

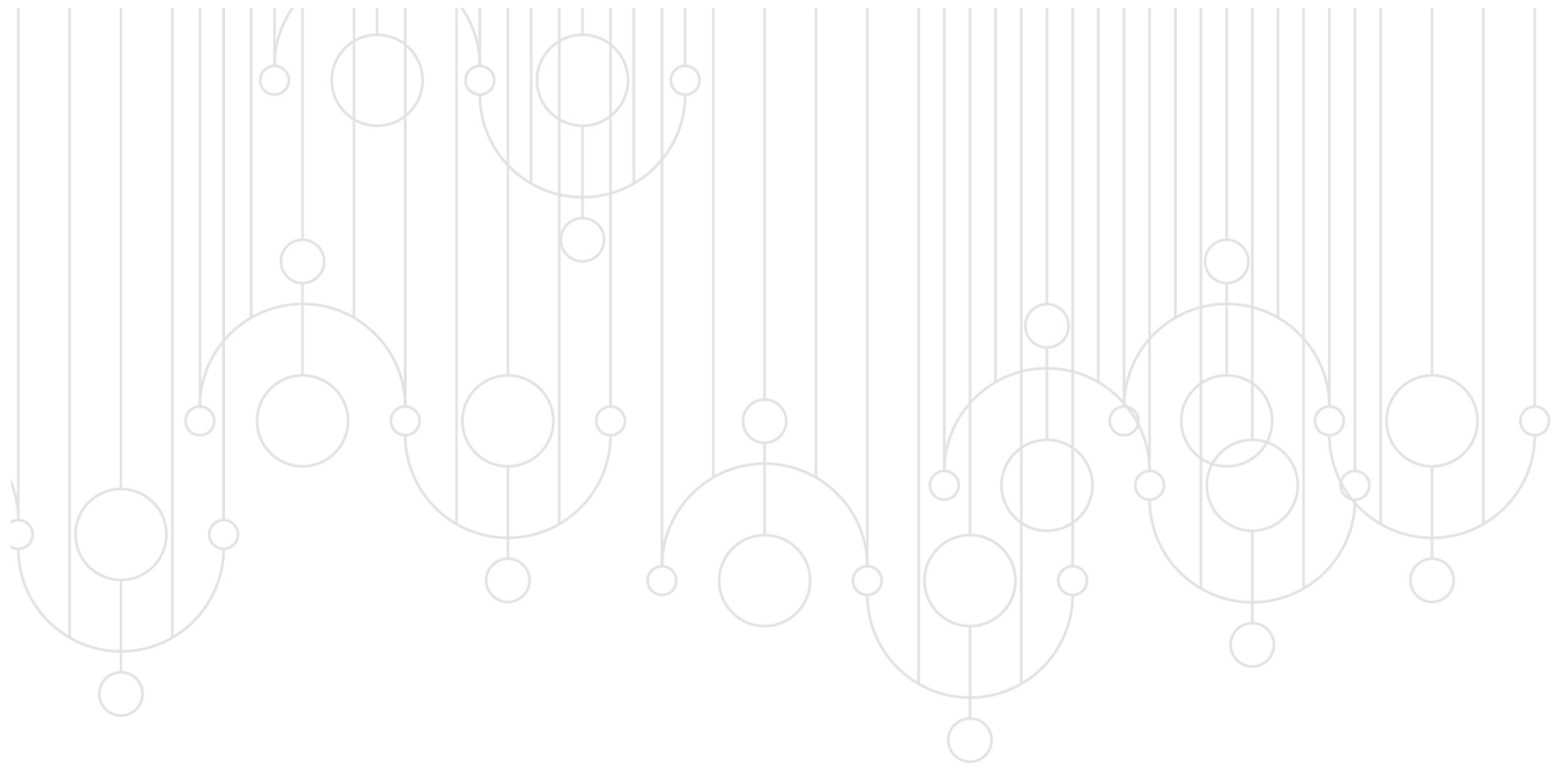
CMPA
WORKSHOP



THEATRE ARTS

THE CMPA SURGICAL
SAFETY COURSE

WORKBOOK



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THEATRE ARTS

The CMPA surgical safety course

Theatre Arts is a two-day intensive course developed by the CMPA, designed to empower physicians and their perioperative teams to improve their operating room (OR) environment and foster a culture of safe surgical care.

Highly skilled faculty members, including physician advisors, will be delivering this evidence-based program using a combination of didactic plenaries, experiential sessions and small group work.

Learning objectives

Having identified a practice improvement project pertinent to their team, the learner will:

1. Identify factors that affect individual and team performance.
2. Determine how these factors contribute to their practice improvement project.
3. Discuss strategies to implement and sustain organizational changes.
4. Develop a strategy to implement their practice improvement project.
5. Identify methods to measure and evaluate the success of the implementation strategy.

