Quality Lines

THE IMPACT OF FEELING RESPONSIBLE FOR ADVERSE EVENTS AND THE IMPORTANCE OF BEING OPEN TO CRITICISM FROM COLLEAGUES

Almost one in three Norwegian doctors say that they have experienced an event with serious patient injury in connection with their medical interventions. Most of the incidents took place ''behind closed doors'' because only 38% were reported to the official authorities. For 17% of the doctors the incident had a negative impact on their private life, and almost half of these doctors needed professional help afterwards. The doctors who could candidly criticise each other's professional and ethical behaviour at work, experienced better collegial support when involved in serious patient injury.

See p 13

INCIDENT REVIEWS OF PATIENT SUICIDES

Patient suicide can be traumatic for family members and healthcare workers. In the wake of loss, many questions surface, including the quality of patient care. Structured and formal audits following such deaths provide a means of assessing clinical practice and redressing problem areas. However, the study by King *et al* found that primary care staff perceive the current political climate as a barrier to their involvement in such activities. Although a number of practices agreed to take part in a critical incident review, and identified many benefits from it, team members voiced concern that within the current blame culture audits can too readily become witch hunts. Although this fear was not realised during the reviews held by King and her colleagues, it nonetheless overshadowed clinical practice. Reviews were also seen as a drain upon increasingly limited time and resources. Good practice is therefore undermined by broad social forces.

See p 18

MAKING PSYCHOLOGICAL THEORY USEFUL FOR IMPLEMENTING EVIDENCE BASED PRACTICE

Psychological theory summarises scientific knowledge about behaviour and behaviour change. It should be relevant to understanding why health professionals do not consistently behave in line with evidence based clinical guidelines. However, psychologists have developed a large number of theories of behaviour, many with overlapping constructs, which may cause confusion and make the theories difficult to apply. This paper reports a project aimed at simplifying and integrating relevant psychological theories and theoretical constructs. Groups of health psychologists worked with health service researchers to reach a consensus framework. This comprised 12 theoretical domains that can be used to identify and understand the reasons for poor performance in implementing guidelines. Sets of questions were produced for use in assessment. This framework may assist in developing interventions to improve the performance of health professionals in implementing guidelines, thereby contributing to the delivery of high quality health care and the achievement of good health outcomes.

See p 26

SUSTAINABLE MATERNITY SERVICES IN REMOTE AND RURAL SCOTLAND?

At a time of further centralisation of acute services in the UK, there is little evidence about quality or sustainability in remote and rural maternity services. Internationally, rural groups propose training multi-professional teams for high quality and local intrapartum care for low risk women. From 22 rural maternity units in Scotland this study reports staff views on their current and future roles, on maintaining skills, and whether their competencies meet national recommendations. Staff were concerned about safety and sustainability in the face of losing medical cover and new throughput requirements to maintain skills. Their self-reported competence and confidence in the required skills varied, with perhaps surprisingly high levels for obstetric emergencies. Staff emphasised their skills in risk assessment and decision to transfer in rural contexts, and noted particular barriers and their preferences for training. Further research on the impact of staffing reconfiguration and training on the care and outcomes of rural women is urgently required.

See p 34

PARADOXES OF FRENCH ACCREDITATION

Interested in some of the particularities associated with setting up or improving a national accreditation system? In this article, learn more about accreditation in France, its comparisons to other national systems, and the paradoxes that must be considered when undertaking such a process. The type of accreditation introduced in the French healthcare system in 1996 presents five particularities: it is mandatory for all healthcare establishments; it is performed by an independent government agency; surveyors have the duty of reporting all instances of non-compliance with safety regulations; the accreditation report is delivered to regional administrative authorities and a summary is made available to the public; and regional administrative authorities can use the information contained in the accreditation report to modulate hospital budgets. The particular context in which accreditation is applied in France gives rise to a number of paradoxes. Discussions focus on the paradoxes and the issues associated with government involvement and the relationship between accreditation and resource allocation. Also, this article explores the pros and cons of making accreditation mandatory. Finally, suggestions are provided on how to improve the French accreditation system. Overall, this article will peak your interest into the intricacies of national accreditation systems and will provoke discussions on the dos and don'ts of accreditation system formulation.

See p 51