

# In Response: Simulation-Based Trial of Surgical-Crisis Checklists

Alexander J. Fowler<sup>1</sup>, Riaz A. Agha<sup>2</sup>

<sup>1</sup>Barts and the London School of Medicine and Dentistry, QMUL, London, UK; <sup>2</sup>Department of Plastic Surgery, Stoke Mandeville Hospital, Stoke Mandeville, UK

Correspondence to: Alexander J. Fowler, Email: ha09410@qmul.ac.uk

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Dear Sir,

Arriaga *et al.* describe the benefit of surgical crisis checklists for rare, life threatening events in a simulated surgical setting.<sup>1</sup> The finding that those teams using the checklists had reduced levels of failure to adhere to critical management steps should come as little surprise, given the plethora of checklist-based interventions that have been described and found to be beneficial in medicine and surgery.<sup>2,3</sup> Despite the rare occurrence of the simulated scenarios described, they have a very real impact on patient safety; contributing heavily to hospital mortality.<sup>4</sup> Real life stories remind us of the value of simulating emergency scenarios where loss of situational awareness and ‘tunnel vision’ can ensue.<sup>5</sup>

Given the clear benefit of using such checklists, and previous work describing the barriers to effective implementation of such a checklist, we ask what can be done now to ensure that such checklists are implemented widely and effectively?<sup>6</sup> Why is WHO checklist compliance still not 100%?<sup>7</sup> Monitoring such implementation may play an important role in the tailoring of checklists, to assess impact and to establish adherence. A universal and well defined education programme must parallel this implementation.<sup>2,6</sup> Ensuring the full implementation of checklists and improving safety culture must now be the focus of research and will allow a further body of evidence to improve the quality of checklists.

Alexander J. Fowler

Riaz A. Agha

## Ethical approval

No ethical approval required for this study.

## Conflicts of interest

No conflicts of interest have been declared by the authors.

## Author contributions

AJF: Writing, critical revision, final approval.

RAA: Concept, critical revision, final approval.

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