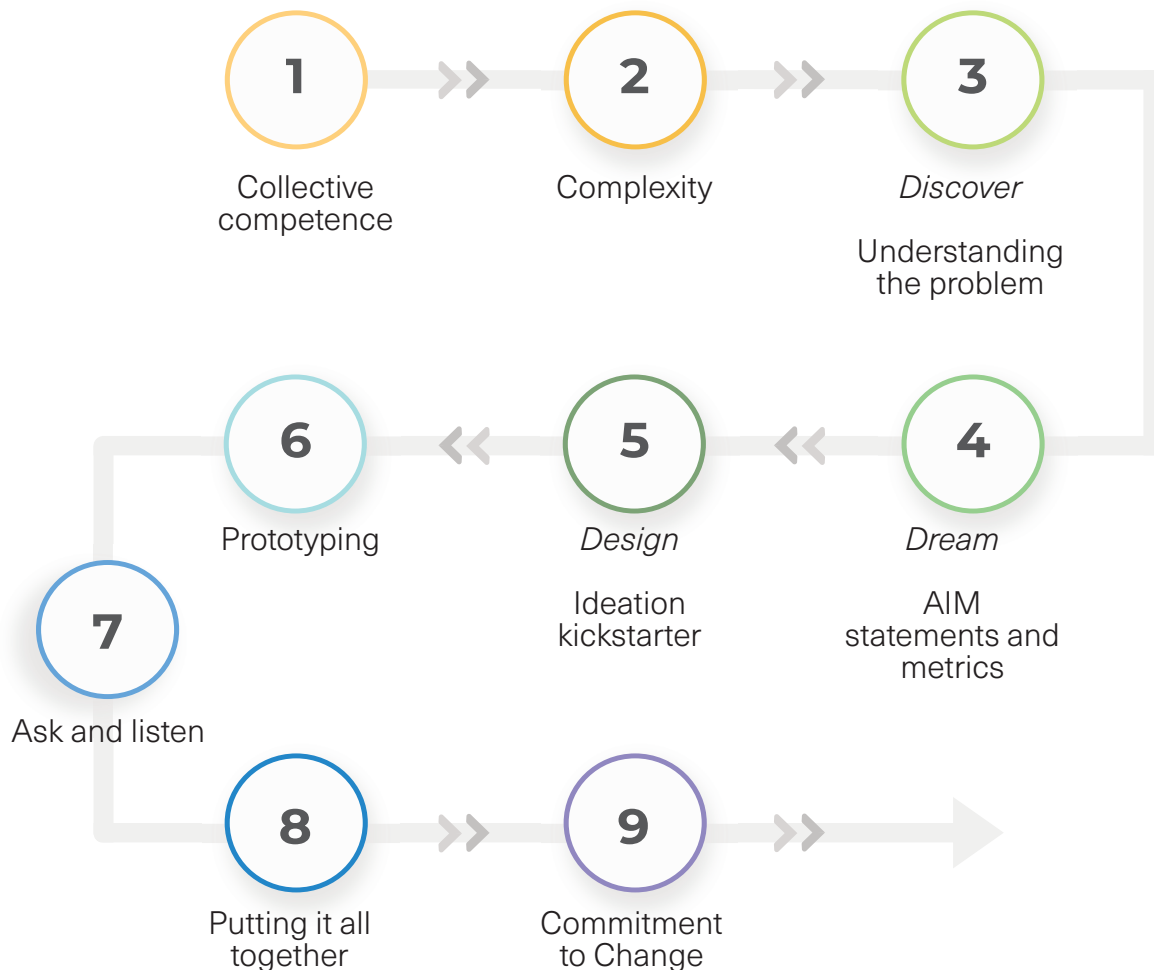
Welcome

ORIENTATION

Objectives:

By the end of this session, participants will be able to:

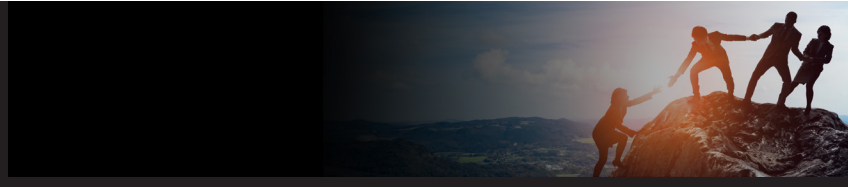
1. State the purpose, goals, and objectives of the Theatre Arts course;
2. Understand how activities are structured to allow for everyone to share their opinions and perspectives;
3. Identify course faculty, other participants, and resources.



"Culture is not an initiative. Culture is the enabler of all initiatives."

Larry Senn

Group activity



COLLECTIVE COMPETENCE

Objectives:

1. Distinguish between individual and collective competence;
2. Identify obstacles to collective competence;
3. Describe the conditions that optimize collective performance;
4. Identify the strategic advantage collective competence provides in times of uncertainty (or complexity).

Points to consider...

What is the difference between a group and a team? How does a group become a team?

Did anyone feel like they were doing most of the talking?

Did anyone feel at some point like they had something to say but didn't have the chance to say it?

What happens if you don't get everyone's perspective?

Why might someone not share their perspective?

What happens if someone isn't engaged in the process?

Consider your perspective on what it is you are trying to accomplish in the next 2 days.

Each of you has your own perspective or piece of the puzzle. For you to work towards a solution, the first step is to have a shared mental model of why you are here.



Plenary



COMPLEX SYSTEMS & WICKED PROBLEMS

Objectives:

1. Deal effectively with complex problems, compare and contrast simple/complicated/complex problems;
2. Explain why complicated and complex problems need different approaches;
3. List behaviours, skills, and attitudes that are prerequisites in dealing effectively with complex problems..

	Simple/Complicated	Complex
Causality	If-Then	No clear cause/effect
Linearity	Output proportional to input	Unpredictable
Reducibility (knowability)	Can decompose and understand functional relationships	Parts are multifunctional and change, cannot decompose
Solvability	There is a solution	No clear solution, choices

Want to get a better understanding of a complex problem?

Zoom out and get more perspectives!

