Scotland's Improving Surgical Training (IST) pilot: a tale of two cultural webs

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INTRODUCTION

"Improving Surgical Training" (IST) was proposed to rebalance tensions between service and training and to restore the trainee-trainer relationship. Curricular reforms such as IST are not simply about finding novel solutions to current problems. Similarly, enacting change is more than inducting and sustaining culture change. It is about thoroughly understanding the context in which the change is to occur. Understanding the context and mechanisms of change linked to introducing IST is critical.

AIM

How does the culture at training institution(s) influence enactment of IST recommendations?

METHODS



A qualitative study



Interviews with core surgical trainees (n=46) and trainers (n=25) involved in IST across Scotland were transcribed.



Initial inductive (data-driven) analysis indicated many explicit and implicit issues/factors acting as barriers or facilitators to the implementation of IST. We carried out a secondary analysis using Johnson's cultural web (Johnson, 1988).

RESULTS

Data analysis revealed seven themes: cultural paradigm, rituals and routines, stories, symbols, power, organisational structures, and control system. Using Johnson's theoretical framework for analysing organisational culture, we depict the interplay between these elements below.

Control systems

Measurements and reward systems emphasise what is important to focus on in an organisation.

Barriers to IST:

- Trainers job plans unaltered.
- Managers poor understanding of trainers role.

Facilitator of IST:

• Use of unsatisfactory trainee feedback to secure funding.

Power structures

Pockets of power within the organisation.

Barriers to IST:

- Rota coordinators dictate weekly theatre and clinic allocation.
- Higher management (Directors of Medical Education) support IST but middle management (service managers) prioritised clinical targets over training.

Facilitator of IST:

 Using IST as leverage to obtain financial commitment from management.

Rituals & Routines

Behaviours and roles signalling what is important in the organisation.

Barrier and facilitator of IST:

 Rotas determined CTs responsibilities, thereby directly influencing training opportunities. Rotas were both a barrier and a facilitator of daytime training opportunities.

Cultural Paradigm

• Underlying beliefs and assumptions shared within the organisation.

Beliefs and values of trainers:

- Trainers own experiences of training and of supervision shape trainee expectations.
- CTs expected to be intrinsically motivated, self-directed and have growth mindset.
- IST as shared training responsibility, not the trainee's sole responsibility.

Organisational structures Barrier to IST:

 Poor trainee-trainer relationships where surgical care delivered across multiple sites.

Facilitators of IST:

 Dedicated day case surgery units/ satellite hospitals and presence of "extended surgical team" members.

Stories

Stories told by employees to each other, to outsiders and to new employees.

Barriers to IST:

- Negative attitudes, hostility from ward/theatre staff towards CTs given intra-operative training.
- Preferential treatment of junior registrars in theatre.
- Trainers' tick-box attitudes towards workplacebased assessments.

Facilitators of IST:

 Upskilling CTs in simple procedural tasks reduces trainer workload and facilitates time for supervision.

Symbols

The tangible and non-tangible artefacts that influence organisational beliefs and values.

Barriers to IST:

- Assumption that all "consultant surgeons" are synonymous with being trainers.
- Poor governance structures for addressing training-related issues.

Facilitators of IST:

- Institutional receptiveness to feedback.
- Departmental trainee feedback meetings.

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CONCLUSION

In using the cultural web theory to analyse organisation culture in the context of IST implementation, our data foregrounds the deep-seated values and beliefs, behavioural practices, and symbolic routines that can be perceived as resistance to change which can inform strategies for future curricular change.