Team Brief

The procedural multidisciplinary Team Brief is a key element of practice in the delivery of safe patient care in invasive procedure pathways, and forms part of the WHO Surgical Safety Checklist[2] the Five Steps to Safer Surgery and now 'The NatSSIPs Eight'.

Engagement with the Team Brief is a required behaviour in the delivery of safe care and is a demonstration of mutual respect to the multidisciplinary team and an aspect of professionalism. It shows a commitment to the importance of communication for patients, staff and patient safety.

Good leadership will ensure all members of the team feel comfortable, valued and empowered so that any issues of safety can be volunteered and this will encourage an environment of openness and flattened hierarchy. Continuing with tasks and trying to listen is a distraction for the individual, it is a distraction for the rest of the team, and it is a poor example to the rest of the team.

Who?

- Organisations must support job plans and timetables to facilitate attendance at Team Brief.

When?

- A Team Brief must be performed at the start of all procedural sessions whether elective, scheduled, urgent/unscheduled or emergency procedures.
- Any MDT staff member who will undertake an active role in the invasive procedure should be present. The team should confirm their names and roles. These should always include (in major procedures) but are not limited to: the senior operator and trainee(s)/assistant(s), the senior anaesthetist, and trainee(s), the anaesthetic practitioner, scrub and circulating practitioners or other procedural assistants, including those in training. Other healthcare professionals involved in the procedure should be involved at this communication point as appropriate.
- Radiographers can attend Team Brief, but their absence should not delay it. It is unlikely in most settings that the same in-theatre radiographer will be present during a list.
- The team members' names and roles should be written on a team whiteboard.
- Organisations may consider whether theatre hats with names are a useful aid to communication.[90]
- The senior responsible clinicians should always be involved. Key decisions and knowledge of potential safety issues need to be conveyed by and shared with the team by senior clinicians involved in the case / list. If a clinician intends to have an active role in the case, they should participate in the Team Brief from a safety perspective and as a sign of respect to the team.
- In elective settings, total time set aside for the procedure or list of procedures should include the time taken to conduct the Team Brief.
- The Team Brief should occur at a locally agreed set time and the team should respect this agreed time.
- Staff should not be expected to be undertaking Team Brief whilst simultaneously doing other clinical or managerial tasks.
- In emergency or life-threatening procedures covered by on-call teams, a Team Brief may not always be possible. In exceptional circumstances, where responsibility may need to be delegated, the colleague must be able to perform the procedure independently and must be able to convey the lead's requirements and plan to the procedural team.
- In some scenarios, use of technology such as video conferencing may be a useful complementary approach but should not be used solely for the convenience of team members. There may be situations where, for instance, an operator is involved only with a case later in the day, and video conferencing may promote safe and efficient teamwork.
- Any team member may lead/facilitate the Team Brief and this opportunity can encourage an open culture. The lead should ensure the whole team is listening and participating, and that interruptions are avoided.
- The Team Brief should take place in a discreet location in which patient confidentiality can be maintained, while enabling inclusivity and contribution from all team members. The Team Brief should usually be conducted before the first patient arrives in the procedural area. For operating theatres, Team Brief generally should occur within the anaesthetic room or theatre itself so that detail can be added to a team board and patient confidentiality can be maintained. This location should be modified locally for other procedural areas but should not occur in public areas.

- The Team Brief may need to be conducted on a case-by-case basis if there are changes in key team members during a procedure session, list changes due to other factors or staggered patient admissions. Any changes to the team members during the day should be recorded and trigger a re-brief where appropriate.
- For robotic cases, communication and human factors are important in planning. Safety with robot deployment needs to be considered.
- The Team Brief should occur with the correct and agreed list order and each patient discussed. A process should be in place to update the procedural team with relevant information in the case of staggered admissions or emergency lists. If the order is unclear at the start of a session, or the potential list of patients may change depending on various factors such as test results, a provisional list should be discussed.
- Each patient should be discussed in list order from the perspective of the operator, operator's assistant, the anaesthetist (if appropriate), scrub team and other key team members.
    - Diagnosis, consent, planned procedure and laterality (Sequential Step 1)
    - Relevant comorbidities or complications
    - Airway management plans if applicable
    - Additional monitoring or equipment needed
    - Patient communication issues or disability
    - Allergy status
    - Blood management plans should be confirmed as appropriate to the patient and procedure (e.g. tourniquets, tranexamic acid, cell salvage, availability of blood products)[35]
    - Patient positioning
    - Infection Prevention and Control issues
    - Implant, prosthesis, stent availability (Sequential Step 5)
    - Equipment requirements/Special equipment and extras (Sequential Standard 6 Equipment Reconciliation)
    - Antibiotics and / or other drugs required
    - Other risks e.g. lasers, fire risk and management plan
    - Postoperative destination e.g. ward or critical care unit
- The Team Brief should provide an opportunity to open up communication channels to discuss, where appropriate:
    - drinks / food for patients later in the list
    - additional cases
    - planned breaks
    - changes in personnel
    - student and trainee needs
    - staff familiarity with the procedures
    - expected behaviour/culture/non-tolerance of bullying
- A specialty-specific Team Brief checklist may be locally developed and used to ensure essential information is shared. See Online Sequential Step Implementation portal
- For situations where there is only one invasive procedure, the concept of a Team Brief is still important. Although it may be concise, it still provides an opportunity to discuss important aspects – enhancing safe, efficient, reliable care.
- A record of Team Brief should be kept to guide the list and feedback to management.
- Organisations should develop systems that can use information gathered at Team Briefs (and Debriefs) to address issues and support quality improvements. The record can be kept on paper or electronically with local theatre management systems. This can help identify failures and opportunities for learning especially if used in conjunction with the Debrief (Sequential Step 8).
- Any issues raised in the Team Brief that may have relevance for the care given to other patients by the organisation should be reported to local governance systems by an identified team member.

Caution moments during Team Brief

Emergency and urgent work

Confused patients

Altered list order

Lack of senior engagement with Team Brief

Please see the 'Performance Indicators NatSSIPs'