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Surgical teamwork through the junior lens: A qualitative study of surgical residents and registrars perspectives on surgical teamwork.

Neerhut T¹, Grills R^{2,3}, McLeod K^{2,3,4}

1. Surgical HMO3 University Hospital Geelong, Geelong, Victoria.
2. Consultant Urologist, Department of Urological Surgery, Barwon Health, University Hospital Geelong, Geelong, Victoria, Australia.
3. Lecturer Department of Surgery, School of Medicine, Deakin University, Geelong, Victoria, Australia.
4. PhD student, Surgical Education Melbourne University.

INTRODUCTION:

Achieving effective teamwork in a surgical unit is often dependent upon the junior surgical team. However no published research explores surgical resident and registrar perspectives on what makes a 'successful' surgical team. Whilst RACS lists collaboration and teamwork as an essential competency, achieving this requires an understanding of the junior perspectives regarding the attributes of the 'successful' surgical team. Our study aims to illustrate these perspectives and explore barriers for success.

Effective Leadership: It starts at the Top

Neurosurgery RMO
A good team comes from the top down...if the consultant is nice and easy going...it often means the registrar embodies this and is more approachable...more easy going themselves...

Urology SET 4 (2)
Teaching makes juniors feel like they're valued and they've taken something away from each day...



Plastic Surgery RMO (1)
The team culture comes from the top down...when the consultants come to the ward and see their patients...when they come to the resident area...if they ask if there are any issues...it's nice to see...it makes a big difference if the team has really good consultants who are very inclusive of residents...

General Surgery SET 3 (1)
strong leadership is important...within best surgical teams invariably the consultants and heads of department are lovely people...respected around the hospital...a consultant group that doesn't have interdepartmental conflicts as this affects the registrars...the residents...it is damaging to everyone...

- Sub themes
- Senior team members setting the standards
 - Senior team members actively engaging with juniors in the team
 - Senior team members investing time and energy into the development of junior staff
 - Consultant-consultant cohesiveness

METHODS:

A qualitative research approach was utilised employing reflexive thematic analysis. Using semi-structured interviews 10 surgical residents and 10 SET registrars across 8 surgical specialties were interviewed. Mean interview duration was 19.6 minutes.

Collaboration: Ensuring everyone is on the Same Page

General surgery RMO (1)
Communication is a vital part of the team...it's important everybody is on the same page about what they need to do...what others need to do...

General surgery RMO (2)
Understanding each other's strengths and weaknesses...learning to utilise each other's strengths is important in every team



- Sub themes
- Working together to achieve a common goal
 - Prioritising the teams goals, not individual goals
 - Effective communication
 - Understanding each team members role and what they can bring to the team

Orthopaedics SET 2
Communication and clear role delineation are important to the team...closed loop type communication...

Vascular Surgery SET 2
Teams that do well are ones where everyone is working together to achieve the common goal...

When work does not feel like 'work': A happy workplace

General Surgery RMO (3)
A team where people are there for each other...where people care for their colleagues...have mutual respect and understanding...I think that's really the big thing

General surgery SET 3
Being friendly with each other...taking the time to get to know each other as a person....



- Sub themes
- Building healthy interpersonal relationships
 - Respecting each member of the team
 - Getting to know other members of the team
 - Learning to have 'fun' at work

General Surgery SET 4 (1)
A good surgical team is a team where people can really get on...have a bit of a joke...a team that's fun to work in...can laugh at each other...the atmosphere is friendly...

Orthopaedic RMO (2)
Having a supportive atmosphere is important for the team...a psychologically safe place...a comfortable place to be in...where people focus on the positives and not the negatives...

RESULTS:

We identified 3 themes constituting the successful surgical team: Collaboration: Ensuring Everyone is 'on the same page', Effective leadership 'it starts at the top' and When work does not feel like 'Work': A Happy Workplace. Barriers to improved teamwork were described including: Neglect of Non-Technical Skills, Poor Rostering, Lack of Support, Poorly defined Expectations, Power Imbalances, Poor Interpersonal Relationships, and Bullying and Harassment. Residents and registrars described a diverse range of solutions to these barriers. Each theme and related subthemes are further explored with pertinent insightful quotations.

CONCLUSION:

While residents and registrar perspectives mostly align with themes underpinning the RACS teamwork and collaboration competency, multiple barriers to achieving this exist. Recognising issues regarding teamwork and potential solutions from the often undervalued junior perspective provides an opportunity to achieve optimal teamwork and collaboration across the surgical team. We propose a range of potential interventions that may assist in overcoming the existent barriers and believe that achieving effective teamwork and collaboration amongst the junior members of the surgical team will improve workplace productivity, enjoyment and satisfaction at a time that is most pivotal in a junior's career. As a consequence we believe our findings will improve the quality of care provided to surgical patients across the country.

