



One-on-One Conversation Exercise Instructions

The purpose of the one-on-one conversation exercise is to give you a chance to practice how to have a conversation with a surgeon. You and your partner have scripts with highlighted parts so that you can practice both the role of the champion and the role of the surgeon. Each person should simulate being the surgeon and the champion.

Instructions:

1. Each person should read through the all of scripts on their own.
2. Practice the one-on-one conversation using the highlighted part of the first script.
3. Take a few minutes after practicing the first script to debrief about the experience.
4. Practice the one-on-one conversation using the highlighted part of the second script.
5. Take a few minutes after practicing the second script to debrief about the experience.
6. Practice the one-on-one conversation using the highlighted part of the third script.
7. Take a few minutes after practicing the third script to debrief about the experience.



One-on-One Conversation #1: Champion Scenario

Champion scenario: You are a member of *the implementation team that has already met with the division chiefs at the executive meeting last month. There was overwhelming support for this project at that meeting. Several chiefs offered to participate in a pilot test of the checklist in their operating room. They were encouraged to offer feedback. You approach Dr. Smith, who you have worked with for 15 years in your hospital, at the scrub sink before his first case.*

Champion: Good morning Dr. Smith. Are you familiar with our hospital's plan to implement a surgical safety checklist in all of our operating rooms?

Dr. Smith: I heard a little bit about it at our last surgical executive meeting.

Champion: Then you know we would like to recruit you as a leader and have you give it a try in your operating room today. If it's okay with you we would like to try it in your first case.

Dr. Smith: Sure that would be fine but I don't know how to use it.

Champion: That's why I'm here today. I'll help walk you and your team through the steps of the checklist. You'll then have the opportunity to give me some feedback so we can make this checklist work as best we can for everybody.

Dr. Smith: Okay. Do you have a copy of the checklist?

Champion: (Shows surgeon the hospitals checklist version) This is the version our implementation team has developed so far, which is modified from the WHO surgical safety checklist. As you can see the checklist includes **3 pause points** during the operation. The first column is a checklist prior to the induction of anesthesia. The second column is the time out you are accustomed to, however a team briefing has been added at that point. The briefing includes a few more steps such as team introductions as well as an opportunity to inform the surgical team of more details regarding your operative plans. Then the final column occurs at the end of the procedure but before the patient leaves the operating room and includes an opportunity for the team to de-brief and discuss ways to improve.

Dr. Smith: I understand the time out but I'm not always in the room before the patient goes to sleep.

Champion: That's okay; the surgeon isn't required to participate in the first column of the checklist for that reason. That section is done between the nurse, the anesthesia provider and the patient.

Dr. Smith: In the middle column, what is this briefing thing?

Champion: It begins with team introductions by name and by role.

Dr. Smith: I like that idea because I find it embarrassing when I forget names. Who leads this briefing?

Champion: We find it best actually if the surgeon leads the time out and the briefing. I'll hold a copy of the checklist so you can follow each step when we're in the operating room. I know the briefing is new to you. It is an opportunity to make your surgical plans clear and answer any questions from the team about what you're going to do.

Dr. Smith: I see an anesthesia provider section and a nursing section right under my section. Do I do that too?

Champion: You can prompt or engage the other team members to complete those sections and that is actually probably the best way to do it. They will have a copy of the checklist in front of them to reference as well.

Dr. Smith: What is this last "surgeon statement" all about? It seems a little silly.

Champion: The literature has shown that asking team members if they have questions or concerns increases the likelihood that they will speak up if they see anything wrong, and through that statement you're actually giving them permission to speak up.

Dr. Smith: I see. When do we do the last column of the checklist?

Champion: The last section is done toward the end of the procedure. Some teams do it after the final counts have been done or when the dressing is being put on the patient.

Dr. Smith: That seems like an awful lot for me to memorize.

Champion: Like the time out, it will take some getting used to before it gets built into practice. However, like that checklist that the pilots use in the cockpit, we don't want you to memorize anything and there will always be a copy of the checklist in the OR for you to follow. It would be really helpful if you could give it a try today.

Dr. Smith: Sure why not, it seems reasonable enough to me. I'll give it a try

Champion: Thank you very much. Our implementation team is glad to have you as one of our leaders in patient safety.



One-on-One Conversation #1: Surgeon Scenario

Surgeon scenario: You are Dr. Smith and you have offered to pilot test the checklist at last month's surgical executive meeting. You are a strong advocate of patient safety initiatives. You are very approachable, easy going, and competent. The Champion approaches you prior to your first case at the scrub sink to review prepare you to pilot test the checklist in your operating room today.

Champion: Good morning Dr. Smith. Are you familiar with our hospital's plan to implement a surgical safety checklist in all of our operating rooms?

Dr. Smith: I heard a little bit about it at our last surgical executive meeting.

Champion: Then you know we would like to recruit you as a leader and have you give it a try in your operating room today. If it's okay with you we would like to try it in your first case.

Dr. Smith: Sure that would be fine but I don't know how to use it.

Champion: That's why I'm here today. I'll help walk you and your team through the steps of the checklist. You'll then have the opportunity to give me some feedback so we can make this checklist work as best we can for everybody.

Dr. Smith: Okay. Do you have a copy of the checklist?

Champion: (Shows surgeon the hospitals checklist version) This is the version our implementation team has developed so far, which is modified from the WHO surgical safety checklist. As you can see the checklist includes **3 pause points** during the operation. The first column is a checklist prior to the induction of anesthesia. The second column is the time out you are accustomed to, however a team briefing has been added at that point. The briefing includes a few more steps such as team introductions as well as an opportunity to inform the surgical team of more details regarding your operative plans. Then the final column occurs at the end of the procedure but before the patient leaves the operating room and includes an opportunity for the team to de-brief and discuss ways to improve.

Dr. Smith: I understand the time out but I'm not always in the room before the patient goes to sleep.

Champion: That's okay; the surgeon isn't required to participate in the first column of the checklist for that reason. That section is done between the nurse, the anesthesia provider and the patient.

Dr. Smith: In the middle column, what is this briefing thing?

Champion: It begins with team introductions by name and by role.

Dr. Smith: I like that idea because I find it embarrassing when I forget names. Who leads this briefing?

Champion: We find it best actually if the surgeon leads the time out and the briefing. I'll hold a copy of the checklist so you can follow each step when we're in the operating room. I know the briefing is new to

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Dr. Smith: Sure why not, it seems reasonable enough to me. I'll give it a try.

Champion: Thank you very much. Our implementation team is glad to have you as one of our leaders in patient safety.