

The Need of Non Technical Skills for Surgeons

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“Healthcare is a risky business” There has to be a perfect balance in our pursuit of excellence and reduction of harm to the patients. Simply possessing high technical proficiency cannot guarantee safety. How can “we” the so called highly trained experts get it so wrong? There are various factors such as Pressure of Time, distractions, last minute changes, inadequate preparations, assumptions, inadequate help, incomplete information or the “system” i.e. the resources and its dispersal that are to be blamed. There are more than 14 papers with more than 14000 subjects in literature which shows review of surgical adverse effects of approximately 14% with more than 40% being preventable. Here comes the play of Non Technical Surgical Skills.

Non Technical Surgical Skills are defined as: “The cognitive & Social Skills which underpin optimal Surgical Performance” Non Technical skills are related to being aware to the situation in hand, being able to take a correct decision, communicate well and show exemplary teamwork and display leadership qualities.

Proper information gathering relates to ensuring the safety of both patients and staffs. This forms the foundation of forward planning to make the surgery as efficient and free of complications as possible. The surgeon must understand the significance of collected information, which requires training and experience. Inexperienced surgeons may be unaware of the significance of certain facts and may not respond, or respond differently, from more experienced surgeons. After receiving and understanding the information available, the surgeon must then anticipate what might happen next and this will help to decide on the best plan of action. In-

correct anticipation can be avoided by discussing possible future situations with colleagues and reviewing alternative strategies. “Failing to plan is planning to fail”. The various barriers faced in this regard are distractions, tunnel vision, thinking in isolation, stress and fatigue.

Adequate decision making abilities help us choose an appropriate course of action. There are two explained methods of decision making. When the situation is urgent and high risk, and a decision is needed swiftly, there may be only one option. When there is more time and less risk, alternative options may be weighed in the balance. A surgeons decision making ability may be hampered by stress, workload, rapidly changing situation, unfamiliar workplace environment, inexperience or rudeness and aggression by patient or attendant or staff or management. Once a decision has been made and acted upon, reviewing progress should run in parallel to monitor if all is going well, or badly, so that alternative choices can be made in a timely manner.

Communication and teamwork are essential for working in a team context to ensure that the team has an acceptable shared picture of the situation and can complete tasks effectively. Various studies like by Greenberg, *et al.* 2007, Mazzocco, *et al.* 2009 Rogers, *et al.* 2006 have found that communication failure in OT can lead to patient injury. “Stupidity”, odd questions/answers or inappropriate actions by assistants or peers or team often point towards not being able to share a common mental model suggesting ineffective communication and teamwork. There should be free exchange of information pertinent to the situation, from all members

of the team, and a complete picture is best gained if the atmosphere is easy and unstrained. Each individual has a greater appreciation of the whole situation, its challenges and objectives. This ensures the work progresses in a coordinated fashion. There are various external and internal barriers to effective communications such as noise (music?), low voice, electrical interference, separation in space & time, lack of visual cues- such as body language, lack of eye contact, gestures, expressions, language difference, deafness, culture, motivation, expectations, past experience, status, emotions/moods etc. A high performing team has strong team leadership who holds shared mental model and has clear roles & responsibilities by co-operating and displaying backup behaviours and frequently evaluates team performance.

Hu., *et al.* in Journal of American College of Surgery has said that Transformational leadership leads to better team performance. A Transformational leadership is one who leads by example. In theatre, this includes adhering to theatre protocols of sterility, communication and etiquette, and respecting the high standard of care given by the anaesthetist, the nurses and techs. Personal attributes of politeness and good manners are respected and rudeness and bad manners are not. However, what is polite in one culture may be considered rude in another. A team works well because the strength of one team member makes up for the weakness of another. The seven gold leadership qualities for surgeons are said to be maintaining standards, managing tasks, making decisions, managing resources, directing and enabling, guiding & supporting, communicating and coordinating.

In this era of modern medicine riddled with more complex procedure, more demanding work schedules, litigating parties, good practice of non technical skills amongst surgeons are very essential for the benefit of both the surgeon and the patient alike. Programmes like NOTSS should be introduced in all countries including India and surgeons efficiently educated about the same.

The article is written with active inputs from the notss project

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