Episode two - M&M leadership: Choosing the right people

Debbie Draybi: I'm Debbie Draybi from the Clinical Excellence Commission and am pleased you can join us for this four-part podcast series with Dr Clare Skinner and Dr Dane Chalkley. This podcast is part two of a four-part series on M&M leadership and case selection Right Material and Right people.

In this segment on M&M Leadership: Choosing the Right People Clare and Dane emphasise the importance of the M&M chair as a Senior Leadership responsibility. This is an opportunity for setting the culture within a department and role modelling safety and quality principles. Clare and Dane discuss the evolution of medical education and give practical examples on importance of M&M leadership and the role of facilitation in building and protecting teams and ensuring everyone's voice and feels valued and heard within the M&M meeting. I hope you enjoy this segment.

Dr Clare Skinner: I worry about who leads the M&M, so I think running the M&M meeting for a team is a senior leadership job. It needs to be carefully selected. I worry about teams where this is seen as something that the registrar who rotates in for six months can do it. So, I don't think enough attention is paid to this in a lot of teams. This is a senior leadership job. This is an opportunity for setting the culture of your department and role modelling the way we do safety and what's important. The other little thing that we haven't talked about yet is the vast majority of things that we talk about in our M&M are related to the way that people communicate or the way they think. They're not related to technical problems - problems with knowledge - and I think that's a whole thing.

The traditional meeting style is very good for remedying deficits in knowledge to say right, you need to learn this, you need to have this protocol. But what we are actually role modelling here is right, if you don't know something, it's OK to look it up. It's OK to go and ask a colleague to have a look. So actually, I think there's a broader cultural aspect to them now, which is moving beyond that horrible training culture that many of us grew up with, into actually, we're all in this together and it's okay to own up to not knowing, it's okay to ask for help and it's okay to involve the patient in the decision making as well.

Debbie: It's really challenging to move from those early learning experiences, and you just mentioned that you're having flashbacks. You know they really are difficult to shift, and particularly if you haven't been exposed to new ideas or new ways of learning or contemporary principles around safety and quality in Human Factors. Do you think that's one of our challenges in terms of getting that senior clinical leadership who may not necessarily have that?

Dr Dane Chalkley: I think those ideas do have quite a good foothold now and I think it's translating those concepts into and removing tradition for the sake of tradition's sake and I think there's a lot of that in M&M meetings.

Clare: And I think there's a lot of that in M&M meetings. I want to acknowledge some of the fantastic, warm, caring, empathetic teachers that I've had through my journey as well. But I

think part of the M&M has been a hangover of that old style where you put people on the spot, and you ask some questions they can't answer, and you linger until they're uncomfortable. I think that's actually a hangover, and part of this is modernising. I think medical education has come a long way. It's much more inclusive, and psychologically safer than it used to be. I hope it is anyway, but I think the M&M is almost a hangover of the old style and it's time to actually bring that into modern, adult learning.

Debbie: Absolutely, so it's around that challenge of how to bring that and you mentioned the importance of the leadership who may or may not necessarily have been exposed to that. I think when we talked last time around supporting the new generation who have come from a much more positive experience in their medical education, than possibly you have, in terms of the style of learning with new and contemporary ideas around the importance of learning what goes well.

Dane: Yes, in so far as the Chairman should then have some idea about learning principles and about pedagogy and understand how people do learn and how medical education has changed. The Chair of an M&M is a big gig. It really is. It's a very important role in terms of education. It's also very important in terms of team building and protecting the safety and the psychological wellbeing of people who are there or who were involved in the case. It cannot be chosen lightly, as Clare said, and if it is chosen lightly then you're definitely at risk of having a learning experience or a work experience, not the ones that Clare and I did when we were growing up in the days of yore where sometimes you just absolutely dreaded even getting in the car going to work.

Debbie: So, for people who may find themselves in that role of Chair and potentially feel really out of their depth and very unfamiliar with some of these new principles and new and emerging ideas around Human Factors, what would you recommend for them? What are some of the things that can help better support them if they're feeling out of their depth in these roles and have been appointed - not by choice necessarily!

