

Leadership and working in teams

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Abstract

Leadership and teamwork are essential components of surgical practice and now recognized in the Generic Professional Capabilities framework from the GMC. Surgical application of these skills can be usefully explored through the NOTSS (Non-Technical Skills for Surgeons) taxonomy. This identifies the essential elements of performance in key areas: exchanging information; establishing a shared understanding and co-ordinating team activities (for teamwork); and setting and maintaining standards, supporting others and coping with pressure (for leadership). In addition, there are a number of well-evidenced tools and techniques which can be utilized to improve performance. This includes team briefing and debriefing, closed loop communication, SBAR (situation, background, assessment, recommendation), graded assertiveness and 'flying by voice'. Practising and integrating these techniques into surgical practice can improve individual and overall team performance. Finally, to optimize our performance requires careful balancing of each non-technical element to stretch and develop teamwork while providing support and maintenance of a healthy working environment. And of course, always aligning these developments with the goal of improvement in patient care.

Keywords Communication; leadership; non-technical skills; NOTSS; teamwork

Introduction

Leadership and teamwork are integral components to all surgical competencies. Both feature in the recent General Medical Council (GMC) framework of Generic Professional Capabilities which recognize that good performance in these areas can contribute to improved patient outcomes.¹ The framework includes, among other things, the need to lead and work in teams by:

- demonstrating an understanding of a range of leadership principles, approaches and techniques and applying them in practice
- demonstrating appropriate leadership behaviours and an ability to adapt leadership behaviour to improve engagement and outcomes
- promoting and effectively participating in multidisciplinary, and inter-professional team working.

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Despite their prominence, both leadership and teamwork can be challenging terms – intrinsically obvious to all but also less easy to develop, teach and assess. Both subjects are developed over a lifetime of experience at work and play. Leadership in particular can carry strong positive or negative associations related to heroes and villains remembered from history, books, sport or screen. Leadership and teamwork can also be subject to illusory superiority. Data would suggest that many surgeons commonly believe themselves to be better communicators, team players and leaders than measured by their multidisciplinary colleagues.² This is critically important as most people are less motivated to develop areas of practice in which they believe they are already proficient (even though that may not be the case). In order to improve your performance in the areas of leadership and teamwork it is essential that you understand the skills required, while at the same time accepting the need for development and improvement. You must also identify techniques to improve and opportunities to practise.

Non-technical skills (NOTSS)

For the surgeon, essential non-technical skills are defined within the NOTSS (Non-Technical Skills for Surgeons) taxonomy. This taxonomy was developed by industrial psychologists and surgeons in a collaborative process involving a series of cognitive task analysis interviews, workplace observations and an iterative design process before validation.³ The NOTSS taxonomy of four major skill categories: situation awareness; decision making; communication/teamwork; and leadership can be seen in [Table 1](#). Each of the four categories is further broken down into three essential elements; a recent study confirms this format to be the most efficient model for assessing these skills.⁴

The NOTSS taxonomy provides further guidance on each of the skill elements by identifying examples of observable theatre-based behaviours that would be indicative of either good or poor performance in each area.³ It is noteworthy that the NOTSS taxonomy considers communication and teamwork together, due to the essential nature of communication in high performing teams. A further useful adjunct to the NOTSS taxonomy is the Surgeons Leadership Inventory,⁵ which specifically details intra-operative leadership skills. These skills are broken down into four skills related to task performance and three skills related to team performance.

Team performance:

- maintaining standards
- managing tasks
- making decisions
- managing resources.

Task performance:

- directing and enabling
- guiding and supporting
- communicating and co-ordinating.

While both leadership and teamwork can be applied at any organizational level, for the purpose of discussion we will focus on the clinical application of these skills within surgical teams. We will review each of the communication/teamwork and leadership NOTSS elements but before doing this it will be useful to 'begin with the end in mind' – in other words by first of all establishing what the 'effective team' looks like.

The NOTSS (Non-Technical Skills for Surgeons) taxonomy³

Category	Elements
Situation awareness	Gathering information Understanding information Projecting and anticipating future state
Decision making	Considering options Selecting and communicating options Implementing and reviewing decisions
Communication & Teamwork	Exchanging information Establishing a shared understanding Co-ordinating team activities
Leadership	Setting and maintaining standards Supporting others Coping with pressure

Table 1

The effective team

A standard definition of a team is ‘two or more people who interact, dynamically, interdependently, and adaptively toward a common and valued goal’.⁶ As surgeons we are involved in multiple clinical teams throughout the working day, ranging from the ward round, out-patient department, multidisciplinary team meeting and in the operating theatre. Salas et al. identified five essential components to effective teamwork, with a further three underpinning the co-ordinating mechanism.⁷ These components are outlined in Table 2.

These components explicitly recognize the need for a shared team goal and emphasize the task-interdependency required to reach it. To work effectively, teams need to be aware of other members’ tasks and workloads, with a willingness to support and backfill as appropriate. This requires an over-riding belief that the team goal is more important than individual status. This has broad implications for surgical practice. The qualities of an effective team, as identified by Salas, can be seen reflected in the personal non-technical skills required by individual surgeons in the NOTSS taxonomy.

Exchanging information

The ability to give and receive information from other team members is an essential skill to maintain team adaptability and to foster mutual trust, performance monitoring and back-up behaviours. Teams which exhibit poor information exchange intra-operatively, put patients at a higher risk of post-operative complications and death.⁸ Information must flow evenly between team members and across specialties. Surgeons must be able to update the team regarding the immediate surgical environment, patient situation and goals, while at the same time receiving information from anaesthetic and nursing colleagues concerning cardiovascular status, equipment, drug issues or external events that may influence decision making. Active listening and appropriate responses by all members of the team helps develop a cohesive team spirit where team members feel valued and are more willing to provide information.³ This open exchange of

information is critically important to safety across all high risk industries; with high profile incidents relating to critical information being ignored/dismissed, or team members feeling unable to provide information due to hierarchical barriers, well documented.⁶

Communication tools

There are several communication tools and techniques that can be used to improve the effectiveness of information exchange:

- ‘Flying by voice’, borrowed from aviation, involves the surgeon talking through his actions as he/she performs them. This allows team members to follow the operative

The ‘big five’ of effective team performance and underlying mechanisms⁷

Core component	Explanation
Leadership	The ability to direct and co-ordinate the activities of other team members, assess team performance, develop team knowledge, skills, and abilities, motivate team members, plan and organize, and establish a positive atmosphere. It can refer to a single team leader and to all team members if situational leadership is appropriate
Mutual performance monitoring	The ability to apply appropriate task strategies to develop common understandings of the team environment. This includes an understanding of team mate workload, fatigue, stress, skills, and the environment external to the team itself
Backup behaviour	A person’s ability to anticipate other team members’ needs through knowledge about their responsibilities
Adaptability	The ability to adjust team strategies and alter the course of action based on information gathered from the environment through the use of backup behaviour and reallocation of intra-team resources
Team orientation	An attitude characterized by a propensity to take other’s behaviour and input into account during group interaction and the belief in the importance of team goal’s over individual members’ goals
Underlying co-ordinating mechanisms	
Shared mental models	The shared understanding that team members hold
Mutual trust	The shared belief that team members will perform their roles and protect the interests of their teammates
Closed-loop communication	The exchange of information between a sender and a receiver

(From Salas, E. et al., Does team training work? Principles for health care. *Acad Emerg Med*, 2008. **15**(11): p. 1002–9. With kind permission of John Wiley & Sons.)

Table 2

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