

Building High-Performance Teams in the Operating Room

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KEYWORDS

• Patient safety • Team dynamics • Communication

This is a democracy—everyone votes and I decide.

—Attributed to one of my chief residents

As surgeons, we were trained in not only personal responsibility for our patients but also leadership of teams. The hierarchy was clearly defined, and teams were a relatively homogeneous collection of surgical residents, medical students, and perhaps a nurse practitioner. We learned how to function in the operating room (OR) by observing attending surgeons and tried to assess the characteristics of those who seemed successful in engaging all those present. Other disciplines involved in the same patient care had different experiences and perspectives. What we perceive as good teamwork and communication are seen by others as less than adequate. In a study of OR and ICU teams, 84% of anesthesiologists and 94% of intensivists felt that junior team members should be able to question the decisions of more senior members. Only 55% of attending surgeons and 58% of surgical residents agreed. Nurses' response patterns mimicked those of anesthesiologists and intensivists. Similarly, surgeons were less likely to acknowledge the effects of personal stress and fatigue on performance.¹ Is it any wonder that with different expectations and perceptions, effective team building is a challenge?

LEARNING FROM THOSE THAT DO IT WELL

In the business community, the financial viability and survival of an organization is dependent on delivering high-quality goods and services in response to customers' needs.² Bringing together teams with members that have different skills and personalities involves several steps for success:

1. The creation of a shared belief in the value of the team and of the mission
2. Setting clear and achievable goals

The author has nothing to disclose.

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Surg Clin N Am 92 (2012) 15–19

doi:[10.1016/j.suc.2011.11.005](https://doi.org/10.1016/j.suc.2011.11.005)

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3. Ensuring a desire to work with others to achieve the goals
4. Recognizing the value of all team members, no matter where they sit in the hierarchy
5. Instilling in individuals an awareness of how valuable their own contribution is to the team
6. Rewarding desirable team behavior in tangible and nontangible ways.

What makes team building in ORs a challenge:

1. Although everyone in an OR is drawn by patient care, motivations are different. Surgeons want to treat the illness or injury, have built a relationship with patients, and will care for patients after leaving the surgical suite. Anesthesiologists are tasked with acutely maintaining hemodynamic functioning during an active insult while providing medications that are inherently toxic. Nurses have a strong identity as patient advocates and protectors. In addition, they are saddled with multiple policies and procedures that may put them at crossed purposes with others in the room. Based on outside responsibilities, there may also be time considerations, and some team members have the option of being replaced during the procedure should they need to leave. Finally, students want to learn the techniques of their mentors and try not to get in the way.
2. The goal is to provide patients with optimal safe care; not everyone is aligned to that goal. Production pressures and outside responsibilities divert individuals from focusing on patients and induces tunnel vision that limits efforts to a single task.
3. We were judged and rewarded for our individual achievements. Nobody ever got into medical or nursing school by being a C student yet a great team player. In other fields, the ability to function in a team environment is taught and rewarded.
4. By being trained in a hierarchy, it is difficult to recognize the value of each individual independent of their level. Yet one of the most hierarchical of all institutions, the US Marine Corps, is an example of superb team functioning. The Marines create an identity and culture that recognizes an individual's skills and instills in each member the ability to seek ways to adapt those skills to the betterment of the team.³
5. A well-known chief of surgery once said, "I don't give compliments. Perfection in patient care is expected—everything else needs an explanation." An appropriate goal to be sure, yet could the same results be achieved incrementally with reward and recognition? By creating all-or-nothing thinking, are we optimizing our ability to improve the system?

DEVELOPING THE TEAM—DOES EVERYONE KNOW THE GOAL?

Although the concept of the OR team centers around the acute time when a patient is having a procedure, many groups function in support of that patient. The efficiency and effectiveness of room turnover and supply availability can affect the operative team by reducing fatigue and stress as well as eliminating extra handoffs that occur when scheduled cases run late. There is a tendency to focus only on a specific assigned role without seeing how our contributions affect the overall process. Effective organizations help individual employees understand their role in the overall mission and invest the resources to orient and support those behaviors. Effective organizations seek input from those on the front line, and engage them in solving problems and optimizing flow. Trust is established by sharing data and providing feedback.

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