

ERICSSON: You're struggling. ""

JO: I just.., I just can't seem to.., to get the angle for this one, Miss Ericsson.

ERICSSON: And now?

See how the whole picture changes? ""

You weren't using me, Jo. ""

You must try and give.., you know, assertive commands to your assistant. You have to tell me. You have to ask me to do that... Not necessarily boss me around but.., yeah you have to be quite clear.
""

Directing your assistant is tricky. It's definitely a skill to learn. ""

JO: OK... Cut! Please ... Thank you.

ERICSSON: What do you think?

JO: It looks..?

(It looks, OK..?)

Is it?
What am I..
What am I missing?
I think it's OK, but..)

To me.., it's—

ERICSSON: It's fine, Jo. Or at least it's a whole lot better than the first one of these we did together.

JO: (The first one..) ""

ERICSSON: It needs one more stitch.

JO: (The first, the first one..) ""

ERICSSON: I'll do this one.

JO: (The first one was horrible. I felt..) ""

ERICSSON: Stitch, Jean.

JO: (I felt.., absolutely uncomfortable with it) ""

ERICSSON: I test individual Registrars
before giving them the reins.
See their level of fluidity,
of the movements.
And their knowledge
and confidence of anatomy.

JO: (It felt that I.,
sort of.,
like.,
forgotten..., umm, got a bit, you know...) “”

ERICSSON: He was performing very badly.

JO: (Not minimising my.,
economising my movement.
Probably...) “”

ERICSSON: He didn't do very well at all.

And I asked him: “What's wrong?

I mean, you know the operation:
you know the surgical steps.”

JEAN: Trainees will be under pressure:
because they're not absolutely certain
what they're doing is right or wrong; and
they're still in a process of learning—

ERICSSON: —flailing
repeated attempts to achieve the same outcome
because whatever you're doing's not working.

JEAN: It undoubtedly makes you more nervous.
I mean it's quite obvious to see:
you'll develop more of a tremor in your hands;
you might feel a bit more
self-conscious than normal about it.

ERICSSON: If you've a bleeder you buzz it.
And it's still bleeding: you buzz it again.
Still bleeding: you buzz it again?

Well clearly: buzzing doesn't work!

You're flailing. And you need to move on to a different alternative.

JEAN: We're not giving them enough opportunity for stress free training

ERICSSON: All this thing about 'education', 'training'.., it's an apprenticeship!

JEAN: You have to be able to work under stress. It's part of our job but, at the beginning, when you're learning an operation.

ERICSSON: [My first boss,] he'd constantly shout at you, during an operation:

cut

Cut

CUT

No, not like that!

I treated it a bit like an extreme sport: I'd come out and my heart was pumping

JEAN: Stress is not good for learning.

JO: *(I felt...)*

ERICSSON: Made me learn how to cope—

JO: *(I.., I felt, really, really bad that day...)* “”

ERICSSON: —with the intense pressure you experience during operations: when you're doing them on your own.

JO: *(I remember going back home. And thinking. Thinking. Thinking about, you know, every - single - step of the operation. I felt.., I felt guilty: I.., I often...)* “”

ERICSSON: There. See?

JO: (I., I often...,
I., I often do)

ERICSSON: See how that's better, Jo?

JO: Sorry, Miss Ericsson. Umm...Yeah. I., I guess.

ERICSSON: How many times? You have to be more definite. More confident in your decisions. You're the surgeon. You're in charge: "in surgery, you're allowed to be wrong, but never indecisive" ""

Cut! ... Now, go ahead and close.

JO: Stitch! Please.

ERICSSON: Let's send, Jean.

JEAN: Happy if we send for the next patient, Dr Gotski? Dr Gotski?

VEE: The patient with perforated ulcer?

JEAN: Christine Anderson. For a laparotomy.

VEE: Urrr., this patient will take some little time to waken up first.

ERICSSON: Too much happy juice again, Doctor?

VEE: If he wakens too quickly he will not be comfortable. He—

ERICSSON: If he wakes up as slowly as the last patient—

VEE: He will take some time.

ERICSSON: Look, Vee - I know you like to do things by the book, but the speed you've been going today. We can't afford to have an hour in between every patient while you... dither around.

VEE: I don't... 'cut corners'. And—

ERICSSON: We need to get on.

VEE: And I will need to—

ERICSSON: These patients just get worse the longer you leave them.

VEE: I will need to go and see her.

ERICSSON: She's young and fit. And she needs an operation. What more do you need to know?

VEE: I will need to—

ERICSSON: Look.., can't you see her when she gets here? In the anaesthetic room? We need to get on, keep the tension constant, Jo. Is she consented?

JO: I managed to get it done before we started this one, Miss Ericsson. She's all set.

ERICSSON: So we send, yes? Yes?

VEE: Is she properly sorted out? Fluids? Pain relief? These patients can be really sick.

ERICSSON: She's all set, Vee, didn't you hear?