



## SCOTTISH PATIENT SAFETY RESEARCH NETWORK QUARTERLY NEWSLETTER

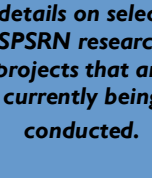
SPSRN

Scottish Patient Safety Research Network (SPSRN) is a collaboration between research teams from the Universities of Aberdeen, Dundee, and St Andrews. The aim of the Network is to enhance capacity in patient safety research in Scotland, building on two existing academic centres. In 2003, the [Patient Safety Research Group](#) was established at the University of Aberdeen. Research focuses on a wide range of issues related to patient safety (e.g. adverse event rates, non-technical skills, and safety climate) within acute as well as primary care medical environments. The [Social Dimensions of Health Institute \(SDHI\)](#), also established in 2003, is a collaborative venture between the Universities of St Andrews and Dundee. Their patient safety research focuses on clinician engagement in quality improvement; different models of quality improvement adopted in the UK, and the initiation, spread and sustainability of change. More information about the Network can be found at [www.spsrn.ac.uk](http://www.spsrn.ac.uk)

November 2011

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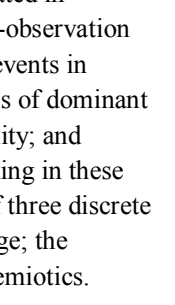
- Featured SPSRN projects
- Recent and in-press publications
- SPSRN news
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### SPOTLIGHT ON:

#### Figuring Safety and Quality in Healthcare: An ethnographic investigation of representational repertoires in the pursuit of patient safety and quality improvement.

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While safety and quality in healthcare are matters of self-evident social, ethical, and fiscal importance, they can also be beguilingly elusive as objects of study, measurement, and improvement. One consequence of this circumstance is that healthcare practitioners, researchers, and policy makers have recourse to a wide variety of ways of representing and communicating about safety and quality. This discursive and semiotic richness can be an asset unto itself, as it simultaneously reflects the complexity of healthcare, and serves as a vital resource for coping with the uncertainties entailed by that complexity. Yet at the same time, the range of different ways of representing and communicating about safety and quality can also frustrate common understanding, professional and organizational coordination, and the imperatives of measurement and accountability. This study seeks to refine understandings of how these dual tendencies are negotiated in practice. The research is based on anthropological participant-observation conducted at patient safety and quality improvement training events in Scotland over an eighteen-month period; on discursive analysis of dominant methodologies and debates within the fields of safety and quality; and interviews with practitioners, policy makers, and experts working in these areas. The study is theoretically situated at the intersection of three discrete domains of social scientific inquiry: the sociology of knowledge; the anthropology of policy and institutions; and anthropological semiotics.

#### Barriers and facilitators to the completion of medicines reconciliation in acute adult admissions.

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All health boards in NHS Scotland are participating in the Scottish patient safety program which has five core workstreams. Each workstream has a change package which guides evidence based change to improve patient safety. Medicines reconciliation at each transition in the patients journey is a key component of the medicines management workstream and has proven to be one of the hardest changes in the programme to implement. Through this project Jennifer has explored the experience of staff responsible for the introduction of medicines reconciliation through a mailed questionnaire to identified implementers in each health board. The questionnaire contained both open and closed questions in order to establish information on the progress made with implementation and their personal thoughts relating to barriers and facilitators they had experienced. The Foundation Year doctors who were responsible for completing medicines reconciliation were then invited to participate in one of two focus groups which were run to establish their opinions and experience of completing medicines reconciliation. The focus groups were guided to establish any barriers or facilitators they could identify relating to the medicines reconciliation process. The results will be analysed using a coding tool developed based on the threats identified in the Human Factors Investigation Toolkit (HFIT). This section was chosen as it covers organisational and individual factors which could be experienced by both the implementers and those responsible for carrying out medicines reconciliation.

#### Dealing with aggressive patients in community pharmacy

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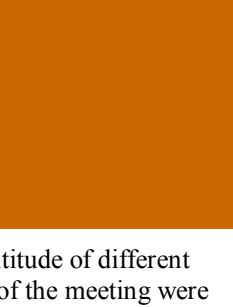
Aggression toward healthcare staff, and the resulting adverse effects, has been an important research topic over the past decade. However, the majority of that research has focused primarily on hospital staff, with only a minority of studies examining staff in primary care settings such as pharmacies or doctors surgeries. Moreover, whilst there is an indication that patient aggression can impact the quality of patient care, no research has been conducted to examine the impact of aggression on patient safety. Consequently, the aim of this study was to examine the impact of aggression on community pharmacists in Scotland using qualitative interviews based on the critical incident technique. Three main aspects were examined: the cause of patient aggression, the impact of aggression on pharmacist job performance and pharmacist behaviours in response to aggression.