Dane: Yes, that's a good question. I think, ultimately, I would suggest that that person shouldn't really be the Chair. I don't know whether I'd consider chairing their meetings or being the quality leaders a very important role for someone who's interested in it, because I don't think you can just crunch numbers and hope for the best. Some of the data behind M&Ms suggests that meetings can be just dull, boring or dangerous, to the psychological wellbeing of people and also never follow through with system improvements. And that in effect is a waste of an hour or a waste of an opportunity.

I think what you need to do is you need to have a basis and a background in understanding a) Human Factors and b) the evidence base behind how we approach quality and safety. And I think if you don't really have that background, then you need to ask someone who understands it.

Clare: So how do you learn that? That's what I've been thinking about while you've been talking and why have you and I learned that? I think I probably learned it because I'm interested in people and systems. These are all ideas that have come up in the course of my work and I chose to read into them. You could read the work of Pat Croskerry and clinical reasoning, the work of Steven Shorrock, and Sid Decker, and the guys from the Patient Safety world talking about Safety I and II. There's a lot of literature out there.

I hope that some of the CEC material will actually help people as they get into these roles to provide a good snapshot of the sort of stuff that you need to know. I think, in general, in clinical leadership this is actually everyone's job and I don't think we've thought enough about some of this stuff as being core clinical business and I think it genuinely is. But the person that chairs the M&M, and I agree with Dane here, that everyone who speaks in the M&M and everyone who chairs the M&M must have an interest. The interest is fundamental. Without that you're not going to go anywhere, and I think once you've got an interest, there's a whole bunch of stuff you can do for your self-development to make sure that you actually understand some of the principles behind it.

Debbie: And those core principles around people and understanding systems, they may or may not necessarily have that familiarity.

Clare: And also, every hospital will have a clinical governance unit and there will be some expertise in there from which you can get some help as well. They're quite Safety I focused at the moment. With this Safety I focus, they will be reviewing the ims+, they're doing the RCAs, they're reviewing the QIDS data, and often you'll have a clinical redesign manager who's much more Safety II focused and I dream of them coalescing, I have to admit, because actually we need them both working together, as they don't work well in isolation. That's interesting for me as Chair, Dane, and I'd be interested to know what you do with this. I think it's important as Chair that you do unpick your own mistakes. Yes, you've got to be vulnerable. And that's probably hard for me and probably hard for you too. But you have to make sure of your part of the meeting, as you've got skin in the game. You can't just be there being the remote person. You need to admit that, actually, that was me. And role model that you look it up and you don't know everything, and things don't go perfectly.

Dane: Yes, once you've done it for a few years, you can find a mistake that you've produced out of your bag of tricks, but it's coincidental with every single thing that comes on in that meeting, where you can relate to 'yeah, I've done that, I've been there.' You need to have that, and you need to have a senior clinician group who are ready to put their hands up and say, yeah, I did that. I've done that. I've been there and it was difficult, but I've learnt from it.

Clare: Yes, I find that's an important facilitation point as well. I don't like it when you end up with a line of consultants in one row with everyone else in the room, and the consultants are almost like the interview panel in an exam. I think you can't do that. You need to make sure they're in the mix and not actually just marking everyone else's work.

Debbie: So, thinking about that where people are positioned and how they're contributing in the same way. So, there's that sense of equality and we talk about that power dynamic.

Clare: But another thing is who has the time to be there and who's vulnerable to getting paged out? And that needs to be protected time and you need to know that you're coming to the meeting. And the only reason you're going to leave the meeting is literally an internal disaster.

Debbie: It's really a carefully and very considered process, and I know we've talked in the past about you can't have a one size fits all. Yes, we do have these guidelines that are statewide, but it's around being able to get to know your group and what their needs are and then the context in which you work with them.

