‘I need your support, Sarah’, says David. ‘Can I count on it?’

David, a VMO GP anaesthetist residing and working in a rural New South Wales town, is meeting with Sarah, the director, medical services, of the local hospital. David has been frustrated with poor patient-care planning and the lack of support for his bariatric clients facing surgery.

David wants Sarah’s support to issue a directive reinforcing an existing mandatory requirement that surgeons provide height and weight information when completing a Referral for Anaesthetic form.

‘Look, Sarah, the surgeons need to be given a good prod about this. They know they are supposed to complete the form with height and weight data, but over the past six months only four per cent of the forms were properly completed. I mean, four per cent! Can you believe that?’

‘Yes, it is hard to believe,’ Sarah replies, ‘but I don’t know that a directive from me is going to make much difference. Completing that data is already a mandatory requirement. What do you want me to do – formally discipline them?’

‘Well, I think a fairly pointed communication from the director, medical services, to the surgeons would help, reminding them of the increased operative risk for overweight or obese patients and pointing out the cost of cancellations and the inconvenience to patients.’

‘I suppose I could do that’, Sarah says. ‘But I have a question: why don’t you just speak with the surgeons directly, or make a presentation to one of our regular meetings with them?’

‘I’d rather the advice came from you’, says David. ‘Having worked with some of these people for over a decade, there’s probably a bit too much accumulated baggage between us.’

Later, while driving home, David ponders Sarah’s question. Just what is getting in the way of his speaking to the surgeons and asking them to complete the form?
Two days later, in a meeting where Sarah is present, David finds himself reflecting on their earlier conversation. He decides then that he will meet with the surgeons. But first he will need to do a bit of preparation. Perhaps Kelly can help, he thinks. Kelly, a former clinical colleague, now works part-time in executive coaching.

Over coffee, Kelly asks David what he wants to achieve by meeting with the surgeons.

‘To get them to complete height and weight data, so that incomplete forms become the exception rather than the rule’, replies David.

‘Yes, but what is your purpose? What is it you’re really trying to achieve? Perhaps trying to frame the challenge in terms of where things are now, compared to where they need to be, might help?’

‘Okay’, says David. ‘At the moment, very few of these forms are properly completed. It means many elective procedures are cancelled at the last minute. This leaves operating theatres unused, which costs a fortune. The patients themselves are inconvenienced and disgruntled.’

‘Understandably’, Kelly agrees. ‘How will completing the forms with height and weight data help?’

‘Well, if we could get involved earlier and educate the patients on the benefits of losing weight before the procedure, it would save time and a lot of inconvenience. Fewer patients would have the frustration of having their procedure cancelled.’

‘That sounds like a pretty compelling set of arguments’, says Kelly. ‘But it’s the surgeons’ support you need. I would imagine they’d want to see the kinds of outcomes you’re talking about, too. What do you think is holding them back?’

‘Well, I suppose to them the form is just another bureaucratic requirement that they’re expected to comply with. They might see it as getting in the road of caring for their patients.’

As he said this, David realises he hasn’t focused enough on helping the surgeons appreciate just why completing the height and weight data has a significant effect on outcomes for their patients.

‘I haven’t given enough attention to talking with the surgeons about what they want for their bariatric patients’, David admits.

‘Perhaps when you meet with them, there’d be value in getting their views about what’s happening now and what would be a vision for these patients that you could all share?’

‘I think you’re right’, says David. ‘I’ll get in touch with Sarah to see when we can get that meeting with the surgeons set up.’