Inter-professional training to enhance surgical safety: are we missing an opportunity?

Sir,

Increasing concerns for patient safety, with data to suggest that half of surgical complications are avoidable, prompted the construction of tools such as the World Health Organization Surgical Safety Checklist (Haynes et al, 2009; Sparks and Rylah, 2010). Implementation of the checklist reduced surgical complication rates, from 11.0% to 7.0% (Haynes et al, 2009). However, a recent study by Wang et al (2014) reported that patients with conditions requiring surgery had no significant decline in in-hospital adverse events from 2005–11. This suggests that while international high-profile initiatives like the World Health Organization Checklist have served as tangible instruments to foster safety, they are necessary but not sufficient in reducing surgical adverse events; additional strategies must be sought.

Key causes of surgical patient harm have been attributed to failure in team-centred skills such as communication and care coordination (Gawande et al, 2003). Many groups internationally, including the authors', have shown that interprofessional simulation-based training using high-fidelity simulated environments (e.g. operating rooms, surgical wards) is a viable strategy for evaluation and training of such skills (Arriaga et al, 2014). Validated training modules and tools that allow performance evaluations and debriefing to maximize learning are available (Sevdalis et al, 2009).

The World Health Organization checklist alone, indeed any checklist, is not a 'silver bullet' that will render surgical care safer – safety-geared behaviours by providers are required. The time is right to embed systematic, evidence-based, inter-professional simulation-based training, assessment and debriefing within hospitals. Success will require a collaborative effort of health-care providers, managers, policy-makers and funders.

Ankur Khajuria/Ara Darzi/Nick Sevdalis
Year 5 Medical Student/Professor of Surgery/Reader in Patient Safety
Department of Surgery and Cancer
St Mary's Hospital
Imperial College London
London W2 1NY
(ankur.khajuria09@imperial.ac.uk)

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Erratum

In the article *Ultrasound of the gall bladder and biliary tree: part 1* (vol 75(6), 2014, p. 312) the wrong image was included for *Figure 4a*. The correct version of *Figure 4* is reproduced below. We apologise for any confusion caused.

Figure 4. Gall-stones in the gall bladder. a. Seen in transverse section, there is a 1.2 cm calculus in the gall bladder, casting an acoustic shadow. The gall bladder wall is of normal thickness. b. In a different patient the gall-stone is filled with numerous smaller 'floating' gall-stones.