

***PART I – OUR OBJECTIVES***

**ASPECTS OF OUR WORK IN THE OPERATING THEATRE THAT WE WOULD LIKE TO REVIEW OR IMPROVE**

*Here you should think about what you are trying to achieve with this exercise. What are your objectives? What problem/s, if any, are you trying to solve?*

*These may be different for different people or teams, including things like reduce time wasted between cases, start cases on time, have a more coordinated team, etc. You do not have to have many objectives – 1 or 2 may be enough.*

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***PART II – OUR OPERATING THEATRE TEAM/S***

ASPECTS OF OPERATING THEATRE TEAMWORK	WHAT ARE THE THINGS WE DO WELL?	WHAT ARE THE THINGS WE COULD IMPROVE?
<p><b>TEAM COMMUNICATION: quantity and quality of information exchanged amongst team-members</b></p> <p>Examples: nurses communicate with surgeon about equipment required for case, surgeon updates team on progress with case, anaesthetist communicates with recovery nurse/team</p>		
<p><b>TEAM COORDINATION: management and timing of activities &amp; tasks</b></p> <p>Examples: nurses have equipment/provisions ready and set up for case, surgeon coordinates smoothly with assistant and scrub nurse during the case, anaesthetist checks all lines and patient set up on trolley before patient leaves theatre</p>		

**COOPERATION & BACK UP PROVISION**

**WITHIN TEAM: Assistance provided amongst team-members, supporting others, and correcting errors**

Examples: surgeons respond to questions/queries by nurses or anaesthetist, nurses respond effectively to surgeon's requests for instrument during case, ODPs provide support to anaesthetist during anaesthetic reversal

**TEAM LEADERSHIP: Provision of direction, assertiveness, and support amongst team-members**

Examples: anaesthetist leads patient transfer and set up on operating table, surgeon or nurse minimise noise/distraction during case, check with surgeon about drugs and antibiotics for patient

**TEAM MONITORING & SITUATION**

**AWARENESS: Team observation and awareness of ongoing processes**

Examples: anaesthetist/ODP checks equipment, gases and provision before case starts, scrub nurse observes procedure closely throughout, surgeon monitors patient transfer to trolley and exit (to recovery)

### PART III – WHAT NEXT?

#### WHAT WILL WE CHANGE OR IMPROVE – AND HOW?

*Here you should think about how some of the things you have reflected on and discussed can be taken forward – i.e., think about how to achieve the changes or improvements you identified.*

*Try to be practical – identify 2-3 top priorities for your team/s, so you can focus on and address them. Identify the actions, who will be leading/coordinating them, and when you will review progress as a team. Think also about enlisting external help – for example, you may require Trust/hospital management support for some of them.*

	<b><u>WHAT</u> do you want to change or improve?</b>	<b><u>WHO</u> will lead and/or coordinate actions?</b>	<b><u>HOW</u> will you tackle the issue (including your team's or external resources, and timelines)?</b>
<b>Priority 1</b>			
<b>Priority 2</b>			
<b>Priority 3</b>			

## INSTRUCTIONS: HOW TO USE THIS FORM

- This form is aimed at identifying your team’s views about things you do well as a team and things you could improve. In PART I you identify why you are doing this exercise. In PART II you identify things that come to your mind in relation to your team’s work in the relevant boxes. In PART III you identify your team’s priorities and make a plan to address them.
- This form aims to be flexible – it is not about ‘ticking all the boxes’. Discuss as few or as many areas of your teamwork as it makes sense for your team. Sometimes ‘less is more’ – for example, you could cover fewer but perhaps more important issues in more detail.
- Ideally, the form should be completed by each individual team-member first, and then discussed with the entire team. If this is not possible, you can complete and discuss the entire form as a team.
- When using this form, it is important to identify actions for improvement and to agree, as a team, how to take them forward. Up to 3 such actions are enough to start improving your team’s work. For some of them you may need external support (e.g., from the Trust/hospital’s management).
- The form is not an assessment – you are not being “scored” as an individual. The form helps you to think about how to improve the way your team works (which may of course be very good already).
- The 5 areas of teamwork outlined in this form are related to good teamworking in operating theatres. Teams that do well on all or most of these behaviours tend to function better, with recent evidence showing they do better clinically (relevant evidence base can be found on our website: [www.cpssq.org](http://www.cpssq.org)).
- Not all teams do well on all of these all of the time. Your team may be doing very well in some of these areas, whereas in others you may be able to improve. Also, your team may have “bad” days – in other words, you may work very well on most of these areas most of the time, but every now and then a problem may appear (for example, when the team has many new or junior members, or the team gets under a lot of time pressure).
- This form has been developed by an academic research team led by **Dr Nick Sevdalis** of the **Department of Surgery and Cancer and the Centre for Patient Safety and Service Quality, Imperial College London** ([www.cpssq.org](http://www.cpssq.org)) and is available free of charge. If you would like more information about this form, the evidence base behind it, or how to use it please contact Dr Sevdalis (Email: [n.sevdalis@imperial.ac.uk](mailto:n.sevdalis@imperial.ac.uk); Tel: 020 7594 3431).