

future, although it does not currently have a defining role in it nor will it replace emotional intelligence within our daily practice.

REFERENCES

1. Algieri Rubén D, Ferrante Maria S, Fernández Juan P, Flores Cristian A, Ahualli Nicolas, Paglilla Paulo R. Proceso de Desarrollo en la toma de Decisiones del Cirujano en Formación y Su Desempeño en Los Servicios de Urgencias. *Panam J Trauma Crit Care Emerg Surg.* 2015;4:136-46.
2. Sociedad Española de Cirugía. Guías de práctica clínica en cirugía.
3. Ferreres AR. La cirugía innecesaria. *Cir Esp.* 2023;101:813-5.
4. Loftus Tyler J, Filiberto Amanda C, Li Yanjun, Balch Jeremy, Cook Allyson C, Tighe Patrick J, et al. Decision analysis and reinforcement learning in surgical decision-making. *Surgery.* 2020;168:253-66.
5. Shinkunas Laura A, Klipowicz Caleb J, Carlisle Erica M. Shared decision making in surgery: a scoping review of patient and surgeon preferences. *BMC Med Inform Decis Mak.* 2020;20:190.
6. Driever Ellen M, Tolhuizen Ivo M, Duvivier Robbert J, Stiggelbout Anne M, Brand Paul LP. Why do medical residents

- prefer paternalistic decision making?. An interview study. *BMC Med Educ.* 2022;22:155.
7. Loftus TJ, Tighe PJ, Filiberto AC, Efron PA, Brakenridge SC, Mohr AM, et al. Artificial intelligence and surgical decision-making. *JAMA Surg.* 2020;155:148-58.
 8. Hashimoto Daniel A, Witkowski Elan, Gao Lei, Meireles Ozanan, Rosman Guy, et al. Artificial intelligence and surgical decision-making. *JAMA Surg.* 2020;155:148-58.
 9. Beauchamp TL, Childress JF. Principles of biomedical ethics; 2013.

Rocío Franco Herrera*, María Dolores Pérez Díaz

Unidad de Cirugía de Trauma y Urgencias, Servicio de Cirugía General y del Aparato Digestivo, Hospital General Universitario Gregorio Marañón, Madrid, Spain

*Corresponding author.

E-mail address: rociofherrera@gmail.com

(R. Franco Herrera).

<https://doi.org/10.1016/j.cireng.2024.12.006>
2173-5077/

© 2024 Published by Elsevier España, S.L.U. on behalf of AEC.

How to build and care for the team?

¿Cómo construir y cuidar al equipo?



In the health care environment, teamwork has become an indisputable necessity. The complexity of modern medicine requires that medical specialties, nursing, administrative and technical staff all work together towards a common purpose: to provide quality patient care. However, while the value of teamwork is clear, building and looking after the team presents significant challenges.

One of the foundations for building an effective and cohesive team will be to define the common purpose and values that will guide the collaboration and commitment of all the members. The objective goes beyond specific goals and provides a shared motivation that inspires each member, fostering a sense of belonging and alignment towards a more impactful goal. Within this purpose, more specific objectives will be created in the short and medium term, it being essential to assign roles and responsibilities in a clearly defined way. For each task, there must be a person clearly

responsible. This allocation allows for greater efficiency and facilitates rapid decision-making in critical situations.¹ Each team member should know exactly what is expected of their work, reducing confusion and avoiding unnecessary conflict. The appropriate delegation of tasks enables each member to feel valued and reinforces motivation and commitment.²

To achieve this, as we will see in another chapter, the leader is fundamental. A good leader must not only have technical skills but also the ability to inspire and motivate his team.³ Non-technical skills (NTS) come into play here, such as communication, empathy and problem-solving, which are key for the team to work cohesively.⁴ As these are subjective skills, without having a tool that enables us to measure them up till now, it makes it difficult to correctly select leaders and the rest of their staff in the current health system model.

