



The Checklist Manifesto: How to Get Things Right

Atul Gawande

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A New York Times Bestseller

In latest bestseller, Atul Gawande shows what the simple idea of the checklist reveals about the complexity of our lives and how we can deal with it.

The modern world has given us stupendous know-how. Yet avoidable failures continue to plague us in health care, government, the law, the financial industry—in almost every realm of organized activity. And the reason is simple: the volume and complexity of knowledge today has exceeded our ability as individuals to properly deliver it to people—consistently, correctly, safely. We train longer, specialize more, use ever-advancing technologies, and still we fail. Atul Gawande makes a compelling argument that we can do better, using the simplest of methods: the checklist. In riveting stories, he reveals what checklists can do, what they can't, and how they could bring about striking improvements in a variety of fields, from medicine and disaster recovery to professions and businesses of all kinds. And the insights are making a difference. Already, a simple surgical checklist from the World Health Organization designed by following the ideas described here has been adopted in more than twenty countries as a standard for care and has been heralded as "the biggest clinical invention in thirty years" (*The Independent*).

The Checklist Manifesto: How to Get Things Right Details

Date : Published January 4th 2011 by Picador (first published December 22nd 2009)

ISBN : 9780312430009

Author : Atul Gawande

Format : Paperback 215 pages

Genre : Nonfiction, Business, Health, Medicine, Productivity, Self Help, Medical, Science

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From Reader Review **The Checklist Manifesto: How to Get Things Right** for online ebook

Peter says

Checklist

This is more than a book, it is a groundbreaking transformation. Having worked in the wider healthcare sector for over 30 years (not a clinician), you understand the levels of authority, the egos, and intransigence of senior healthcare professionals, especially in relation to their juniors and lesser deemed roles. The challenge has been, to inculcate something so obvious and relatively easy to implement, causes concerns that much of hard-earned experience and intellect can be reduced to checklists. Surely we need as many fail-safes as possible when people's lives are at risk. Suck it up buttercup!

Atul Gawande has presented compelling evidence that checklists can have a dramatic impact on quality of care and healthcare outcomes. He has shown that this is repeatable around the world and not just in regions because they're have a poorer healthcare system, a state healthcare system or a private system.

If an aircraft pilot fails, he goes down with the plane. If the same consequence was applied to the failure of a medical consultant - we'd have checklists in every hospital tomorrow!

Darwin8u says

"One essential characteristic of modern life is that we all depend on systems—on assemblages of people or technologies or both—and among our most profound difficulties is making them work."

? Atul Gawande, *The Checklist Manifesto*

"Checklists seem to provide a protection against such failures. They remind us of the minimum necessary steps and make them explicit. They not only offer the possibility of verification, but also instill a kind of discipline of higher performance."

? Atul Gawande, *The Checklist Manifesto*

Atul Gawande is a bit intimidating. Anytime you have a guy that does surgery, public health, and has written four bestselling books, it is only fair to acknowledge the guy has both brains and hustle. Unlike Malcolm Gladwell, Gawande has a tremendous talent for distilling scientific and academic ideas into a glossy, easily digestible 8.5" x 6" science-lite book. Gladwell does it with other people's ideas. His books involved several varied stories that come together into a loose federation of themes. Gawande usually starts with the idea: "Hand washing" in *Better: A Surgeon's Notes on Performance* or "Checklists" (*The Checklist Manifesto: How to Get Things Right*) and creates a book around them.

Like Dr. Gawande the person, I find his books to be interesting, compelling, admirable, and straightforward. I admire his work and his vision. His books are almost always solid, just never once yet great. Dr. Gawande is clever. He writes books that are essentially entry-level business/leadership books that are disguised as surveys of medicine. He uses his experiences as a doctor and public health researcher to tackle broader social and cultural issues that intersect with medicine and health. He isn't super subtle, but most of those who are

reading Gawande aren't looking for poetry or subtlety. They want an idea to click. They want to feel inspired. They want to get better and avoid mistakes. He seems focused on presenting simple processes (soap, checklists) that may help.