Be curious, suspend judgement, be OK with being wrong, and model behaviours that create trust and psychological safety.

Discussion

“DISCOVER”: FACILITATED TEAM DISCUSSIONS

Objectives:

1. Recognize new perspectives on existing workplace challenges;
2. Identify opportunities for adapting to these challenges.

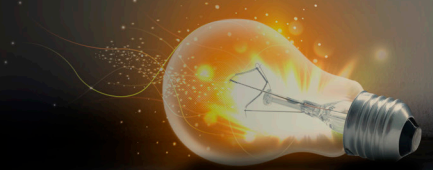
Be curious! Shift your mindset to see things differently. Ask yourself:

- » What information did you observe, and why did you focus on it?
- » How did your personal or cultural background influence the meanings you added to the information?
- » What assumptions did you make, and how confident are you in their validity?
- » How did your conclusions from these assumptions impact your beliefs or expectations?
- » What actions did you take based on your beliefs, and what were the outcomes?
- » What additional information could you have considered, and how could you have obtained it?
- » How could you have explored alternative meanings or interpretations?
- » What other assumptions could you have drawn, and how could you have verified them?
- » How could you have evaluated or revised your conclusions?
- » How could you have questioned or changed your beliefs?
- » What alternative actions could you have taken, and how could you have measured their impact?

“A problem well stated is a problem half solved.”

Charles Kettering

Energizer



HOW MANY ITEMS?

Objective:

1. Compare individual to collective perception.

Individual observations

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Group observations

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*"...we observe selectively."
Peter Senge*

5W2H

Answer all the questions below.

Use your responses to draft a problem/opportunity statement.

What is the problem/opportunity?

Why is it a problem/opportunity?

Where do you observe the problem/opportunity?

Who is impacted?

When did you first observe the problem/opportunity?

How does it affect patients/caregivers/staff?

How often does it occur?

5 whys

What we notice is...

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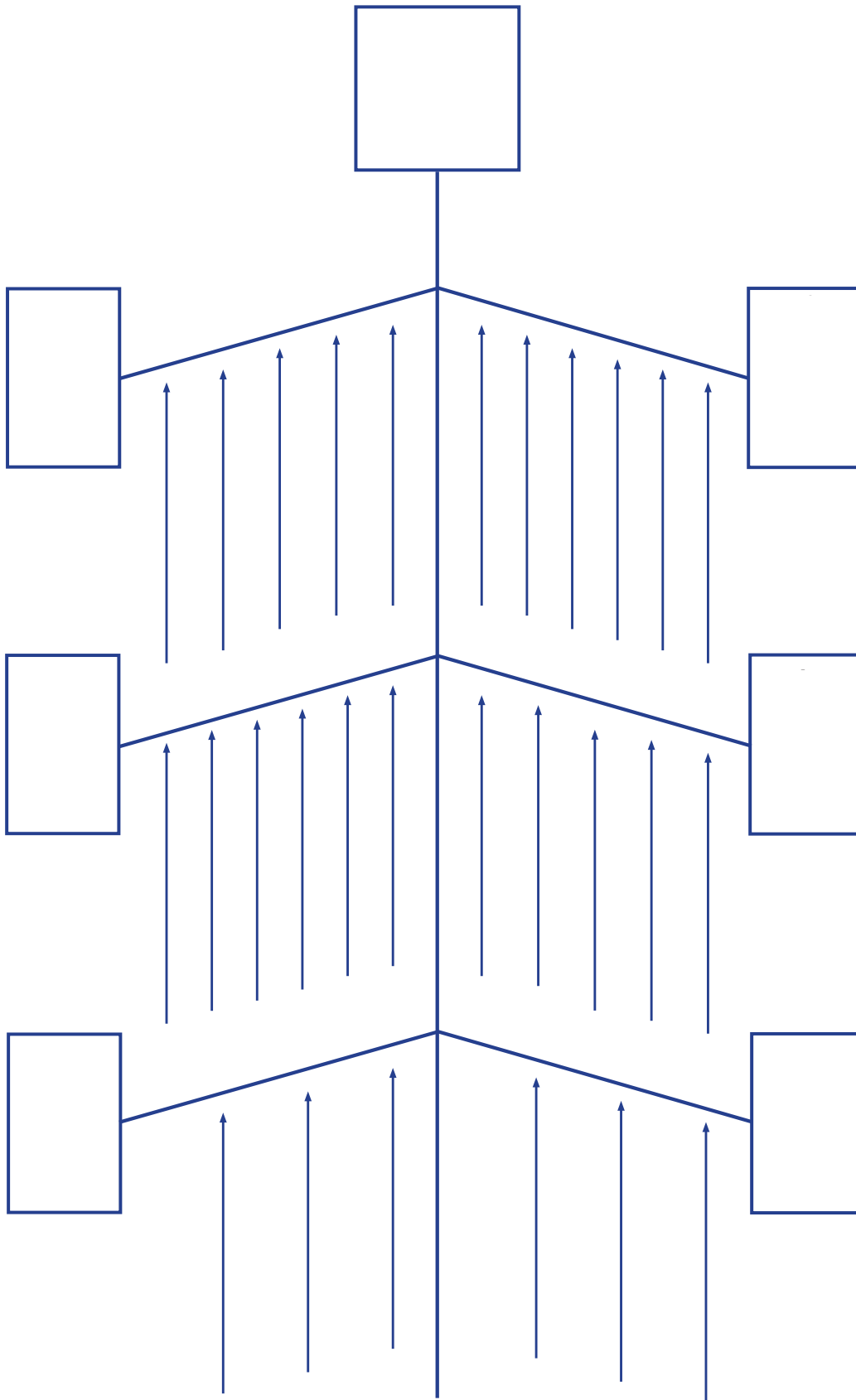
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Fishbone diagram



Aim statements



“DREAM”: AIM STATEMENTS

Objectives:

1. Compose a problem statement;
2. Compose aim statements and objectives for individual projects;
3. Identify stakeholders;
4. Use a project charter to guide the development of a project.



