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Quantity and Type of Social Distractions in Obstetric Anaesthesia

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Introduction

Distractions are commonplace in the clinical environment with positive, negative, and at times serious implications for patient safety. Previous studies identifying and classifying distracting events have predominantly focused on non-obstetric theatres[1] or on noise specifically[2].

Methods

Forty-nine anaesthetic procedures were observed in various settings (theatres, delivery units) for emergency and elective cases at two hospitals over 5 weeks. Procedures included 3 epidurals, 8 combined spinal-epidurals and 38 spinals. A contextual inquiry method was used to gain information on how distractions impact procedures in real -time, with perspective from the anaesthetist captured before, after, and during the procedure. Using a structured observation matrix, observations were conducted at two levels of granularity: impact of team and patient behaviours on individual procedural steps; and impact on procedure as a whole. In addition, 10 interviews were held to expand on data and identify coping strategies mitigating effects of distractions.

Results

Distractions were most often from theatre team members, particularly relating to noise or people entering or leaving (Table 1). There were 16 instances of team members negatively influencing a procedure. Team members facilitated procedures in 187 instances. Distractions had more severe consequences, including increased number of attempts and prolonged procedures.

Quality of team assistance was a key determinant in modulating the impact of distractions. Minimal support in patient reassurance and positioning, and inattention to the anaesthetist's comfort divided the anaesthetist's attention. In contrast, clear division of labour, and anticipation of anaesthetist's and patient's needs minimised disturbance.

Source of Distraction	Examples
Anaesthetist	**Multitasking** eg reassuring the patient while administering anaesthetic drug **Speaking** with another anaesthetist, anaesthetic assistant (case-relevant and irrelevant conversation), or with patient (reassurance, positioning) **Teaching** another anaesthetist, ODP, medical student **Mental/emotional state**
Theatre member (excluding anaesthetist and patient)	**Speaking** between patient and other members to reassure, position patient **Case-irrelevant conversation** **People entering and leaving** **Relative of patient**
Patient	**Psychosocial** factors (anxiety, distress, pain) **Physical** state (limited mobility, hearing difficulties, contractions in labour) **Difficulty maintaining position** **Language barrier**

Table 1: Types of distractions observed during spinal and epidural procedures

Anaesthetists' strategies to mitigate distractions included explicitly asking for quiet, learning to ignore distractions, having a highly methodical workspace organisation, and acute awareness of their competence (Table 2). Anaesthetist's experience, temperament, familiarity with the team, and urgency of situation contributed to their approach and resilience to distractions.

Other theatre members also displayed strategies to minimise distractions and offset their effects.

	Distraction	Adaptation
Anaesthetist	**Multitasking**	Asking for help Taking time to position the patient optimally before starting procedure Well-rehearsed procedural routine
	Noise	Actively ignoring distractions Asking for quiet before and/or during the procedure Leaving phones outside and passing pagers to a colleague prior to procedure Limiting the number of observing students
	Patient positioning	Clear instruction on patient positioning Explanation of the procedure to the patient Signalling the most critical phases of the procedure Reassurance to ease patient anxiety
	Relations with another anaesthetist	Adapting their methods depending on the preferences of observing senior(s) to avoid interruptions (advice, questions and/or feedback)
	Emotional/ mental state	Awareness of own state Prompt request for assistance from another anaesthetist if required
Theatre team	**People entering and leaving the room**	Scrub nurses wait until the anaesthetic procedure was over before entering the theatre Surgeons asking the anaesthetist for permission to enter Patient's relative positioned in front of the patient in case they feel faint during the procedure
	Patient positioning	Clear division of labour: one designated member with undivided attention on patient comfort and positioning Clear communication: patient reassurance and explanation of procedure
	Noise	Members of the team asked for quiet during the procedure

Table 2: Strategies used by anaesthetists and theatre members to minimise distractions

Discussion

By unravelling drivers of distractions and existing neutralising strategies, we identified both targets for modification and expertise to optimise the system in which anaesthetists work. Our findings corroborate previous findings relating to distractions in theatre[1], and during epidural procedures[2,3]: people entering/exiting and conversations were common distractions. Distractions are amplified in obstetrics[2]: obstetric theatre can involve the obstetric team, midwife, patient, relative and paediatric team. It is paramount to strengthen system resilience against these potential distractions to facilitate best clinical outcome.

References

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