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Scrub Practitioners' List of Intraoperative Non-Technical Skills (SPLINTS)

Structuring observation, rating and feedback of scrub practitioners' behaviours in the operating theatre

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Introduction

Aim

In the operating theatre, it is relatively easy to identify safe, efficient and capable perioperative scrub practitioners. Yet, it is sometimes difficult to articulate the qualities they possess that define their expertise. Some scrub practitioners have everything under control, even when the surgical procedure is not progressing according to the original plan. Some scrub practitioners are able to remain calm, deal appropriately with problems whilst managing to provide skilled assistance to the surgical team. These scrub practitioners demonstrate good 'non-technical' skills in addition to their technical expertise. Most experienced scrub practitioners possess non-technical skills but regardless of experience, all perioperative practioners should strive to improve these skills in their everyday practice. The SPLINTS behavioural rating system is designed to provide a framework and a common language for discussing and training non-technical skills (a full explanation of non-technical skills is given in *Part 1 – Information for Users*).

Background

Training for perioperative practitioners is designed to ensure the necessary clinical knowledge, skills and values are acquired to enable individuals to meet the challenges of their workplace. Currently, the non-technical skills which are essential for perioperative practitioner performance are developed on an ad-hoc basis rather than being formally trained. These non-technical skills include social skills such as teamwork and communication between colleagues and cognitive skills, such as situation awareness.

A significant amount of time is spent on mentoring junior scrub practitioners during their training. Providing feedback on their performance is crucial so that key issues (both positive and negative) can be discussed. This enables continued learning and development from case to case. Sometimes it may be difficult to explain exactly how the junior did not manage to perform adequately, or where they did not pick up cues in the environment which might have enabled them to follow the procedure more effectively. This feedback is important for both junior and trainer and these debriefing sessions are likely to be enhanced by using a common terminology or vocabulary. In addition, the provision of a framework or standardised system for observing and rating strengths and weaknesses, in both junior and experienced scrub practitioners, will enable areas of performance to be identified. These can then be discussed in an open, non-confrontational manner, as well as providing an opportunity for self-reflection and to enhance effective performance.

What this handbook contains

This handbook provides a practical guide to the SPLINTS system. Part 1: *Information for users* provides general guidance on the use of behavioural rating systems. Part 2: *The SPLINTS system* provides the full contents of the SPLINTS system, its rating scale, and the observation/ rating form. For more information about the SPLINTS system and additional supporting materials please visit the website at: **www.abdn.ac.uk/iprc/splints**

Part 1: Information for Users

What are Non-Technical Skills?

Research into adverse events in healthcare has suggested that many underlying causes originate from human factors i.e. failings in behavioural or non-technical aspects of performance rather than from a lack of technical competence. Non-technical skills are the social and cognitive skills that complement technical skills for safe and effective task performance and can be subdivided into two main types.

i) Cognitive or thinking skills such as situation awareness and;
ii) Social or interpersonal skills such as communication and teamwork.

Some categories of non-technical skills, such as task management contain both cognitive and social elements. Technical skills are necessary, but not sufficient to ensure patient safety in the perioperative environment. Non-technical skills are not new to perioperative practice. Good scrub practitioners have always demonstrated these competencies but, rather than being explicitly addressed in training, they have been learned and developed in a less formal manner. Incorporating training and assessment in non-technical skills should increase the likelihood of high level scrub practitioner performance over time.

The SPLINTS system enables objective rating and structured feedback to be given on non-technical skill performance. Similar systems have been developed for anaesthetists (ANTS) and surgeons (NOTSS)[1]. Modern surgery requires groups of individuals (surgeons, anaesthetists, nurses, other perioperative practitioners) with different training, qualifications and experience to work together towards a common goal (i.e. safe surgery of the patient). The introduction of a common language and understanding of these non-technical skills should help to enhance team cohesion and patient safety.

What is a behavioural rating system?