SMART goal

Specific

Measurable

Achievable

Relevant

Time-bound

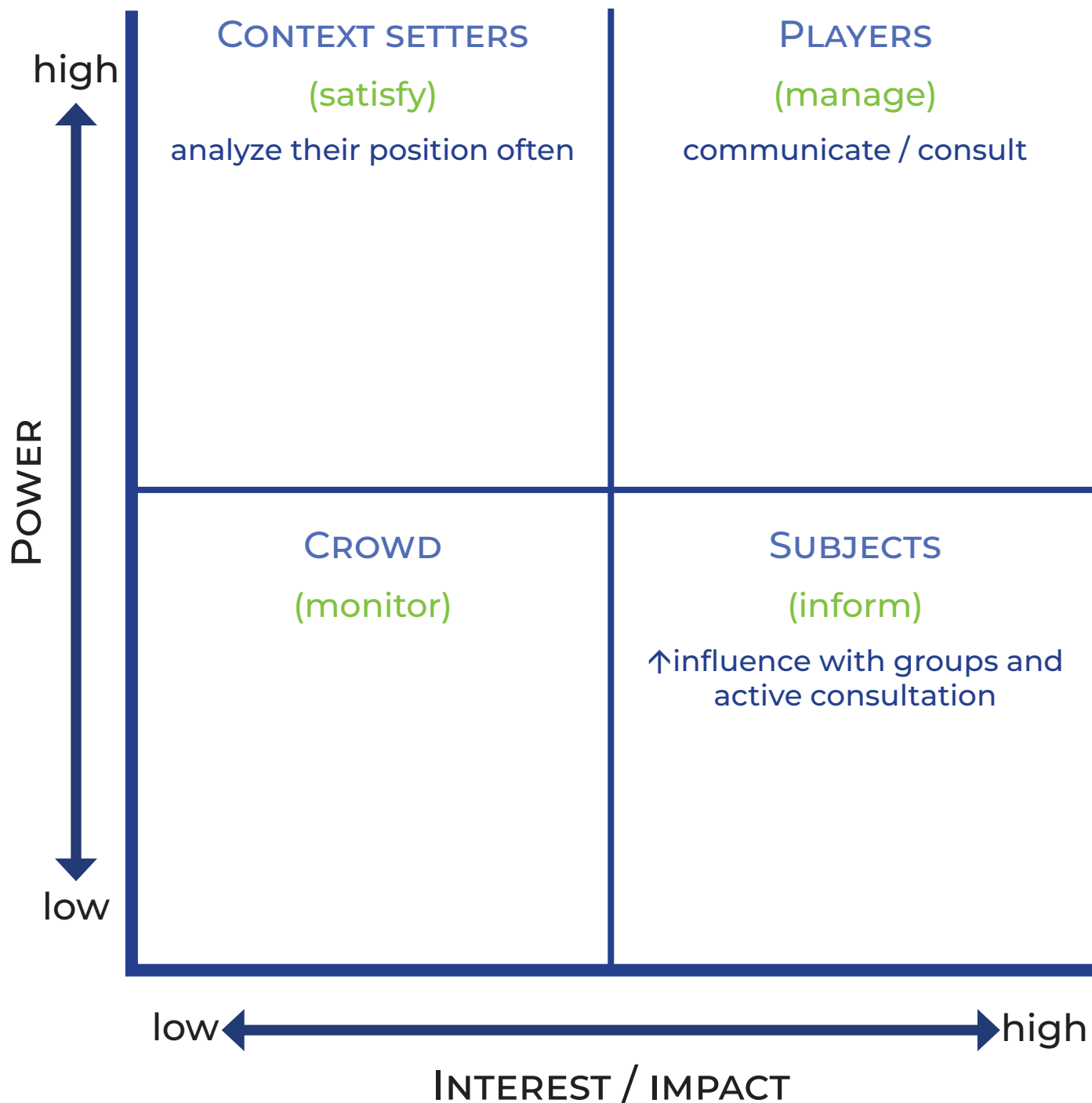
Objective:

e.g. “(End User) seeks (output) that will (achieve goal) while (meeting constraints) by (deadline).”

