views and opinions, setting unreasonable or impossible targets or workloads, or even setting too few targets whereby the trainee has too little to do, which creates a feeling of uselessness.

Withholding information from a trainee, withholding access, support or resources or supplying incorrect information can all be very undermining too, although not always easy to recognise.

Building a supportive environment: A review to tackle undermining and bullying in medical education and training. GMC 2015
https://www.gmc-uk.org/-/media/documents/Under_embargo_05_03_15_Building_a_supportive_environment.pdf_59988406.pdf

OK, so your experiences of being undermined are similar to some of the situations listed here.

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OK, so you have experienced being undermined, but it was different to the situations listed here.

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OK, so to your knowledge, you have never been undermined.

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Many cases of undermining in medicine are probably unintentional, and a review from the GMC in 2015 found that where behaviours were identified as undermining, the individual had tried to change them.

In the same review, the GMC noted that less hierarchical relationships within departments facilitated open discussions between consultants and doctors in training. This made it easier to talk about problems before they escalated to the point where doctors in training felt undermined.

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But how do you *know* if you are being undermined, and if you do, what are you supposed to do about it?

The rest of this module looks at these issues, starting with Laura's story.

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Session 2 of 3:
The Causes and Impact of Undermining?

Next

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Laura – ST3 Cardiology

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- I'm a trainee cardiologist in my 3rd year of training now. It was last year when things went wrong for me.
- It's true that I never really hit it off with my supervising consultant, but I wasn't too worried about it; I just thought that this was just how some consultants were – you know, a bit aloof and detached. I thought everything was fine, you know, that I was making good progress.
- Anyway, I started feeling a bit uncomfortable around some of the team. I started to get the impression that I was being talked about, and I wondered if I was just being paranoid. But then, one Friday morning, I'll never forget it, I found out the awful truth.....

- I'd been copied into an email from my supervising consultant by mistake....

Re: Laura Harding

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Cc: ed sup clinical tutor, clinical director team supervisors, medical education manager.

Dear Bob,

I am concerned about Laura Harding, the FY2 on placement with us for the last 2 months. She is slow, disorganised, failed I hear last week to obtain an arterial blood gas sample and seems to have communication skills problems.

This week she couldn't even make sure an ultrasound report was ready for the ward room. I thought it sensible to flag her up re: last week's training.

Jocelyn, I will need input from you and your colleagues to get an authentic email exchange in place. Do we need to show an e-mail exchange or just use the e-mail you have to demonstrate the problem?

Next

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Laura – ST3 Cardiology

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As you can imagine, this came as a massive shock to me – I was devastated. I just didn't get it. I mean, he hadn't even completed a workplace based assessment with me, so how had he reached these conclusions? I was at a complete loss. The only thing I could think of was the late ultrasound report for one of his patients.

I'd worked so hard to get into medical school; it was all I ever wanted to do, so it felt as though my whole world had come to an end.

Laura is not alone – trainee doctors across the country are having similar experiences ...

Scenario 1: Laura

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These are some of the possible reasons why Laura was being undermined here.

Which factors do you think were likely reasons why she was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

Click to see the answers

Scenario 1: Laura

Health Education England

These are some of the possible reasons why Laura was being undermined here.

Which factors do you think were likely reasons why she was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

These are some of the likely reasons why Laura was undermined here.

Click for more

Scenario 1: Laura

Health Education England

These are some of the possible reasons why Laura was being undermined here.

Which factors do you think were likely reasons why she was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

These are some of the likely reasons why Laura was undermined here.

It's worth noting though that Laura's supervisor may have believed he was actually *improving* his communication skills and *helping* Laura with a weakness by documenting it in this way.
He may have thought it important to inform the 'right' people about his concerns, but in doing so, overlooked confidentiality issues.

Jonathan – ST3 Surgery

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Take Jonathan, the ST3 surgery trainee, for example, who was in theatre with his supervising consultant and team. This is what happened.....

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Consultant: *(with arms folded)* OK, Jonathan, you do the OSATS, will you. Are you OK with that?
Jonathan: (fairly confident and relaxed) Yes, OK, fine.
Consultant: Make sure you align the skin edges better.....use a 4.0.

Jonathan stitches the wound

Consultant: your technique is too stilted not very fluid Jonathan.
Nurse: *(with arms akimbo)* No, you really have made a bit of a hash of that, haven't you...

Nurse and consultant look at each other and roll their eyes

Consultant: The edges are far too inverted. Take those out and start again.
Jonathan: *(feeling flustered now)* Right...yes, sorry...I'll start again.....Should I ...
Consultant: I want you to be the very best that you can be Jonathan – we don't do 'satisfactory' in my team. Come along....we haven't got all day.....

