



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. 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. You'll then have the opportunity to give me some feedback so we can make this checklist work as best we can for everyone.

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. 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. 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 if the surgeon leads the time out and the briefing. I'll hold a copy of the checklist so you can follow each step. I know the briefing is new. It is an opportunity to make your surgical plans clear and answer any questions from the team.

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. They will have a copy of the checklist 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.

Dr. Smith: 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.

Dr. Smith: 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, 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, 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. You'll then have the opportunity to give me some feedback so we can make this checklist work as best we can for everyone.

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. 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.

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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.



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 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. 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 leaders to give it a try in their operating room 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. The checklist doesn't take much more time than the standard time out and 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 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? You can give me feedback regarding the content of the checklist.

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 **3 pause points** during the operation.

Dr. Jones: 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 everyone on the team to ensure we are all on the same page.

Dr. Jones: 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 for the first case. If the team stays the same then you don’t need to keep repeating them.

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 to explain anything that may be out of the ordinary or special considerations you may want to let the team know about. If there is nothing special then just say the case will be straight forward.

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 it is written you can modify it into your own words. 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 it to set the tone for the entire operation.

Dr. Jones: 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 resident or fellow 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.

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. 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 and want your honest feedback.



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. When something goes wrong it is usually somebody else's fault. You think that you are the best surgeon at the hospital.

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 leaders to give it a try in their operating room 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. The checklist doesn't take much more time than the standard time out and 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 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? You can give me feedback regarding the content of the checklist.

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 **3 pause points** during the operation.

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



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 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.

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 need it? 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?

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 and it doesn't slow us down. In fact, it can save time.

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

Champion: Talking through each of the items on the checklist it helps 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 during the case. 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 to write down anything that could be fixed. For example equipment problems, like the scissors that aren't sharp enough. I promise that we will fix those kinds of things if you take the time to do 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. Tomorrow we will be holding a meeting where we will be talking about this 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 the other surgeons here 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 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 change. 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.

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