Behavioural rating systems are already used to structure training and assessment of non-technical skills in anaesthesia, surgery, nuclear power and civil aviation in order to improve safety and efficiency. They should be occupation specific and are used to identify, rate and train observable non-technical behaviours that contribute to excellent or substandard performance. Rating systems consist of;

i) a list of necessary non-technical skills for performance in that role
ii) examples of good and poor observable behavioural examples relating to each skill and;
iii) a rating scale to score the observed behaviours and record structured feedback.

[1] Details of ANTS and NOTSS can be found at www.abdn.ac.uk/iprc

In order to be occupation specific, behavioural rating systems are developed in the domain in which they are to be used. The development of SPLINTS began by reviewing the nursing, surgical and psychology literature[2]. Thereafter, observations and interviews with experienced scrub nurses and consultant surgeons, from different hospitals, were conducted to identify the most important non-technical skills necessary for effective scrub practitioner performance. A prototype SPLINTS taxonomy was then designed using panels of experienced scrub nurses who ensured that the terminology was understandable in the perioperative community.

It is important to remember that non-technical skills are not independent of technical competence. The purpose of training and rating these skills is to support the development of good overall practice. Safe and effective performance is achieved by the effective integration of technical and non-technical skills.

What is the SPLINTS system?

The Scrub Practitioners' List of Intra-operative Non-Technical Skills (SPLINTS) system is a behavioural rating system developed by a multi-disciplinary group comprising theatre nurses, surgeons, anaesthetists and psychologists in Scotland.

It is designed to be used by perioperative practitioners with clinical knowledge and expertise. SPLINTS can be used to observe and rate scrub practitioners' performance in theatre (or in a training/simulated environment) in a structured manner. This allows a transparent assessment of training needs and the means of structuring feedback for skills development.

The system was developed to provide the perioperative community with a framework for describing non-technical skills and integrating them into the training process in a more explicit manner than at present. The SPLINTS system is deliberately concise but incorporates a set of non-technical skills in as few categories and elements as possible, to produce a single-page rating form, so as to be practical and usable. The system predominantly covers behaviours in the intra-operative (scrubbed up, gloves on) phase of surgery although crucial elements of Task Management (e.g. preparing, planning) are also included.

The SPLINTS taxonomy comprises a three level hierarchy. There are three main categories at the highest level, with nine elements underlying those skill categories (see table 1). Definitions for each of the categories and elements are provided in this handbook. Examples for good and poor behaviours for each element are also given. These examples were generated by experienced theatre nurses and are intended as indicative rather than an exhaustive list.

[2]See www.abdn.ac.uk/iprc/splints for details of all publications relating to SPLINTS

Table 1: SPLINTS skills taxonomy v 1.0

SPLINTS skills taxonomy v 1.0: Categories and Elements

Category	Elements
Situation Awareness	• Gathering information • Recognising and understanding information • Anticipating
Communication and Teamwork	• Acting assertively • Exchanging information • Co-ordinating with others
Task Management	• Planning and preparing • Providing and maintaining standards • Coping with pressure

The full SPLINTS system is shown in Part 2 of this guide. More information on how to use it follows.

Using the SPLINTS system

The SPLINTS system is intended for use by senior perioperative practitioners when teaching/training junior team members in the scrub role. It may also be used for peer rating of experienced scrub practitioners and for self-assessment. It is a training aid designed to; assist rating scrub-practitioners' non-technical performance and; give structured feedback as soon as practicable after performance.

General recommendations

As with any training initiative, it may take time for the SPLINTS system to be accepted as an aid towards safe clinical practice. Training and experience with the system should help users to become familiar with the language and terms, as well as with the structure of the SPLINTS system and its benefits.

- Under no circumstances should the use of SPLINTS interfere with clinical care or compromise patient safety. A SPLINTS rating form may still prove useful, for debriefing purposes, even if only partially completed due to circumstances in theatre.
- SPLINTS should help shape assessment and feedback of non-technical skills to foster an open and non-threatening learning experience for both parties and should become a regular aspect of clinical training.

User selection and training

- Training is required to learn how to use the SPLINTS system to rate behaviours effectively. This should include:
  Background knowledge on human performance, error management and non-technical skills, so constructive, directive feedback can be given.

