

## Update on Project SAVED

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### **Acknowledgements**

Francesca Lyons,. Murray Anderson-Wallace, Dane Wiig – Patient Safety First Communications Team

Project **SAVED** - **S**urgical checklist **a**nd improving the **e**xperiences of **D**octors in training  
*Supporting Patient Safety First by using the WHO Surgical Safety Checklist on one new operating list on one day during Patient Safety First week, 21-27 September 2009*

A core set of safety checks has been identified in the form of a WHO Surgical Safety Checklist that can be used in any surgical setting and operating theatre environment. Each step on the Checklist is simple, widely applicable and measurable and it has already been demonstrated that its use can reduce death and major complications.

An adapted version of the Checklist has been developed for England and Wales, by the National Patient Safety Agency (NPSA) ([www.npsa.nhs.uk/checklist](http://www.npsa.nhs.uk/checklist)) in collaboration with a multi-professional expert reference group. It was launched on 15 January 2009. The Checklist outlines essential standards of surgical care and is designed to be a simple and widely applicable tool to improve surgical safety. The NPSA is working in partnership with Patient Safety First, 1000 Lives Campaign and The Productive Operating Theatre Project to ensure an integrated approach to the implementation of the Checklist.

We felt that engaging junior doctors, foundation years–registrar level (F1–StR/SpR) to help disseminate and implement the Checklist is an area that is currently underdeveloped and could benefit from focused support. After all, junior doctors make up a significant proportion of the workforce and it seems appropriate that they should be key agents in engaging with the Checklist. Embedding the Checklist into training at an early stage would help strengthen a safety culture and ensure sustainability of the Checklist. We worked with representative groups of surgical and anaesthetic trainees – the Association of Surgeons in Training (ASiT) (n = 2000 members) and the Group of Anaesthetists in Training (GAT) (n = 4488 members).

As part of the Patient Safety First campaign's *Patient Safety First week (21–27 September 2009)*, a national call was made by the presidents of ASiT and GAT for each member to encourage his/her team to:

- Undertake a briefing
- Use the Checklist
- Undertake a debriefing.

This was for ONE operating list.

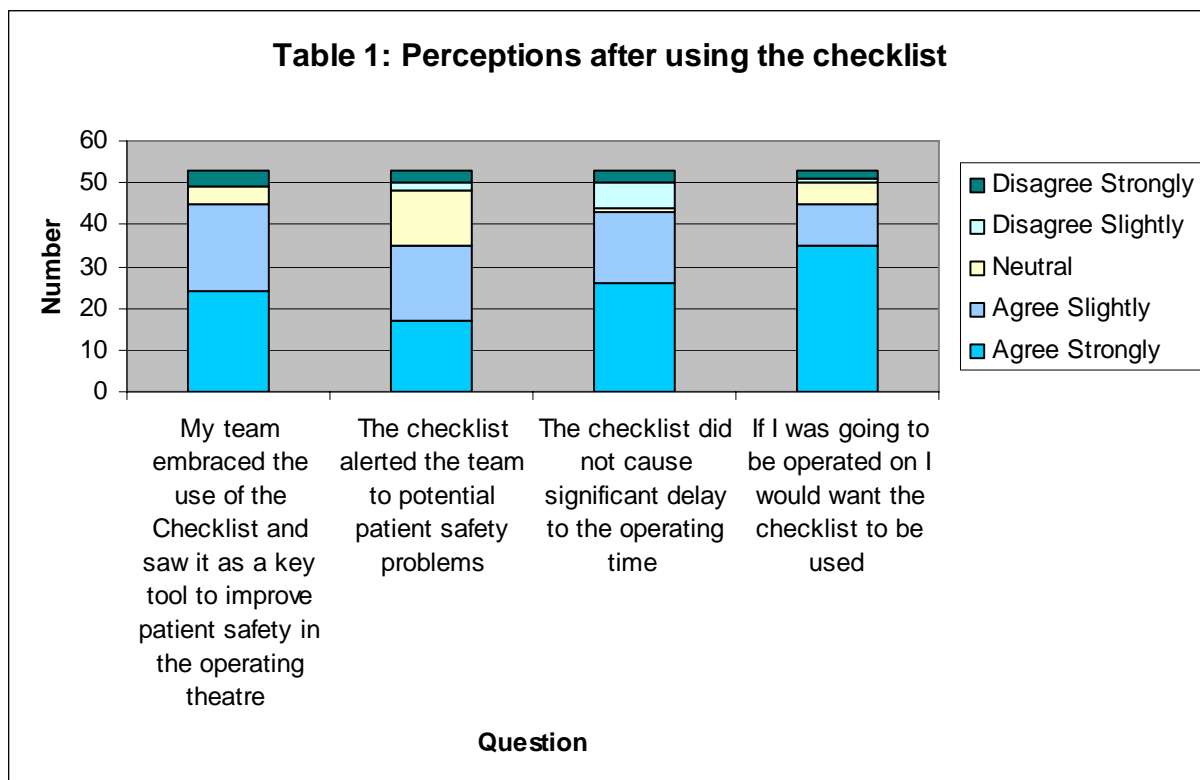
Where possible the anaesthetic and surgical trainees were asked to pick different operating lists. If the same operating list was selected, then separate online feedback forms were filled in by the junior doctor. Once the online feedback form was completed, the trainee will get certificate that he/she printed out and added to his/her portfolio.

The principle of this project was 'ONE checklist (to include briefing and debriefing) for ONE operating list on one day and evaluated using ONE feedback form.'

Further information is available at [www.patientsafetyfirst.nhs.uk](http://www.patientsafetyfirst.nhs.uk)

## Results

Encouragingly, junior doctors from 38 different hospitals participated. 94.3% (50 / 53) junior doctors who participated were surgical trainees. Despite being a bottom-up initiative that was led and managed by junior doctors, and concerning a theme to which all clinicians' would be able to relate to, only 0.76% of those invited (53/6988) however participated with this initiative. 45/53 (85%) of those who participated agreed that they would want their doctors to use this checklist if they were patients. Most responses were positive and graded as 'Agree Slightly' and 'Agree Strongly.' A further breakdown of key results is given in Table 1.



## **Conclusion**

A lot of work needs to be done to better involve junior doctors with the use of briefings, the checklist and debriefings.

To engage and *empower* junior doctor, the system requires decisive and incisive interventions applied at all levels. First, it is critical to make clear the value and worth of junior doctors in health reform. One solution to encourage this movement could be to advocate stronger mentorship and learning models that combine clinical training with improvement, management, and leadership roles, and non-technical skills.