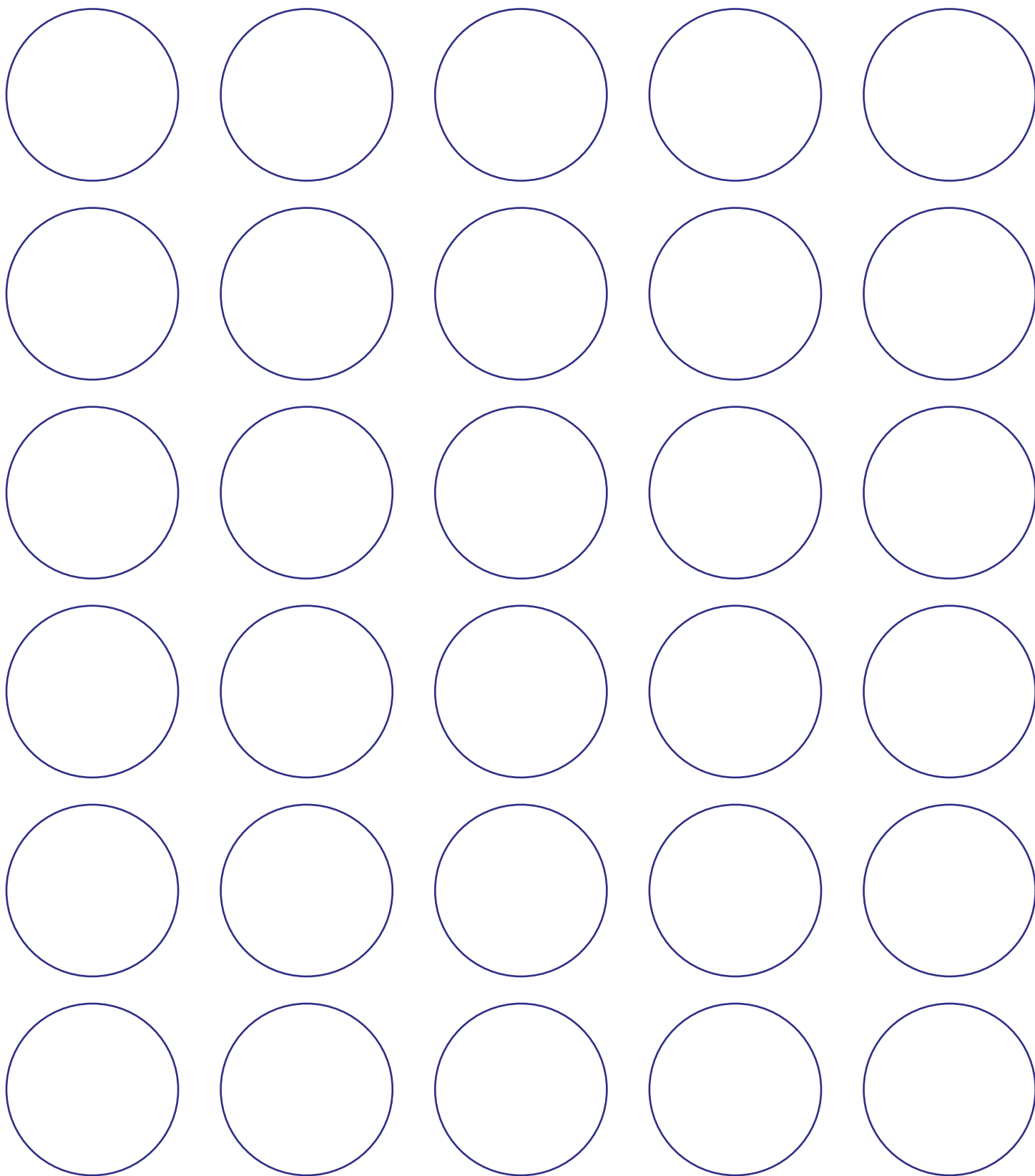
Your objective statement:

_____ seeks _____ that will
_____ while _____ by
_____.

Stakeholder analysis



30 circles



Project charter



Problem - Articulate your problem clearly. Why is it a problem? How did it arise?

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Goal - What does “perfect” look like?

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Objective - What is your idea for achieving “perfect”?

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Action-oriented research (PDSA)

POTATO HEAD - AN INTRODUCTION TO PDSA

Objectives:

1. Apply the Plan-Do-Study-Act (PDSA) cycle;
2. Develop a growth mindset of a systems thinker by revisiting metrics and PDSA cycles that lead to prototypes.

When dealing with complexity, you need to experiment with the system and observe its behavior, then adjust your actions based on the feedback. You also need to measure the outcomes of your experiments and compare them with your goals.

A useful framework for this process is PDSA, which stands for Plan, Do, Study, Act.

This means you should plan what you want to do, execute your plan, study the results, and act on what you have learned. You should also consider how complexity affects your plan and how you can adapt to it.

Aim for speed and learning, rather than perfection and certainty. Always keep in mind what you are trying to achieve and why.