Principles of using behavioural rating tools for assessing performance.
The contents of the SPLINTS system and how they relate to everyday activities.
Practice in observing non-technical skills and making ratings using the SPLINTS system.
Principles of providing constructive debriefing.

- If the SPLINTS system is to be used for assessment, trainers should be trained and calibrated to ensure that they all provide consistent ratings for the same behaviours.
- It is recommended that a small group of perioperative team leaders are selected in each hospital to become SPLINTS trainers/ assessors.

Scrub practitioner selection and training

- Junior scrub practitioners should receive training on human performance and error management to support development of their non-technical skills. In the future this could be incorporated within undergraduate training and then be further developed throughout perioperative career progression.
- Junior scrub practitioners should receive their own copy of the SPLINTS system booklet for reference.
- The SPLINTS system should be used appropriately for the level of experience of the scrub practitioner:
  - With junior scrub practitioners, the focus of training is on developing basic scrub practitioner expertise; the SPLINTS system can be used for general discussion of non-technical skills and their importance to clinical practice.
  - For more experienced scrub practitioners, the SPLINTS system can be used to rate skills and provide feedback during less routine cases, which may be more challenging for the scrub practitioner.
  - More experienced scrub practitioners can be trained using SPLINTS to learn how to assess non-technical skills in others.
- Perioperative team leaders should explain to juniors why it is important to provide feedback on non-technical skills during training, highlighting that the SPLINTS system has been designed to aid the development of professional skills.

Suggested functions for SPLINTS

- To assess and review junior scrub practitioners' performance periodically, to support overall skills development, by identifying strengths and weaknesses in performance.
- For use in a case or list where the junior scrub practitioner is assisting the surgeon with minimal supervision but with the trainer providing assistance when requested/required by the junior.
- To guide general discussion of SPLINTS and the role of non-technical skills in case/list management.
- To guide and encourage junior scrub practitioners towards participation in the 'surgical pause'/ 'time out' by providing a common language for discussing non-technical skills.
- For trainer and junior to discuss case/ list issues from a non-technical perspective e.g. role of situation awareness; what is it for, how is it to be developed and maintained, how can it be lost or; why good communication and teamworking are important.

This more informal use is appropriate with new users and junior scrub practitioners when numerical ratings are premature, and with more experienced scrub practitioners, in more challenging cases.

- As a framework for self-reflection both by junior and more experienced scrub practitioners, after a case/ list.

Practical tips

- Use the SPLINTS system in a variety of different cases as appropriate for the list type, health of patient, level of the scrub practitioner and trainer workload.
- New users are recommended to work at the element level, as ratings can be more directly related to observed behaviours.
- If using the SPLINTS system for skills assessment, make brief notes about observations on the form during the case if possible e.g. of things seen, not seen, key events. Then, after the case/ list make ratings based on these observations.
- Trainer and scrub practitioner should have a feedback and discussion session after the case or list being reviewed.
  Use element level observations/ ratings to give specific feedback on skills
  Use category level to describe more general performance.
- Use whole SPLINTS system during training and assessment but focus on areas relating to weakness or of particular importance for type of case, e.g. anticipation of surgeon's requirements when deviation from initial surgical plan.
- Make notes of specific circumstances of the case and scrub practitioner's experience, tasks, etc. (e.g. case plan alters, junior new to case type, junior unfamiliar with surgeon).

Key References

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Part 2: The SPLINTS System

Situation Awareness: Developing and maintaining overall awareness of relevant aspects of the theatre environment (patient, team, time, instrumentation and equipment) by watching and listening; understanding what the cues mean and anticipating what might happen next.

Gathering information – Actively seeking information in the operating theatre environment by observing, listening, questioning and recognising cues from the surgical process, theatre environment, equipment and people.

Example behaviours for good practice:
- Checks patient consent (immediately pre-operatively)
- Demonstrates awareness of location of equipment and movement of staff on the floor
- Watches surgical procedure
- Conducts frequent scan of the environment
- Collects information from other team members

Example behaviours for poor practice:
- Fixates on one task
- Distracted by non case-specific, inappropriate or irrelevant activity in theatre
- Fails to listen to instructions
- Fails to listen to conversations between other members of the team
- Does not ask for information when appropriate

Recognising and understanding information – Recognising and interpreting the information gathered from the theatre environment and comparing it with existing knowledge to comprehend the current state of events.