Laura says

Before starting, I read quite a few reviews that described it as an extended magazine entry. And I went in skeptical; I was curious how much one could say about checklists. I see lists as a great way to get things done. As long as they are simple and directed, they can focus my attention and keep me on task. So I went in as a list enthusiast, but still skeptical.

This book argues checklists help us be more effective with complex tasks, by focusing us on what needs to be done and is often overlooked in emergency situations. Gawande recognizes that lists should not create bureaucratic nightmares. They are there to increase accuracy and prevent errors. Efforts should be made to test and refine them. What are things people are likely to remember (don't add them to the list) and what are things people are not likely to remember (put them on the list). This process means experts in the field need to make the checklists. By creating a space for everyone to check in with the process, the checklist can empower all team members and allow them to speak up when things are not working. This empowerment is the true value of the book.

While complex tasks (medicine and architecture) used to be handled by a single master, this book argues that our modern world is too complex for a single master. Instead, a checklist guides the decision-making process of a team. If a step cannot be accomplished, people need a space to speak up or be authorized to make the best decision. (Example of authorizing people to make decisions - Walmart's decision to let staff do whatever needed to be done during Hurricane Katrina) When possible, the team should discuss events that are not accomplished as planned. However, such discussion is not always possible.

He acknowledges some tasks lend themselves to checklists (surgery preparation, airplane takeoffs, building buildings) and some do not (raising children). He argues - quite rightly - that children are unique. You can't create a checklist to deal with all children.

Basically, Gawande believes what Einstein said about simplicity - everything should be made as simple as possible, but not simpler. And I think there is a strong satisfaction to finding a simple solution.

I liked the different examples. Because I felt it helped open the possibility of checklists, while also maintaining perspective on the challenges. The exploration of different checklists will either appeal to you as a reader or you will feel it is going over the same information. I liked it...

****Follow Up Thoughts****

When I read the book, I realized that you can't raise kids with a checklist. But you could help kids manage their time and responsibilities with checklists. I think some kids would be very drawn to the routine of a daily checklist. So a checklist could be a positive teaching tool.

Matt says

My having read - and enjoyed - a 200-page book about using checklists suggests that I'm a cocktail party nightmare, but I found this to be very much a worthy read. At the heart of it, this is really a book about management and efficiency. It's got a lot more "manifesto" in it than "how-to" though, which makes it both easy to plow through and easier for mass consumption. I actually wish it were more scientific and systematic than it turned out to be, but even as it rambles, it's thoughtful and interesting, with many good anecdotes.

I really do think this guy is onto something. A 200-page book about checklists will really get you to think about checklists. What makes it interesting is that it's not quite like you're reading "The Hammer Manifesto", where everything improves if it's pounded by a hammer. The devil is in the details, and improperly specified checklists are more a hindrance than a benefit. A checklist can't be too cumbersome, or you'll lose efficiency. It also mustn't be authoritarian. Gawande's idea of effective checklists are those that free decision-makers up to use their expertise and will make for a more "democratic" decision-making procedure.

The basic puzzle Gawande wants to solve is that in his field of medicine, as medical knowledge has advanced, the field has become so complex that no single individual is likely to both possess all the cutting-edge knowledge and expertise required for every contingency as well as be mentally prepared to take the right action all the time. Errors in communication and inconsistencies in preparation are proportionally more responsible for more fatalities these days than in the past. He compares being a physician to two jobs that rely heavily on checklists and procedure, airline pilot and building engineer.

For example: "Determining whether a structure ... is built to code and fit for occupancy involves more knowledge and complexity than any one inspector could possibly have. So although inspectors do what they can to oversee a building's construction, mostly they make certain the builders have the proper checks in place and then have them sign affidavits attesting that they themselves have ensured that the structure is up to code. Inspectors disperse the power and the responsibility."

This is not necessarily what I expected when I picked up the book. "That routine requires a balancing a number of virtues: freedom and discipline, craft and protocol, specialized ability and group collaboration. And for checklists to help achieve that balance, they have to take almost opposing forms. They supply a set of checks to ensure the stupid but critical stuff is not overlooked and they supply another set of checks to ensure people talk and coordinate and accept responsibility while nonetheless being left the power to manage the nuances and unpredictabilities the best they know how."

