Safer Surgery: Analysing Behaviour in the Operating Theatre

ISBN 9780754675365. Price £75.00 (Online: £67.50)

Behavioural skills have historically been implicit in Medical, Surgical and Nursing training. Recent changes in accountability, the streamlining of training, reduced working hours with need for effective handover, and increased complexity of the professions now require these components of the curriculum to be explicit.

Safer Surgery brings together, for the first time, the leading researchers who are carrying out observational research in the operating theatre.

It seeks to understand the behavioural factors influencing safe and efficient surgical, anaesthetic and nursing practice.

It is particularly suitable for practitioners and researchers interested in understanding the behaviour of operating theatre team members, with a view to enhancing both training and practice. It will also interest those studying behaviour in other areas of healthcare or in high-risk work settings.

The book is organised into four sections comprised of 27 consistently structured, well-referenced chapters. 84 contributors are noted including medical and non-medical, clinical and academic persons, the who’s who of the field.

Part 1: Tools for measuring behaviour in the operating theatre, introduces a taxonomy of tools each with its associated research and validation to date. Many of these behaviour-rating instruments are designed for summative use, and as such are too overburdened with elements to be used effectively in training. The later chapters however introduce the task of implementing behavioural change based on assessment findings.

Part 2 focuses on behaviour and its assessment in Anaesthetics. One anticipated problem is the significant inter-rater variability that is likely to be a feature of any work-based assessment tool in healthcare. Discussions are wide-ranging and insightful. For example: on the development of protocols and standardisation’s, they argue that “unless the tacit and implicit cultural factors underlying interprofessional working and communication in the operating theatre are taken into account, such approaches will not achieve their potential.”

Part 3: Observation of Theatre Teams, covers a large amount of ground including tools of observation, communication, team problem solving and even grapples with the issue of attributing meaning to silence in a communicative context. The sections
on surgical decision making, stress and its importance in the development of pathways and protocols, distractions and interruptions in the operating theatre, and time pressure on team task performance are brief yet will be of particular interest to surgeons. Their brevity highlights the need for further research in these areas.

Part 4 concludes the book with some particularly insightful discussions that help put the issues in perspective. One particular gem from Paul Uhlig was the observation that “Creating exceptional front-line teamwork disturbs the connections between the local unit and the larger organisation”. Which helps explain why strong teams are often short-lived and viewed with negativity by the rest of the institution.

There is little doubt regarding the importance of operating theatre behaviour. What remains to be shown is that a complete system can be developed that completes the cycle of assessment, identification, and correction of Non-Technical Skills problems effectively to result in improved outcomes through improved behaviour. This book, though not the complete answer, marks the huge progress researches are making into the topic.

Peter Stiven
General Surgeon, Wairau Hospital
Blenheim, New Zealand