

Practicing Using CUS Instructions

The goal of this exercise is for participants to practice speaking up in the operating room using the TeamSTEPPS concept called “CUS” and to try coaching. We have developed multiple scripts for individuals to use for this exercise and recommend that each breakout group practices using CUS and coaching multiple times.

Size of Breakout Groups: 6-8 people

Required Materials:

Material	Purpose	Number Needed	Provided With This Material and Where
Scripts	These scripts depict real life situations in the OR and allow participants to use “CUS”. We have also included scripts that can be used by lay people or clinicians that do not work in the OR.	One copy of all of the scripts for each breakout group.	Provided on pages 3-15
Flip chart or large piece of paper	This can be used for the breakout group to write down their new CUS script that they come up with.	One for each breakout group	Not provided
Markers	This can be used for the breakout group to write down their new CUS script that they come up with.	One for each breakout group	Not provided
Clipboards with blank paper	This can be used individual participants to work on and write down their new CUS script that they come up with.	One for each participant	Not provided

Pens/Pencils	This can be used individual participants to work on and write down their new CUS script that they come up with.	One for each participant	Not provided
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Instructions:

1. Ask participants to pair up and give each pair two copies of the same script. The roles in the scripts are highlighted so each person knows which part to read.
2. Each pair will take turns in front of the group and read their script. As facilitator, you should read the scenarios.
3. After everyone in the group has read their script, have a conversation with the entire group. These questions can be asked but feel free to add your own questions:
 - How does it feel to practice using CUS?
 - Could this be helpful in the ORs at your hospital?
 - How would you have handled this situation without CUS?
 - If you saw this happen in the OR while you were observing, how would you have coached those involved in the case (later, outside of the OR)?
4. With the time remaining for this exercise have your group write their own script using CUS. Flipcharts, clipboards with paper, pens, and markers will be available at your station.
5. Choose two people from your group to role-play your script when we reconvene as a larger group.

Script 1 – Dr. Jones, Surgeon

Scenario: *The patient is undergoing a laparoscopic cholecystectomy. The surgeon notices that the patient's blood pressure is falling.*

Dr. Jones, surgeon: Anesthesia. I am concerned about the blood pressure. Is something going on?

Dr. Smith, anesthesiologist: Its fine. I know my job and its fine.

Scenario: *The blood pressure continues to fall.*

Dr. Jones, surgeon: I'm really uncomfortable with the blood pressure where it is. I am going to stop. We need to do something, can I call for another pair of hands?

Dr. Smith, anesthesiologist: I have everything under control here. The blood pressure is fine...

Dr. Jones, surgeon: This is a safety issue. Could you call for anesthesia back-up to come in now.

Script 1 – Anesthesiologist, Dr. Smith

Scenario: *The patient is undergoing a laparoscopic cholecystectomy. The surgeon notices that the patient's blood pressure is falling.*

Dr. Jones, surgeon: Anesthesia. I am concerned about the blood pressure. Is something going on?

Dr. Smith, anesthesiologist: Its fine. I know my job and its fine.

Scenario: *The blood pressure continues to fall.*

Dr. Jones, surgeon: I'm really uncomfortable with the blood pressure where it is. I am going to stop. We need to do something, can I call for another pair of hands?

Dr. Smith, anesthesiologist: I have everything under control here. The blood pressure is fine...

Dr. Jones, surgeon: This is a safety issue. Could you call for some anesthesia back-up to come in now.

Script 2 - Nurse, Betty

Scenario: The patient is undergoing a total hip replacement. The nurse notices that the surgeon has contaminated the sleeve of his/her gown.

Betty, nurse: Dr. Jones. I think that you just brushed your arm against the electrocautery machine. I am concerned that you contaminated yourself.

Dr. Jones, surgeon: I don't think that I touched anything.

Betty, nurse: No really Dr. Jones, I am uncomfortable with you proceeding without putting a new sleeve on or changing your gown. I am certain that you contaminated yourself.

Dr. Jones, surgeon: And I am certain that I didn't.

Betty, nurse: Dr. Jones, this is a safety issue. You really need to change and we need to stop now.