Jonathan stitches the wound again

Nurse: You need to try and insert the needle closer to the wound edge.....
Consultant: More instruction/criticism from the consultant No! Too close.
Jonathan: Ummm...what do you suggest I do with this bit? I can't seem to align the edges as perfectly as I'd like.

Jonathan is now visibly distressed

Consultant: *(not listening)* Alright, Jonathan you're taking much too long – for such a simple job you really need to work faster. Ooh, for goodness sake, just leave it to Nurse Phillips to finish off. She'll get the job finished in no time.

Jonathan – ST3 Surgery (after he's left the operating theatre)

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What a nightmare! I've done a couple of OSATs in the past, and OK, they weren't brilliant, but they were tidy enough. I really wasn't expecting a running commentary like that, let alone all the criticism. I couldn't believe what was happening, actually? And being humiliated in front of the nursing staff like that? Is that *normal*? Are we supposed to just *take* that? Maybe we are?

I just feel a bit confused now, not to mention demoralised and useless!

Scenario 2: Jonathan

Health Education England

These are some of the possible reasons why Jonathan was being undermined here.

Which factors do you think were likely reasons why he was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

Click to see the answers

Scenario 2: Jonathan

Health Education England

These are some of the possible reasons why Jonathan was being undermined here.

Which factors do you think were likely reasons why he was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

These are *all* likely reasons why Jonathan found himself being undermined in this scenario, although the consultant was probably not even aware it was happening.

Click for more

Scenario 2: Jonathan

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These are some of the possible reasons why Jonathan was being undermined here.

Which factors do you think were likely reasons why he was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

These are *all* likely reasons why Jonathan found himself being undermined in this scenario, although the consultant was probably not even aware it was happening.

He may feel that he is ‘modernising‘ his training methods by including the MDT more in the feedback process and believe that his training methods produce the best surgeons.

And then there was Alice, the registrar who got blamed for a misdiagnosis.....

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Registrar: OK, Mrs Peterson, how've you been seen I last saw you ?

Mrs Peterson: (unfriendly) Well, I saw Dr D'souza the last time I was here.

Registrar: (looking at notes on the screen) Oh yes, I can see that from your notes.

Mrs Peterson: She told me that you made the wrong diagnosis. I was really shocked.

Registrar: (completely thrown now) Oh..... yes, I imagine you were.....

Mrs Peterson: I asked her how that could've happened and she just said it was down to your youth and inexperience.

Registrar: (trying to hide her shock) I see.....

Alice – Registrar
(after the patient has left)

Well, that was what you might call an ‘awkward situation’! It’s completely thrown me! The patient obviously thought I was incompetent and now I’m starting to believe that myself. I was completely lost for words.

I mean, what are you supposed to do or say when a senior member of staff questions your competence ***directly to a patient?*** I’m not sure where that leaves me now?

Scenario 3: Alice

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These are some of the possible reasons why Alice was being undermined here.

Which factors do you think were likely reasons why she was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

Click to see the answers

Scenario 3: Alice

These are some of the possible reasons why Alice was being undermined here.

Which factors do you think were likely reasons why she was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

Poor communication skills and attitudes are the MOST probable reasons for this case of undermining.

Click for more

Scenario 3: Alice

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These are some of the possible reasons why Alice was being undermined here.

Which factors do you think were likely reasons why she was being undermined?

- Time pressures
- Poor communication skills
- Implementation of quality control
- Attitudes resulting from a traditional, hierarchical culture
- Wanting the best for the patient
- Organisational pressures (time and money)
- A traditional approach to training

Poor communication skills and attitudes are the MOST probable reasons for this case of undermining.

It's possible that Dr D'Souza was trying to demonstrate to the patient that as a specialist in the area, her diagnosis and treatment would be the gold standard. Unfortunately, this approach does indicate a lack of respect for other professionals.

It also suggests that Dr D'Souza sees this approach as a standards review of the trainee's case management too.

Session 2: Review

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So, different situations, but very similar outcomes - three trainees left feeling undermined and their confidence shattered.

In Laura's case, her supervising consultant seems to have formed some prejudices about her, in the absence of any hard evidence. For example, he hadn't done any of her workplace based assessments. It transpired that he had based his judgement on one incident, when Laura had failed to get an ultrasound report ready in time for an early morning decision to be made about a patient. The consultant challenged Laura, who gave the impression that she did not recognise the importance of having the report to hand. The reality was that she just felt mortified and had difficulty in explaining the mistake, which ended up making her look incompetent.

