

Operatsiooniõde – tippmeeskonna liige

Catline Võrk, Kadri Õnnis
TÜK, Eesti Operatsiooniõdede Ühing

26. mai 2023, Pärnu



Millest räägime

- ▶ Milline on meeskond operatsioonitoas?
- ▶ Millest koosneb meeskonnatöö?
- ▶ Mis on meeskonnatöö oluliseim komponent Eesti operatsiooniõdede arvates?

Väike meeskond, nt päevakirurgia

- ▶ Kirurg
- ▶ Steriilne operatsiooniõde
- ▶ Ringlev operatsiooniõde
- ▶ (Patsient)



Keskmine meeskond, nt trauma

- Kirurg
- Resident / assistent
- Anestesioloog + resident
- Anesteesiaõde
- Steriilne operatsiooniõde
- Ringlev operatsiooniõde
- (Patsient)



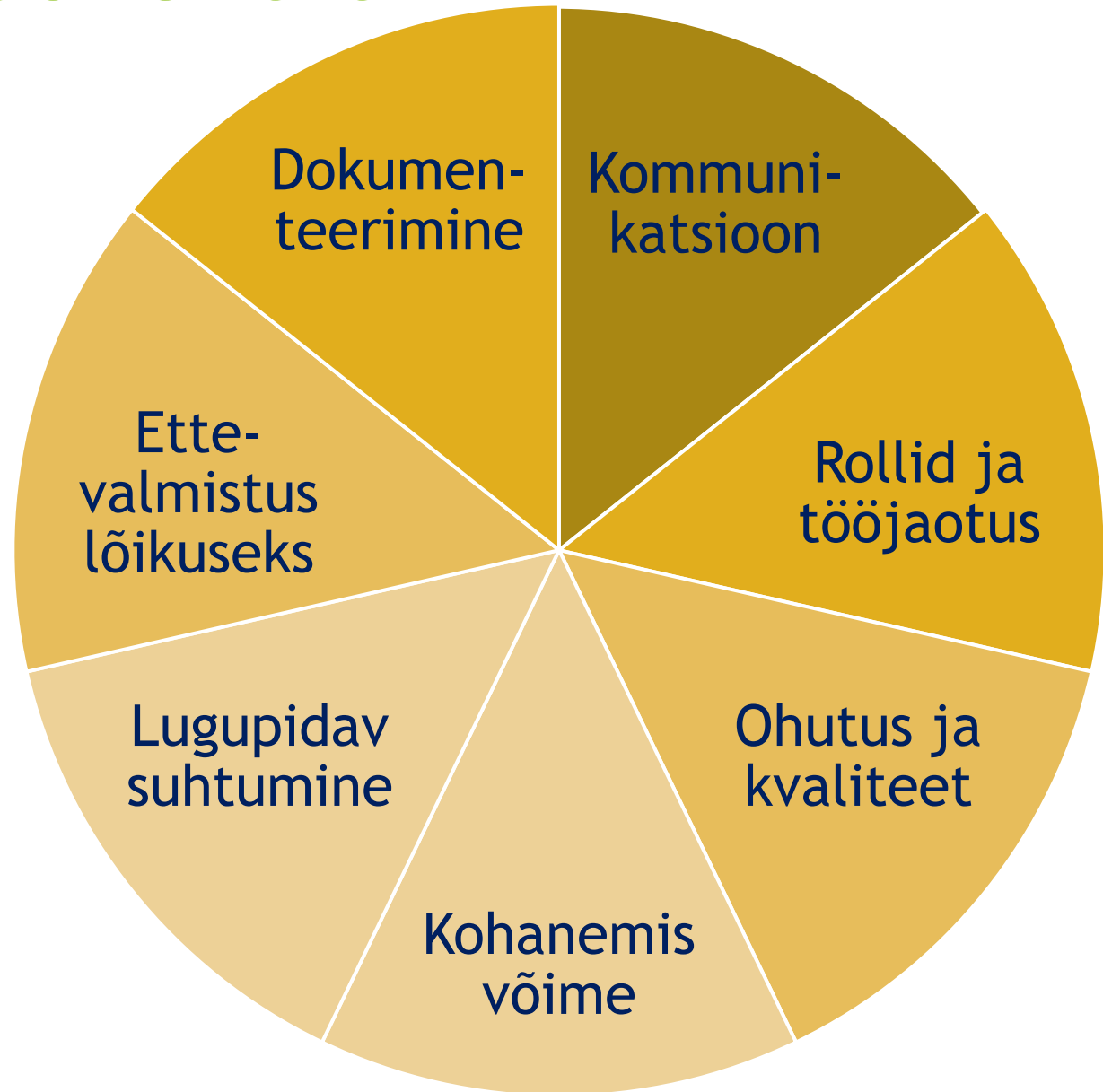
Suur (ja rahvusvaheline) meeskond

- ▶ 3 ja enam kirurgi (ka Skandiatransplant)
- ▶ 3-4 assistenti
- ▶ Anestesioloog + resident
- ▶ Anesteesiaõde
- ▶ Steriilne operatsiooniõde (ka Skandiatransplant)
- ▶ Ringlev operatsiooniõde

22 inimest toas
doonoroperatsioonil
(PERH)



Meeskonnatöö komponendid



Meeskonnatöö mõõtmiseks operatsioonitoas palju küsitlusinstrumente

Operating Room Management Attitudes Questionnaire (ORMAQ)

Please answer the following questions by circling one response only, using the scale below.

