



Teamwork in Cranial Base Surgery: A Feasible Task or a Utopian Dream

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ABSTRACT

In the past decade or perhaps a little earlier than that the concept of teamwork evolved among the circles of surgeons especially among those involved in complicated and time consuming surgeries. Skull base surgeries were one of those surgeries where the role of teamwork was acutely felt owing to innumerable specialties involved in the consummation of such surgeries. Although teamwork in this specialty is the need of the hour but, achieving the spirit of teamwork is not that easy and perhaps a challenging task. This manuscript tackles the much needed demand of teamwork in this arena of surgery and unveils whether such a teamwork is achievable or is just an utopian dream.

KEYWORDS: Inter professional teamwork, Shared collaboration, Skull base surgery, Surgical outcome

Skull base lesions pose significant challenges and carry relatively high morbidity and mortality. There are innumerable physicians involved in the management of these cases but the concept of inter professional teamwork is obviously lacking. It has been widely voiced that combined efforts, expertise, utilization of others' knowledge and skills, shared intellectual capital and shared wisdom have a positive impact on patients' care. Although teamwork has been commended and extolled in the literature, nevertheless it cannot be achieved that easily unless every member of the team shares some degree of accountability and observes self-restraints and self-sacrifices. Personal ambition would defeat the very purpose of teamwork. On the contrary, others should be held in high esteem.

The spirit of teamwork reminds us of a famous maxim, "United we stand and divided we fall". This sounds acceptable and is a historical slogan, but in clinical practice it is exceedingly difficult to achieve and attain the much talked about unity.

Customarily, a team is referred to as a group with specific tasks, the accomplishment of those tasks requires the interdependent and collaborative efforts of its members (9). At time you are asked or so to say commissioned or solicited to

work in a team but are totally oblivious of your exact role. This stands unacceptable. Unless you are assigned a definite task to perform as a team member, your mere presence in the team is of no value. For instance, in a football team, each player plays the game with vigor and enthusiasm, and the credit or discredit if any is shared by all with none claiming superiority or the blame. In primary health care system, teamwork might produce some dividends, but no such achievements or laurels are there to be witnessed. This could perhaps be attributed to the paucity of articles in the literature reflecting teamwork in surgical practice or perhaps because surgeons usually shun collaborative efforts and normally conduct their task i.e., conducting surgery single handedly or at the most employ the services of an assistant or a scrub nurse. However, depending upon the gravity of the situation or the complexity of surgery, others are invited to help in the surgery and play their roles albeit under the supervision of the primary surgeon. In the developing countries, the surgeon calls it a day once he finishes his surgery and leaves the patient to consult other specialties or sub-specialties on his own to get the desired treatment. These reflect that the spirit of teamwork or collaboration is starkly lacking and non-existent.

Team, according to professional's voices, is the result of active, ongoing efforts (8). Health professionals perhaps intuitively know to work together, but this does not hold true as far as surgical disciplines are concerned. In surgical practice, someone has to shoulder the responsibilities of a captain to ascertain that the ship reaches the shore safely. The role of the captain means responsibility and accountability and should be shared with others, otherwise your role as a captain becomes symbolic or to be more exact, you simply serve as a lame duck and thus any untoward scenario or happening can occur and can be expected. By this, we do not want to conclude that others in the team should serve as free lancers with no responsibility what so ever. By every stretch of imagination, everybody has some degree of responsibility and for that matter stands accountable for his input but essentially the reigns are with the leader of the team. Thus it is indispensable that the leader is identified (2), because lack of leadership is associated with poor quality teamwork (1). In the army, the brigade commander certifies that he has the full and overwhelming support of the infantry, armored core and reconnaissance logistics before the attacks he enemy. Lack of support if not apprehended well ahead of time can end up in a defeat.

But leadership does not mean that you ask your colleague who is as qualified as you are to hold the retractor for you or else ask him to irrigate the surgical field for you or suction the blood that wells in the field from time to time. If you entertain such type of arrangement in the deeper recesses of your brain to be "teamwork", you are certainly mistaken and it is unfair according to all ethical standards of teamwork. Moreover, if your colleague whom you have invited to assist you does the major part of the surgery, and in the end you compensate him far less than the actual role he has played, you are undoubtedly brazenly violating the existing norms and codes and thus trampling the spirit of teamwork.

In a teamwork, the work of each member should be respected. Professional boundaries should not be a hindrance for a closer working relationship. The nurses should feel free to voice their concern pertaining to the patient undergoing surgery. On the contrary any hesitancy to voice concern would lead to dissatisfaction and defeat the very purpose of a teamwork in surgery. We believe collaboration with the nurses is highly rewarding and this reward can be felt in the form of the best patient care which is what we all endeavor to achieve.

The fact that no team member should dominate the team was seen as highly significant in the smooth running and egalitarian, cooperative, supportive nature of the team (6). In the same vein, highlighting the importance of professional adulthood, Laidler emphasizes that if this essential prerequisite is not achieved (4), it would be detrimental to the spirit of teamwork and would prove to the detriment of patient care.

Results point out that effective teamwork is not a simple undertaking. Simple contact i.e., just working with others is not enough to build an effective team (8). Perhaps there are many other important things involved which have neither been unveiled nor touched so far. Appreciation of other's roles or giving respect to others for their work which of course is

their due and which they rightly deserve may perhaps not be enough. On the contrary, it might show that you enjoy your hierarchical position being placed at the top and proudly award the labor put by others. Again, unjust monetary gains and differential payments could discourage physicians to be part of a teamwork. Similarly, some surgeons feel that working in a teamwork means being hired up for meagre salaries which they shun inwardly. There is also a feeling among surgeons that they can conduct such surgeries all by themselves and thus instead of entangling themselves in teamwork prefer to stay aloof from it or abstain from such collaborations. There got to be some strong incentives to work in a team. You cannot achieve everything in a hop, step and jump fashion.

Skull base patients receive care from multiple specialists but surprisingly literature about the impact of teamwork is lacking (5). Although it has been stated that there is paucity of literature about this burgeoning aspect of teamwork in the annals of contemporary skull base surgery, nevertheless, the root cause of such a lack of collaboration has not been dilated upon so far.

A retrospective 12 year analysis showed that there is a significant increase in survival for patients managed through multidisciplinary team meetings, and the multimodality therapy treatment options approved by the team were the cause of the reduced risk of death (3). Nevertheless, prospective randomized controlled trials are needed to establish the impact of teamwork in the newly, evolving field of endoscopic endonasal skull base surgeries. Of course, the future involves the use of robotic surgery giving a three dimensional visualization and two-hand surgery through small incisions and opening (7).

In conclusion, what would happen to teamwork once robotic surgery is fully introduced in such types of surgeries is yet to be seen. Nevertheless, it is highly important that the purpose for convening a team is outlined. Once this preliminary is done, objectives can be thrashed out and goals agreed upon and shared.

It seems that the one-man show should be shunned altogether in complex surgeries such as skull base surgeries, and an effort made that surgeons solicited to work in the team coupled with the relentless efforts and care of the neuro-anesthesiologist, the anesthesia technician and the eminent role of the scrub nurse and others are fully appreciated and commended by the captain of the team so as to make sure that the ship does not face the tragic end of the Titanic.

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