In spite of the fact that this consultant received training only the previous week on the importance of discussing trainees in difficulty with the Educational Supervisor and Training Programme Director, he failed to put this into practice. He failed to organise any group feedback sessions, preferring instead to engage in an email exchange with his colleagues about what he thought was poor performance. However, a situation like this is not a performance issue but further assessment and support through the PDP may be required.

Session 2: Review

Health Education England

Looking at Jonathan's experience in the operating theatre. It's true that the consultant was probably short of time, which made him impatient, which may be why he was thoughtless in the way he gave Jonathan feedback. But the rest of the team colluded with him, possibly because they identified themselves with the senior member of the team. What Jonathan needed was support, but instead he was left feeling isolated and ganged up on/abandoned. Open criticism in a situation like this is clearly unproductive, destructive even, and it's well known that the way to improve a trainee's performance is through clear guidance, constructive criticism and moral support.

There is no doubt, either, that the traditional hierarchical culture which still exists in medicine played a part in this scenario. It's likely that the consultant, and perhaps some of the other team members too, were trained in this way themselves during their early years in medicine, so they perceive this style of assessment as 'normal'. They were probably not even aware that they were systematically undermining Jonathan.

This surgeon was in fact criticised by the clinical director for not including enough of the MDT in the assessment proves for trainees. And, in his attempts to safeguard and maintain professional standards for such a competitive speciality, he succeeded only in undermining and humiliating the trainee.

Session 2: Review

Alice, the registrar, found herself very compromised by the consultant's tactics. Dr D'Souza was clearly quite wrong to advise the patient of the misdiagnosis before speaking to Alice first. This also resulted in the patient losing trust in medical staff in general.

It's likely that the consultant undermined Alice unwittingly, and failed to consider the consequences of her action. Even so, this still constitutes undermining, and it will take Alice a while to recover from it.

Session 2: Review

Health Education England

In summary then, the impact of being undermined can be profound and long lasting, affecting people's mental and physical health. Furthermore, the causes of undermining in the medical workplace include the pressures of time – and communication skills are the first to suffer when people are rushed.

Let's not forget that consultants themselves can also experience stress due to pressures of work, which may occasionally affect their behaviour for one-off incidents, and which is generally forgivable. However, it's systematic undermining that is of most concern.

Undermining can also be a by-product of a need for senior staff to implement quality control, and to maintain standards. However, the strategies for achieving this require specific skills, which were not evident in the scenarios we've seen here.

Organisational pressures are another factor which can contribute to undermining in the workplace – teams and team leaders are required to meet deadlines and financial targets, so efficiency and high performance is high on the agenda, sometimes superseding the needs of the trainee doctor.

So far then, we've looked at a variety of situations in which trainee doctors were very obviously undermined.

At this point, you might be thinking, "Yes, so I know what undermining is, and how to recognise it, but if it happens to *me*, what am I supposed to do about it?"

The third and final part of this programme addresses this issue in some detail, providing some advice on guidance on what to do if you find yourself being undermined *or* you witness someone being undermined.

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Session 3 of 3: Managing and Resolving Undermining

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Managing and Resolving Undermining

Communication skills are at the heart of many misunderstandings and are often major contributors where undermining takes place.

All of the following factors can contribute to the feeling of being undermined

Body language

Verbal language

Listening skills

Let's take a look at examples of these from Jonathan's scenario…

Managing and Resolving Undermining: Body Language

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First, you can see that the consultant has adopted quite an aggressive posture:

Consultant: ***(with arms folded)*** OK, Jonathan, you do the OSATS, will you. Are you OK with that?

As has the nurse:

Nurse: ***(with arms akimbo)*** No, you really have made a bit of a hash of that, haven't you...

Jonathan is not helped when the nurse and consultant roll their eyes in full view of the entire team.

Managing and Resolving Undermining: Verbal Language & Listening

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The consultant's **tone** is patronising and impatient...

Consultant: Make sure you align the skin edges better.....use a 4.0

Consultant: The edges are far too inverted. Take those out and start again.

Consultant: .....we don't do 'satisfactory' in my team. Come along....we haven't got all day.....

And he doesn't listen to Jonathan, and instead talks right across him....

Jonathan: (looking flustered now) Right...yes, sorry...I'll start again.....Should I...
Consultant: Come along....we haven't got all day.....
Cut to:
Jonathan: Ummm...what do you suggest I do with this bit? I can't seem to align the edges as perfectly as I'd like.

Jonathan is looking quite distressed now.

Consultant: (not listening) Alright, Jonathan you're taking much too long .....

Health Education England

Receiving feedback is an essential part of a trainee doctor's training, and providing it in the *right* way is a key skill for any approved trainer.