Eighteen pharmacists were interviewed, with 37 incidents involving aggressive patients recorded. It was apparent from the data collected that aggression was considered by the majority of participants to be based on a lack of understanding about the role of a pharmacist. More worrying were the reports of near misses and dispensing errors occurring after an aggressive incident had taken place. These errors were considered by the interviewees to be directly linked to the aggressive incident, indicating a potentially adverse effect on patient safety. Interestingly, non-technical skills, including leadership, task management, situational awareness and decision-making, were reported in response to aggressive behaviour. The results indicate that patient aggression may have a significant impact on patient safety. This could be addressed through training in non-technical skills but further research is required to clarify those skills in pharmacy staff.

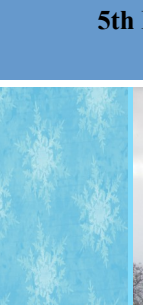


### A SELECTION OF SPSRN NEW AND 'IN PRESS' PUBLICATIONS

- Azuara-Blanco, A., Reddy, A., Wilkinson, G. & Flin, R. (in press). Safe eye surgery: non-technical aspects. *EYE*.
- Barnett, K., McCowan, C., Evans, J., Gillespie, N., Davey, P. & Fahey, T. (in press). Prevalence and outcomes of potentially inappropriate medicines use in the elderly: cohort study stratified by residence in nursing home or in the community. *BMJ Quality and Safety*.
- Glavin, R. & Flin, R. (in press). The influence of psychology and human factors to education in anaesthesiology. *Canadian Journal of Anaesthesia*.

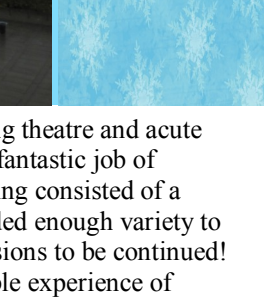


### SPSRN NEWS



SPSRN is now on facebook! Visit (and 'like') our page to receive regular updates about events and publications:  
<https://www.facebook.com/#!/Scottishpatientsafetyresearchnetwork?sk=wall>

Sarah Parker defended her thesis on surgeons leadership skills successfully on the 20th October 2011. Sarah has already secured a human factors position in Washington DC to follow her viva success.



Sarah Parker also received a prize for best student paper at the recent Human Factors and Ergonomics conference in Las Vegas (Sept 2011).

At the Expert Conference on Education in Quality Care and Patient Safety, 2011, the Aberdeen Medical School was highlighted as an exemplar school for teaching patient safety (presentation by Greaves & Noble): <http://www.expertconference.cmj.org.pl/presentations>

### EXTERNAL CONFERENCE PRESENTATIONS BY SPSRN MEMBERS

#### 55th Annual Meeting of the Human factors and Ergonomics Society Red Rock Hotel, Las Vegas, 19—23 September 2011



This was the 55th meeting of researchers working on a multitude of different sectors, including healthcare, aerospace and virtual environments. All five days of the meeting were packed with keynote lectures, presentations, discussion panels and regular poster sessions. There were also a selection of events aimed at encouraging networking with both young and established researchers. Dr Mitchell, Sarah Parker and Isabella Roger all presented their latest work as part of the lecture series. Dr Irwin was also in attendance and presented her work in the form of a poster. The conference provided an important opportunity to disseminate the work of the group to academics from all over the world with a variety of backgrounds. The feedback from this group was particularly valuable.

#### 5th Behavioural Science in Acute Healthcare/Operating Theatre, ETH, Zurich, 20/21 Oct 2011



This was the 5th meeting of researchers and clinicians working in the operating theatre and acute healthcare teams. Tanja Manser (Fribourg) and Michaela Kolbe (ETH) did a fantastic job of organising a stimulating meeting in a fabulous setting. Both days of the meeting consisted of a keynote, expert panel discussions and interactive poster sessions which provided enough variety to keep attendees interested and left ample time and coffee breaks for the discussions to be continued! Rhona Flin gave a stimulating keynote on the first day, sharing her considerable experience of psychological research in industry and healthcare.



Prof Manser

Sarah Parker and Lucy Mitchell presented posters in an interactive poster session on the second day on surgeons leadership and SPLINTS for scrub nurses, respectively. Tanja Manser also presented a poster on the handover research project she conducted during her year in Aberdeen. The keynote on the second day was given by Prof Mary Waller, York University, Canada who introduced her work analysing team communication patterns in various settings including mining, healthcare and with crews for live stage shows! A highly enjoyable, successful meeting which is to be hosted in 2012 by Dr Doris Østergaard



Dr Mitchell

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