Let's Talk Teamwork

Multi-Professional Team Briefings in W.A. Operating Theatres

Days in operating theatres are busy. Many things need to fall into place for a surgical list to go smoothly. Whether a surgical list runs well can depend on everyone in theatre working together, having a good idea of what is planned for the day and what is expected of them. This can be difficult as people with various professional backgrounds, holding different skills and insights, need to work together in theatre to deliver excellent patient care. More frequent use of non-permanent staff such as agency nurses, lists rotating between different theatres, less stable team compositions increase this issue. The 'core' teams are less stable and teams can't rely as much on past experience working together.

Good communication between different professional groups is key for good clinical practice. Research and tools developed around communication and teamwork in the operating theatre so far focus on particular professions working in theatre, such as anaesthetists (e.g. ANTS rating system; Fletcher et al, 2003, surgeons NOTS; Yule et al, 2006, or scrub nurses SPLINTS; Mitchell et al, 2013). What these tools do not address directly is how different professional groups work together and communicate effectively.

Communication in Western Australian Operating Theatres

As part of an ongoing research project funded by the Western Australian Department of Health, researchers from the University of Western Australia (UWA) have engaged with operating theatre staff to get insights into their day-to-day experiences. A survey of 149 medical staff working in theatres in major hospitals in Western Australia, including surgeons, technicians, nurses and anaesthetists showed that communication breakdowns are relatively common with most staff experiencing these sometimes (47%) or often (37%) – See table 1. Similarly, foreseeable delays were reported by most surveyed theatre staff as occurring sometimes (60%) or often (24%).

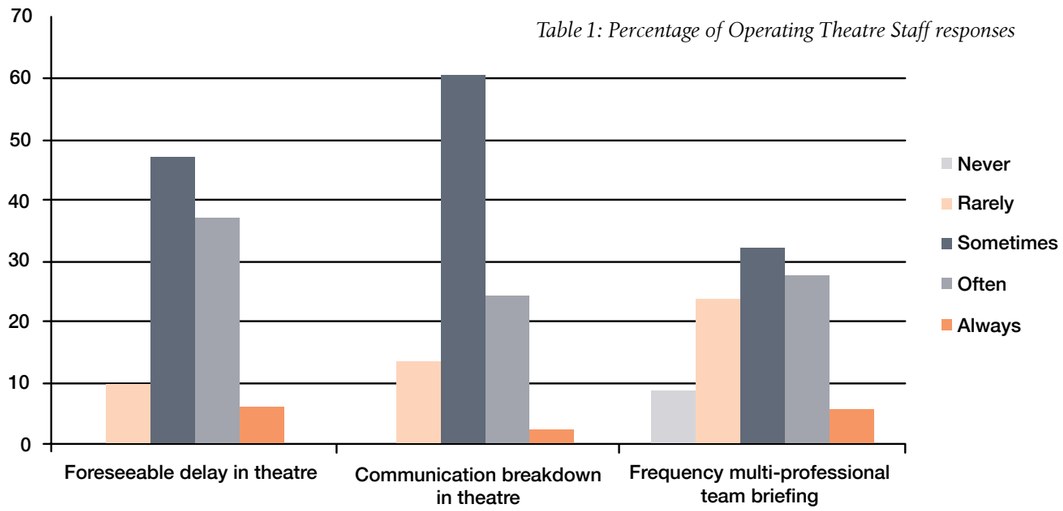
Given that communication failures may not be immediately noticeable, they may not be instantly addressed and can lead to issues later on. Good communication and active information sharing can turn the variety in skills, knowledge and awareness into a strength.