What is said, and the way it is said can make all the difference to the trainee's learning experience - communication skills are key.

Let's turn the clock back for a moment and see some constructive criticism in action.....

Managing and Resolving Undermining

Consultant: *(supportive, non-critical tone)* If you have a good look at it, you'll see that the edges are far too inverted, so I think it would be a good idea to take that stitch out and re-suture.

Jonathan: *(still calm)* Yes, I can see that. I'll do it again.

Consultant: Take your time, there's no rush. The patient will want a nice neat scar.

Jonathan stitches the wound again.

Nurse: *(supportive, calm tone)* The trick is to try and insert the needle closer to the wound edge.....

Jonathan continues stitching the wound. He is looking quite relaxed now.

Consultant: OK, good. You're doing well. As the nurse just said, inserting the needle closer to the wound edge really does make the job easier.

Jonathan: Yes, it does doesn't it. That's a really useful tip

Jonathan continues stitching the wound. The nurse and consultant look at each other and nod in approval.

This alternative approach illustrates the value of constructive criticism, which includes providing the trainee with guidance and tips for improvement.

Instead of getting flustered, the trainee remains calm and composed, and gets the job done better.

Let's find out now how things were managed and resolved for our three trainees.
We'll start with Laura.....

Laura – ST3 Cardiology

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When I found myself in the middle of the email controversy about my performance, my initial reaction was to give up medicine altogether, and leave! Sounds a bit extreme I know, but I felt so helpless and alone!

I didn't really want to talk to my colleagues about it either, as I thought maybe I really ***was*** no good, and that maybe they had some kind of inside information on me, and thought I was useless too. That's the thing about being undermined – you get paranoid – you just don't know who to trust or who to turn too.

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Laura – ST3 Cardiology

Health Education England

- It was one of the senior nurses who approached me a few days later. We'd worked together quite a bit, and we had a quite good relationship. She wanted to know if I was alright, as she'd noticed I'd been very quiet and withdrawn.
- That was all it took – the floodgates opened, and I told her the whole story. All she did was listen really, but by the end, I decided to go and see my Educational Supervisor, rather than speak to my supervising consultant directly.
- I wasn't sure what to expect, but they took the matter really seriously, and the confidentiality issue too – yes, so the whole scenario is currently being unravelled.
- And I'm meeting with my TPD soon – she's planning to review my placement outcomes to ensure that everything's been done fairly. And I think my annual review is going to be postponed.

Laura – ST3 Cardiology

NHS Health Education England

So, Laura's Educational Supervisor agreed that what had happened was not acceptable and discussed it with the Training Programme Director, who arranged to meet with the supervisor. The TPD discussed the expected standard for maintaining confidentiality for training issues and asked the supervisor to recall the email.

The clinical supervisor apologised to Laura for the email, and acknowledged that it had undermined Laura personally and professionally. She also expressed regret for not discussing the matter with her, or providing feedback and tips for how she could strengthen her skills.

As a result of the incident, Laura was moved to another supervising consultant.

Next, let's find out what happened to Jonathan.....

Next

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Scenario 2: Jonathan

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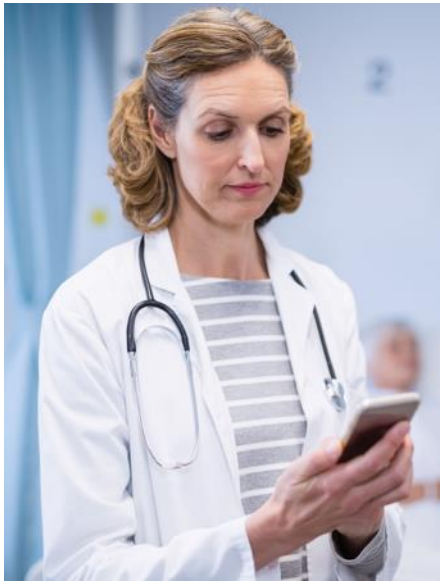
It turns out that what happened to me has happened to other trainees over the years. It was when I got talking to a year 4 trainee that I found out that they'd experienced something very similar in the operating theatre.

Like me, he thought this was normal, the kind of thing you should expect as a medical trainee and he let it go. But the whole thing started to impact on his whole life. He had trouble sleeping, trouble concentrating, started drinking too much, and he got a bit depressed, mainly because his confidence had taken such a knock.

It was his GP who told him to take the matter up with his Educational Supervisor, so that he could bring it to the Deanery's attention, to get some support and to help him get his confidence back. And that's what I decided to do too.

