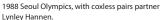
What does an Olympic medal and surgery have in common?

BY NIKKI MILLS

Competing against female Eastern Bloc athletes in the 1980s was a thankless task, demanding a mulish tenacity in an often futile cause. Ideal preparation for a career in surgery?







y path to medicine was unusual, in that I left school when I was 16 years old to become an athlete, and did not return to academic studies until 10 years later. By then I had a shoe box full of international medals, with an Olympic bronze medal among them. For most of the following 20 years, I thought of this early part of my life as quite separate, as if I had led two unrelated lives. However, as the grey hairs have grown in, I have come to realise that there were many parallels between these two phases of my life, and that my early involvement in high level competitive sport influenced who I am as a surgeon and teacher in more ways than I had appreciated.

In New Zealand in the 1980s there were only a few exceptional women performing at a high level in rowing. The national selectors at that time struggled to see how women could fit into the national team, and perform at the level required for international success. I faced the national selection committee many times before I was finally selected. I was told,

more than once, that I was too small to ever be a successful international rower and should stop wasting their time. I am not sure where my resilience came from, but I didn't let this stop me believing in myself. I set my own standards and trained harder than those before me. I was very fortunate to have Harry Mahon as my coach and mentor, and my path was significantly influenced by his guidance. Years later I was rewarded, being in the first New Zealand Women's rowing crew to win an Olympic medal. This was in spite of being the lightest female rower at those Olympics and the overwhelming dominance of Eastern Block countries in that era. Our bronze medal in the Women's Coxless pair led the way for New Zealand women to be selected in the national rowing team every year from then onwards.

On retiring from rowing, I applied for medicine at the 'ancient' age of 26. I considered my selection similar to receiving a 'wild card' entry, as my path was very much outside of the normal route into medicine. My skills

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Nikki operating at Starship Children's Hospital, Auckland, New Zealand.

at applying myself in a very disciplined manner to rowing training equipped me well through medical school, even after a 10 year break from academic study. At that time in New Zealand, surgery was a male dominated specialty with only a few exceptional female surgeons as role models. When facing the ENT training selection committee, I was told after my second unsuccessful application not to bother applying again. Regardless of this discouragement, I was tenacious in pursuing my dream, and on my third attempt the following year was finally accepted into the ENT training programme.

For several years, I was so immersed in my surgical training that the skills I had acquired as an athlete seemed to belong to another life, until an article by Atul Gawande on 'coaching in medicine' opened my eyes to the similarities between surgery and elite sport. As many of you will know, Atul is an endocrine surgeon and writer based in Boston. He wrote his first book, Complications, while still a surgical resident. His books and articles in the New Yorker have profoundly influenced my thinking about medicine and life. In one particular article 'Personal Best' (www.newyorker. com/magazine/2011/10/03/personalbest), he argued that your performance in any particular skill is likely to plateau if you cease to receive feedback on it. Atul suggested that coaching could help you to continue to improve your technical skills, even when you are already doing something well.

As a competitive rower I never stopped striving to be better. I practised the same rowing stroke thousands of time, always highly critical of every movement I made, and welcoming of any input from coaches guiding me to improve my performance.

On reading Atul's article I had a 'lightbulb' moment about how I would like to teach and learn in surgery. I embraced a 'learner centred approach', based on the concept of trainees passing through the care of many 'coaches' who help them to assess their strengths and weaknesses and guide them to reach a higher level. As coaches, we can offer trainees and colleagues new challenges and new insights, taking their thinking out of their current comfort zone and guiding them to a different perspective, and in turn others can do the same for us. This concept has inspired me to continue trying to evolve and improve as a surgeon, to welcome all opportunities to operate with others, and to actively explore how others may do things differently.

From that mind-set, it seemed natural to progress to using simulation education as a tool for teaching. In sport, athletes use deliberate practice to improve technical skills, and they train together to work optimally as a team. In my thinking, airway surgery is the ultimate surgical 'team sport'. Simulation lends itself beautifully to optimising team work, especially for low frequency, high risk events such as airway emergencies.

The analogies continue to unfold. Things I learnt in my youth - trying to make a boat go faster - continue to shape who I am as a surgeon and a teacher: striving to be better than 'good enough', working with people to bring out the best in each other, inspiring a team to seamlessly bring their skills together. These are the things that encourage me to find the best possible performance in myself and those I mentor, whilst responding to the different pressures that each new day and patient may bring.

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ABOUT THE AUTHOR

Nikki Mills won an Olympic bronze medal in the Women's Coxless Pair in Seoul in 1988. She went on to do a Paediatric ENT Fellowship at Great Ormond Street Hospital 1998-9. Nikki joined Starship Children's Hospital in New Zealand as a Consultant Paediatric ENT Surgeon in 2010 and is still there today. She is also currently also studying for doctorate in medicine.

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