Not being a doctor or pilot, this stuff was a bit beyond useful for me, but still fascinating. Speaking more generally about the details of checklist-writing, he advocates certain principles. "Bad checklists are vague and imprecise. They are too long; they are hard to use; they are impractical. They are made by desk jockeys with no awareness of the situations in which they are to be deployed. They treat the people using the tools as dumb and try to spell out every single step. They turn people's brains off rather than turn them on. Good checklists, on the other hand, are precise. They are efficient, to the point, and easy to use even in the most difficult situations. They do not try to spell out everything -- a checklist cannot fly a plane. Instead, they provide reminders of only the most critical and important steps -- the ones that even the highly skilled professionals using them could miss."

If I have any specific complaint, it's that after reading 200 pages about checklists I still feel like I've only grasped the tip of the iceberg, although I'm not likely to run out and clamor for the footnoted version just yet. Still, I'd have loved to see an appendix with a few good checklists in there.

Yep, I'm pretty much a cocktail party nightmare.

David says

I really enjoyed Atul Gawande's earlier book *Being Mortal: Medicine and What Matters in the End*, and also an anthology that he edited, *The Best American Science Writing 2006*. So, I eagerly started this very short book, about checklists. Dr. Gawande ran a program sponsored by the World Health Organization. He proposed that hospitals institute checklists in the operating room, that would do two things. First, the checklists would help catch mistakes that can easily happen, as surgeries can be simple, difficult, or complex. Second, the checklists help bring the people in the operating room into a real team. The checklist helps to bring the timid people out, to give them the confidence to say things that are wrong, when otherwise they might simply defer to the chief surgeon.

Dr. Gawande was astounded by the success of his program. It was tested in four first-world hospitals, and also in four third-world hospitals. The checklists helped improve surgical outcomes in *all* of the hospitals, regardless of economic zone. Now, some of the surgeons reacted very well to the checklists, while others rebelled. But it didn't matter; in all cases, mistakes were noticed before harm was done, infections were thwarted, and the surgical teams were better prepared for the inevitable surprises and emergencies that occur.

The book also mentions several other areas. Everybody knows about the checklists that airplane pilots use. But most people don't realize that there isn't a single checklist; rather there is an entire hierarchy of checklists for all sorts of situations and emergencies. And, surprisingly, the book describes the checklists used by a few of the best investment companies; the checklists help save time, prevent mistakes, and improve profitability.

The title of the book seems so banal; I expected a rather trite description of the benefits of checklists. I was happily surprised; the book is not at all what I expected, and was even entertaining at times.

Ms. Smartarse says

In my experience, telling people that I like to read is a risky endeavor. There are of course a select few bookworms, who would respectfully respond by asking about my taste in books. Most people's reaction however, tends to fall into one of the following extremes.

- 1) Utter bewilderment that anyone would STILL be spending time to read *books*... and for pleasure, no less.
- 2) Great, let me recommend this absolutely amazing book called--

The first ones I can deal with easily enough: they feed my need for supercilious smirking wonderfully. The second ones however, are much harder to rebuff. Though it might seem easy to just give them a polite smile and make non-committal vaguely agreeing sounds, they like to follow up on my reading progress... and that's how this book ended up on my reading list.

To be fair, I should admit that the book has a decent starting point. I certainly feel better being able to push the blame for my failure onto someone/something else. We're most probably all fairly good professionals, but being pushed into a context where interruptions are stalking us at every corner, succeeding is almost impossible.

Even so, there are cases where the end result doesn't make things any more pleasant. Just imagine telling a grieving family, that their beloved son/father/brother/uncle did not necessarily have to die, but everyone just had *so many things* to look after, that they naturally missed a basic - but ultimately critical - step, when preparing for surgery. If only there were something to prevent this...

Obviously the author doesn't try to convince anyone that coming up with checklists was his sole invention. Nor does he claim to have *the ultimate checklist* that will solve every one of our problems... ever. But he *does* present several examples, and a fairly comprehensive case study to make his point.