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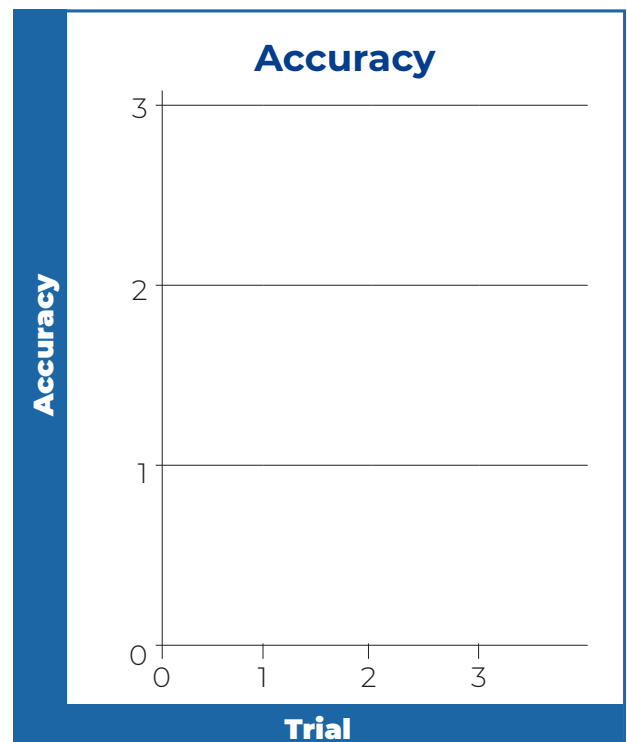
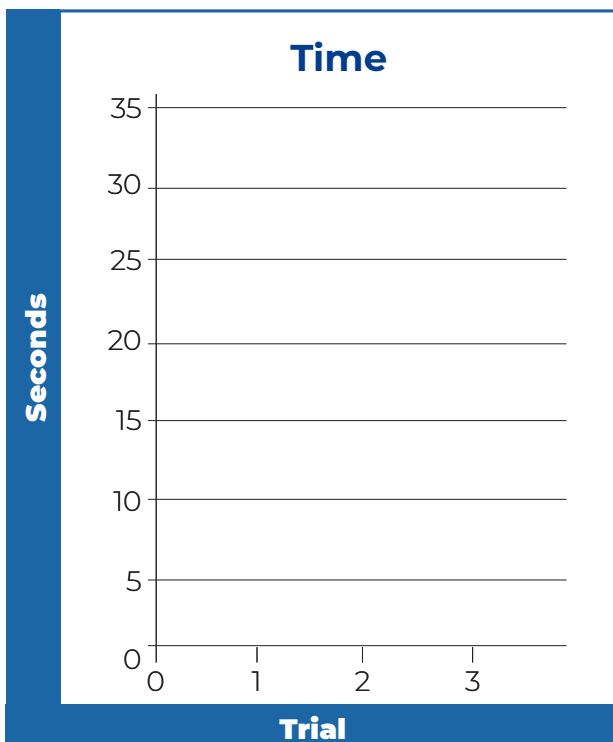
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PDSA trial

PDSA	Plan	Time
Baseline		
1		
2		
3		



Accuracy:

1. All pieces are on Mr. Potato Head and are positioned correctly
2. All pieces are on Mr. Potato Head, but one or more pieces is out of place
3. One or more pieces are missing on Mr. Potato Head

Did your change result in an improvement?



Project work

PROTOTYPING

Objectives:

1. Define prototyping;
2. Describe how prototyping can help accelerate processes and avoid costly mistakes (time, money, effort);
3. Design a prototype.

*“You cannot understand a system until you try to change it.”
Kurt Lewin*

A prototype is a hypothesis - it’s a question, not an answer.

Prototyping makes learning more efficient; it allows you to make your ideas tangible and shareable with others, to facilitate receiving feedback, and it saves you time and resources in the long run.