	Disagree strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly
1. The senior person, if available, should take over and make all decisions in life threatening emergencies	1	2	3	4	5
2. The department provides adequate, timely information about events in the hospital which might affect my work	1	2	3	4	5
3. Senior staff should encourage questions from junior medical and nursing staff during operations if appropriate	1	2	3	4	5
4. Even when tired, I perform effectively during critical phases of operations	1	2	3	4	5
5. We should be aware of, and sensitive to, the personal problems of other team members	1	2	3	4	5
6. Senior staff deserve extra benefits and privileges	1	2	3	4	5
7. I do my best work when people leave me alone	1	2	3	4	5
8. I let other team members know when my workload is becoming (or is about to become) excessive	1	2	3	4	5
9. It bothers me when others do not respect my professional capabilities	1	2	3	4	5
10. Doctors who encourage suggestions from Operating Theatre team members are weak leaders	1	2	3	4	5
11. My decision-making ability is as good in emergencies as it is in routine situations	1	2	3	4	5
12. A regular debriefing of procedures and decisions after an Operating Room session or shift is an important part of developing and maintaining effective team co-ordination	1	2	3	4	5
13. Team members in charge should verbalise plans for procedures or actions and should be sure that the information is understood and acknowledged by others	1	2	3	4	5
14. Junior Operating Room team members should not question the decisions made by senior personnel	1	2	3	4	5
15. I try to be a person that others will enjoy working with	1	2	3	4	5
16. I am encouraged by my leaders and co-workers to report any incidents I may observe	1	2	3	4	5
17. The only people qualified to give me feedback are members of my own profession	1	2	3	4	5
18. It is better to agree with other Operating Room team members than to voice a different opinion	1	2	3	4	5

Safety Attitudes Questionnaire

Safety Attitudes Questionnaire

This survey asks for your opinion on how you think safety is managed in your clinical unit.

Please circle one answer only per question. Depending on your role, some of the items will not be applicable to you. In this instance, please circle the 'not applicable' option.

Please answer the following questions using the scale below:

A	B	C	D	E	X	Not Applicable								
Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly	Not Applicable									
1. Some input is well received in the clinical area	A	B	C	D	E	X								
2. In my clinical area, it is difficult to speak up if someone makes a mistake	A	B	C	D	E	X								
3. Management in the clinical area are 'not interested' in safety, but would be best for the patient/ward	A	B	C	D	E	X								
4. I have the support I need from other personnel to care for patients	A	B	C	D	E	X								
5. It is easier for personnel in my clinical area to ask questions when there is something that they do not understand	A	B	C	D	E	X								
6. The clinicians in my area work together as a well-coordinated team	A	B	C	D	E	X								
7. I would feel safe being treated here as a patient	A	B	C	D	E	X								
8. Medical resources handled appropriately in the clinical area	A	B	C	D	E	X								
9. There are proper channels to direct questions regarding patient safety in the clinical area	A	B	C	D	E	X								
10. I receive appropriate feedback about my performance	A	B	C	D	E	X								
11. In the clinical area, it is difficult to discuss errors	A	B	C	D	E	X								
12. Am encouraged by my colleagues to report any patient safety concerns / my issue	A	B	C	D	E	X								
13. The culture in the clinical area makes it easy to learn from the errors of others	A	B	C	D	E	X								
14. My suggestions about safety would be acted upon if I reported them to management	A	B	C	D	E	X								
15. I like my job	A	B	C	D	E	X								
16. Working here is the best part of a large facility	A	B	C	D	E	X								
17. This health service is a good place to work	A	B	C	D	E	X								
18. I am proud to work in this clinical area	A	B	C	D	E	X								
19. Morale in this clinical area is high	A	B	C	D	E	X								
20. When my workload becomes excessive, my performance is impaired	A	B	C	D	E	X								
21. Am less effective at work when fatigued	A	B	C	D	E	X								
22. Am more likely to make errors in home or family situations	A	B	C	D	E	X								
23. Reduce impact on performance during emergency situations (e.g. resuscitation / delivery)	A	B	C	D	E	X								
24. Management supports my staff efforts	Unit Mgt	A	B	C	D	E	X	Ward Mgt	A	B	C	D	E	X
25. Management does not knowingly compromise the safety of patients	Unit Mgt	A	B	C	D	E	X	Ward Mgt	A	B	C	D	E	X
26. Management is doing a good job	Unit Mgt	A	B	C	D	E	X	Ward Mgt	A	B	C	D	E	X
27. Incident personnel are dealt with constructively by our	Unit Mgt	A	B	C	D	E	X	Ward Mgt	A	B	C	D	E	X
28. get adequate, timely information about events that might affect my work here	Unit Mgt	A	B	C	D	E	X	Ward Mgt	A	B	C	D	E	X
29. The levels of staffing in the clinical area are sufficient to handle the number of patients/clients	A	B	C	D	E	X								
30. The hospital does a good job of training new personnel	A	B	C	D	E	X								
31. All the necessary information for diagnosis and therapy is promptly available to me	A	B	C	D	E	X								
32. Transfers in my discipline are adequately supported	A	B	C	D	E	X								
33. Interdisciplinary collaboration with other teams in this clinical area	A	B	C	D	E	X								
34. Interdisciplinary collaboration with medical staff in the clinical area	A	B	C	D	E	X								
35. Interdisciplinary collaboration with allied health staff in the clinical area	A	B	C	D	E	X								
36. Communication breakdowns that lead to delays in delivery of care are common	A	B	C	D	E	X								

Demographics

1 & 2. What is your organisation and facility?