Script 2 – Surgeon, Dr. Jones

Scenario: The patient is undergoing a total hip replacement. The nurse notices that the surgeon has contaminated the sleeve of his/her gown.

Betty, nurse: Dr. Jones. I think that you just brushed your arm against the electrocautery machine. I am concerned that you contaminated yourself.

Dr. Jones, surgeon: I don't think that I touched anything.

Betty, nurse: No really Dr. Jones, I am uncomfortable with you proceeding without putting a new sleeve on or changing your gown. I am certain that you contaminated yourself.

Dr. Jones, surgeon: And I am certain that I didn't.

Betty, nurse: Dr. Jones, this is a safety issue. You really need to change and we need to stop now.

Script 3 - Nurse, Betty

Scenario: The patient is being intubated and the anesthesiologist is visibly struggling.

Betty, nurse: Dr. Smith? I am concerned that things aren't going well with the intubation. Can I assist you with anything?

Dr. Smith, anesthesiologist: Things are going just fine, it's just a little hard to see in here.

Scenario: The struggle continues and the patient's heart rate is increasing.

Betty, nurse: Dr. Smith? I am really uncomfortable with how this is going, I think we might need an extra set of hands. Should I call someone in?

Dr. Smith, anesthesiologist: I am certain that I can handle this. Just be quiet and leave me alone.

Scenario: The patient's oxygen saturation begins to fall.

Betty, nurse: This is a safety issue - I am calling for back-up. [the nurse walks to the intercom] Can we get some anesthesia help in the room please?

Script 3 – Dr. Smith, Anesthesiologist

Scenario: The patient is being intubated and the anesthesiologist is visibly struggling.

Betty, nurse: Dr. Smith? I am concerned that things aren't going well with the intubation. Can I assist you with anything?

Dr. Smith, anesthesiologist: Things are going just fine, it's just a little hard to see in here.

Scenario: The struggle continues and the patient's heart rate is increasing.

Betty, nurse: Dr. Smith - I am really uncomfortable with how this is going, I think we might need an extra set of hands. Should I call someone in?

Dr. Smith, anesthesiologist: I am certain that I can handle this. Just be quiet and leave me alone.

Scenario: The patient's oxygen saturation begins to fall.

Betty, nurse: This is a safety issue - I am calling for back-up. [the nurse walks to the intercom] Can we get some anesthesia help in the room please?

Script 4 – Dr. Williams, Anesthesiologist

***Scenario:** The patient is undergoing a laparoscopic adrenalectomy. The vital signs begin to change.*

Dr. Williams, anesthesiologist: Dr. Smith? I am concerned, the blood pressure is dropping and the heart rate is going up, is everything ok down there?

Dr. Smith, surgeon: Everything is just fine... it's just a little difficult.

***Scenario:** The blood pressure continues to fall*

Dr. Williams, anesthesiologist: Dr. Smith, this is really making me uncomfortable, the blood pressure is dropping, I gave some neo and fluids and things still aren't stabilizing. What's going on? Do you think we should call one of your partners?

Dr. Smith, surgeon: I think I might have to open but I can take care of it.

Dr. Williams, anesthesiologist: I think this is a safety issue. We need to get another pair of hands in here. Can you get me another anesthesiologist, some blood, and stat page one of Dr. Smith's partners?

Script 4 – Dr. Smith, Surgeon

Scenario: The patient is undergoing a laparoscopic adrenalectomy. The vital signs begin to change.

Dr. Williams, anesthesiologist: Dr. Smith? I am concerned, the blood pressure is dropping and the heart rate is going up, is everything ok down there?

Dr. Smith, surgeon: Everything is just fine... it's just a little difficult.

Scenario: The blood pressure continues to fall

Dr. Williams, anesthesiologist: Dr. Smith, this is really making me uncomfortable, the blood pressure is dropping, I gave some neo and fluids and things still aren't stabilizing. What's going on? Do you think we should call one of your partners?

Dr. Smith, surgeon: I think I might have to open but I can take care of it.