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Plenary

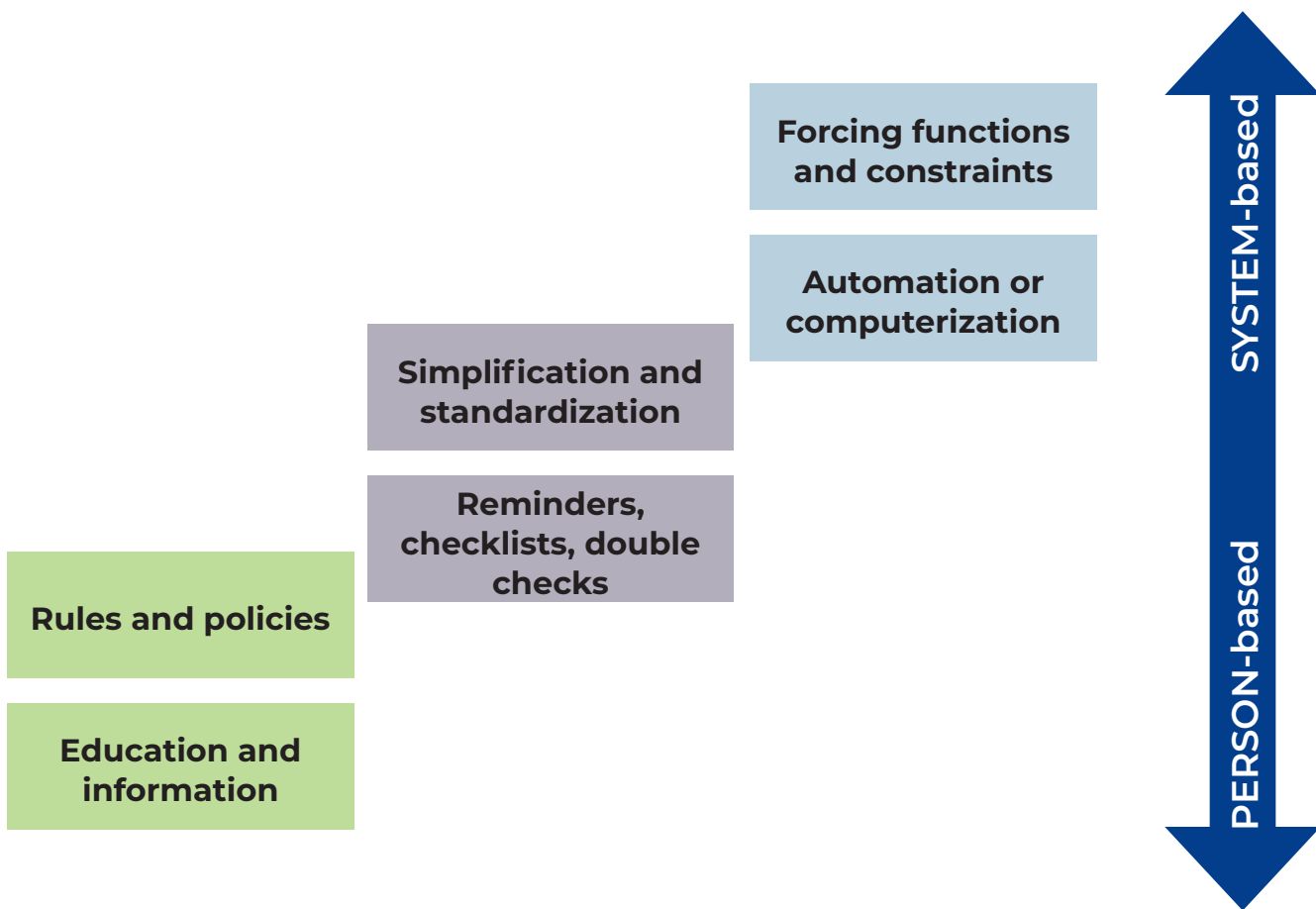


FAIL FAST TO SUCCEED SOONER!

Objectives:

1. List three top reasons why change efforts fail;
2. Describe two actionable solutions to common barriers;
3. Identify potential obstacles to the success of the identified project.

Hierarchy of effectiveness



*"Failure is not fatal, but failure to change might be."
John Wooden*

Project scoring guide

	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
Problem	No description of a problem that needs fixing (e.g.: we need a massive transfusion protocol)		Problem relates to individual's own perception (e.g.: People think it takes too long to get blood products)		Problem is clear, evidence-based, and compelling (e.g.: X% of traumas have a Y% risk of dying because we can't get blood products to them within 30 min)
Goal (aim)	<ul style="list-style-type: none"> 0-1/5 of: • Specific • Measurable • Achievable • Relevant • Time-bound 		<ul style="list-style-type: none"> 3/5 of: • Specific • Measurable • Achievable • Relevant • Time-bound 		<ul style="list-style-type: none"> 5/5 of: • Specific • Measurable • Achievable • Relevant • Time-bound
Objective	<ul style="list-style-type: none"> Includes 0-1/5 of: • End-User • Output • Outcome • Constraints • Deadline 		<ul style="list-style-type: none"> Includes 3/5 of: • End-User • Output • Outcome • Constraints • Deadline 		<ul style="list-style-type: none"> Includes 5/5 of: • End-User • Output • Outcome • Constraints • Deadline
Prototype	<ul style="list-style-type: none"> • Significant development time (>6mos) • Time/financial costs require additional approval • No feedback mechanism 		<ul style="list-style-type: none"> • Intermediate development time • Costs are manageable without approval • Feedback is available but incomplete or slow or not from end-users 		<ul style="list-style-type: none"> • Can be ready within 1 week • No significant cost • Allows for rapid feedback from end-users
Stakeholders	Stakeholders are not identified (e.g.: I am going to develop a MTP and everyone will adhere to it)		Multiple stakeholder groups are identified (e.g.: Gen Sx, Anesth, OB, nursing are working on it)		All relevant stakeholder groups, including nonclinical representatives are clearly identified, and a means of choosing requesting volunteers from each of the following departments...., and have placed signs in the cafeteria requesting interested patient volunteers)
Progress tracking/ reporting	None	Data collection is unplanned/reactive; no reporting plan	Data collection is unplanned/reactive; AND/OR Irregular reporting	Data is collected systematically AND reported regularly	Data is collected systematically AND reported regularly using a mix of quantitative & qualitative data (e.g.: end-user testimonials)
Metrics are clearly identified (outcome measure should be id'd in objective)	None	<ul style="list-style-type: none"> At least 1 of: • Outcome measure • Process measure • Balancing measure 	<ul style="list-style-type: none"> At least 2 of: • Outcome measure • Process measure • Balancing measure 	<ul style="list-style-type: none"> All of: • Outcome measure • Process measure • Balancing measure 	All of outcome, process, balancing measures used; target or milestone for each identified
Celebration plan	None		Celebration planned but limited to implementation team		Celebration is widely publicized
Next steps	Not sure/ undecided	Action steps vague or aspirational	Concrete action steps, indeterminate time frame	Concrete action steps, near-term time frame	Steps for immediate action identified

Project work

ELEVATOR PITCH

Objectives:

1. Synthesize a plan to implement a Quality Improvement project.

Suggestions on how to start your “elevator pitch”

1. Articulate your problem clearly. Why is it a problem? How did it arise?
2. What does “perfect” look like?
3. What is your idea for achieving “perfect”?
4. How will you prototype your idea?
5. Who will be involved in this project, how will they contribute?
6. What data will you gather to know if there is a “change” in your problem, and if a “change” is an improvement or not?
7. How will you track your progress?
8. How will you let people know what you are learning?
9. How will you celebrate your accomplishments?

Important points

1. Keep it simple. Short and to the point is the key to success with your pitch. It can be tempting to try and include a lot of information about your improvement project because you and your team members are subject matter experts on the topic. After you draft your speech, review it, practice on team members and challenge yourself to make it more concise.
2. Do not jumble the speech with jargon. Steer clear of incorporating too many acronyms or references that your audience will not be familiar with. If you decide to incorporate an acronym or uncommon term, make sure you define it so you do not leave people confused.
3. Incorporate data. Being able to highlight a gap between current performance and the project goal using data can help give your audience a clearer picture of the need for change and its urgency.

