How COVID-19 has enhanced the anaesthetic teamwork

“Alone we can do so little, together we can do so much”

– Helen Keller

Teamwork is definitely one of the keys to success in any organisation. As anaesthetists, we are a part of various multidisciplinary teams that extend beyond theatres to include Intensive Care, Accidents & Emergency, labour ward, crash calls and ambulance transfers. This mandates working amicably with doctors and nurses from other specialities and sometimes other hospitals and paramedics. The core basis of our professional domain, therefore, relies hugely on teamwork.

One such situation that recently created a sense of emergency and panic amongst mankind is Covid-19 SARS. The disease was initially found in a cluster of people in China in December 2019 and its rapid spread across the globe resulted in Covid-19 being named as a global pandemic by the WHO in March 2020[1]. A year or so later, it is only wise to reflect on how we have shown adaptive resilience to every challenge, recovered from physical and mental burn-out and now are ready to implement preparedness for similar events in the future.

The disease process brought along by the virus was unfamiliar and an unexplored one. There had been a handful of papers on the same subject but none that laid down the framework for prevention, treatment or cure. When the first wave arrived, Covid was new to both anaesthetists and every other member of the medical fraternity. The guidelines and protocols, laid down by the research team all across the world was vastly based on their early experiences and were being updated or changed rapidly, and sometimes erratically.

We had the humungous task of keeping a track of local/regional statistics, the capacities of our hospitals in terms of staffing, equipment and infrastructure. However, our team along with management were resilient and strategized ways to redesign the ICU, increase staff capacity by deployment of staff from other clinical areas and train them in no time[2]. On-field players worked with management to map out the routes for patient transfers within the hospital, specially through common corridors and lifts. Simultaneously, there was rigorous training for all concerned staff on donning and doffing PPE. Simulation ‘courses’ and teaching sessions were carried out in the maternity suite and theatres regularly to maintain the competence of all professionals with changing guidance. It facilitated the sustenance of a shared mental model with a common understanding about the purpose of an action and responsibilities that came with it. It has also been postulated that a sense of competence keeps the team motivated. This improves vigilance and collective efficacy, thus improving quality of care and patient safety.

The human factors essential for team working were also seriously in crisis during the pandemic. There were challenges to communication with PPE on. This was overcome by various strategies to communicate effectively and precisely, such as use of colour coded bands and hand signs to give

instructions for simple tasks such as positioning patients. The significance of clinical leadership became evident when new checklists and protocols were drafted to ensure tasks were accomplished without compromising patient safety. There was also physical exhaustion in every team member, especially the nurses, due to working in PPE and escalated rotas. As this started becoming evident, team playing became more compassionate and inclusive. Team members became more flexible. The pandemic helped all of us realise and respect the contribution of every team member. Trainees and consultants were relieving nurses for breaks. This has helped us build better relations with colleagues and also understand the significance of shared purpose with other members of the team.

The magnitude of the catastrophe during the pandemic was new to all healthcare workers. This started resulting in moral injury affecting mental well-being for many. As soon as this came to light, regular de-brief sessions and buddying up systems were encouraged as they have been shown to be effective coping with stress and maintaining well-being in the army[3]. These served as platforms for every team member, irrespective of their role or hierarchy and we supported each other in this difficult journey. Our management also arranged for psychological support for those failing to cope with these simple measures. There were also awareness campaigns about well-being and the department took initiative by engaging professionals to promote mindfulness amongst the trainees.

Apart from the hurdles faced on clinical front, the situation wasn't too different at the academic front. Trainees were left stranded with exams and courses being cancelled / rescheduled. While there was definite upskilling in the ICU, training in other clinical areas was affected. All of this came with the persisting issue of burn-out. However, the department demonstrated resilience to circumvent these problems and resume teaching and training through virtual platforms. The senior trainees and those who were shielding for various reasons contributed to this by initiating teaching sessions for those sitting the exams[4]. Various innovative teaching strategies like 'tea-trolley', simulation sessions, virtual list management techniques were implemented. Finally, ''Thank you cards '', goodies like a bottle of wine, complementary annual leaves, compensatory off-days and other perks gifted by the department acted as the perfect 'icing on the cake'.

As the pandemic waxed and waned, the department grew stronger and more united to face many other upcoming challenges especially the vaccination drive. Many audits, quality improvement projects and trials were initiated to start the cycle of setting the standards, measuring and assessing our practices and thereby implementing the change. Simple yet effective measures were started in the later days which helped peers and colleagues complement each other through a simple App for the work being done. Although the situation was grim, it gave us an opportunity to bond well within the department.

If we win the prize for this essay, we would like to start a tiny outdoor garden near the ICU department which could have bird feeders and plants. Nothing matches the effect that green leaves and the chirping of the birds will have on our motivation and peace of mind.

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