3. What service does your department or clinical unit primarily provide (tick the closest option)

4. Position

5. Number of years' experience in current position

TeamSTEPPS Teamwork Attitudes Questionnaire (T- TAQ)

TeamSTEPPS



TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ)

Instructions: Please respond to the questions below by placing a check mark (✓) in the box that corresponds to your level of agreement (from Strongly Agree to Strongly Disagree). Please select only one response for each question.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Teamwork Attitudes					
1. The staff of staff are highly motivated so that work can be shared when necessary					
2. Staff are held accountable for their actions					
3. Staff within my unit share information that enables timely decision making by the direct patient care team					
4. My unit makes efficient use of resources (e.g., staff, supplies, equipment, information)					
5. Staff understand their roles and responsibilities					
6. My unit has clearly articulated goals					
7. My unit operates at a high level of efficiency					
Teamwork Skills					
8. My supervisor/manager/clinician's staff input when making decisions about patient care					
9. My supervisor/manager/clinician provides opportunities to discuss staff's performance after an event					
10. My supervisor/manager/clinician takes time to meet with staff to					
discuss					
to ensure that adequate resources					
equipment, information, etc.					
or provide constructive feedback,					
or provide appropriate praise					
or ensure that staff are aware of the					
that may affect patient care					
STATEMENTS ON THE NEXT PAGE:					

Observational Teamwork Assessment for Surgery (OTAS)

USER Training Manual (draft)

Meeskonnatöö mõõtmiseks operatsioonitoas palju küsitlusinstrumente

Operating Room Management Attitudes Questionnaire (ORMAQ)

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1	2	3	4	5
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1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Safety Attitudes

Tõhus meeskonnatöö viib patsientide
parema ravitulemuseni ning säästab aega
ja vahendeid

1. I consider my role as a team member to be	A	B	C	D	E	F	G	H	I	
2. I am prepared to work in the clinical area	A	B	C	D	E	F	G	H	I	
3. My role in this clinical area is high	A	B	C	D	E	F	G	H	I	
4. When my workload becomes excessive, my performance is impaired	A	B	C	D	E	F	G	H	I	
5. I am less effective when I work in the clinical area	A	B	C	D	E	F	G	H	I	
6. I am more likely to make errors in the clinical area	A	B	C	D	E	F	G	H	I	
7. I reduce my performance during emergency situations (e.g. resuscitation / etc.)	A	B	C	D	E	F	G	H	I	
8. Development requires my staff efforts	Unit Mgt	A	B	C	D	E	F	G	H	I
9. Management does not knowingly compromise the safety of patients	Unit Mgt	A	B	C	D	E	F	G	H	I
10. Management is doing a good job	Unit Mgt	A	B	C	D	E	F	G	H	I
11. Incident personnel are dealt with constructively by our	Unit Mgt	A	B	C	D	E	F	G	H	I
12. I get adequate, timely information about events that might affect my	Unit Mgt	A	B	C	D	E	F	G	H	I
13. The level of staffing in this clinical area is sufficient to handle the number of patients/clients	A	B	C	D	E	F	G	H	I	
14. The hospital does a good job of training new personnel	A	B	C	D	E	F	G	H	I	
15. All the necessary information for diagnosis and therapy is readily available to me	A	B	C	D	E	F	G	H	I	
16. I receive my discipline and adequately supervised	A	B	C	D	E	F	G	H	I	
17. I participate in good collaboration with other teams in this clinical area	A	B	C	D	E	F	G	H	I	
18. I experience good collaboration with medical staff in the clinical area	A	B	C	D	E	F	G	H	I	
19. I experience good collaboration with biomedical staff in the clinical area	A	B	C	D	E	F	G	H	I	
20. Communication breakdowns that lead to delays in delivery of care are common	A	B	C	D	E	F	G	H	I	

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TeamSTEPPS™



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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I am confident in my ability to work with my team					
2. I am confident in my ability to work with my team					
3. I am confident in my ability to work with my team					
4. I am confident in my ability to work with my team					
5. I am confident in my ability to work with my team					
6. I am confident in my ability to work with my team					
7. I am confident in my ability to work with my team					
8. I am confident in my ability to work with my team					
9. I am confident in my ability to work with my team					
10. I am confident in my ability to work with my team					
11. I am confident in my ability to work with my team					
12. I am confident in my ability to work with my team					
13. I am confident in my ability to work with my team					
14. I am confident in my ability to work with my team					
15. I am confident in my ability to work with my team					
16. I am confident in my ability to work with my team					
17. I am confident in my ability to work with my team					
18. I am confident in my ability to work with my team					
19. I am confident in my ability to work with my team					
20. I am confident in my ability to work with my team					