“It’s about overcoming that slump when you have a notion of what something could be but feel bewildered about how to march forward and build it.”

Douglas Ferguson

Project work

4. Keep the goals within reach. It can be tempting to share that you are shooting for the moon because it sounds impressive but hard to believe. Work with your team to set rational goals based on benchmarks and current state data, and incorporate these goals into your speech.
5. Utilize tactics to grab the attention of your audience. For example, tell a story, which will grab their attention and make the project relatable.
6. Demonstrate your enthusiasm/conviction.
7. Rehearse your pitch, but don't read it.

Example

Are you familiar with Massive Transfusion Protocols (MTP)? Over the last 15-20 years, there has been a shift in the treatment of massive bleeding towards rapidly controlling (not repairing) bleeding and treating the associated physiology. This usually requires treating patients urgently with many blood products of different kinds. Because of the many challenges in doing this, MTP's have become a popular way for hospitals to prepare and deliver the right blood products, in the right amounts, at the right times. In fact, the most recent evidence has shown that implementation of an MTP decreases 30-day mortality by X%.

Here at Opportunityville General we don't have an MTP – but we should, and here's why: even though we are a small community hospital, we still see massive bleeding and we are not well-equipped to deal with it. In the past year there has been 1 death from massive bleeding, 1 case of prolonged renal failure, and 1 case of severe anoxic brain injury – all during elective OR's, as well as 2 maternal deaths from unexpected postpartum hemorrhage. Among these cases, the shortest time to delivery of the first blood product was 63 minutes, which is far too long. The involved staff feel that if the blood was available sooner, the outcomes might have been prevented.

Not only were the outcomes disastrous for the patients, their families, and Opportunityville, but the effect on staff morale of preventable harm has important implications for a hospital that describes itself as the employer of choice in the region. What's more, the inefficiencies were very costly for the hospital: the blood products given were wasted because they were given too late, and the resulting harm created an additional burden of care.

We are creating an MTP development team with input from Surgery, Anesthesia, OB, Emergency, Nursing, Transfusion Medicine, Transport Services and Communications. We have identified a number of root causes including lack of communication, knowledge of the value of such protocols, and coordination. Our aim is to have a

Project work

protocol developed and implemented within three months of assembling the team and to make blood products available within 30 min or less, 90% of the time in the next calendar year.

For the implementation, we already have buy in from the hospital leadership. We have identified a definite knowledge gap with respect to the value of MTP. This will be addressed by a series of educational rounds delivered to Anesthesia, Surgery, OB, Nursing, and Emergency Medicine.

These were identified as the most likely users of the protocol. These will happen within 6 months of the creation of the protocol and repeated once every two years. Concurrently, we will produce a checklist based on the protocol, and laminated high visibility 8x12 cards with this checklist will be placed in all areas where this might be used. Transfusion medicine will have an on call list for an internist/hematologist to coordinate the MTP when activated.

We will run a simulation of our MTP once a year for personnel in the OR, ER, and birth unit. This will involve Communications and Transport Services and will serve as training for staff, but also to iron out any issues which might come up during the simulations.

Our blood products are ordered through an electronic medical system. We will explore with our vendor the possibility of having a forcing function (Should you be calling for the MTP?) if 2 or more units of blood are ordered on a patient.

We will recognize and celebrate the successes, as a way of improving engagement. When the MTP is ready, there will be a hospital wide advertising campaign on all hospital ad boards/monitors, recognizing the contribution of the team members. There will be a running evaluation of the effectiveness of the MTP, with clear stats highlighting improvements and recognition of the team involved. We expect that the involvement of respected frontline caregivers in this process will serve as a model for others to do the same and ultimately make this our way of doing things.

The project is important to us in the surgical services to ensure that patients are receiving the best care possible and to make staff comfortable with the knowledge that there is a system in place to help them with these difficult situations.

The project aligns perfectly with our institution's mission or purpose which is to provide safe and state of the art care, here at home in our small community.

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Credits

CFPC

This activity meets the certification criteria of the College of Family Physicians of Canada and the Quebec College of Family Physicians, a continuing professional development accrediting organization recognized by the Collège des Médecins du Québec and has been approved for up to 12.25 Mainpro+ Certified Assessment Activity credits.

RCPSC (English)

This activity is an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by the CMPA. You may claim a maximum of 12.25 hours (credits are automatically calculated).

This activity is recognized by the Collège des Médecins du Québec for 12.25 hours of continuing education in Category B: Exercise evaluation activities.

Certificates

Certificates will be provided following completion of the post-event reflection questionnaires.

Additional credits

Additional Credits Section: Up to 7.0 Mainpro+ Certified Assessment Activity credits and Section 3 Self-Assessment credits are available by participating in the Commitment to Change follow-up calls with Theatre Arts faculty.

THEATRE ARTS

THE CMPA SURGICAL SAFETY COURSE

- 1. The Commitment to Change (CTC)** program is a structured approach to help you implement what you've learned. As a team, you will complete three 60 minute follow-up calls with a CMPA Commitment Coach. All calls will be conducted via Zoom.
- To facilitate booking, scan the QR Code below and complete the form to let us know your team's preferred date(s) and time(s). Only **one person** should make appointments for the team.



Steps in your team's journey:

1. Personal reflection
2. 1st team coaching call _____ (date)
3. Personal action plan
4. 2nd team coaching call _____ (date)
5. 3rd team coaching call _____ (date)
6. Final progress report