Quality lines

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Team and communication skills training improves surgical technical performance

The potential for adverse events in the operating theatre has been linked to the quality of teamwork and communication, such that understanding teamwork in the operating theatre may play a role in reducing errors. A non-technical course—based on aviation Crew Resource Management principles—led to improved technical surgical performance in an English teaching hospital. Variation among teams appeared to be related in some instances to cultural resistance to adoption of the technique, particularly among medical staff. Debriefing and challenging authority posed the greatest challenge to introduction of change. A related report describes development and evaluation of a method for measuring operating theatre teamwork quality. An accompanying commentary expands on the central role of culture in challenging authority in the operating theatre and intensive care unit and calls for surgical leadership in this regard. ***See pages 91, 104, and 109***

A rationale for distinguishing amongst simple, complicated and complex improvement interventions

Improving treatment of community-acquired pneumonia in a US rural teaching hospital led to the observation that simple and complicated solutions in healthcare quality and patient safety are frequently embedded in complex systems. Careful dissection of global measures offers the opportunity to determine the simple, complicated and complex options for individual patients and specific populations. Such an approach may offer opportunities for design and assessment of further improvement interventions and may lead to better matching of improvement strategies to specific types of individual and organisational problems. ***See pages 82 and 93***

Cap and trade control mechanism for safer healthcare systems: a proposal and three responses

In this issue, *Quality & Safety in Health Care* publishes a controversial proposal to enhance patient safety by using market-based control similar to the use of carbon trading as an environmental governance strategy. This proposal advances a hypothetical cap and trade system that would establish system-wide and organisational targets based on the cost of adverse events in healthcare, thereby creating a market for trading safety credits. Accountability would be enforced by explicit measurement with reference to an organisation's financial bottom line. Not surprisingly, this cap and trade proposal engendered considerable reaction, which is addressed in three accompanying commentaries and a summary editorial. One commentary questions the basic premise that safety can be considered a public good in the same way as the environment. Moreover, there was concern about how the right levels of errors and their cost might be accurately determined. Additional concerns addressed potential pitfalls that would contribute to inequity in healthcare. Readers may wish to weigh in on the discussion by submitting letters to *Quality & Safety in Health Care*. ***See pages 83, 86, 87, 88, 90 and 99***

A structured tool to improve clarity and content of inter-professional communication

While undergraduate and postgraduate healthcare curricula have been adapted to emphasise communication with patients as a core skill, communication in the clinical environment also occurs in large measure among and between professionals. Patient safety is put at risk when communication between health workers is inadequate. One method for improving inter-professional communication uses a standard structure for clinical interactions. Although such approaches have been enthusiastically adopted in some areas, there is little evidence of a beneficial effect. This randomised controlled trial examined the affect of the teaching of an approach to standardise handover of communication from junior to senior professionals in the context of a realistic simulation scenario. The results suggest the use of the structured technique by junior medical staff improves the clarity and content of telephone communication, with implications for the way all clinical staff are taught to communicate with each other. ***See page 137***