Specialty Teams in the Operating Room: A Qualitative Review

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1 Background

The operating room has one of the highest risks of medical errors due to the high degree of coordination, technical equipment, complex and vulnerable populations of patients and a hazardous environment (Leach, Myrtle and Weaver, 2011). Competence of the individual and of the surgical team as a whole greatly influence the outcome of the patient which is why working on the improvement of teamwork in the operating room is vital to help decrease adverse events (Leach, Myrtle, and Weaver, 2011). This clinical improvement project is considering placing specialty teams where all surgical team members (surgeon, technician, nurse, and anesthetist) consistently work together as opposed to the current practice of ad hoc teams (rearranged members per operation). Specialty teams are shown to improve teamwork and safety climate without adverse effects on patient outcomes (Stepaniak et al, 2012). Focusing on role performance is one of the most essential elements to ensure patient security. Thus considering the effectiveness of operating room team members with specialty teams may help (Leach, Myrtle, Weaver, 2011). We anticipate that with specialty teams the turn over time decreases and team member satisfaction improves while maintaining patient safety.

A multidisciplinary team is shown here (google image)

2 Methods

1. Participate in direct observation of surgical procedures in Weinberg and Zayed units at Johns Hopkins Hospital to gain a context of the environment, teamwork and communication between professional and support staff, and safety practices.
2. Review relevant literature to operating room staffing.
3. Informally interview operating room staff members to gain baseline knowledge on staffing, teamwork and patient safety.
4. Prepare surveys for physicians and operating room staff members.
5. Design pilot specialty team.
6. Implement survey as pre-test tool for pilot team. This tool will then be used after pilot team is implemented.

3 Results

This data table is from the informal interviews. Approximately 14 people were interviewed from 4 operations. Key themes varied however there were a few consistent topics mentioned.

Findings from each interview in Weinberg and Zayed operating rooms

Operation number	Informant's position	Key findings from each
1	Circulating nurse	• Concern with specialty teams is if a member of one is sick, on vacation or on maternity leave who would take over • All operating room nurses need to know a variety so having a specialty team may limit them
1	Relief for circulating nurse	• There is a difference in surgery vs. trauma when it comes to having a float pool team or someone always on call • There are different levels of efficiency needed in the operating room vs medical surgical units
1	Surgical technician	• A specialty team may not be needed, current system already has a "strong member" who recognizes the surgeons preferences • Different surgeons use different materials for the same type of operation proving a need of a consistent member working with him/her
2	Circulating nurse	• Current issue is not lack of specialty teams but physicians not wanting to take recommended steps such as a to do list during time out • A lot of the issues in the operating room is related to personality and receptiveness to new members • Consistency within the physician team needs to occur, some do a briefing and others do not
2	Surgical technician	• Many physicians are unhappy when given a team member who is not familiar to them. Then some make it difficult to learn from them due to this attitude • The hard part is when they act unkindly towards a new member who is trying to learn
2	General staff members in break room (6 nurses and technicians)	• Specialty teams will have more limiting factors than flexibility such as times when a nurse is sent to work in an orthopedics case when her team does GI. She/he would not know what to do from lack of practice • The idea of improving teams is good and necessary but how far will the specialization go? There are already groups such as the GI team that have a sense of teamwork
3	Circulating nurse	• Working with one doctor all the time is not favorable unless he/she is directly paying the staff members • Characteristics of a good team member ○ They take time know the patient ○ Is respectful of others ○ Knows what he/she is doing ○ Does not panic ○ Does not yell ○ Teams need to respect one another and be supportive • People who panic/are angry spread it to other members • Specialty teams would have benefits for patient care but not in the long run since each patient comes in with different conditions; thus needing a consult with someone with various experiences
3	Surgical technician	• A good team is where all pay attention and have patience • Respect is vital, sometimes negativity brings tension in the entire room • Speaking out for oneself is a necessary skill for team members in the operating room
4	Surgical technician	• Respect is the most important characteristic of a team • Being with the same team can cause boredom and risks of being too comfortable with the way things are done • If members of a team were nice, one would be more willing to stay as a consistent member • Members who are disrespectful/cause tension make others want to rush through things in order to leave soon

4 Conclusions

The literature reviews mentioned benefits towards specialty teams. However my qualitative findings show that more investigation is needed for these specific units before considering change in the form of staffing.

As shown in the results data table, the most common findings from the interviews were relating to interprofessional relationships such as respect, stress control, and receptiveness to new team members. These are about personality and how it affects teamwork. Much of the concerns of having a specialty team is that it does not address their perceived issues in teamwork.

What will be needed for a stronger conclusion are more organized data collection tools such as the survey recently made for the pre and post-test assessments. Additionally, more measurable instruments will strengthen the outcome of this project such as turn over times from each operation done by the pilot team.

5 Future Directions

- Implement survey to potential pilot team members, then use the same one after pilot trial.
- Identify a surgeon and team of circulating nurses and technicians for the pilot team.
- Develop quantitative testing tools to assess staff's knowledge and experience with pilot team and the overall effectiveness of it.
- Have pilot team assist in further developing the specialty team concept and plan to implement in specific surgery team.
- Consider including more operating room units and teams in this study.

6 References

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