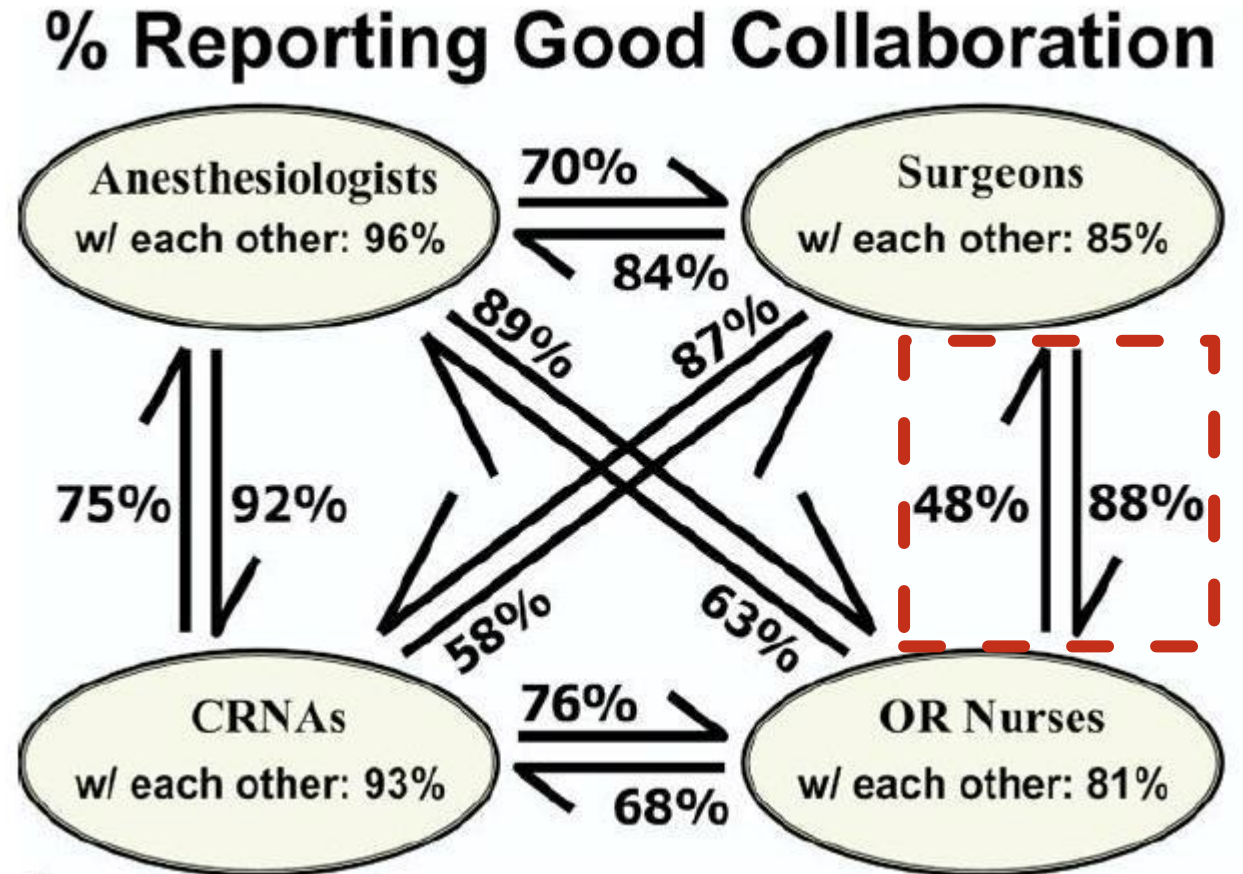
Observational Teamwork Assessment for Surgery (OTAS)

USER Training Manual (draft)

Koostöö tajumine erinev ja ei pruugi olla sümmeetriline õdede ja arstide vahel

Nt USA 2006:

- ▶ 88% kirurgidest arvas, et koostöö operatsiooniõdedega on hea, aga sama arvas vaid 48% operatsiooniõdedest
- ▶ Op. õdedel parem koostöö endi (81%), anesteesiaõdede (68%) ja anestesiooloogidega (63%)



Allikas: Makary MA et al. Operating room teamwork among physicians and nurses: teamwork in the eye of the beholder. J Am Coll Surg. 2006; 202(5):746-52

