

# TEAM DYNAMICS

## Why is this relevant?

Covid-19 workers are likely to work in dynamic teams, often with people they do not know and in high demand, variable resource settings. Optimising team performance can result in improved decision making, increased efficiency, higher adherence to safety standards, and more satisfying work relationships, which will contribute to tackling the disease outbreak.

## Core constructs/concepts

Effective team dynamics are essential for being able to quickly diagnose and deliver effective treatment to patients. Team dynamics can be optimised through the development of so-called non-technical skills. Non-technical skills are the cognitive and social skills that characterise high performing teams. These skills enable team members to efficiently exchange information about their understanding of ongoing situations, which helps to ensure the transfer of critical information and facilitates a shared understanding of what is going on.

Essential non-technical skills for effective team dynamics relevant to medical scenarios include:

- Situation awareness
- Decision making
- Communication
- Team coordination
- Leadership and followership
- Resource allocation

The covid-19 outbreak poses significant potential risk for the breakdown in team function. This might be because of the extreme physical and psychological demands faced (see Extreme stressors brief), due to resource limitations (perhaps due to staff being overly stretched or less experienced team members having to fill in) or stem from teams having to make decisions based on ambiguous and uncertain information.

The non-technical skills outlined above have been shown to reduce performance errors and improve team function in similar situations to those faced by covid-19 workers. Focusing on and facilitating these skills may help overcome some of the current challenges faced and actually foster creativity and innovative performance in these demanding situations.

## Practical recommendations

A number of non-technical skills tools are available for Surgeons (NOTSS), Anesthetists (ANTS), Scrub Practitioners (SPLINTS). For example handbook and sets of behavioural markers see: <https://www.rcsed.ac.uk/media/415471/notss-handbook-2012.pdf>.

Here are some best practices for individuals and teams to adopt in order to enhance team behaviour:



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### Team communication best practices

- Introduce yourself and role to other team members
- Be as clear and concise as possible
- Express authentic curiosity by actively listening
- Use names if you can and eye contact if culturally acceptable (hand gestures may be needed when wearing PPE)

### Assertiveness and speaking up

- Regardless of role, all team members should be able to speak up about concerns in the name of patient safety
- Speaking up helps to prompt team members to think of other options
- Frame communications as concerns or with curiosity e.g., "I am concerned..." or "Talk me through the plan..."
- Communicate your feelings, concerns and ideas using clear and direct language
- If someone uses direct language towards you, try not to take it personally but see it in the context of the situation

### Closed Loop communication

- Check back important information – confirm that you have understood
- Provide periodic status updates to others
- Gather sufficient data to make decisions, and prioritise decisions that need to be made 'now'
- Offer potential solutions when available

### Leadership and followership

- Set expectations on roles, culture and expected norms of team behaviour to unite the team
- Listen to concerns of others and validate them
- Be aware of non-verbal communication
- Leaders should actively engage in conflict resolution – part of this is about viewing conflict as a potential contributor to high performance
- Be willing to occupy a followership role depending on the expertise that is called for in the moment

### Debriefing (see Performance debriefing brief)

- Actively involve team in discussions
- Use 'good judgement': Identify specific areas for improvement rather than focusing on judgement or blame
- Reflect on specific events/performances rather than more general events/competencies
- Incorporate multiple perspectives rather than just one viewpoint

### Relevant literature

R Flin, GG Youngson, S Yule (Eds). Enhancing Surgical Skills: A Primer in Non-Technical Skills (2015). New York, NY: CRC Press ISBN: 9781482246322

Scott J, Lin Y, Ntakiyiruta G, Mutabazi ZA, Davis WA, Morris MA, Smink DS, Riviello R, Yule S. Identification of the Critical Nontechnical Skills for Surgeons Needed for High Performance in a Variable-Resource Context. *Annals of Surgery*. 2019;270(6):1070-1078

From Center for Medical Simulation in Boston, MA: Simulation Exercises for Labor & Delivery w/ coronavirus COVID-19: free, open access resources for sim-based training including faculty guides, narrated presentations, team evaluations, and multiple sim cases: [ow.ly/GuOD5oySZIF](http://ow.ly/GuOD5oySZIF)