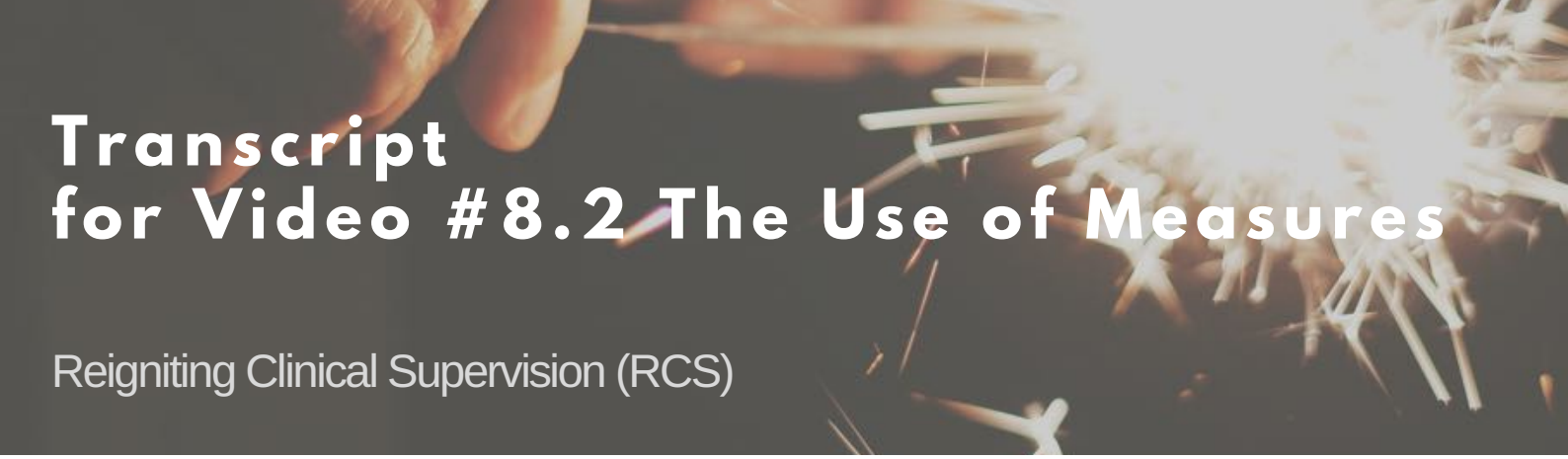


Transcript for Video #8.2 The Use of Measures

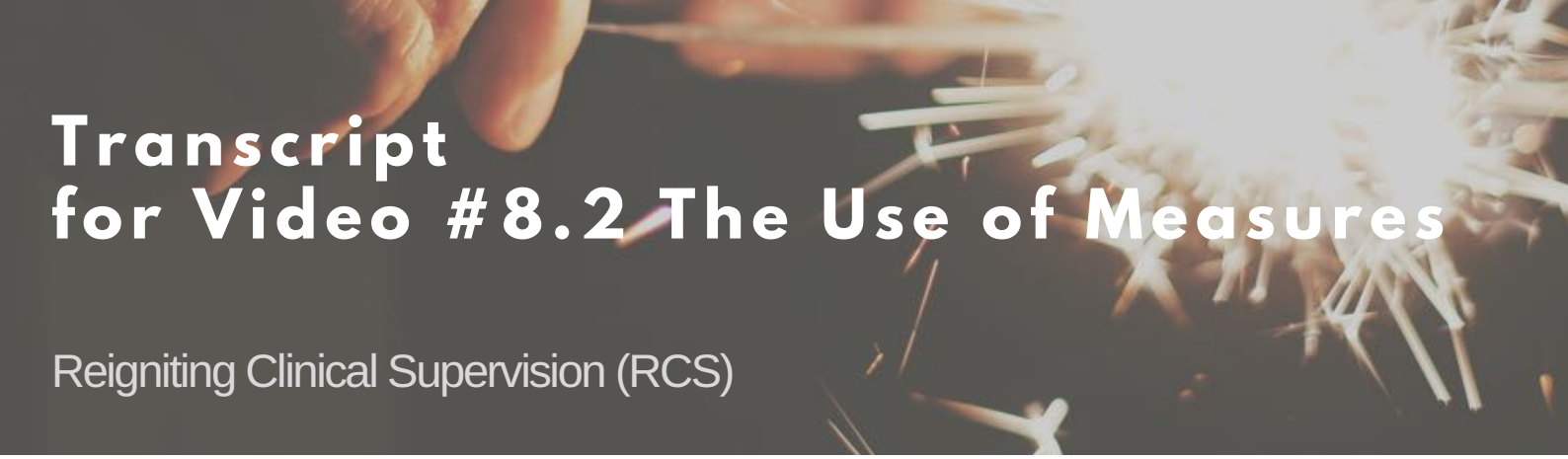
Reigniting Clinical Supervision (RCS)