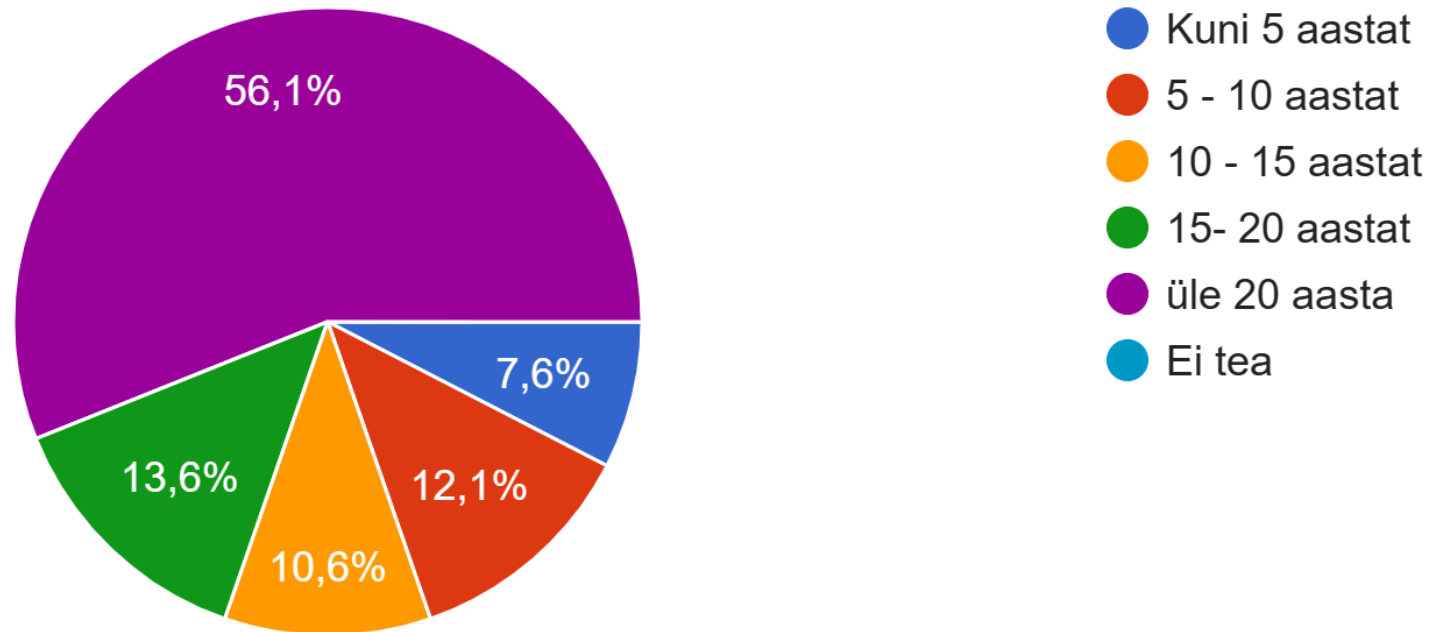
Milline on Eesti operatsioonitoas meeskonnatöö operatsiooniõdede arvates?

- ▶ Küsitlus Eesti operatsiooniõdede seas aprill 2023
- ▶ Küsimuse ideed ankeedist *Operating Room Management Attitudes Questionnaire* (ORMAQ)
- ▶ Anonüümne küsitlus, vastas 65 operatsiooniõde

Vastajate jaotus tööstaaži järgi

Minu tööstaaž operatsioonitoas

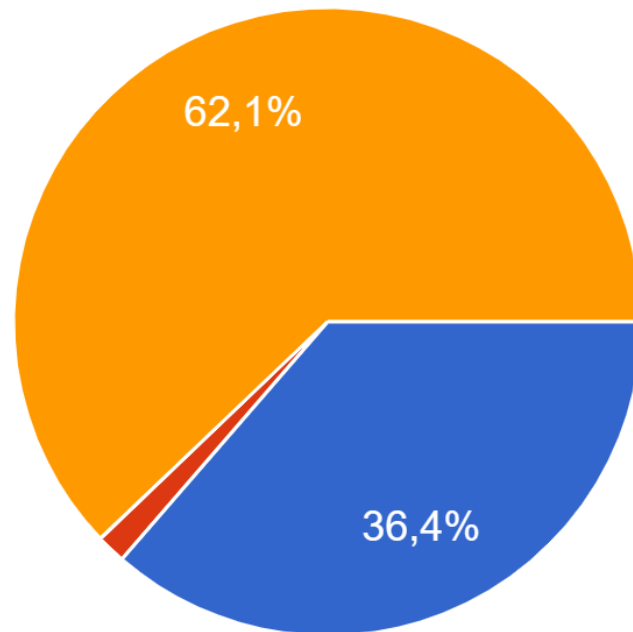
66 vastust



Vastajate jaotus suuruse järgi

Osakonnas, kus ma töotan, on:

