



Teamwork

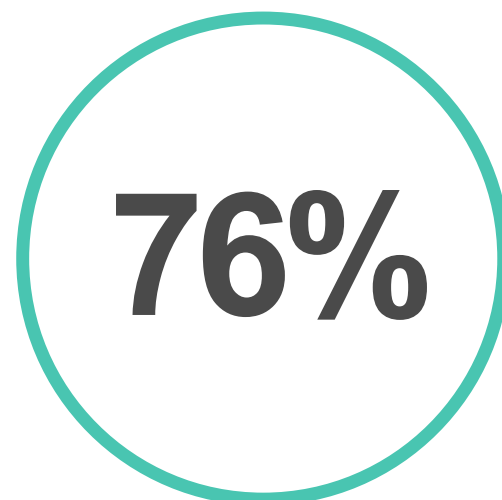
Issues with aspects of teamworking were highlighted in 76 out of 100 reviews.

Specific points identified included:

Team identity

Factors that cause problems with teamwork include:

- Individuals not meeting regularly or effectively as a consultant surgical team. The result is that the team has little practical experience in using consultant surgical team meetings to develop, improve and assure the quality of a surgical service.
- Consultants being clinically isolated from one another, and missing opportunities for working together through dual-consultant operating, ward rounds or shared clinics.
- The absence of agreed working practices, such as those governing the handover of patients when on call. Although agreed practices may exist, they are not always followed.

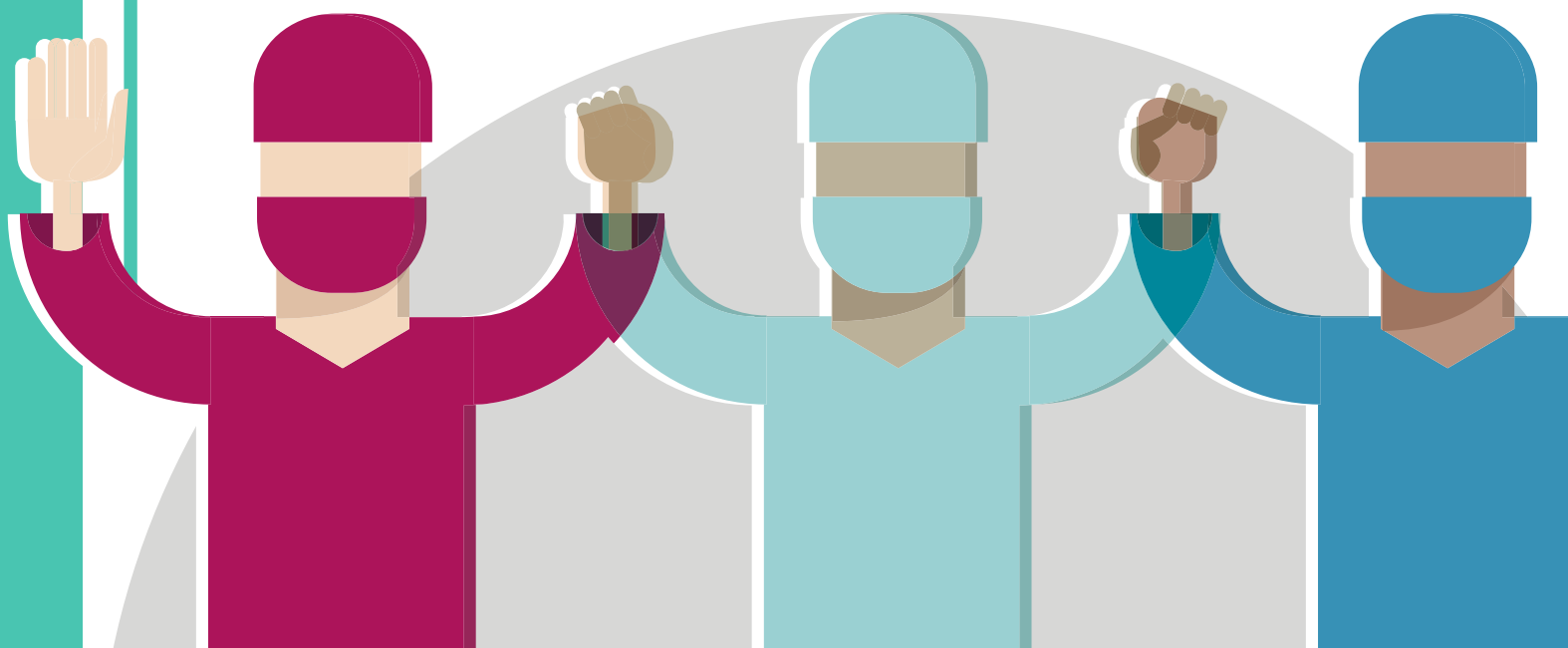


Mergers and restructures

A recurring cause of tension between group members is when new teams of consultant surgeons form after a merger or restructure, without proper management to consolidate the new team. In the absence of suitable management support, teams can hold on to their previous sense of identity and internal divisions.

How teamworking problems can affect care

A disunited team can cause disagreement and ill feeling between individuals in a number of ways.



A case study in poor teamwork

An 'on call' system is not managed well:

- The variation in how emergency patients are managed by one surgeon leads to resentment from another, who has to take on patients who they feel could have been treated by the original surgeon. The second consultant then feels that they are having to perform operations that should have been carried out by someone else.
- A surgeon reviews all the patients they have operated on, rather than have 'their patients' reviewed by the on-call consultant, giving a message that they do not trust their colleagues.
- A treatment plan is discussed with a patient, who is later handed over to the next on-call consultant. The plan is changed without discussion because the second consultant disagrees with the original plan. Dialogue with the patient about this alteration leads the first consultant to believe their position has been undermined.

Each of the individual clinical decisions in these examples may have been justifiable. However, without regular contact, one-to-one discussion, common understanding and agreed ways of working between a consultant surgical team, problems can occur and patient safety can be affected.



Without regular contact between a consultant surgical team, **problems can occur** and **patient safety** can be **affected**.



The need for action

It is imperative that any difficulties in a surgical team are addressed at the earliest possible stage. This will help ensure that consultants demonstrate appropriate behaviour and display high standards of teamwork, enabling the delivery of safe surgical care.



Resources

- GMC | *Leadership and management for all doctors (2012)*
- Royal College of Surgeons | *The High Performing Surgical Team (2014)*
- NCBI NIH | *Defining the technical skills of teamwork in surgery*