

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

	<i>Disagree strongly</i> ▼	<i>Disagree Slightly</i> ▼	<i>Neutral</i> ▼	<i>Agree Slightly</i> ▼	<i>Agree Strongly</i> ▼
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

	<i>Disagree strongly</i>	<i>Disagree Slightly</i>	<i>Neutral</i>	<i>Agree Slightly</i>	<i>Agree Strongly</i>
	①	②	③	④	⑤
19. The pre-session team briefing is important for safety and for effective team management	①	②	③	④	⑤
20. It is important that my competence be acknowledged by others	①	②	③	④	⑤
21. I am more likely to make errors in tense or hostile situations	①	②	③	④	⑤
22. The doctor's responsibilities include co-ordination between his or her work team and other support teams	①	②	③	④	⑤
23. I value compliments about my work	①	②	③	④	⑤
24. Working in this hospital is like being part of a large family	①	②	③	④	⑤
25. Operating Room team members share responsibilities for prioritising activities in high workload situations	①	②	③	④	⑤
26. As long as the work gets done, I don't care what others think of me	①	②	③	④	⑤
27. Successful Operating Room management is primarily a function of the doctor's medical and technical proficiency	①	②	③	④	⑤
28. A good reputation in the Operating Room is important to me	①	②	③	④	⑤
29. Errors are a sign of incompetence	①	②	③	④	⑤
30. Departmental leadership listens to staff and cares about our concerns	①	②	③	④	⑤
31. I enjoy working as part of a team	①	②	③	④	⑤
32. If I perceive a problem with the management of a patient, I will speak up, regardless of who might be affected	①	②	③	④	⑤
33. I am ashamed when I make a mistake in front of other team members	①	②	③	④	⑤
34. In critical situations, I rely on my superiors to tell me what to do	①	②	③	④	⑤
35. I value the goodwill of my fellow workers -I care that others see me as friendly and co-operative	①	②	③	④	⑤
36. I sometimes feel uncomfortable telling Operating Room members from other disciplines that they need to take some action	①	②	③	④	⑤
37. Procedures and policies are strictly followed in our Operating Room	①	②	③	④	⑤
38. Team members should not question the decisions or actions of senior staff except when they threaten the safety of the operation	①	②	③	④	⑤
39. I am less effective when stressed or tired	①	②	③	④	⑤
40. It is an insult to be forced to wait unnecessarily for other members of the Operating Room team	①	②	③	④	⑤
41. Mistakes are handled appropriately in this hospital	①	②	③	④	⑤
42. Leadership of the Operating Room team should rest with the medical staff	①	②	③	④	⑤
43. My performance is not adversely affected by working with an inexperienced or less capable team member	①	②	③	④	⑤
44. To resolve conflicts, team members should openly discuss their differences with each other	①	②	③	④	⑤
45. Team members should monitor each other for signs of stress or tiredness	①	②	③	④	⑤

	<i>Disagree strongly</i> ▼	<i>Disagree Slightly</i> ▼	<i>Neutral</i> ▼	<i>Agree Slightly</i> ▼	<i>Agree Strongly</i> ▼
46. I become irritated when I have to work with inexperienced medical staff	①	②	③	④	⑤
47. I am proud to work for this hospital	①	②	③	④	⑤
48. All members of the Operating Room team are qualified to give me feedback	①	②	③	④	⑤
49. A truly professional team member can leave personal problems behind when working in the Operating Room	①	②	③	④	⑤
50. There are no circumstances where a junior team member should assume control of patient management	①	②	③	④	⑤
51. Team members should feel obligated to mention their own psychological stress or physical problems to other Operating Room personnel before or during a shift or assignment	①	②	③	④	⑤
52. In the Operating Room, I get the respect that a person of my profession deserves	①	②	③	④	⑤
53. Human error is inevitable	①	②	③	④	⑤
54. The concept of all Operating Room personnel working as a team does not work at this hospital	①	②	③	④	⑤
55. Personal problems can adversely affect my performance	①	②	③	④	⑤
56. Effective Operating Room team co-ordination requires members to take into account the personalities of other team members	①	②	③	④	⑤
57. I like my job	①	②	③	④	⑤
58. I am provided with adequate training to successfully accomplish my job	①	②	③	④	⑤
59. Team members frequently disregard rules or guidelines (e.g. handwashing, treatment protocols/clinical pathways, sterile field) developed for our Operating Room	①	②	③	④	⑤
60. I always ask questions when I feel there is something I don't understand	①	②	③	④	⑤

## Section 2: Teamwork

Please describe your perception of the quality of teamwork you have experienced with the following operating room personnel using the scale below:

0	1	2	3	4
Very low	Low	Adequate	High	Very High

<b>61</b>	Consultant Surgeon	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>62</b>	Higher Surgical Trainee	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>63</b>	Basic Surgical Trainee	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>64</b>	Associate Specialist/ Staff Grade Surgeon	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>65</b>	Nurse	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>66</b>	ODP/ Anaesthetic nurse	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

## Section 3: Error in Medicine

Please answer the following questions using the scale below:

0	1	2	3	4
Disagree strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly

<b>67</b>	I rarely witness an error where one or more team members lack the knowledge to perform the needed action	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>68</b>	Errors committed during patient management are not important, as long as the patient improves	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>69</b>	I make errors in the operating room	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>70</b>	Medical errors are discussed to prevent recurrence	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>71</b>	A confidential reporting system that documents medical errors is important for safety	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Q72. How can the effectiveness of Operating Room teams be increased?**

**Q73. How can the job satisfaction of Operating Room teams be increased?**

**Section 4: Leadership and prioritising**

**Please answer the following questions**

**Q74. If I were to fail in one of the following areas, which would concern me most?**

Please rank 1, 2, 3, 4 (do not use tied ranks, 1 is most concern)

Reducing waiting lists	Patient safety	Saving costs	The Trust's reputation

**Q75. If I were to fail in one of the following areas, which would concern this Trust's management most?**

Please rank 1, 2, 3, 4 (do not use tied ranks, 1 is most concern)

Reducing waiting lists	Patient safety	Saving costs	The Trust's reputation

**Q76. Consider the following four leadership styles and answer the questions below.**

**Style A:** Leader makes decisions and communicates them firmly, expects loyalty and obedience.

**Style B:** Leader makes decisions promptly, but explains them fully, provides reasons, and answers questions.

**Style C:** Leader normally consults with subordinates when important decisions are to be made, listens to advice, considers it, and then makes decision.

**Style D:** Leader puts problem before the group and invites discussion before accepting majority viewpoint as decision.

**Please answer the questions below by writing A, B, C, or D**

**CONSULTANT SURGEONS ONLY ANSWER**

**I)** Which style do you **normally use** in the operating room? \_\_\_\_\_

**EVERYONE ELSE ANSWER**

**II)** Which style do you **normally encounter from surgeons** in the operating room? \_\_\_\_\_

**III)** Which style do you **prefer** in the operating room? \_\_\_\_\_

**Q77. What are the three most frequently occurring errors that you have observed in the operating room?**

**1.**

2.
3.

<b>Q78. In your experience, what strategies have you seen to be effective for managing error in the Operating Room?</b>
1.
2.
3.

**Please write any further comments about teamwork, safety, decision-making, leadership, or any other issue in the Operating Room below.**

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