66 vastust

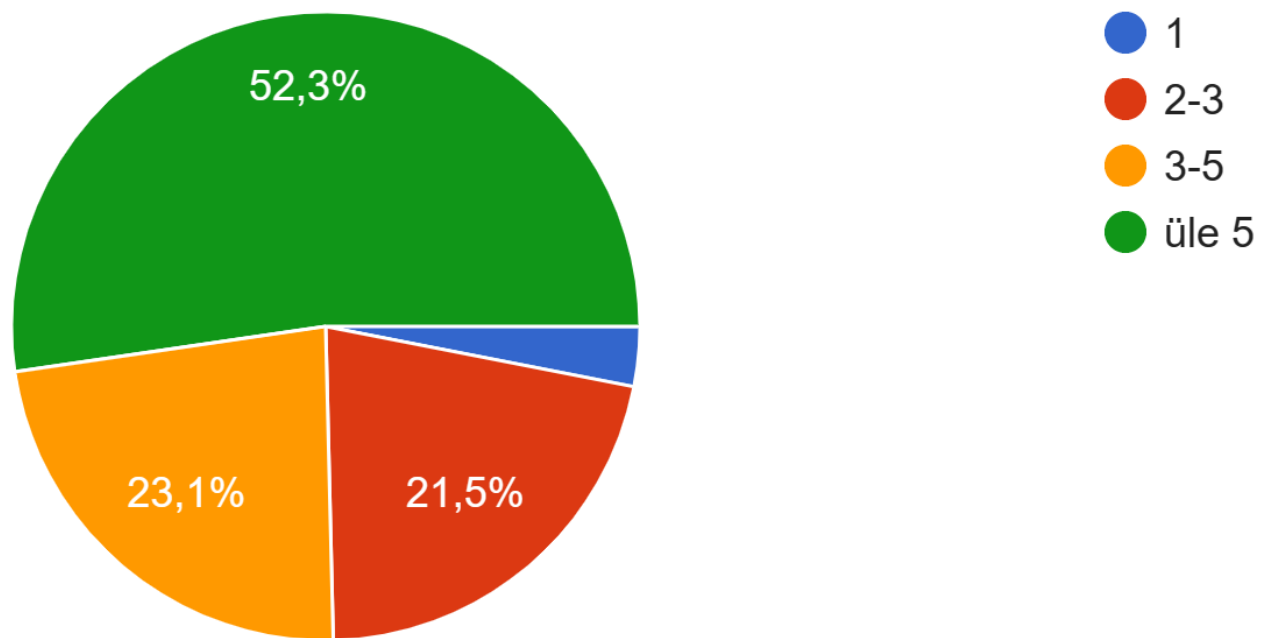


- 1-5 operatsioonituba
- 6-10 operatsioonituba
- Üle 10 operatsioonituba
- Ma ei tea

Vastajate jaotus operatsioonide arvu järgi

Mitme valdkonna operatsioonidega tegelen?

