

Communication among Asia Thoracoscopic Surgery Education Program members: staying connected

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“Communication is everyone’s panacea for everything”

—Tom Peter

The importance of communication in a growing organization like Asia Thoracoscopic Surgery Education Program (ATEP) can never be over emphasized. It can rightly be called the ‘lifeblood’ of this organisation. Good communication is the basic prerequisite for the attainment of organisational goals. The four tenets of ATEP mission are built around effective communication as well and we at ATEP are cutting across national and cultural boundaries for achieving them:

- (I) Contribute to the advancement of thoracoscopic surgery in Asia and to the rest of world;
- (II) Implement and educate thoracoscopic surgery procedures to surgeons in Asia;
- (III) Promote safe surgeries, patient’s safety and best clinical outcome for thoracic surgeons;
- (IV) Promote and encourage sharing of thoracoscopic surgery techniques among members.

Communication has evolved from the era of cave paintings and stone carvings of 30,000 BC to the current days of instant messaging and social media. Within ATEP we mainly rely on formal modes of communication to interact with members. However, informal modes are slowly catching up and are becoming an alternative means of strong communication.

Formal communication within ATEP

Out of the formal modes, face to face communication is still the most important. ATEP frequently organises “workshops” at different venues across Asia to impart hands

on training of VATS. These workshops act as an important means of direct communication amongst board members as well as participants who are looked upon as future members of ATEP. The last workshop, which was 7th in the series was held successfully at Mumbai, India. Apart from bi-annual workshops, ATEP has started organising annual conferences which have a far wider outreach and provides excellent opportunity for communicating with thoracic surgeons all across Asia. The first international ATEP conference was held in Beijing in 2014 and the last took place in Seoul in December 2015.

Face to face form of communication is the most effective of the lot as it builds camaraderie, strengthens bonds and breaks barriers. However it has its share of disadvantages in the form of financial constraints, logistics, time, loss of operating/hospital hours of involved members and fatigue from travelling.

Other formal modes involve timely e-mails from the ATEP secretariat to keep us updated with the recent developments.

The ATEP website (www.myatep.org) acts as another wonderful means of communication. It is the primary source of information about ATEP, its aims and philosophies. It advertises about upcoming ATEP events and activities. It is the point of contact for gaining membership of the ATEP. It also has an e-library of instructional surgical videos from the masters of the field.

Like all important thoracic surgery organisations across the globe, ATEP came out with its first newsletter in the form of “ATEP bulletin” in April 2015. The newsletter included a lead article by a pioneer in thoracic surgery, an interview with one of the master’s, event reporting of a recent ATEP event, ATEP news and calendar.

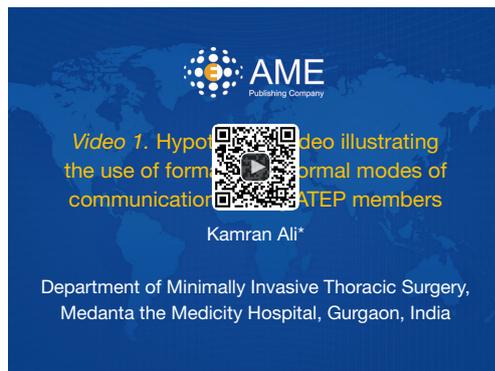


Figure 1 Hypothetical video illustrating the use of formal and informal modes of communication among ATEP members (1). ATEP, Asia Thoracoscopic Surgery Education Program. Available online: <http://www.asvide.com/articles/853>

Moving one step further, ATEP is proud to have established *Journal of Visualised Surgery (JOVS)* as its official journal.

Informal communication within ATEP

In this era of social media, our networks have grown much larger than ever, and we communicate at different levels, each with a specific purpose and etiquette. As a growing organisation it is important for us not to just “hop on the bandwagon”, but also understand how we can effectively engage and navigate these new waters. Our presence on different platforms of social media as of now is limited.

ATEP has a Facebook page (www.facebook.com/AsiaThoracoscopicSurgeryEducationProgram/?fref=ts) which is gradually gaining popularity. As of the 4th quarter of 2015, Facebook had 1.59 billion active monthly users. So we feel it’s a great place to get noticed by the world and attract new members.

Instant messaging has completely revolutionised the way we communicate. We are contemplating an ATEP WhatsApp group or an ATEP KakaoTalk group for increasing informal ways of reaching out to various members.

ATEP Skype lecture series is another project through which we will try to communicate with members as well as non-members in tune with our mission for promotion of thoracoscopic surgery education.

The need for a separate YouTube channel of ATEP is debatable as we already have a huge database of surgical videos on our official website.

So what’s next? May be a smartphone application for ATEP which is going to dramatically change how we communicate with each other (*Figure 1*).

Barriers to communication and importance of breaking them

With its members spread all over the continent, keeping in touch with them, sending across directions and getting feedback can be a challenge and poses some barriers.

Language is the most important amongst these but “English” has been found to be widely acceptable as the medium of communication in ATEP. Other barriers are physical and environmental barriers including time and geographical location. Cultural and attitudinal barriers are luckily yet not significant in our organisation.

It is extremely important that we try and break any existing barriers to communication. The more valued a member feels, fewer are the barriers they build around them & information flows more easily. As barriers come down relationships are formed that create value within the organization, satisfaction level increases and the organization becomes such where everybody likes to be a part of.

Strong team communication skills help build relationships and a feeling of cohesiveness. It ensures the sharing of new ideas and best practices and also benefits team members through coaching and counseling. All of these are vital for a developing organization like ATEP which is being looked upon as the “next big thing” in thoracic surgery.

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Footnote

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