Effective communication is another pillar. An environment of trust should be fostered, where members can voice their

concerns without fear of judgment. According to Patrick Lencioni, the fear of conflict is detrimental to the team, so it is vital that debates and discrepancies are addressed constructively.⁵ In medicine, communication errors may be involved in up to 43% of medical incidents.^{6,7}

To this end, regular meetings should be promoted, especially in times of crisis when, due to the volume of work they are usually avoided. They will help to discuss progress, results so far, evaluate them and solve problems that have arisen together. Accountability will be made possible, that is, achievements, both individual and collective, will be recognised, this being essential to maintain high morale. The role of each member in these achievements must also be recognised, however the responsibility for failures must also be shared. These practices, combined with active listening and the promotion of a culture of debate, are essential to build a safe, transparent environment, where each member feels valued and aligned with the team's objectives.⁸ In addition, 360° evaluations are also a valuable tool for assessing performance and NTSs. This type of feedback from Colleagues, superiors and subordinates identifies areas for improvement, promoting an environment of continuous learning and giving us more complete and balanced feedback than assessments made solely by superiors.⁵

The systematisation of work through the use of protocols based on scientific evidence has also been shown to optimise treatments and guarantee homogeneous care across the board, regardless of who is responsible for each step in the process.^{1,9} Emergency situations, such as the management of polytraumatic patients, are a good example of protocols that have provided clarity on the roles of each member, which has led to improved efficiency and reduced errors in clinical practice. This approach also reinforces collaboration among team members and enables clinical outcomes to be more easily measurable and comparable, reducing unnecessary variability.^{1,9}

Finally, looking after teams also involves fostering relationships outside the clinical setting. Activities outside work, such as team building dynamics or social events, enable professionals to get to know each other in a more relaxed environment, developing trust and improving collaboration.⁵ These activities reinforce problem-solving in an entertaining and participatory way. In high-performance companies, multiple activities are described, ranging from team cooking sessions to imaginary situations where a team conflict must be resolved.

Building and nurturing a team is no easy task, however by employing strategies such as clearly designating roles, protocolising, implementing 360° assessments, and facilitating a culture of trust and constructive discussion, teams can achieve higher levels of performance. NTSs—leadership,

communication, and cohesion—are what really lead a team to operate at its maximum power. A well-constructed team which is well looked after not only improves clinical outcomes but also creates a more positive and collaborative working environment, where each member feels valued and motivated to achieve a common purpose: to provide the best possible care for patients.

REFERENCES

1. Coleman NE, Pon S. Quality: performance improvement, teamwork, information technology and protocols. *Crit Care Clin.* 2013;29(2):129–51.
2. Neily J, Mills PD, Young-Xu Y, Carney BT, West P, Berger DH, et al. Association between implementation of a medical team training program and surgical mortality. *JAMA.* 2010;304(15):1693–700.
3. Gosling J, Bolden R. Leadership competencies: time to change the tune? *Leadership.* 2006;2:147–63.
4. Baldwin PJ, Paisley AM, Brown SP. Consultant surgeons' opinion of the skills required of basic surgical trainees. *Br J Surg.* 1999;86(8):1078–82.
5. Lencioni P. *Las cinco disfunciones de un equipo: una fábula sobre el liderazgo*, 1st edn. Barcelona: Empresa Activa; 2002.
6. Gawande AA, Zinner MJ, Studdert DM, Brennan TA. Analysis of errors reported by surgeons at three teaching hospitals. *Surgery.* 2003;133(6):614–21.
7. Hunziker S, Tschan F, Semmer NK, Zobrist R, Spsychiger M, Breuer M, et al. Hands-on time during cardiopulmonary resuscitation is affected by the process of teambuilding: a prospective randomised simulator-based trial. *BMC Emerg Med.* 2009;9:3.
8. Allard MA, Blanié A, Brouquet A, Benhamou D. Learning non-technical skills in surgery. *J Visc Surg.* 2020;157(3 Suppl 2):S131–6.
9. Panella M, Marchisio S, Di Stanislao F. Reducing clinical variations with clinical pathways: do pathways work? *Int J Qual Health Care.* 2003;15(6):509–21.

María José Gómez-Jurado, Mónica Millán Scheiding*

Unidad de Cirugía Colorrectal, Servicio de Cirugía General y del Aparato Digestivo, Hospital Universitario y Politécnico La Fe, Valencia, España

*Corresponding author.

E-mail addresses: monicamillan72@gmail.com (M. Millán Scheiding).

<https://doi.org/10.1016/j.cireng.2024.11.021>
2173-5077/

© 2025 Published by Elsevier España, S.L.U. on behalf of AEC.