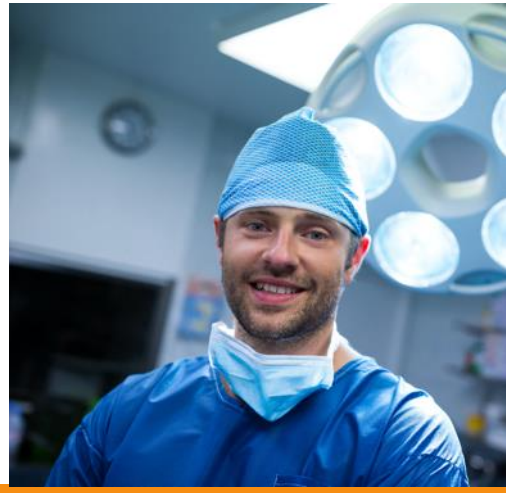
Scenario 2: Jonathan



Once Jonathan had spoken with his Educational Supervisor, the problems were resolved at local level.

The Training Programme Director and clinical tutor met with the surgeon and discussed standards for assessment, and the provision of feedback in the workplace.

They agreed with the surgeon about the standards he was trying to achieve, but made it very clear that *the way* they had handled Jonathan that day in surgery had paved the way for him to be victimised by the whole theatre team.



On reflection, the surgeon accepted the criticism and acknowledged that they needed to get the right balance with MDT input, and agreed that they hadn't been very supportive on this occasion.

They also accepted that, to avoid publicly humiliating trainees in the future, their training methods would benefit from some modification.

Previous

Next, let's find out what happened to Alice.....

Next

Alice - Registrar

Health Education England

After the consultation with the patient, life suddenly got quite difficult. I simply couldn't come to terms with what had happened, with the consultant's conduct. I knew it was wrong, so I finally plucked up the courage to go and see the consultant in person. I'd always found her quite intimidating but I went in the vain hope of at least getting some kind of apology.

Unfortunately, the consultant was less than sympathetic, and saw it as her duty to point out trainees' mistakes, otherwise, as she put it, 'how would we ever learn'? Her whole attitude was very unhelpful; nothing was resolved and I ended up feeling even worse than before.

In the end, I went to see my Educational Supervisor and said that if there'd been a problem with my treatment of the patient then the consultant should have brought it to my attention in confidence, discussed case management with me, and guided me on the correct plan. I raised the possibility that undermining me in front of the patient would simply reduce the patient's confidence and trust in me and possibly other doctors. The Educational Supervisor suggested that my comments were fair, and arranged for the 3 of us to meet and discuss the incident.

Alice - Registrar

Alice's Educational Supervisor arranged to meet with Dr D'Souza, the clinical supervisor, and discussed the concerns. Dr D'Souza was defensive at first but then agreed that she hadn't considered the impact of her actions and was very apologetic. However, this episode caused a loss of trust and the Educational Supervisor agreed with the Training Programme Director to move Alice to another placement.

In each of these cases of undermining, the trainees involved asked for help early on and brought it to someone's attention, which meant that the situation could be managed and resolved.

Meeting and discussing the situation with the person you felt undermined you, as Alice did, is recommended. State your case and explain your point of view. Invariably, the person who undermined you was probably not even aware of it, and bringing it to their attention may mean it won't happen again.

Most healthcare trust policies advise that if you believe you are being systematically undermined that you should contact your supervisor and HR department for advice.

'Good' employers will monitor organisational culture and make it clear that undermining, harassment or bullying is unacceptable.

However, the reality is that doctors in training rarely approach either HR or their supervisor for help or support when they feel undermined by another member of staff.

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There are a number of other steps you can take.

- Firstly, speak to a friend, senior colleague, training rep, medical education manager or supervisor for advice and support as soon as possible.
- You could approach the person who is undermining you face to face or by email and ask them to stop. Stick to the facts, include actual examples of the undermining and how it makes you feel. Don't copy anyone into the email at this stage.
- Although you may be reluctant, it is important to seek help and advice from your clinical or educational supervisor as early as possible. Meetings and conversations with your supervisor will generally be confidential and their advice and support will be invaluable. Alternatively identify another consultant that you trust or your training programme director if you're not comfortable with approaching your own supervisor.
- Always keep a record of incidents and interactions where you feel undermined.
- The key message is seek support from your supervisor as soon as possible or a senior member of the team in your speciality.

If you witness a colleague or member of staff being systematically undermined the same principles apply

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You have now come to the end of this module.

We hope you have found it useful and that it has provided you with some useful insights into undermining in the workplace, and guidance on what to do if you find yourself at the receiving end.

And don’t forget, for further information, references and links you can go to the ‘Resources’ section.