



## **A Checklist for Creating Checklists**

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Checklists are obviously a huge part of medical simulation events. Though checklists first gained popularity during World War II for use in aviation to reduce accidents, they are now ubiquitous across many spectra, but particularly in our world of medicine, medical simulation, and events with SPs. The purpose of a checklist is simple: to help us reduce mistakes due to the limits of human memory and attention.

Checklists can be found in all phases of simulation events: planning, training, SP assessment of learners, learner assessments of the event, and faculty assessment of both. There are a few misnomers about checklists and what they should be used for. They are not, or should not, be the method used to capture and rate all information about an event, for example, those horrendous 35-40 item checklists that are so difficult to train and employ. That is, a checklist should not be a comprehensive evaluative tool to address all possible actions and outcomes of a complex medical simulation. They are also not a rating scale of behaviors, but a “yes/no” or “did/did not” check-off.

The go-to reference for checklist development is **Atul Gawande’s** 2009 book *The Checklist Manifesto: How to Get Things Right* (New York: Metropolitan Books, ISBN 0805091742). In this very easy, entertaining read that should be in every SP program’s library, Dr. Gawande describes the essential traits of what comprises a good checklist. While I could provide a lot of information about the history of checklists, traits of a checklist, etc., listed below is a summary of research contained in the book, essentially a “checklist for creating checklists.”

I encourage you to investigate Dr. Gawande’s book and purchase it if possible. In the meantime, try to incorporate the simple steps listed below to develop your checklists and to inform your clients about ways that can improve their utility and efficiency.

### **I. For Content-Related Checks**

1. Involve the professionals who do the work when creating the checklist. In healthcare, two groups of professionals would be MDs and RNs. In simulation, we must involve those who will be actually completing it (faculty, SPs).

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2. Keep the checklist short. Limiting it to 5-9 items is a rule of thumb, but the number of items will vary depending on the situation. Holding a checklist to this number can be challenging, but try to simplify as much as possible by focusing on the essentials. When you have five minutes, look up **George Miller** to learn about his paper entitled “*The Magical Number Seven, Plus or Minus Two*” in Wikipedia.
3. Paper checklists should fit on one page. Certainly not extend to 3-4 pages.
4. Incorporate “killer items”—or the steps that are most dangerous to skip and are sometimes overlooked. During planning, ask if the learner is aware of the items.
5. Use simple, exact wording and language familiar to those who are checklisting by avoiding medical jargon or wording that will need to be taught and reinforced.
6. Include communication checks at important junctures (e.g., “Upon entering the room,” “Upon beginning the exam”).
7. Ensure the checklist is easy to read, e.g., use sans serif fonts, upper- and lower-case text. Avoid distracting colors, graphics, or colors, and misspellings.

## II. For Procedure-Related Checklists

8. Determine whether you want to implement a “Do-Confirm” checklist (i.e., first complete all tasks, then the checklist), or a “Read-Do” checklist (i.e., read the checklist item by item while completing the tasks). For longer checklists, try to list them chronologically or by chunking together similar items.
9. Establish the purpose of the checklist from the beginning: formative feedback, summative assessment, or debriefing guide?
10. If the checklist is longer than a few items and/or relates to a multi-step process (e.g., a triple-jump assessment), identify clear pause points, or times when the team must pause to complete specific sections of the checklist.
11. Test the checklist in a real-time environment. Revise, as needed, and **keep testing and revising** until the checklist works for team members.

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