Example behaviours for good practice:
- Attends to competing priorities appropriately
- Recognises urgency if sudden changes in patient condition/ procedure
- Switches between tasks efficiently
- Provides correct instrument even when not named/ incorrectly described by surgeon
- Reacts to conversational cues exchanged between other team members
- Responds appropriately to changes in surgeon's body language/ tone of voice

Example behaviours for poor practice:
- Does not change own activity level when appropriate
- Does not prioritise tasks and/ or requests
- Responds late or not at all to change in pace of procedure
- Fails to seek clarification when faced with unclear commands or requests from other team members
- Asks questions that indicate a lack of understanding

Anticipating – Thinking ahead to predict what might happen and what could be required in the near future.

Example behaviours for good practice:
- Hands appropriate instruments to surgeon in correct order
- Predicts when plan of procedure is going to change; e.g. laparoscopy to open
- Requests equipment from appropriate person before it is required by the surgeon
- Times requests appropriately (e.g. warm saline, suction)

Example behaviours for poor practice:
- Fails to respond to evolving surgical progress
- Waits for a predictable problem to arise before requesting required instrumentation or equipment
- Asks for items late
- Loses track of surgical activity, i.e. is caught unaware

Communication and Teamwork: Sharing information, knowledge, goals and understanding among team members, to facilitate smooth progression through the surgical procedure.

Acting assertively — Using appropriate level of confidence to seek clarification/ make a point and adapting own manner of communicating to best facilitate effective teamwork.

Example behaviours for good practice:

- Seeks clarification when deviation from plan (e.g. procedure consented for/ position of patient)
- Gives clear instructions/ requests to team members
- Demonstrates leadership qualities when appropriate
- Changes manner or tone of communicating to reflect situation
- Demonstrates awareness of own limitations

Example behaviours for poor practice:

- Passively accepts surgeon or other colleagues' decisions when challenging is a more appropriate response
- Fails to communicate in a clear and precise manner
- Adopts a subservient manner when a stronger response is required
- Fails or is slow to communicate requirements
- Uses off-hand manner of speech towards other team members

Exchanging information — Seeks and gives enough detailed information to ensure a shared understanding among team members.

Example behaviours for good practice:

- Provides team members with information
- Vocalises what is being given to surgeon to confirm request or where an alternative is available
- Uses non-verbal signals where appropriate
- Communicates that counts are correct/something missing in a timely manner

Example behaviours for poor practice:

- Makes requests without specifying for whom communication is intended
- Does not pass on/share important information (e.g. sharp blade, short suture)
- Fails to articulate problems in a timely manner
- Uses non-verbal communication where verbal clarification is more appropriate

Co-ordinating with others – Interacting and working with other team members by sharing thoughts/ideas and performing physical tasks in a collaborative manner that facilitates the smooth flow of the surgical procedure.

Example behaviours for good practice:

- Communicates to other team members if there is a foreseeable change in plan/requirement to stop
- Prioritises multiple concurrent requests from other team members
- Suggests alternative options/ equipment
- Deals appropriately with interruptions from others
- Supports others by providing help and assistance
- Verbally acknowledges requests from scrub team members

Example behaviours for poor practice:

- Fails to share information about evolving surgical plan
- Talks to team members who are trying to concentrate
- Ignores requests of others
- Allows interruptions to disrupt flow of procedure
- Fails to maintain awareness of whereabouts of other team members

Task Management: Organising resources and required activities to achieve individual and team oriented goals and maintaining standards with minimum stress to the team.

Planning and preparing — Organising requirements and timing them so that tasks can be completed with the minimum disruption to the smooth flow of the procedure/ list.