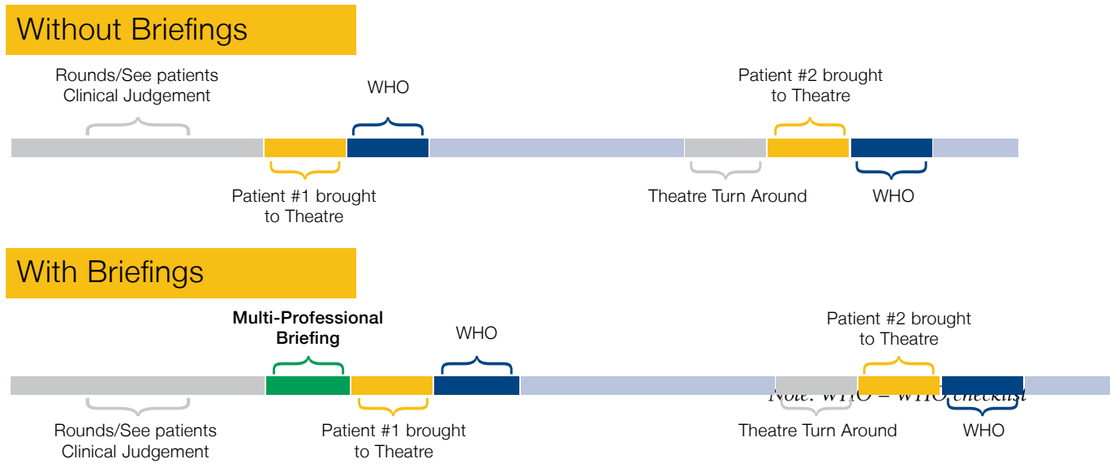
A key finding of research into team communication is that team members tend to spend more time sharing information that everyone in the team is already aware of and less on the information unique to each individual (Stasser & Titus, 1985). Yet, it is these information pieces that can make or break smooth progress and patient safety in operating theatres. Unique information will be very common in theatre where different professions with different responsibilities and backgrounds collaborate. In operating theatre settings, surgeons and anaesthetists are particularly likely to have relevant unique information about patients, such as allergies, as they see them before the surgical list. Nurses are in tune with the on-goings in theatre and also hold valuable knowledge of instrumentation and hospital resources.

Sharing information is not only beneficial for how the work progresses. Studies have shown that teams that more readily share information are also happier at work, as they enjoy each other's company and trust each other more (Beal, Cohen, Burke & McLendon, 2003).

A busy day in theatre does not necessarily provide the time and space to actively share information. One option however is to create a moment in which all staff working in theatre come together to talk about the tasks that lie ahead. In Western Australia, several hospitals are now engaging in an initiative to introduce multi-professional team briefings in operating theatres, guided by researchers from the UWA. These briefings are an opportunity to share information between all the individuals working in a theatre that day.

Table 1: Percentage of Operating Theatre Staff responses





Multi-Professional Team Briefings – A Platform for Communication

Multi-professional briefings are short 3-5 minute meetings before the start of operating lists (Carpini et al, 2015). Preliminary results show that these minutes are worth investing as teams who engage in team briefings will more than make up this time.

Team briefings complement the WHO checklist as their focus is on the entire list, not individual patients. They are intended to be a conversation that occurs between staff members before the first patient is brought in.

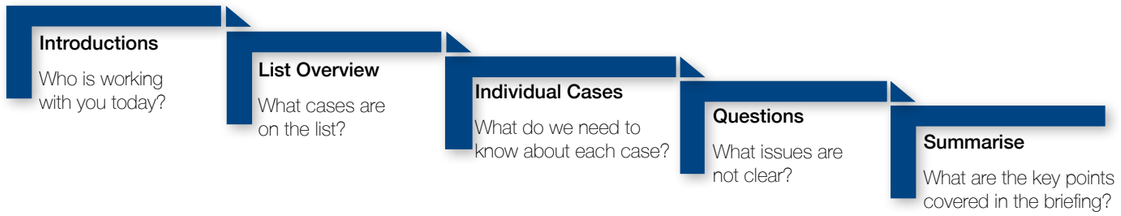
Briefings are designed to facilitate teamwork, and support theatre efficiency and safety. The briefings include all professional groups working in operating theatres (i.e. surgeons, anaesthetists, nurses, and technicians). They can be initiated and led by any staff member.

Why and how briefings work:

Briefings operate on two levels: information sharing and opening up communication.

Information sharing during briefings clarifies expectations. By sharing information teams build shared understanding that will help reduce ambiguity and make everyone's role in theatre clearer. Ensuring that everyone is aware of what will be needed during the procedures is for example, likely to save time looking for the right equipment and having it at hand at the right moment. Such issues can easily add up to delays contributing to patient cancelations.

Opening up communication channels between professional groups can change how teams work together. Starting the day with a team briefing indicates how the team solves problems. A constructive briefing sets the tone for the day. It establishes a collaborative team environment where open communication and teamwork is valued and emphasized. This can help with speaking up as well as general coordination later during the list. ▶



How to Brief - A Content Guide

Typical briefings consist of five steps to facilitate efficient exchange of information as well as a free flowing conversation (Carpini et al, 2015).