Dane: However, guidelines are guidelines and they're not law. And ultimately, I think within the CEC's document it does talk about the application of this to you as an individual, about understanding what the core principles behind quality and safety are and how you should apply those to your team to ensure that people learn, and that people are looked after.

Clare: I think you can be too proscriptive, about what's an M&M basically and I think it's really good to have guidelines because that can help someone structure what they're doing, but, as a team leader, you will need to pick and choose what's relevant to your team, what's going on in the department, things like that. So, yes, I think it's important that guidelines are guidelines because I think if you're too proscriptive, there's a tendency to the quantitative which we talked about isn't relevant to everybody and people don't understand it well.

The quantitative can usually be provided on one or two slides by an email, it doesn't need to necessarily be in a meeting unless there's a major trend. So, I think you have to be careful about making this another checklist exercise. Basically, I would see the M&M guidelines as a model of care. You can choose what works for your department, and here's some resources as opposed to you must do it this way every time.

Dane: If the quality and safety in your particular department is dependent on your M&M meeting, then you've fallen short in your obligation to provide effective quality and safety. My opinion of the M&M meeting is that it should be the educational outpouring of all the quality and safety efforts that are going on behind the scenes. And so, the quality isn't dependent on the M&M, but the M&M is dependent entirely on the quality and safety. And this is an opportunity to share new processes, to share new systems, and to share the good.

Clare: And I just wanted to talk a little bit about facilitation because I think, as well, you talked about everyone's voice being valuable. But I think we all know that things aren't equal in the meeting room, and that's even more so now we're in a virtual environment where some people have better tech than others and it tends to be consultants and senior nurses who have access to better tech and participate more often than our junior doctors, our nursing staff and, particularly other people around the department who are participating with less good tech where it's harder to speak up.

But facilitation is really important, so there's a lot of schadenfreude in M&M meetings. A lot of 'thank goodness it wasn't me' and people can express that by picking on the person. Even if you haven't named who was involved in the case, often ED people know the case, and they know who was involved. So, you need to really make sure that people know that you've got to model the values and you've got to model the communication style. As the Chair you have to really keep your eye on the room, which is more difficult in a virtual environment, so we need to be mindful of that. Keep your eye on the room.

Make sure that the loud voices are balanced out. Make sure you draw out the right people, but not in a way that makes them feel embarrassed or ashamed. So, if you can see that someone wants to talk about the sort of question that makes him feel safe to contribute, I think facilitation in the M&M is really delicate and needs to be done very well.

Dane: And I think that that goes to choosing the right speakers as well. If you're not the person presenting, then you need to prepare. This is, potentially, a very delicate situation. It's a delicate room where people could get hurt, so you need, to prepare your speakers who need, I think, to be multidisciplinary, but at the same time need to understand the basic tenets of the meeting, which is let's learn from this and let's protect everyone's safety. So, you have to have people on side and that needs preparation and that means actually having a bit of time before the meeting with the presenters and finding out what their idea of how things will go and what their focal point is going to be with their presentation.

Debbie: Thank you for listening to this podcast with M&M leadership and case selection Right Material and Right people: I really hope you enjoyed it. Please note this is one of a four-part series and I hope you listen to the other three segments as I continue this conversation with Dane and Clare explore around choosing the right cases. Dane and Clare talk about the importance of leadership in M&Ms, they also talk about their experiences of safety sciences and the importance of Human Factors. We explore multidisciplinary participation and it's a real opportunity to listen in and really hear the level of vulnerability and experiences that Dane and Clare talk about as they explore their M&M leadership. Listen in as Clare and Dane discuss their insights and lessons learnt that they have had along the way in supporting M&Ms.

Debbie: I'm Debbie Draybi from the Clinical Excellence Commission and am pleased you can join us in this conversation with senior leaders on Guiding principles of effective Morbidity and Mortality in action. This podcast series aims to explore the experiences and insight from leading M&M meeting. Look out for more podcasts as we continue this conversation and clinicians share their journey and learning. I hope you find it useful and if you would like to contribute to this conversation please contact me.