



COACHING IN THE OPERATING THEATRE

Health professionals have a great opportunity to make a difference to the lives of others, but experience high rates of burnout. Doctors Mat Daniel and Tul Laosakul explain how coaching – combined with leadership – can foster a healthier culture to the benefit of all.

Burnout in the medical professions is a significant issue.^{i,ii} Although we know coaching individual health professionals helps reduce burnout, delivering quality 1:1 coaching at scale to all staff is, at present, unachievable. Thus, there is a huge opportunity for the health-leader-as-coach to make a big difference, by promoting the personal and professional development of individual staff, improving team performance, and fostering a healthier culture – all for patient benefits.

I (Mat) have found coaching skills a valuable addition to my NHS¹ practice as a consultant surgeon. Examples include:

- High-quality theatre team debriefings using coaching principles
- Coaching and mentoring of staff
- Resilience workshops
- Using coaching in education

OPERATING THEATRE DEBRIEFINGS

The operating theatre is a complex environment where errors, often human factors, can lead to life-changing consequences. The typical team (often changing) is composed of six to eight staff: nurses, theatre practitioners, support workers, surgical and anaesthetic doctors, and trainees. During every session, the World Health Organization (WHO) recommends a team debrief (among other safety steps) where the team reviews the day, processes and teamwork, and identifies concerns or other issues.ⁱⁱⁱ There isn't one prescribed way of debriefing, and teams may undertake activities in addition to a minimum checklist.

Undertaking high-quality team discussion at the end of a busy day is challenging. In our experience, a typical debrief is either minimal and quick, or a lengthy discussion of deficiencies outside of the team's control. Although teamwork may be constructively addressed, hierarchical structures may prevent some team members from speaking up.

INTRODUCING DEVELOPMENTAL TEAM DEBRIEF

To improve the quality of theatre debriefing, we introduced coaching techniques, using the following guiding principles, to ensure a debrief is:

- Developmental
- Positive and supportive
- Solution-focused
- Non-hierarchical
- Expanded while still fulfilling WHO requirements

The new developmental debrief is led by me after the weekly theatre day. Typically, a question is posed at the beginning of the day, and at the end of the day everyone states their views and we discuss. Images/coaching cards are helpful to stimulate discussion, and an aid for those who might otherwise struggle due to personal or hierarchical factors. Examples of things that occur in our team debrief include:

- Team role descriptions are displayed, and people stand by the role they performed. We discuss how well roles were covered.
- Feelings at the start/end are described, helping us understand each other better as human beings. Alternatively, staff identify an occurrence during the day and describe how it made them feel.
- Strengths that individuals, a colleague, or the team displayed are identified. The same can be done with different aspects of emotional intelligence.
- Developmental opportunities are identified. To ensure a positive experience, only one or two people look for deficiencies each day.
- Feedback to each other: everyone is randomly and confidentially allocated a colleague. A task is assigned, such as identifying what the colleague did well, identifying a strength of theirs or thanking them.

1. The British National Health Service

- A team resilience toolkit² (strengths, strategies, resources, insights) is developed.
- Singing, using adapted words of popular uplifting songs.

EVALUATION

Although initially it felt odd to be discussing ourselves as much as patients, with time we appreciated how such debriefs help us work together better. Observed benefits of the developmental debrief include:

- Everyone takes equal part as active participants, including previously quiet individuals. While this may make some uncomfortable, it unequivocally signals that everyone's view is not only welcome but required, and that team development is everyone's responsibility.
- Several changes have been made to how we work, suggested by a variety of people.
- A relatively horizontal structure exists.
- Visiting or new staff routinely comment on how welcoming, inclusive and open the team is, making new staff feel a part of the team more quickly.

To assess the impact of high-quality team debriefing, we (Mat and Tul) surveyed staff from our theatres, from other theatres and from our outpatient areas. We compared staff who participated (at least monthly) in high-quality debriefs (either the developmental debrief described previously, a structured debrief or team-leader-led meetings) with staff who did not participate regularly in team debriefs or only took part in quick, informal debriefs. The 30 staff who took part in high-quality debriefs, compared to the 19 who did not, were more likely to report increased engagement (35% vs 16%), less likely to be team detractors (20% vs 42%) and rated work culture higher. Our findings support the idea that theatre briefings and debriefings have a positive impact on teamwork and communication^{iv,v}, although of course debriefs and culture changes don't occur in isolation.

In developmental team debriefing, coaching is used as a way of leading and to construct cultural norms, which differs to classic 1:1 executive, externally contracted coaching. While team development could be improved with external coaching, short but regular sessions spent on team and personal development, led by a team member, represent a practical and achievable reality.

NEXT STEPS

Within our team, everyone has an opportunity to lead a developmental debrief. Developmental debrief ideas are also shared with other teams, and we would in turn welcome feedback from others. We don't suggest that everyone should undertake team debriefs in this fashion, as this relies on both having a team member trained in coaching and able to influence change plus the willingness of team members to adopt coaching attitudes and behaviours. Other strategies may be more suitable for some teams.

What is perhaps more important than expecting everyone to undertake such debriefs is the cultural shift that working with coaching principles brings: the subtle change in how people interact with each other and the development of a coaching culture. We don't all need to be expert coaches. But if we approach each other from a position of respect, trust and support, the whole team develops a positive coaching culture. This makes for a better-working team, happier staff and excellent patient care.

ABOUT THE AUTHORS



Mat Daniel, MMed PhD MAC FRCS

Mat combines his medical career as a consultant ear nose and throat surgeon with a passion for coaching. He undertook clinical training in the UK and Australia, obtained a master's degree in Medical Education, and his award-winning clinical and basic science research led to a PhD. He holds local and national leadership roles in research and medical education. In clinical settings, he uses coaching as a way of leading to support colleagues and teamwork. His independent coaching practice specialises in supporting doctors and other healthcare or public sector professionals.

www.matdaniel.net



Tul Laosakul, BMedSci BMBS

Tul is an NHS junior doctor and a trainee in the academic foundation programme, which integrates medical research and clinical practice. Born in Bangkok, Thailand, he graduated from the University of Nottingham with a dual degree: Bachelor of Medical Science and Bachelor of Medicine Bachelor of Surgery. His career aspiration is to work around the globe and experience the diversity of medicine and medical research.

- i. McKinley, N, et al. 2020. *Resilience, burnout and coping mechanisms in UK doctors: a cross-sectional study*. BMJ Open 10(1): e031765
- ii. Heinen, M, et al. 2012. *Nurses' intention to leave their profession: A cross sectional observational study in 10 European countries*. Journal of Nursing Studies, 50(2): 174-184
- iii. Vickers, R. 2011. *Five steps to safer surgery*. Ann R Coll Surg Engl, 93: 501-503
- iv. Bethune, R, et al. 2011. *Use of briefings and debriefings as a tool in improving team work, efficiency, and communication in the operating theatre*. Postgrad Med J 87(1027): 331-334
- v. Leong, KBMSL, et al. 2017. *Effects of perioperative briefing and debriefing on patient safety: a prospective intervention study*. BMJ Open 7(12): e018367
2. For an example, see collegeofwellbeing.com