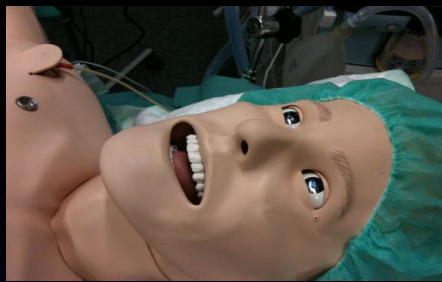


Über den Tellerrand hinausblicken

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Keine Zeit



Assoziationen aus der Psychologie ...



Arbeit im OP = Arbeit im Team
(theoretisch)

“Ad-hoc” Team statt “traditionelles Team”

Schlechte Teamarbeit zweithäufigste
Fehlerursache in der Chirurgie Viele
herausfordernde Teamstrukturen

Kaum Training in Teamarbeit

Gawande AA, Zinner MJ, Studdert DM, Brennan TA. Analysis of errors reported by surgeons at three teaching hospitals. *Surgery*. 2003;133:614-621.

Greenberg C, Regenbogen S, Studdert D, et al. Patterns of Communication Breakdowns Resulting in Injury to Surgical Patients. *J Am Coll Surg*. 2007;204:533 - 540.

Pronovost P. Teamwork matters. In: Salas E, Tannenbaum SI, Cohen D, Latham G, eds. *Developing and enhancing teamwork in organizations: Evidence-based best practices and guidelines*. San Francisco, CA: Jossey-Bass; 2013:11-12.

5 Mythen



Mythos I

Mythos:

Wenn's ein bisschen stressiger wird, kann man auch mal "unwirsch" werden. Das macht gar nichts.

Realität:

Respektlosigkeit führt nicht nur zu "schlechten Gefühlen", sondern auch zu schlechter Leistung.



Table 2

Influence of witnessing rudeness on task performance, creativity, dysfunctional ideation and negative affect in Study 1.

	Control		Rudeness		<i>F</i>
	Mean	SD	Mean	SD	
1. Number of anagrams solved	5.79	1.59	4.82	1.59	6.79**
2. Number of brick ideas	9.74	3.93	7.88	2.35	5.80**
3. Rated creativity for the brick uses	5.61	.80	5.20	1.01	3.72*
4. Dysfunctional ideation	2.49	1.02	3.04	1.23	4.42*
5. Negative affect	2.37	.80	2.95	.79	9.67**

Notes: *N* = 74 (*N* = 40 neutral condition, *N* = 34 witnessing rudeness condition).

* *p* < .05.

** *p* < .01.

Mythos 2

Mythos:

So knapp wie möglich zu kommunizieren ist am besten.

Realität:

*Implizite Kommunikation ist ein guter Nährboden für Missverständnisse.
("Ich dachte, du wusstest, dass ...")*



Greitemeyer, T., Schulz-Hardt, S., & Frey, D. (2003). Präferenzkonsistenz und Geteiltheit von Informationen als Einflussfaktoren auf Informationsbewertung und intendiertes Diskussionsverhalten bei Gruppenentscheidungen. *Zeitschrift für Sozialpsychologie*, 34, 9-23.

Burtscher, M. J., Kolbe, M., Wacker, J., & Manser, T. (2011). Interactions of team mental models and monitoring behaviors predict team performance in simulated anesthesia inductions. *Journal of Experimental Psychology: Applied*, 17, 257-269. doi: 10.1037/a0025148

Mythos 3

Mythos:

Im OP braucht es keine Pausen.

Realität:

Scheinbar doch.



Tschan, F., Seelandt, J. C., Keller, S., Semmer, N. K., Kurmann, A., Candinas, D., & Beldi, G. (2015). Impact of case-relevant and case-irrelevant communication within the surgical team on surgical-site infection. *British Journal of Surgery*, 102(13), 1718-1725. doi: 10.1002/bjs.9927

Impact of case-relevant and case-irrelevant communication within the surgical team on surgical-site infection

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Background: Surgical-site infections (SSIs) are the most common complications after surgery. An influence from talking and distractions during surgery on patient outcomes has been suggested, but there is limited evidence. The aim of this prospective observational study was to assess the relationship between intraoperative communication within the surgical team and SSI, and between intraoperative distractions and SSI.

Methods: This prospective observational study included patients undergoing elective, open abdominal procedures. For each procedure, intraoperative case-relevant and case-irrelevant communication, and intraoperative distractions were observed continuously on site. The influence of communication and distractions on SSI after surgery was assessed using logistic regressions, adjusting for risk factors.

Results: A total of 167 observed procedures were analysed; their mean(s.d.) duration was 4.6(2.1) h. A total of 24 SSIs (14.4 per cent) were diagnosed. Case-relevant communication during the procedure was independently associated with a reduced incidence of organ/space SSI (propensity score-adjusted odds ratio 0.86, 95 per cent c.i. 0.77 to 0.97; $P = 0.014$). Case-irrelevant communication during the closing phase of the procedure was independently associated with increased incidence of incisional SSI (propensity score-adjusted odds ratio 1.29, 1.08 to 1.55; $P = 0.006$). Distractions had no association with SSI.

Conclusion: More case-relevant communication was associated with fewer organ/space SSIs, and more case-irrelevant communication during wound closure was associated with incisional SSI.

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Mythos 4

Mythos:

Gute Teams funktionieren mehr oder weniger automatisch. Training kann man sich beruhigt sparen.



Realität:

Gute Teams reflektieren über und trainieren das Zusammenarbeiten.



Mythos 5

Mythos:

*“Der Ideale Mitarbeiter”
versteh schnell, wie es bei
uns läuft und passt sich an.*

Realität:

*“Der Ideale Mitarbeiter”
kann das Lernen aus Fehlern
verhindern.*



TABLE 2. Comparison of Traditional and Learning Views of Desirable Employee Behaviors

When the Employee Faces:	"Ideal Employee" Behaviors
Missing materials or information	Adjust to shortcomings in materials and supplies without bothering managers or others.
Others' errors	Seamlessly corrects for errors of others – without confronting the person about their error.
Own errors and problems	Creates an impression of never making mistakes.
Subtle opportunities for improving the system	Committed to the current way of doing business—understands the "way things work" around here.



Und nun?

6 Paradoxe Ratschläge



Vielen Dank.

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