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What has been your route into Cardiothoracic surgery and what made you choose your specialty?

I have along family history of heart disease, with my father having a heart transplant over 35 years ago. I have always been interested in cardiac surgery as I have seen first hand the difference it has made, and continues to make to people's lives. It is not just about the length of the life, but also about adding quality to that time!

My route into cardiac surgery was fairly straightforward – I requested a student place in the specialty and never really left it!

What is something that you're passionate about and what keeps you motivated to pursue this?

I am passionate about providing high quality evidence based education to new nurses to the area. Nursing in Cardiac Surgery ICU has such a wide remit – from the enhanced recovery patients who move through our service quickly, to those patients who require high level interventions, the nurse must be safe and competent to handle all the patients that come through the doors!

What do you enjoy doing outside of work?

Outside work, I have 3 young children who keep me pretty busy!

What is your favourite quote/mantra in life?

The Navy Seals have a saying that you don't rise to the occasion, you sink to the level of your training. That is why we train so hard. I think that for staff working in a fast paced, time critical environment high level training is key.

What advice would you like to give (female) students/trainees?

In nursing there is a predominance of female staff, but many senior positions are taken up by male colleagues. This is an issue that has persisted for years – as females we need to build each up, we need to work together to ensure our voices are heard and our knowledge and expertise shared. When working with the MDT, we need to be cognizant of what it means to promote females in cardiothoracics. This means acting as a role model and not being afraid to make your voice heard. It is only by challenging preconceived notions that we will continue to progress and ensure the specialty is representative and safe for all to work in. This may mean pushing beyond what we normally do and speaking up at times when it is hard, but with the support of colleagues and friends being brave is easier.

What do you hope to achieve throughout your tenure on the WiCTS committee?

I would like to shine a light on the preponderance of senior nursing roles carried out by men, despite a largely female workforce. More flexibility in working patterns and appropriate support for less than whole time working must be considered as many of the workforce take a step back due to caring commitments. This should not be a barrier to promotion and workforce development.

I would also like to highlight ways junior surgeons in the service can be supported by nursing staff and how we can challenge the established status quo and perceived notion of the 'old boy' network.

What can we all be doing to encourage and support women in this field?

We can all be heard, we can all use our platform to support female colleagues, whether nursing, medical or AHP. We are all part of the same team and all can play our part in ensuring change is openly discussed and that inequity for female staff, be that open or insidious, is not swept under the carpet. We must shine a light on the issues and not be afraid to speak up and support ourselves and each other.