Dr. Williams, anesthesiologist: I think this is a safety issue. We need to get another pair of hands in here. Can you get me another anesthesiologist, some blood, and stat page one of Dr. Smith's partners?

Script 5 – Doctor/Patient Script

Doctor

Scenario: You see a patient in your office that has been having chest pain.

Doctor: Well, I am convinced that your symptoms are completely the result of high stress from your job.

Patient: But Doctor, I am very **concerned** that we are missing something here. I know that my job is stressful but it has always been stressful – that’s nothing new. I really feel like it is something else that is causing my chest pain.

Doctor: No really. Doing more tests would be counterproductive and a waste of money. I really can’t see doing more.

Patient: Doctor, I am **uncomfortable** with not doing more to figure this out. I have had the pain for a month now and if anything it is getting worse.

Doctor: Sometimes you really have to just live with pain and this is one of those times I think.

Patient: Doctor, I feel like this is a **safety issue** for me and if you can’t help me figure this out, I am going to have to find another physician.

Script 5 – Doctor/Patient Script

Patient

Scenario: You have been experiencing chest pain for ___ months and you are worried that something serious might be wrong.

Doctor: Well, I am convinced that your symptoms are completely the result of high stress from your job.

Patient: But Doctor, I am very **concerned** that we are missing something here. I know that my job is stressful but it has always been stressful – that's nothing new. I really feel like it is something else that is causing my chest pain.

Doctor: No really. Doing more tests would be counterproductive and a waste of money. I really can't see doing more.

Patient: Doctor, I am **uncomfortable** with not doing more to figure this out. I have had the pain for a month now and if anything it is getting worse.

Doctor: Sometimes you really have to just live with pain and this is one of those times I think.

Patient: Doctor, I feel like this is a **safety issue** for me and if you can't help me figure this out, I am going to have to find another physician.

Script 6 – Doctor/ Patient

Doctor

Scenario: A mother/father brings their child to your office. The child has a rash that is consistent with the symptoms of poison ivy.

Doctor: Your child clearly has been exposed to poison ivy – probably by rubbing against your dog.

Mother/Father: But doctor, I am very **concerned** that something else is going on. It is the middle of winter and there is nothing in our yard that looks like poison ivy and we don't even have it during the summer.

Doctor: Well, that's what I think he has. I want him to take a short course of steroids.

Mother/father: I am really **uncomfortable** with that doctor. This all started with a cold and severe sinus congestion and when he woke up today his face was all swollen and he couldn't open his eye all the way... and he has a fever. Are you sure it isn't some kind of infection and that he needs antibiotics?

Doctor: Nope, I'm convinced it is poison ivy that's doing this... classic case.... Seen it many times before just like this.

Mother/Father: Doctor, we are talking about my child's health here and I think that this is a **safety issue**. I'd like one of your partners to see him even if it means waiting for a while.

Script 6 – Doctor/ Patient

Mother/Father of the Patient

Scenario: Your child has been sick and is not getting better. You know that something is wrong, but you are not sure what it is.

Doctor: Your child clearly has been exposed to poison ivy – probably by rubbing against your dog.

Mother/Father: But doctor, I am very **concerned** that something else is going on. It is the middle of winter and there is nothing in our yard that looks like poison ivy and we don't even have it during the summer.

Doctor: Well, that's what I think he has. I want him to take a short course of steroids.

Mother/father: I am really **uncomfortable** with that doctor. This all started with a cold and severe sinus congestion and when he woke up today his face was all swollen and he couldn't open his eye all the way... and he has a fever. Are you sure it isn't some kind of infection and that he needs antibiotics?

Doctor: Nope, I'm convinced it is poison ivy that's doing this... classic case.... Seen it many times before just like this.

Mother/Father: Doctor, we are talking about my child's health here and I think that this is a **safety issue**. I'd like one of your partners to see him even if it means waiting for a while.

Coaching Handout

1. How does it feel to practice using CUS?
2. Could this be helpful in the ORs at your hospital?
3. How would you have handled this situation without CUS?
4. If you saw this happen in the OR while you were observing how would you have coached those involved after the case [later, outside of the OR]?