Too bad it had to be surgery related. I'm squeamish enough as it is about blood in general, and you now make me read detailed descriptions of complex surgical procedures?! Sadist!

So far so good, right? Well... not quite. See I love lists of any kind: to-do lists, checklists, reading lists, inventory lists... ugh list lists, you name it, I'm probably a fan. Heck, the first thing I do when I get to work is to jot down a quick list of tasks that I want to take care of... which will already be forgotten by noon. But still, I write stuff down!

My biggest and most prominent problem however, is not addressed: how do you get *back* to the list, after an interruption? Because I totally forget all about the list once someone has an emergency that needs my attention asap.

Score: 3/5 stars

A decent effort, and an excellent anecdote to end things with. Still, the next person to recommend YET ANOTHER self-help book will be glared/pouted at mercilessly pitifully... *STARES*

Shane says

How is this book a bestseller? It's not what I'd been hoping for. I expected a grand revelation in this book about a new way to approach making and using checklists to accomplish more, faster. What I got was a bunch of anecdotes about people using checklists successfully, many of them having already done so prior to the author exposing them to the technique.

The author, a surgeon, essentially had just discovered the power of checklists himself and was on a mission to get their usage established as a norm in operating rooms worldwide, in hopes of drastically reducing the number of (sometimes fatal) errors made by hospital staff in patient care.

What we get in this book is the story of that quest, including the dozen or so stories about others using

checklists that gradually brought our author to his realization. Again, like many of these “self-help” books, it really does tend to go on ad infinitum about the same thing: checklists are helpful tools to ensure success. Anybody with a mother or a wife could have told him that.

I can't tell you how many times my wife has told me, “Write it down!” when I need to remember something important. Heck, three years into our marriage we finally figured out the ideal, most efficient and fool-proof way to decorate our Christmas tree each year so that it looks beautiful, the lights are evenly and aesthetically spaced, and takedown is a breeze. Know what we did? We wrote it step-by-step on the inside flap of the box (beginning with “HEY, DUMB ASS!”) in order to get it right year after year from then on.

I've had a tiny slip of paper from a Chinese takeout fortune cookie taped to the front of my monitor for more than a year. It says, A short pencil is usually better than a long memory any day. Know what that means? Write it down! Checklists are good!

Here's a summary of Dr. Gawande's book:

Intro – Bad stuff happens when people make mistakes, especially in operating rooms. Failures are of two types: Necessary fallibility, which means we simply aren't equipped to do everything in this world; and ineptitude, which means we have the knowledge and skill but fail to apply it properly. As our knowledge increases in this information age, more and more failures are coming from examples of ineptitude and lack of organization.

Chapter 1 – Organization and communication are important in a hospital. They can and do save lives.

Chapter 2 – Checklists are important and effective in aviation and emergency medicine.

Chapter 3 – There are three types of problems: simple (can be solved like following a recipe); complicated (solution requires multiple people, teams or specialists); and complex (each problem is unique and never the same twice). Oh, and checklists are important in construction too.

Chapter 4 – Organization and communication is important. Walmart saved lives faster after Hurricane Katrina than any government agency did. Checklists are also important in rock & roll as well as in the restaurant business.

Chapter 5 – Soap works better with step-by-step instruction. Checklists are still important in hospitals.

Chapter 6 – Checklists are still important in aviation. They save lives in critical situations at 30,000 feet. Investigate your failures so that you can make future improvements.

Chapter 7 – The assertion that checklists are important in hospitals is dramatically tested and further enforced. Yep, they're important and definitely save lives, even through seemingly mundane steps.

Chapter 8 – Checklists are important for financial investors. In the operating room, it's about more than the checklist itself; it's about the culture of teamwork and discipline that the checklist instills.

Chapter 9 – Once again, checklists are important in an operating room. Our author finds out firsthand when a checklist helps his own OR save a life that he himself almost accidentally terminates through a mistake during a surgical procedure.

All in all, CHECKLISTS ARE IMPORTANT. WRITE IT DOWN.

Duh.

