**Mad as a Hatter? An evaluation of anaesthetists’ recall of names in theatres and attitudes towards adopting #theatrecapchallenge**

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The use of people’s names leads to better exchange of information which results in more effective teams and improved patient safety. Introduction by name and role is thus an integral part of the World Health Organization (WHO) team brief. However, humans only recall 30% of names after first introduction1 and personal names are particularly difficult to retrieve2.Recognising the importance of using first names, especially in crisis scenarios, Dr Rob Hackett advocates writing names and roles on theatre hats and promotes the idea via social media in the form of #theatrecapchallenge. The aim of this study was to locally evaluate anaesthetists’ recall of theatre staff names in our institution and to assess attitudes towards adopting this simple patient safety initiative, identifying potential barriers to implementation.

This project was registered locally as a quality improvement initiative. The authors commenced wearing theatre hats labelled with their names/roles in December 2017. Between 10th January and 15th February 2018, anaesthetists of all grades were asked how many theatre staff names they could recall following the WHO team brief across all theatres in our Trust. Theatre location/specialty and grade of anaesthetist were recorded. Data were presented at a local clinical governance meeting along with the background behind #theatrecapchallenge. Attendees were then asked to complete a short survey asking whether they would support the adoption of names and roles written or printed onto theatre hats.

Name recall was assessed amongst 52 anaesthetists in 26 theatres. 57.7% were consultants and the remainder trainees (CT1-ST7). Mean recall across all grades was 66.6%; this improved with seniority from 53.9% (CT1-2’s) to 76.1% (consultants). Total staff present was highest in emergency and orthopaedic theatres (>9 people). 91% (n=31/34) supported widespread adoption of names/roles on theatre hats. Barriers related to cost, looking silly or unprofessional. One respondent felt it would not improve patient safety.

In conclusion, there is room for local improvement in knowing names of theatre staff. Recall was poorest in emergency theatres with highest staff density and amongst less experienced anaesthetists – a group already subject to higher cognitive load in crises. Recall by consultants was better, probably due to regular operating lists within similar teams. Cost, aesthetics and maintaining professionalism were key to anaesthetists’ appetite for the initiative. Multidisciplinary team buy-in will be assessed and funding sought to support the phased introduction of standardised professional iron-on name/role labels for cloth theatre hats in our institution. Widespread adoption of this simple initiative could improve patient experience, communication in crisis scenarios and help break down hierarchical barriers on a daily basis.

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**References**

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