Barriers to achieving effective surgical teams with proposed solutions

Identified Barriers	Proposed Solutions
<p>Neglecting the 'Professional Skills'</p> <ul style="list-style-type: none"> • Limited and/or lack of assessment of surgical residents professional skills • Teaching the professional skills is difficult and courses whilst useful can both be improved and must not be seen as the only solution • Inadequate conflict resolution within the surgical team 	<ul style="list-style-type: none"> • Introducing formal assessment of RACS Professional Skill competencies for surgical RMOs • Refining SET training selection criteria to place more emphasis on the non-technical 'outside of work' skills • Increasing regular formal protected college run Professional skills training, including conflict resolution session <p>Quotes</p> <ul style="list-style-type: none"> • <i>General Surgery SET 4: In my training there are the core competencies where a lot of the non-technical skills are assessed...this has worked for me and I think the same would apply to a surgical resident as well...</i> • <i>General surgery RMO: I think there needs to be a cultural shift in what we value in our surgical registrars... there's not enough emphasis placed on the communication skills...</i> • <i>Vascular Surgery SET 3: Having more mandatory protected teaching time through the college addressing non-technical skills...formal teamwork skills...this would be really useful...</i>
<p>Lack of Support</p> <ul style="list-style-type: none"> • Lack of educational, career development and mentoring opportunities for junior surgical residents • Poor senior surgical leadership, support and engagement with the junior members of the surgical team • Poor Identification and provision of appropriate supports to those members of the team who may be struggling – 	<ul style="list-style-type: none"> • Increasing the available educational, research, and mentoring opportunities available to surgical residents as part of a more nurturing surgical team • Improving senior surgical members leadership skills and their ability to engage with junior team members to create a positive team culture <p>Quotes</p> <ul style="list-style-type: none"> • <i>Urology SET 4: For teamwork to improve...I think realistically it comes down to having good mentors... on the job learning...I had great mentors, that's why I wanted to do urology...I thought the mentors in urology were the best...</i> • <i>Improvement for surgical teams all comes from senior leadership...department directors could spend more time on the ward...get to know the residents by their first name...</i> • <i>Vascular Surgery SET 2: There should be a consultant on your team that is responsible and engaged with the management of juniors...they have a role to pay... they should engage with them...get to know them... teams that have seniors that do not engage with the rest of the team don't do well... we need more engaged seniors as well as registrars in the team...this culture always leads from the top...</i>
<p>Power Imbalances and Ingrained Hierarchies</p> <ul style="list-style-type: none"> • The continuation of Pre-existing Hierarchical structures are a barrier to good surgical teamwork and collaboration • Poor senior engagement with junior members of the team • Limited opportunity for team members to constructively engage in feedback on department issues and individual performance 	<ul style="list-style-type: none"> • Breaking down hierarchies with informal non-work related behaviours and activities • Increasing opportunities for feedback and constructive criticism • Encouraging senior engagement with the junior members of the team, i.e. by research or by teaching • Non titled names. <p>Quotes</p> <ul style="list-style-type: none"> • <i>General Surgery SET 4: just trying to break down barriers... breakdown hierarchies...maybe with some kind of out of work event where get to know each other... so people feel a bit more relaxed at work...taking the time for a team coffee...having a chat about something non-work related... just so everyone knows that everyone is on the same level...the workplace becomes less hierarchical...so no one... especially juniors...are scared to speak up</i> • <i>General surgery RMO (1): Asking residents to feedback on their registrars...the opportunity to give constructive feedback on other members of the team is really important because it's just a whole different perspective...the residents are in closest communication with the registrars... closest in communication with the patients... they can see when a registrar is making an effort with patients...</i>
<p>Poor Interpersonal Relationships</p> <ul style="list-style-type: none"> • The continuation of Pre-existing Hierarchical structures are a barrier to good surgical teamwork and collaboration • Limited opportunity for team members to constructively engage in feedback on department issues and individual performance 	<ul style="list-style-type: none"> • Ensuring surgical teams prioritise the development of healthy workplace relationships beyond only the workplace • Regular coffee breaks! Team lunches! <p>Quotes</p> <ul style="list-style-type: none"> • <i>Vascular Surgery SET 2: getting to know the individual behind the resident or intern...people take to that a lot better than just purely treating them as a work colleague...</i> • <i>Plastic Surgery SET 3: just including residents to come and have a coffee and lunch with you is powerful...it's something so simple...asking them what they did on the weekend... just having that conversation...</i> • <i>Neurosurgery RMO: simple things we could do... at the start of a surgical rotation... just having even lunch at hospital... getting together and talking about non work related stuff...so you can see registrars and other team members as someone who is not just a worker but someone outside of work...that kind of adds a human aspect to the registrars... so you feel more like you're all part of a team... rather than an detached group of people ...</i>