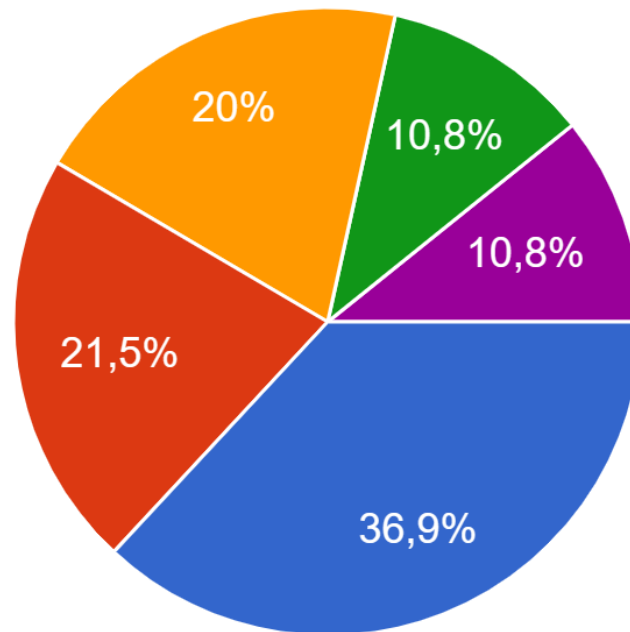
65 vastust



Vastajate jaotus valvetöö järgi

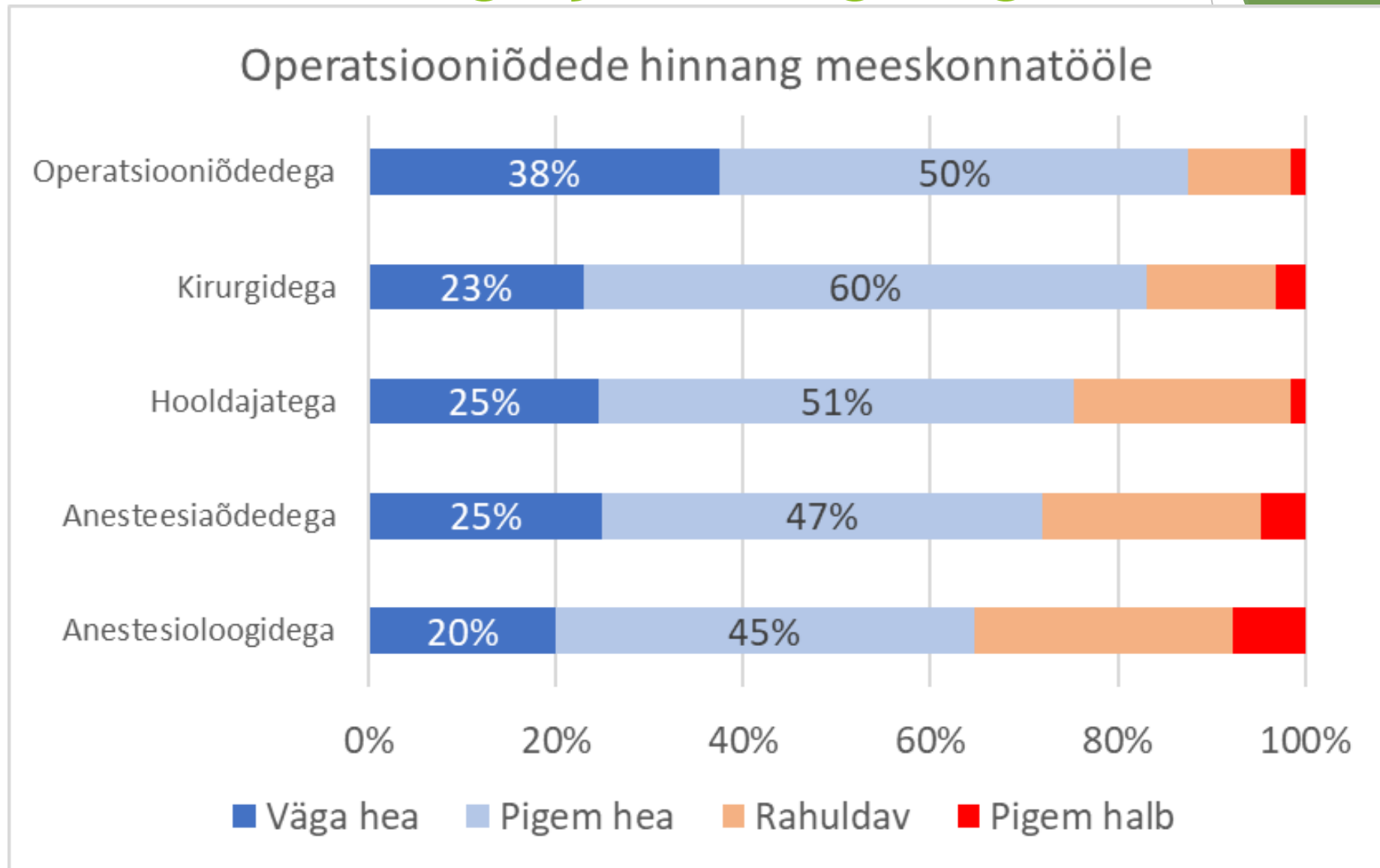
Kui suure osa moodustab valvetöö sinu tööst?

65 vastust



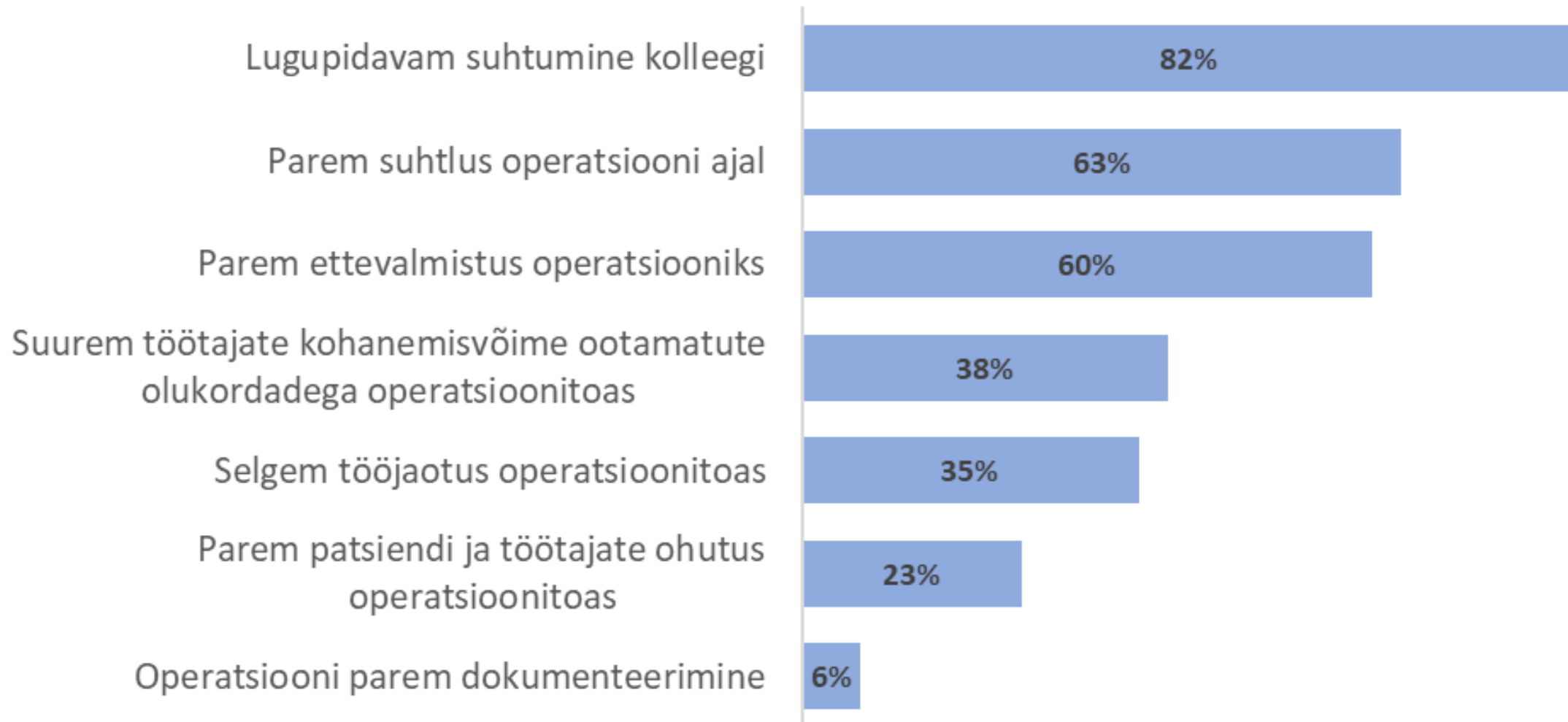
- Ma ei tee valvetööd
- Ligi 25% tööajast
- Ligi 50% tööajast
- Ligi 75% tööajast
- Teengi valdavalt valvetööd

