



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 #3: Champion Scenario

Champion Scenario: *You are a member of the implementation team that will be holding a meeting with physicians and anesthesiologists to talk about the checklist. After this meeting the implementation team is planning to train every surgeon in how to use the checklist in the operating room over the next couple of weeks. There is one surgeon, Dr. Brown, that you don't think will be on board with this project and you are afraid that he will be disruptive and potentially stop this project from moving forward. Prior to the meeting you schedule a time where you can meet with Dr. Brown for 20 minutes in his office.*

Champion: Good morning Dr. Brown. Thank you so much for taking the time to meet with me today. I wanted to ask if you would be willing to help me with the WHO Surgical Safety Checklist. Have you heard about the WHO Surgical Safety Checklist?

Dr. Brown: Yeah, I heard Dr. Silver talking about using the checklist in his OR. I know a little bit about the checklist and the evidence that is out there isn't very strong – I don't think.

Champion: I've read the papers that have been published too, but I really think that the checklist will help our patients and I think the evidence is pretty strong.

Dr. Brown: I don't need this checklist thing – it is just cookbook medicine.

Champion: You're a great doctor and a good communicator. Do you think that any of the other surgeons here in the hospital might need this? Some of them don't communicate with the team as well as you do.

Dr. Brown: Well, I don't want to name names, but you know Dr. Smith tends to have a lot of problems with his surgeries.

Champion: The problem is that if everyone doesn't use the checklist, Dr. Smith probably won't do it either. Would you be willing to at least try it, to show how important it is? If he sees you using it, the chances of him using are much higher.

Dr. Brown: I'll think about it, but it's going to slow me down and I really like to keep things moving along in the OR.

Champion: A lot of people have had that concern, but we've been testing it out and it really doesn't slow us down all that much. In fact, once you get into the routine, it can actually help you save time in the OR.

Dr. Brown: Save time? How does it do that?

Champion: Talking through each of the items on the checklist can help prepare your team for everything that you might need for the case. By having the discussion at the beginning of the case your team can make sure that they're prepared with everything that you'll need; so if you need special instruments, they'll actually be there and the nurse won't have to run out of the room to go get them. Using the checklist will also help us identify problems that need to be fixed. Before leaving the OR we will ask you and your team if we could write down anything that could be fixed during the case. For example

equipment problems, like the scissors that aren't sharp enough or don't work. I promise that when we identify those kinds of things, because we've taken the time, we're actually going to try to get them fixed before the next time you use the checklist.

Dr. Brown: I still don't know about all of this stuff. I look at it and read it and it feels weird. Let me think about it more and see how everyone else likes it.

Champion: That sounds good to me. Tomorrow we will be holding a meeting where we will be talking about this, the checklist, and then we'll start training people to use the checklist. I'll check back with you in a couple of weeks and let you know how everything is going. Dr. Brown, we could really use your help with the other surgeons here who really respect you. Thank you for considering using the checklist.



One-on-One Conversation #3: Surgeon Scenario

Surgeon Scenario: *You are Dr. Brown; an attending surgeon has over 25 years of experience. You believe that many of the quality improvement projects that are undertaken in your hospital don't help anyone and they just are just another thing that you are forced to do. You are up to date with the literature but always want strong evidence to support any change that you make in your practice. Although you have read several publications that support the surgical safety checklist you feel the evidence is weak and you are not convinced that using the checklist will help.*

Champion: Good morning Dr. Brown. Thank you so much for taking the time to meet with me today. I wanted to ask if you would be willing to help me with the WHO Surgical Safety Checklist. Have you heard about the WHO Surgical Safety Checklist?

Dr. Brown: Yeah, I heard Dr. Silver talking about using the checklist in his OR. I know a little bit about the checklist and the evidence that is out there isn't very strong – I don't think.

Champion: I've read the papers that have been published too, but I really think that the checklist will help our patients and I think the evidence is pretty strong.

Dr. Brown: I don't need this checklist thing – it is just cookbook medicine.

Champion: You're a great doctor and a good communicator. Do you think that any of the other surgeons here in the hospital might need this? Some of them don't communicate with the team as well as you do.

Dr. Brown: Well, I don't want to name names, but you know Dr. Smith tends to have a lot of problems with his surgeries.

Champion: The problem is that if everyone doesn't use the checklist, Dr. Smith probably won't do it either. Would you be willing to at least try it, to show how important it is? If he sees you using it, the chances of him using are much higher.

Dr. Brown: I'll think about it, but it's going to slow me down and I really like to keep things moving along in the OR.

Champion: A lot of people have had that concern, but we've been testing it out and it really doesn't slow us down all that much. In fact, once you get into the routine, it can actually help you save time in the OR.

Dr. Brown: Save time? How does it do that?

Champion: Talking through each of the items on the checklist can help prepare your team for everything that you might need for the case. By having the discussion at the beginning of the case your team can make sure that they're prepared with everything that you'll need; so if you need special instruments, they'll actually be there and the nurse won't have to run out of the room to go get them. Using the checklist will also help us identify problems that need to be fixed. Before leaving the OR we will ask you and your team if we could write down anything that could be fixed during the case. For example

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