My biggest takeaway? David Lee Roth is not an egomaniacal control freak after all. Well, at least not when it comes to the famous bowl of M&Ms that was in the Van Halen touring contract rider in the '80s. The "no brown M&Ms" clause was apparently buried deep in the rider checklist which was mainly full of safety concerns, etc. If DLR came into the dressing room and that bowl of M&Ms was not there, or it still had the browns in it, then they knew they had to walk that checklist item-by-item to see what else had been skipped over or had the corners cut off it.

Recommended reading? Not sure. It was OK, and it had some points that will stay with me, but it seemed to be a lot of repetition. Once again, as many of these books seem to be, it was twice as long as necessary to get the point across.

Trevor says

Over the last couple of years I've been studying and some of the subjects I have done have presented me with an assessment rubric. This is a kind of checklist which sums up everything that is good and bad about checklists to me. The first is that a checklist only really makes sense for highly repeatable behaviours. There is a really good reason why they work so well when landing planes and performing surgery. Things can go catastrophically wrong in either of these, but mostly they go wrong in somewhat predictable ways. No, that's not quite right. It is like when I represented people in the trade union – people are infinitely inventive in getting themselves into trouble, but getting them out of trouble again generally follows a very predictable path. Jet engines can stop in all manner of ways, but really, whether they have stopped because of ice or geese, in the end you are still going to want to land the damn plane.

The big lesson here is that checklists can very easily become self-defeating. Checklists aren't recipes, they are not meant to tell you all of the steps necessary to do any particular thing – if they did that they would be so long as to be completely useless. Instead, the point of an effective checklist is to ensure that you have done all of the things that really must be done – that, if they haven't been done, then all hell will break loose.

There is an interesting discussion here about fires in operating theatres, for example. They decided not to include a checklist for this in a group of checklists they were working on, not because fires don't happen or that they are not terrifying, but because they occur too infrequently and a good checklist looks for low-hanging fruit.

Checklists should also start from the assumption that the person using them is an expert. This is why they are not really recipes. The point is not to teach a surgeon how to take out your appendix, it is to make sure they go through the kinds of checks that have been shown surgeons tend to miss 'some of the time' and that cause problems when missed 'most of the time'.

In a sense, and this is a point that is made really well in the book, we all tend to think that checklists are important for other people to follow. We know that we don't make mistakes – obviously, that goes without saying – but other people are infinitely stupid and so it is a really good idea that they are forced to make doubly sure. If the price we must pay to make sure stupid people don't make mistakes is for us to have to

follow a checklist too, well, so be it. The fact we are deluded about our own abilities should be our primary assumption, but never seems to be...

Checklists need to be comprehensive in the sense that they should be evidence based – what normally goes wrong – and culturally implemented – how do you trip people to make them check before they do what needs to be done? You see, we humans are really terrible at following procedures. We get bored. A computer, on the other hand, is really good at following procedures. In fact, that is pretty much all a computer ever does. This is the reason why we tend to forget the milk we were supposed to pick up on the way home from work – even though we might have reminded ourselves just as we were leaving. We are victims of habit to the extent that something new tends to be forgotten. Unfortunately, we aren't even all that good at habit and so even things we do over and over again, we tend to mess up now and again as our minds wonder.

The advice here, then, is that checklists can make a huge difference, but that checklists, like poems, are very hard to write. And that is true for much the same reason. In a good checklist you have to leave out what isn't necessary, but make sure you put in what is. There is an inverse relationship operating here – the easier it sounds to write a checklist that 'just has important things' the harder it actually is to do. I believe the best people to write checklists are those who admits to making mistakes – but then, I think people who admit to making mistakes are the best people anyway. They tend to be grossly mistreated ('she admits to making mistakes, what a loser!'), are infinitely rare – but invariably worth their weight in gold.