Rahulolu suurem koostööga teiste operatsiooniõdedega ja kirurgidega



Hea sõna ja viisakus aitab palju!

Kuidas parandada meeskonnatööd operatsioonitoas?



Vabad vastused

- ▶ Meeskonna liikmete omavaheline avatud suhtlus ja tegevuste etteplaneerimine.
- ▶ Kindel tööjaotus ning kollegiaalsus. Rohkem esineb horisontaalset vägivalda (õdede vahel).
- ▶ Kogu operatsioonitoa personali motiveeritus areneda enda valdkonnas.
- ▶ Vajalik Parema info üleandmine operatsioonide kohta. Anesteesiaõdedel puudub operatsioonidest teadmine. See tõttu an.õde ei soobi päevajuhina.
- ▶ Kord nädalas koos istuda jooksvate probleemide lahendamiseks, info edastamiseks, kuna info üsna tihti kaob või ei jõua igäheni. Korraldada meeskonna coachingu koolitust, et panna meeskonna liikmeid rohkem rääkima omavahel, et vältida edasises meeskonnatöös arusaamatust ja/või solvanguid. Anda tagasiside meeskonna liikmetele, mitte hinnangut, motiveerida töötajaid aeg-ajalt seletades mille eest kasvõi paari sõnaga
- ▶ Rohkem inimlikkust ja avatud suhtlemist kõigilt osapooltelt. Meeskond toimib imeliselt kui kõik on toetavad ja abivalmid ning panustavad just seal, kus parasjagu vaja.
- ▶ Suhtlus on meeskonnatöö alus! Ootamatute olukordade korral säilitada rahu ja läbi mõelda ja arutada tiimiga, mida teha. Operatsiooniplaanid võiksid olla detailsemad, et oleks kergem ettevalmistusi teha.

Vabad vastused

- ▶ Kui keegi midagi ütleb või soovitab ei ole vaja nähvata, et tean ise või midagi muud. Kui näed et keegi teeb midagi valesti, selle asemel et kritiseerida kasuta lauset mis suunab asja korrektselt tegema. Inimesed võiks olla tööl veidi tasakaalukamad ja osavõtlikumad teiste töötajate oskuste suhtes.
- ▶ Operatsiooniõde võimalusel teeks tööd umbes kolmes valdkonnas. Valdaks kolme erineva eriala operatsioone.
- ▶ ühiste koolituste korraldamine, mitte vaid operatsiooniõdedele eraldi ja anestesistidele eraldi.
- ▶ Töö keel võiks olla eesti keel. Plaanide muutmisest tuleks teavitada kogu meeskonda. Võrdselt lugupidav suhtumine igasse liikmesse parandaks meeskonnatööd.
- ▶ Omavaheline suhtlus on nr üks!

Vabad vastused

- ▶ 1. Kirurgi soovid plaanil kirjas (komplekt, asend, lisa tarvikud).
- ▶ 2. Keerulisemate lõikuste puhul teada plaani A. B. C.
- ▶ 3. Kirurg õpib ka ise selgeks aparatuuri seadistamise (laparaskoopilised ümberseadistamised).
- ▶ 4. Anesteesia arvestab juba enne narkoosi pt asendi iseärasustega (EKG elektroodid, infusiooniliinid)
- ▶ 5. Piisav hulk komplekte/aparaate/tarvikuid, et hommikul ei peaks kogu päeva varu tuppa (nurga taha) tassima.
- ▶ 6. Lõpetada ära samasuguste asjade hoiustamine erinevates ruumides.
- ▶ 7. Kirurgid on ka ise teadlikud erinevate komplektide nimedest.
- ▶ 8. Pikematele või ka keerulisematele lõikustele panna lisa õde, et /ei oskaks ainult kaks õde, / oleks võimalik teha lõikus vahetustega, et / ühe lõikuse ajal ei oleks kuni 3 erinevat brigaadi

Kokkuvõte

- ▶ Meeskonnatöö on suure tähtsusega patsiendi edukaks raviks operatsioonitoas
- ▶ Aitab parandada nii operatsiooni kvaliteeti kui hoida kokku aega ja ressursse
- ▶ Operatsiooniõed näevad kõige enam paranemisruumi lugupidavas suhtumises kolleegidesse
- ▶ Väga oluline on suhtlemine operatsiooni ajal
- ▶ Parema ettevalmistuse operatsiooniks vajalik: oluline on perioperatiivne õendus

Tulge meeskonda!
Täname tähelepanu eest!
catline.vork@kliinikum.ee
kadri.onnis@kliinikum.ee

