SYSTEMATIC REVIEW

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Surgical team and surgical communication

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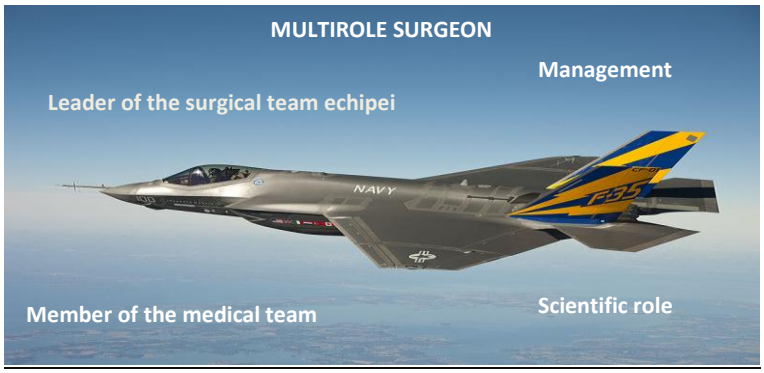
A significant percentage (43%) of medical errors is caused by errors in communication between healthcare professionals or between them and the patient. Today the surgeon has a multiple role (leader of the surgical team, member of the medical team, scientific role, management role)(1).

The surgical team has the duty to ensure and promote a positive work environment that improves team performance and maximizes outcomes for patient's safety (2).



The most important attributes, that are critical to the development of high performance teams, are membership and leadership.

Membership presupposes the following (6):
• To understand the role and responsibilities of the teammates
• To encourage input from all members (young people!)
• To respect the role and competence of other specialties colleagues
• To respect team leaders
• To share the objective of high quality in patient treatment
• To trust the right to speak and to intervene
• Commitment to teamwork for the patient's interest

Leadership comes with a clearly defined role, especially in critical situations, which implies a style that minimizes the difference in status and power, suitable under particular conditions, designed to seek permanent information from team members and make decisions based on these (6).

Effective communication in the surgical team should be:
- Complete
- Clear – fully understood information
- Short – concise and organized information
- Relevant (timely)

In order of most important characteristics, surgical team members should feel engaged and involved in a common goal, together with mutual trust and respect (2).

In a safe interpersonal environment, team members

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should not hesitate to express their views, to challenge each other positively, to raise certain issues without fear of ridiculous or subtle attacks. They must also feel safe to discuss errors and mistakes (5).

Table 1. Behavior strategies which influence the performance of the surgical team (7)

Positive attitudes	Negative attitudes
Listening to and exploring others' opinions	Aggressive challenges
Clarification of ideas; Requests for alternative explanations, thoughts or opinions	Distrust of alternative ideas
Supporting and encouraging members of the surgical team	Sarcastic behavior
Challenge of colleagues in a respectful manner regardless of their status	Ignore, dismiss, mock at other points of view
Disputes resolution in a constructive way by explaining the decisions that were made in a fair manner	Assuming to know the absolute truth due to position or knowledge
Appreciation, recognition of merits, contributions from others	Lack of appreciation and regular criticism without recognition of positive contributions
Search and accept feedback (positive or negative) regarding one's contribution and performance	Feedback ignorance and disregard
Own assessment and evaluation of the performance and contribution within the team	

Team STEPPS - team actions (4).

1. BRIEF: short session before surgery, discussing the team members, the role of each team member, expectations setting, discussing potential problems, anticipate unexpected things

2. HUDDLE: ad hoc session to restore certain conditions, situations, plans

3. DEBRIEF: Discussion performed after surgery, meant to improve team performance - aiming at understanding the role and responsibilities of each team member; surgical equipment problems; other improvements to the surgical procedure; lessons to be learned further.

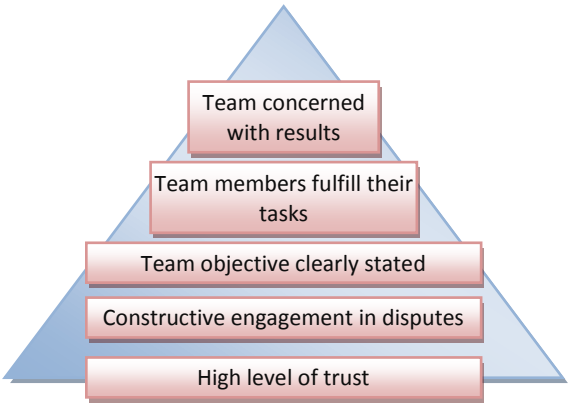
Within a team, an important thing is the coordination of tasks leading to a better awareness of each individual performance and also of the team performance, meant to encourage the members' desire to offer support to the others, thereby increasing the ability of the team to remain flexible and adaptable to changing circumstances (3).

A simple way to review and reflect on performance is to answer the following questions:
- What did I do well?
- What could be done better?
- What should we not do anymore?
- What should we continue to do?

Table 2. Errors observed in operating rooms classified by behavior categories (8)

Behavior category	Errors
Communications/decisions	The surgeon does not provide enough information to the anesthetist
Preparation/planning/ vigilance	The inability to predict certain events during a complex procedure; Failure to monitor other activities of the team
Information dissemination	Failure to inform own team
Inquiries/statements	Failure to comply with the conclusion of a discussion on an alternative procedure
Interpersonal relations/ group climate	Hostility and frustration due to poor team coordination
Auto criticism	Inability to learn from certain situations
Disputes management	Disputes between doctors from the surgery team and anesthetists not solved.

Figure 1. The structure of a performing team (9)



CONCLUSION

Communication skills are a key component in surgical practice, which can be taught, learned, improved and

this will maximize performance and enjoyment in clinical practice.

Interprofessional communication problems are the leading cause of many medical errors.

Structured communication protocols such as SBAR are designed for effective and complete communication (4).

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