Example behaviours for good practice
- Demonstrates preparedness – does not make team wait unnecessarily
- Utilises time during breaks in procedure for other/ preparatory tasks
- Displays effective organisation of scrub practitioner workspace
- Organises equipment
- Prioritises tasks

Example behaviours for poor practice
- Confuses order of tasks which best promote a flowing surgical procedure
- Opens sterile equipment/ supplies indiscriminately
- Demonstrates difficulty in locating required equipment
- Shows a lack of understanding of instrument purpose or sequence of usage

Providing and maintaining standards — Ensuring patient and staff safety, adhering to codes of good practice and guidelines.

Example behaviours for good practice
- Protects sterile field and instrumentation
- Controls volume of music and inappropriate conversation in theatre
- Follows theatre guidelines and encourages others do likewise
- Arranges for colleague to enter theatre if it appears surgeon would benefit from assistance

Example behaviours for poor practice
- Does not adhere to or violates approved protocols or guidelines
- Distracted by/engages in irrelevant conversation with colleagues
- Fails to check equipment settings/relies on others to do so
- Does not display effective organisation of own workspace

Coping with pressure — Dealing with stressful situations whilst maintaining a calm demeanour and understanding the demands and pressures for other team members.

Example behaviours for good practice
- Maintains an even tone of voice other than to indicate urgency (but without panic)
- Does not rise to others' emotional outbursts
- Organises and controls instrumentation appropriately
- Takes initiative to delegate tasks where possible to ease pressure of situation

Example behaviours for poor practice
- Raises voice unnecessarily
- Loses temper/ displays emotional outbursts
- Appears disorganised and unable to locate instrumentation in a timely manner
- 'Freezes' and unable to function effectively
- Waits for instruction when should take action

Use of the SPLINTS system rating scale

The SPLINTS rating scale is shown below. Ratings can be made at both the element and category levels, ideally starting with the individual skill elements before making overall skill category ratings. To make ratings, it is best to watch the scrub practitioner during the intraoperative phase of the procedure, making notes on specific behaviours observed or omissions which should have been seen during the operation and then to make the ratings afterwards. This should avoid the possibility of missing key behaviours or being distracted e.g. by other supervisory demands. All the skill elements (n=9) and categories (n=3) are scored using the same four point rating scale described in the table below. Rating forms are provided at the rear of this booklet.

Before using the SPLINTS system for teaching and assessment it is important that the rater has received training on the contents of the system and knows how and when it can be used in the interests of safety. It is also crucial that the rater has practised using SPLINTS for observation, and giving feedback on scores and that the scrub practitioner being observed understands the SPLINTS system and how it may benefit him or her as part of ongoing clinical training and development.

SPLINTS System Rating Options

Rating Label	Description
4 – Good	Performance was of a consistently high standard, enhancing patient safety; it could be used as a positive example for others
3 – Acceptable	Performance was of a satisfactory standard but could be improved
2 – Marginal	Performance indicated cause for concern, considerable improvement is needed
1 – Poor	Performance was not acceptable and could potentially have endangered patient safety, remedial action is required.
N/R – Not Required	Skill was not observed because it was not required in this case

Not all skill elements may be required or desirable in any given clinical encounter
You should have actually observed behaviours in order to provide ratings 2 (marginal), 3 (acceptable) or 4 (good). You should have either seen behaviours and/or noted the absence of required behaviours to rate 1 (poor). Rating N/R means that those behaviours were not required for the clinical encounter being rated and that is why they were not observed.

Sample rating form SPLINTS v 1.0

Hospital ..... **Trainer name** ..... **Date** .....

Junior name ..... **Operation** .....

Category	Category rating*	Element	Element rating*	Feedback on performance and debriefing notes
Situation Awareness		Gathering information		
		Recognising and understanding information		
		Anticipating		
Communication and Teamwork		Acting assertively		
		Exchanging information		
		Co-ordinating with others		
Task Management		Planning and preparing		
		Providing and maintaining standards		
		Coping with pressure		

* **1** Poor; **2** Marginal; **3** Acceptable; **4** Good; **N/R** Not Required

1 Poor	Performance was not acceptable and could potentially have endangered patient safety, remedial action is required
2 Marginal	Performance indicated cause for concern, considerable improvement is needed
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