Author’s response to reviews

Title: Impact of a semi-structured briefing on the management of adverse events in anesthesiology: A randomized pilot study.

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Author’s response to reviews:

Dear Dr. Tanoubi

We thank you for your favorable assessment of our manuscript, we made some minimal changes as per the reviewer’s request, and slightly enlarged the argument. Moreover, we corrected the mislabeled p-values.

Kind regards,
Christopher Neuhaus

Reviewer reports:

Benjamin Aquino, MD (Reviewer 2): Thank you once again for your thoughtful consideration of the reviewer comments and suggestions, including my own.

Your explanation of why you included the data about the briefing being interrupted does make sense. In fact, if I had to change anything about that section on the briefing being interrupted, I might consider including a more explicit explanation of your reasoning, because it is a point well taken. Specifically, I like and agree with your assessments that there are often concerns about "hidden" costs of introducing human factor tools, and whether or not it unnecessarily prolongs the briefing. I also agree with the question you pose of whether or not such interruptions affect the quality of the message being delivered. But I think something about these two explanations should be included somewhere in either your methods or your discussion, because they appear to me to be one of the central strengths of your study, and I do agree that even a small amount of data in this subject can inspire further work in the field, because it is a pertinent question that you ask.
We thank you for this observation and share your view that these explanations should be included in the manuscript. We included both in two short additional paragraphs in the discussion section and as a perspective for further research.
I wonder, actually, if this whole idea of the structure of such a briefing could be a study in and of itself - as in, how structured does it have to be? Are interruptions, and a more free-flowing exchange of the briefing points, the way to go? Or does maintaining the explicit structure of the briefing, perhaps with one person reading/dictating the directives, lead to a better outcome?

Great point, and definitely something to inspire our future work. I have to think about the whole idea of a “reader” when performing the surgical safety checklist (as is customary in the US); we don’t do that in Germany, and it is a difference that has always puzzled me.

The one "minor essential revision" is this: I had one other point regarding the new table and supporting text you added with regard to the interruption of the briefing. You state "Notably, we observed significant differences in the discussion of available emergency equipment (p=0.047) and contact information in the case that help should be required" in lines 152-54. But it appears data is mislabeled/excluded here. According to the table immediately below those lines, the differences between the discussions of available emergency equipment had a p of .002, and not 0.047. In your Table 2, the 0.047 value appears to be pertaining to the differences in the two groups' discussions of having contact information for help. So if I am interpreting this correctly, I am guessing you want it to read like this: "Notably, we observed significant differences in the discussion of available emergency equipment (p=.002) and contact information in the case that help should be required (p=0.047)." Is that the case?

Thanks so much for catching this; it simply slipped our proofreading.