If writing a checklist is a remarkably difficult task, following one can be just as hard. As I said, I've had to hand in assignments that have required following assessment rubrics. In theory these should be easy – make sure you have answered all of the questions and you win! But what is really called for is a change in culture. You need to remember to go back and check through the checklist before handing in the essay, and really check it, not just glance over it. This is a very hard thing to do once you have convinced yourself you have done 'everything' that needs to be done already. On one assignment this year I did not address an entire assessment criteria – it turned out I was not the only one to leave this particular criteria out. It was not in the least surprising to me that this was the criteria that asked me to detail how I would change what had occurred. This was the question that was asking me to be creative – and being creative is the hardest thing and therefore the most likely thing to be left to the end (based on those most the dangerous words, 'I'll just come back to that later'). But without having some procedural 'cultural' trigger to actually go through the checklist one last time before handing in the assignment, many of us completely missed this question and lost what ought to have been fairly easy marks.

The problem is that checklist are:

Hard to write

Hard to follow

Easy to convince ourselves we've followed when we haven't

Only good for more or less predictable outcomes and processes.

Given these limitations this book does make it clear that they do make substantial improvements to performance if they are well constructed, easy to use and effectively used.

My main problem, though, is that checklists come at the problem from the wrong end of the telescope. Checklists should be used as a 'when everything else fails' solution. The first solution we should be looking for is not, how do we restrict the options available by writing more or less optional procedures, we should be redesigning out dangers. Procedures lead to cultures of blame, and as I've said, humans aren't terribly good

at following procedures. So a checklist is a kind of time bomb waiting to go off in the face of the overworked and overly stressed person who misses one of its line-items. If you really want to improve things, don't start by writing lists, start by redesigning hazards out of situations. For example, if you are using a guillotine you can have a checklist that says, 'make sure your hands are not under the blade before operating' or you can construct the guillotine so that it is impossible for either hand to be under the blade when it cuts. It is infinitely better to make it impossible for the worker to lose their hands, than it is to smugly tell them they don't have hands because they didn't properly follow a checklist.

But, with that said, I think this is a very interesting book and also know that if I was the sort of person who made more lists I would probably be happier and more successful. Just because this book is a clear victory for the anally retentive, doesn't make it any less worthwhile.

David says

You have to feel sorry for Atul Gawande's siblings. No matter how brilliant their accomplishments, at any family gathering, we know who is going to be center stage. He's not just your average doctor, he's a surgeon. Specializing in endocrine cancer. This astonishingly good book isn't his first - he's written two others, "Better" and "Complications". Of course he's a Harvard professor. Oh yes, he does a little magazine writing. For the freaking "New Yorker", for crying out loud. His essay in the June 1st 2009 edition analyzing the cost of healthcare

Annals of Medicine is considered to have been most influential in the legislative debate Sidney awards . He heads up the WHO's "Safe Surgery Saves Lives" program. Did I mention the MacArthur "genius" award? The kind of brother any sibling would be justified in resenting.

I have no idea what kind of a surgeon Dr Gawande might be (though a reasonable guess would be that he is a very good one). I can say that, based on his New Yorker articles, and on this book, that he is an excellent writer. Like his colleague, Malcolm Gladwell, he has the ability to write about material that could easily be boring in the hands of a less gifted author in a way that is clear, engaging, and thought-provoking, without ever being condescending. This serves him well in this book, whose general topic is achieving success in areas of endeavor that are intrinsically complex, where success requires a high level of interdisciplinary cooperation, and where the consequences of failure are catastrophic.

In 2006, Gawande was approached by the WHO to help develop a global program to reduce avoidable deaths and harm from surgery. His initial (quite sensible) reaction was to have nothing to do with it, but he eventually agreed to help. What followed from that request is one of the fascinating stories that make up this book, and the author does an excellent job of telling it. That story on its own makes the book worth reading. But Gawande takes things a step further, arguing that the kinds of challenges that make surgery a risky and complicated business are characteristic of many modern endeavors. Launching a manned space shuttle, building skyscrapers that don't collapse, discovering, testing and manufacturing a novel cancer drug, flying a commercial jet -- these are all examples of activities whose successful execution requires the coordinated efforts of experts spanning a huge range of expertise, and for which the consequences of failure are serious, possibly catastrophic. As the author points out, advances in technology have led to systems that are so technically complex that no one person is capable of understanding the entire system - we live in an age of hyper-specialization. Yet we have faith that such systems will work every time we enter high-rise office building, board a plane, or are admitted to hospital. How can we be sure that our trust is warranted?