Step 1: Introductions
Introductions of team members' names and roles familiarise staff with each other. This step clarifies everyone's roles and builds a team spirit. Even though this item is included on the WHO list, it is not often considered.
Step 2: List Overview
The list overview focuses on the number of cases, the list duration, and turn-around strategies. This step provides everyone with an idea of what kind of work to expect.
Step 3: Individual Cases
The case review provides specific information on each case. It clarifies roles, potential complications, equipment requirements, and team member level of experience with procedures. Based on the individual case review, changes to the list order that will enhance workflow can be identified before the first patient is called.
Step 4: Questions
Questions are then welcomed by all staff members to clarify any issues.
Step 5: Summarise
Summarising any changes that were made to the list order and any notable issues reminds the team of key issues that have been discussed.

How to Brief - A Style Guide

Tone and (body) language convey meaning in addition to the actual content that is transferred. Be mindful of how messages are conveyed during a briefing. Do they show respect for fellow colleagues? Are the messages inclusive?

- Tip: Use "we" instead of "I" during briefings – research on pilot language shows that inclusive language is linked to performance (Sexton & Helmreich, 2000).

Listening is also important for briefings to be successful. Listening does not just happen (like hearing). Active listening using both verbal and non-verbal messages such as maintaining eye contact, nodding, and encouraging others to continue by nodding, can be key.

- Tip: stand in a circle so that everyone can see each other.

Open ended questions can open up conversations. Briefings are not meant to be another checklist that teams go through by ticking boxes. Open ended questions can stimulate free flowing conversations.

- Tip: direct some of your open questions (but not all) at specific individuals to engage those with relevant knowledge to actively participate.

If you do not practice briefings regularly, give it a go! In hospitals where briefings are currently not common practice, you may face logistical challenges in getting everyone into the theatre before the first patient arrives. One strategy would be to agree on a particular time and inform staff of your intention to conduct a briefing beforehand. It might take a couple of tries to establish this as a regular practice, but it is worthwhile to not give up. Taking a pause and getting everyone on the same page before a busy day in theatre starts shows that you care about working together. The research team at the UWA are in the process of systematically analysing the impact of briefings in more detail. However preliminary results suggest that your rewards are likely to be enhanced efficiency, more staff satisfaction at work, and improved patient outcomes.

To share your experience around briefings and for more information about the UWA research team's work, please visit: nontechnicalskills.org or contact Laura Fruhen at laura.fruhen@uwa.edu.au.

– The piece was written by Laura Fruhen (PhD, Research Fellow) together with Joseph Carpini (PhD Student), and Prof Sharon Parker (Australian Research Council Laureate Fellow, Professor of Organizational Behavior), University of Western Australia's Business School.

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The CAPLE Project

Creating a Positive Learning Environment

A negative learning environment can have a lasting impact on both students and teachers. From doubts about career choices to stress and long term mental health issues such as depression, the harmful effects of a negative learning environment are significant and well documented. Impacts are not limited to students and teachers - they can also have a negative effect on the patient and clinical services.

A pilot project recently trialled by the University of Otago in conjunction with the Otago Polytech School of Nursing is experimenting with new ways to create positive learning environments by moving towards a more respectful and harmonious way of teaching and learning. Titled "Creating a Positive Learning Environment", or CAPLE for short, the project aims to work with clinical staff to develop and evaluate ways to improve teaching and learning within their specific clinical environments.

Associate Professor Lynley Anderson, of the University of Otago's Bioethics Centre and Chair of the Health Research Council Ethics Committee, is one of a team of researchers engaged with the project first trialled at the Dunedin Public Hospital late last year. Over the course of two months, participants at a surgical unit took part in a number of multidisciplinary workshops tailored to provide attendees with tools and techniques particular to creating positive learning environments within their own clinical setting.

"We know that mistreatment is a big issue between medical students and medical staff, as well as between nursing students and nursing staff, and that this is a global issue. However, these concerns frequently cross disciplinary boundaries. Rather than specifically target an individual causing a problem, the aim of the CAPLE project is to create a respectful and positive learning environment in the entire department, so that everybody's skill level can go up."

The content of the CAPLE project was strongly influenced by what worked and what didn't as identified within the international literature. Local students also provided data about their experience, and 12 staff (6 doctors, and 6 nurses as participants) in the clinical area informed the project of the needs within the department. This allowed the workshops to provide evidence-based interventions according to the needs of the participants' particular work environments, such as offering students effective feedback under time or pressure. During the project, these participants kept in constant contact with the researchers, as well as being asked to keep journals to reflect on their own behaviour. As the project progressed, the participants eventually became researchers themselves.

"The literature strongly suggests that most people who are identified as bullies lack self-awareness. I think most people want to be good teachers, but for whatever reason, whether it be constraints on resources and time, stress, or just being unaware of their behaviour, are unable to create a good learning environment."

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