GUIDELINE FOR TEAM COMMUNICATION

Successful perioperative team communication requires a high-reliability team with a shared goal. According to Wahr et al., high-reliability teams have six elements in common: communication, coordination, cooperation, cognition, conflict resolution, and coaching. An understanding by each team member of his or her role and responsibilities is necessary to achieve a successful surgical outcome for the patient. Beginning with the patient’s decision to consent to the procedure, valuable information is collected and handed over to multiple personnel during the patient’s surgical encounter. Effective communication among team members is important for understanding the surgical plan for each individual patient. A shared mental model increases the effectiveness of communication between team members because each team member is knowledgeable about his or her own role, other team members’ roles, and how these roles interrelate. As the surgery progresses, a shared mental model facilitates timely communication and response by each team member to changes in the surgical plan.

Communication is a process that consists of sending and receiving messages; however, a variety of distractions can impede the ability to send or receive the message accurately. Distractions can be internal or external. Internal distractions are related to the individual’s nontechnical skills and individual resilience to human factors (e.g., hunger, thirst, anxiety, anger, fatigue) when communicating within the team. External or environmental distractions can be divided into two types: essential and nonessential. Essential distractions come from components necessary for patient care, such as equipment alarms, telephones, pagers, and equipment noise. Nonessential distractions occur in the environment but are not necessary for patient care, such as irrelevant conversations, music, and interruptions from personnel not essential to the procedure. Hierarchical and personal relationships among the individuals on the team can be barriers to effective communication. Other individual barriers include educational background, language preference, culture, race, and gender.

Interprofessional team members send and receive multiple messages throughout a patient’s surgical experience. Mohorek described the Linear Model of Communication as a conceptual framework for handovers between physicians and described different reasons for errors during the hand-over process. Viewing the flow of communication in a linear model may be beneficial for mapping out the critical messages that are covered in each team conversation and for preventing repetition of information that is not critical.

Nontechnical skills, including situational awareness, decision making, leadership, communication,