

**Library & Information Services**

**Journal Club Checklist**

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| **Article** | **Kilbane, H., Oxtoby, C. and Tivers, M.S. (2020), Staff attitudes to and compliance with the use of a surgical safety checklist. *Journal of Small Animal Practice* 61(6) pp 332-337** |
| What are the aims or objectives of the study? | To investigate staff attitudes to the use of a surgical safety checklist in a small animal operating room and to gain insight into barriers to use. |
| Who carried out the research? | 2 researchers at Bristol Veterinary School and one from the Veterinary Defence Society. |
| Where was the research carried out? | Bristol University Veterinary Hospital (dogs and cats only). |
| Is there a specific research question or hypothesis? |  |
| Why do you want to review this paper? |  |
| What methods did the researchers use? | A staff questionnaire to assess attitudes to a surgical safety checklist, and an audit of completed checklists over an 8-month period. |
| Is this methodology appropriate to the objectives or question? And are there any potential sources of bias? | Yes, a questionnaire is a recognised way of gathering information on peoples’ attitudes. However, researchers should be aware of the risk of social desirability bias, where respondents provide the “right” answer or the answer that they think the researcher wants. This may be a particular problem where the research is being carried out within a work situation where the respondent may feel obliged to respond in a particular way. To mitigate these risks the researcher should be careful not to ask leading questions and should ensure that all responses are anonymised and treated as confidential.  A retrospective audit is a good way of assessing how well the checklists are completed. However, retrospectively gathered data may not be anonymised and where only one person reviews the data there is the possibility of error and a risk of introducing bias. Ideally a second researcher should check at least a sample of the documents to check the results. |
| Is the study design described clearly enough to enable you to follow what was done? |  |
| Are the type of patients or participants clearly described? |  |
| How many patients or participants were included in the study? |  |
| Are these patients or participants, relevant to your practice, if not what differences need to be considered? |  |
| Is the data collected clearly described? |  |
| Are all patients or participants accounted for in the analysis? | Yes, all 36 participants completed the questionnaire and the responses to each question (table 1) add up to 36. |
| Are the results of the study clearly described? What could the researchers have done to make the results clearer? |  |
| Which three statements in table 1 received the highest level of agreement? | Q6, Q7 and Q9 all received 100% of responses that agreed with the statements – I believe using a checklist reduces human error; I believe using a checklist improves patient safety and I believe it is best practice to use a checklist. |
| Do you think you would get similar results in your own practice? |  |
| What were the major barriers to the use of the surgical safety checklist identified in this study? |  |
| Do you think you would get similar results in your own practice? |  |
| Looking at the results on the surgical safety checklist, how many were filled in completely? |  |
| What reasons were given for this? |  |
| Looking at the details of the checklist used in this hospital (FIG1) would it be appropriate for your practice? |  |
| If not, what changes would you like to make? |  |
| Do the results published answer the research questions? |  |
| Do the findings support or alter your current knowledge? |  |
| Do the findings provide sufficient evidence for you to consider changing your current practice? |  |