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## Editorial

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# Surgery as team endeavour

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**T**HERE is increasing awareness in the medical community that effective surgery and anesthesia involve more than technical expertise. Anesthesiologists and surgeons must work cooperatively and communicate effectively to achieve common goals of safety and efficiency.<sup>1</sup> McVey *et al.* correctly observe that these two specialties often have an antagonistic relationship that may have a negative impact on patient care.

To explore this important topic, a survey was designed and administered to surgeons eliciting their opinions regarding the services provided by anesthesiologists and the interface between the two disciplines. Not surprisingly, a factor analysis of responses yielded two factors, one related to clinical expertise and the other to attitudes and behaviour – the interpersonal component of the anesthesia-surgery interface.

The authors are to be commended for recognising and exploring this important issue. Their work joins a growing literature dealing with the social psychology of medicine and medical error.<sup>2-4</sup> Yet it is also possible to question the implications raised by the authors' approach to the topic. McVey *et al.* define the interface between surgeon and anesthesiologist as one of client and service provider. While such a relationship can be observed, in our opinion it does not reflect an optimal structure for the operating theatre. We feel that a more appropriate conceptualisation is of a single team, composed of anesthesiologists, surgeons, nurses, and support personnel, working toward the superordinate goal of improved patient care and the efficient use of human and material resources. Under such a model, interdisciplinary rivalries would be subordinate to the well-being of the patient and decisions would rank this concern over other considerations.

Forging the disparate groups of the operating theatre into an effective team is not an easy task. However, if the importance of good teamwork and communication is recognised and accepted, then individuals should

be motivated to achieve this goal. Training efforts successfully employed in aviation under the rubric of Crew Resource Management (CRM) may provide a template to help accomplish this objective in medicine.<sup>5</sup> The CRM training includes instruction in human vulnerability to stressors, the nature of human error, and its inevitability. The training also defines behaviour that both enhance teamwork and serve as error countermeasures, thus contributing to safety.<sup>6</sup> Examples of such behaviour include briefings and debriefings, sharing mental models of the situation, defining leadership responsibilities, and monitoring and challenging the actions of other team members. While effective teamwork cannot be achieved without time and effort, the payoffs in terms of improved safety and job satisfaction can far outweigh the costs involved.

### References

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