Do you know who this man is? His name is Atul Gawande. Atul Gawande is a surgeon and a writer who also writes for The New Yorker. And I urge you to check out his videos he did recently for TED Talks and he shares his experience working with a coach to help him improve his skills as a surgeon. Atul Gawande was well known for many of his books including Better and more recent one called Being Mortal.

In his earlier book called **Checklist Manifesto**, he says something worth noting. “A great struggle of medicine these days is not just with ignorance and uncertainty, he says. It’s also with complexity, how much you have to make sure you have in your head and think about. There are thousand ways things can go wrong.”

Atul Gawande went on to set up little experiment back in a couple of years ago with four hospitals and he created this two-minute item that was able to save lives. So he had a shoestring budget from the World Health Organization and he was trying to implement a strategy to reduce complication rates as well as death rates. And what he did with his two minute checklist was to go out to 4 major developing countries and 4 developed countries to implement this little intervention. So all he did was using his two-minute checklist to see if they can cut surgical complications, due to infections, and reducing mortality. And here is the checklist that he created (see video). So there was some that were used for before induction of anesthesia, pre-surgery and the whole list of different items that they had to go through. Before Skin incision things like confirming all team members have introduced themselves by name and role. Confirming the patient’s name. Antibiotic prophylaxis has been given within the last 60 minutes. To different part of the team members. And then before the patient leaves the operating room.
Bear this in mind, this was to be implemented by the team, not just by the doctors, not nurse in charge...everybody was collaborating on making sure these items were checked. Turns out that this little two-minute item was implemented 2009 **reduced major complications due to surgery by 36% after this introduction. And mortality rates fell by 47%.**

The point is simple checklist establish a high standard of baseline performance. One thing to note, it’s first attempt of the checklist was not this perfect. The first attempt was too long and clear and a distraction. The checklist was then distilled down to 19 items, 7 before anesthesia, 7 after, and 5 after procedure. And this also, strangely enough, give people greater flexibility in performing the task well when they know they can rely in such a checklist.



Transcript for Video #8.2 The Use of Measures

Reigniting Clinical Supervision (RCS)

And in his book, he explained that, you know, although many people wanted to continue use it but they were also people who are against it. They said this was a waste of time. Waste of time doesn't make a difference. But if you stop to think about it, if you were the patient and you were in the operating room, would you want the nurses and doctors to have a clear checklist? 94% of them said yes.

Dr. Gawande goes on to talk about what is considered ineffective checklist and what is an effective checklist. An ineffective checklist is often vague and imprecise which is too long. And made by people who have no functional knowledge of the field. Try to spell out every step of the way. And then we switch off. Also it was difficult to use and impractical. Instead, an effective checklist, is efficient, is fast, is to the point can be used in most difficult situations, but above all it is practical. It is practical. He goes on the talk on why some physicians were resisting towards his checklist and what are the major problems of the checklist is for some of them it feels like as if it's a burden but instead the checklist is meant to help them prevent making silly mistakes in routine procedures which are not subjected to human error if you follow the protocol. Much like a pilot's checklist before they fly. Like a pre-flight checklist. Checklist after all meant to guard against our cognitive biases, or what Danny Kahneman calls a System One, an automatic way of thinking.

So how is this all relevant to us? Before we go on further talk about some specific measures, it's important that you do not value whatever you measure, instead you wanna measure what you truly value. What your client's value. Have that in mind this will take the next few steps to go deeper into the weeds of some specific measures that you can use for and with your supervisees, anyone for yourself if you are a practicing therapist. See you in the next video.
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