



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 #2: Champion Scenario

Champion Scenario: You are a member of the implementation team that has introduced a surgical safety checklist to the operating room committee at their meeting last month. Although the overall response to the checklist was very positive everyone knows that Dr. Jones is always resistant to change. The chief of surgery has volunteered all of the other surgical chiefs to participate in the pilot testing and to give feedback prior to finalizing the checklist. You have worked with Dr. Jones for 10 years and thought that it would be good if you approached him about this project away from the operating room. You will be meeting with Dr. Jones in his offices to talk to him about helping you with this project.

Champion: Good morning Dr. Jones. Are you familiar with our hospital's plan to implement the surgical safety checklist?

Dr. Jones: Nope, I don't know anything about it.

Champion: Our implementation team is recruiting surgical leaders to give it a try in their operating rooms and we thought you would be a good candidate.

Dr. Jones: I'm really busy and I have lots of cases to get through every day.

Champion: I understand that, but the checklist doesn't really take much more time than the standard time out and we think that it will help all our OR's to become safer than they already are.

Dr. Jones: I'm already doing plenty to keep patients safe. I'm all about efficiency and there are already plenty of things that you people have put in place that slow me down!

Champion: I know there are things in the operating room that can be frustrating, but the checklist can actually improve efficiency because it improves communication. Will you give it a chance in your OR if I am there help out? You can give me feedback regarding the content of the checklist at the end.

Dr. Jones: Okay. I guess you can explain it to me now before my first patient shows up today.

Champion: Thank you so much for your willingness to work with us and be one of our leaders on this important project.

Champion: (Champion shows checklist to Dr. Jones) This is the version our implementation team has developed so far which is a modification from the WHO surgical safety checklist. As you can see the checklist includes what we call **3 pause points**, or times to stop during the operation.

Dr. Jones: Alright, just tell me what you want me to do.

Champion: Your part begins with the "time out" prior to skin incision only the checklist expands upon the "time out" and provides an opportunity to share information with everybody else on the team to ensure we are all on the same page.

Dr. Jones: Now wait a minute, right here – it says introductions? Are you serious? I sometimes do 6 cases in one day. That seems like a ridiculous waste of time.

Champion: Introductions are recommended at least for the first case of the day. If the team stays the same then you don't need to keep repeating the introduction, you really only need to add when new people come into the room.

Dr. Jones: Why do I need to go over the operative plan and possible difficulties? My cases are all pretty straight forward and people are supposed to know what I'm doing before I get into the OR.

Champion: This is an opportunity for you to explain anything that may be out of the ordinary or special considerations you may want to let the team know about ahead of time. If there is nothing special then just say the case will be straight forward, and that's really all you have to do.

Dr. Jones: What's with the surgeon statement at the end – it seems kind of weird?

Champion: If you don't like the way the surgeon statement is written you can modify it into your own words; that is absolutely fine. The reason it's there is that the literature has shown that asking team members if they have concerns increases the likelihood that they will speak up if they see anything wrong. You can also use the surgical safety statement to set the tone for the entire operation. The whole team really is looking to you do that.

Dr. Jones: Alright, I get it. It looks like the "time out" will be longer but I'll give it a try. What's the last column for?

Champion: The last section is new for us and it 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.

Dr. Jones: You know, I often let my residents or fellows close and leave the OR before then.

Champion: That's okay. No need to change your routine. You can either do the debriefing just before you break scrub or you can delegate the responsibility to your resident or fellow, if you're certain that they know how to do that.

Dr. Jones: Do you have any evidence that this stuff really improves patient safety?

Champion: There are several studies have been done that have shown improved surgical outcomes in hospital where the checklist is used well. I would be happy to send you some publications.

Dr. Jones: I would like to read them – thanks for sending them to me.

Champion: Thank you for giving this a try. I'll be with you every step of the way today and want your honest feedback when we're done.



One-on-One Conversation #2: Surgeon Scenario

Surgeon Scenario: You are *Dr. Jones*. You are a competent and experienced orthopedic surgeon and have been a surgeon for 22 years, working 13 years at this hospital. Some people think that you can be difficult to work with, but you just like things done in a particular way. However, when something goes wrong it is usually somebody else's fault. You think that you are the best surgeon at the hospital.

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