

Cambridge University Press

978-0-521-71704-5 - Core Topics in Operating Department Practice: Leadership and Management

Edited by Brian Smith, Paul Rawling, Paul Wicker and Chris Jones

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## **Core Topics in Operating Department Practice**

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# Core Topics in **Operating Department Practice**

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*Edited by*

**Brian Smith**

**Paul Rawling**

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## Foreword

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So, what makes a good leader? Are leaders made or born? Is management a science or an art? The attributes of good leaders and managers are inextricably linked and have been defined as integrity, business understanding, consistency, ability to admit to mistakes, ability to listen and decisiveness. These are attributes that, I am sure, we would all aspire to emulate. I would also add 'patience' to this list, as good work does not happen overnight. A familiar comment by Eisenhower is a particular favourite of mine: 'leadership is the art of getting someone else to do something you want done because he wants to do it'.

Good leadership and management are synonymous with change, something we are all familiar with in healthcare. During the last 10 years, healthcare has moved forward at breakneck speed. This has put healthcare professionals in expanding circles of influence. We are now aware of how our actions are governed, or managed, on both a micro- and a macrolevel. This self-awareness of our professional personae has encouraged us to lead, although we might not be aware that we are leaders. Whether it is leading patients through difficult times, leading students on their path to professional fulfilment or leading our teams through challenging days, we as professionals must lead through an ever-changing landscape within healthcare.

So how do we prepare for these changes? Education and training is the core of our delivery of an excellent service to our patients. How we learn and what we learn has also changed. Technological advances and issues of professional boundaries and



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competence have impacted on the perioperative environment in such a way as to splinter the very existence of what was considered the norm. New technologies have impacted on delivery of, and teaching in, healthcare. This has resulted in improving communication and technological advances in treatment that, ultimately, are accelerating the patient's perioperative journey. These advances have also resulted in professional boundaries being pushed to their limits, with blurring of roles and responsibilities of members within the multidisciplinary healthcare team.

Questions of professionalism linked to competency and regulation have been emphasized to the public and highlighted by the media in cases such as those of Harold Shipman and Beverly Allitt (Department of Health 2006a). The media attention has also had adverse effects on public confidence in healthcare and has emphasized the requirement for competent practitioners to be transparent about the regulatory mechanisms that govern them (Department of Health 2006b). This has made both the medical profession and the public aware of the need for change within the regulatory mechanisms that govern our contemporary healthcare workers (Hewitt 2007). The realism of today's healthcare is that the lines of professional boundaries have blurred, with many qualified and unqualified practitioners now performing extended roles that 10 years ago were not even in existence (Department of Health 2007). Many of these roles were deemed necessary to fill the skills' gap created by the working time directive (Income Data Services 2007) and the reduction in doctors' working hours (Cass *et al.* 2003). This created new opportunities for a multitude of extended roles for existing healthcare professionals, such as nurses and operating department practitioners, and also for the creation of new professions within the perioperative arena, such as surgical care practitioners and anaesthetic practitioners.

Other issues that have impacted on the contemporary healthcare workforce include comprehensive changes in pay with the introduction of the

*Agenda for Change*, which is inextricably linked to the *NHS Knowledge and Skills Framework* (KSF) (Department of Health 2004). The NHS KSF and its associated development review process are designed to define the knowledge and skills required by NHS staff to function within their designated role, with the intention that the 'KSF lies at the heart of the career progression strand of the Agenda for Change'.

So again I will ask the question, what makes a good leader? Is the answer the charisma of leaders and their ability to communicate a vision (Tomey 1993)? Maybe, as all great leaders and managers have charisma. However, good leadership and management go beyond charisma. Perhaps I can sum it up by saying, I don't know what makes a good leader; but I know when I've been led.

Sherran Milton

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## Preface

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This is the second book in the *Core Topics in Operating Department Practice* series. Following the overwhelming success of the first book, *Anaesthesia and Critical Care*, we offer this leadership and managerial text as another reference point for practising and studying perioperative practitioners.

The motivation in compiling this book was the observation that, despite the immense complexity of managing a modern operating theatre suite, books aimed at addressing issues for theatre managers were few in number. This remarkable fact is hard to explain given that sound management and effective leadership are regarded as key factors in health service modernization. Indeed, the need for strong and effective leadership is one of the few points on which operating department practitioners, nurses, medical staff, politicians and patients can agree upon in developing services in the new century.

Taking the same approach as our first book, colleagues from a variety of backgrounds have kindly given up their time to share their expertise in numerous fields, such as corporate governance, the development of advanced roles, the management of cultural diversity in the perioperative environment and the influence of organizational culture in the day-to-day life of a theatre suite. Each chapter explores the topic in a clear authoritative style, giving personal experiences to illustrate how some issues could be overcome and could reshape the patient's experience.

We hope that each chapter will enable the reader to develop skills that will be useful in setting into

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theoretical context the demands of everyday practice. We hope that chapters such as 'Leadership in Perioperative Settings: A Practical Guide', which draws upon the work of Professor Ian Cumming, will show how management theory can be applied at many different levels to the perioperative setting.

The key message from this book is to encourage those staff already working as leaders and managers in perioperative practice to engage further with principles and theories that relate directly to the care of patients. For those staff currently studying leadership and management, this book will prove a valuable resource to aid progress and will provide opportunities to reflect on current

knowledge and understanding of a number of contemporary issues embedded in perioperative care.

It is not our claim that the chapters in this book cover every aspect of the professional life of a perioperative leader and manager. Rather we have as far as possible addressed the most pressing contemporary topics that are prevalent in today's perioperative environment. The book has been specifically written for perioperative practitioners who are seeking to build and consolidate their management and leadership skills, both practical and theoretical.

**Brian Smith, Paul Rawling,  
Paul Wicker, Chris Jones**