Is it time to integrate non-technical skills and other human factors into perioperative training programmes?

In the present economic crisis, it is understandable that cuts to public services have to be made. However, the recent announcement of the abolition of the National Patient Safety Agency and the NHS Institute of Innovation and Improvement seems to come at precisely the wrong time, particularly if you are a potential patient. Every 36 hours an estimated one million people use the NHS in the UK and although the vast majority receive safe and effective care, some patients are harmed, sometimes seriously or even fatally. Dianne Gilmour, AfPP President drew attention to the 2009 House of Commons Health Committee report which noted that 10% of all patients admitted to hospital suffer some form of unnecessary harm and that most of those adverse events were deemed preventable (Gilmour 2009).

In an effort to assess the true scale of the problem and, more importantly, to reduce these adverse events leading to unnecessary patient harm, additional procedures have been introduced for perioperative practitioners which add to their already busy day-to-day workload. These include reporting incident data on systems such as Datix (currently used by 70% of the UK NHS), the introduction of ‘bundles of care’ and many other nationwide and local implementations. Some of these initiatives have been introduced by the Safer Patients Network which adopted methods designed by the Institute of Healthcare Improvement. These organisational and system improvements are important in the effort to reducing errors, however, that is only part of the story. Healthcare staff at the sharp end can be an effective barrier to mitigate or trap errors, especially in relation to their non-technical skills; i.e. interpersonal skills such as communication, teamwork and leadership, as well as cognitive skills relating to decision making and situation awareness (see Flin, O’Connor, & Crichton, 2008). Research has already shown that underlying causes of adverse events to surgical patients are often attributable to failures in non-technical skills of staff, rather than a lack of technical training or clinical expertise. Understanding the importance of non-technical skills for safe and effective perioperative performance and developing strategies for using them in practice are crucial for patient safety improvement (Mitchell & Flin, 2008).

Currently, there appears to be a limited appreciation in healthcare of the importance of these non-technical skills and why they should be integrated, alongside technical training, into undergraduate, postgraduate and ongoing learning for all healthcare professionals. However, the WHO curriculum for patient safety on medical students now includes a module on human factors and the University of Aberdeen medical school is one institution which has already implemented a non-technical skills module for final year medical students (Flin & Patey, 2009). Behavioural rating tools have been developed by clinicians and psychologists to assess and train these non-technical skills in anaesthetists and surgeons and a prototype rating system for scrub practitioners (SPLINTS) is also now available (www.abdn.ac.uk/iprc/splints). The WHO Surgical Safety Checklist, which is now commonly used in operating theatres throughout the UK, could be viewed as a vehicle to encourage participation in team communication activities, particularly for team members who feel disempowered by workplace status effects. Issues surrounding the difficulties of ‘speaking up’ within that hierarchy (Bromiley & Mitchell, 2009) could be lessened with the introduction of an inter-disciplinary common language with which to discuss both positive and negative issues surrounding non-technical skills.

It may take time, but other high reliability industries (e.g. aviation, nuclear power) have long since acknowledged that non-technical skills and attention to other human factors aspects of the workplace are important for safe performance. Even with the inevitable cost-cutting measures which come with an economic downturn, work on clarifying competencies and updating curricula for perioperative practice is still continuing. Therefore, there may be an opportunity to incorporate this critical aspect of training, namely perioperative practitioners’ non-technical skills, into early training and ongoing development programmes, in the endeavour to improve patient safety.

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References
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AfPP welcomes comments on the issues raised within this article.