Gawande explores three cases in great depth - airline safety, building construction, and hospital safety (with separate discussion of critical care procedures and surgical interventions). By examining the ways complexity is addressed in the first two cases (both of which have excellent track records), he identifies general principles that should carry over generally. I won't give them away here, except to say that he makes his case in a way that is both articulate and convincing.

Shorter vignettes are included to support his arguments, and they make for fascinating reading. His comparison of Walmart's and FEMA's relief efforts after Hurricane Katrina was particularly interesting, as was the explanation for David Lee Roth's notorious "no brown M & Ms" contract rider.

This is a terrific book - well-written, interesting, and thought-provoking. I read it in just two sittings.

Vaishali says

Boooooooring... and completely useless. Since I live + die by super-efficient checklists, I thought Gawande would offer how to do them better... at least give us sample checklists of the 1%. No such luck. Just drawn-out tales from hospitals and airports: important yes, but vague and impractical. At least compile actual checklists in the index! Imagine a cookbook without a single recipe :) Overall, a poorly-constructed read which by Chapter 3 seems like Gawande's way of publicly congratulating himself for being a surgeon. Bitch, please.

Emily says

I am a list person. I have daily and weekly to-do lists and lists of projects I want to do, lists of projects for my husband to do and lists of ideas for summer activities for my boys, lists of books I want to read and places I want to visit. When I can see everything that needs to be done, even if it's an enormous amount, I feel like it's at least possible to get my arms around it and begin.

When I was the credentialing coordinator for a multi-specialty medical clinic, I used checklists all the time to make sure I didn't miss any important details that would mean a disastrous delay in a physician getting licensed or covered by malpractice insurance. And checklists are a powerful tool for me as a business consultant, helping clients define, track, and evaluate their processes.

All this to say that Dr. Gawande was preaching to the choir with this book; I'm already a believer. And even I was blown away by the data he shared demonstrating the incredible efficacy of this simple tool.

Using examples across several professional fields, including construction, aviation, investment funds, restaurants, and of course, medicine, Dr. Gawande illustrates again and again the power of checklists to serve as a defense against complacency and arrogance. They help insure quality and consistency and yes, save lives.

Dr. Gawande includes some specifics about using checklists optimally: keep them short, include items that are often skipped or missed rather than every single step, easy to read. But most interesting to me was his

focus on using checklists to create the sense of teamwork and collegiality. The checklists are very useful, but they are a means to an end: aiding appropriate communication to ensure the best result.

And it's always nice to have scientific backing of your natural inclinations. :)

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Jim says

It never ceases to amaze me how systems can get lost in their own complexity as they grow. Something starts out simple, but as time goes by complexity creeps in incrementally. What used to work so well isn't really cutting it any more. Worse, the attitudes & aptitudes that were once mandatory must also be changed. Gawande does a great job of showing exactly this when it comes to medicine.

The doctor that delivered me & cured my childhood colds also did my hernia operation, sewed up our wounds, & set our bones. He even made house calls occasionally, but that was the very end of that era - the early 1960s. Medicine had evolved beyond the black bag & home setting. He was very well respected, a solitary king of his domain, & had an ego to match. He needed that ego to control everything, too. In the past 50 years, technology has changed the profession immensely. In 1900, doctors needed a high school diploma & a year or two of medical school. Today most doctors can't get out on their own until they are in their mid thirties, an additional 15 years of study. There's that much more to learn & even so they have to specialize. Gawande jokes about left & right ear surgeons, but says it's not that big of a stretch.

Doctors are no longer solitary kings, now they're part of a team, one more cog in the machine, but their egos & past mystique still cling to them. They are well practiced & immensely educated, so the idea that a simple check list can help them seems ludicrous, but it does. He provides numerous, real world examples & some are plain scary. Medical mistakes are, though. Gawande outlines a number of studies that show exactly that & he goes on to show why through examples both in & out of his industry from a simple medical procedure, flying a plane, building a skyscraper, finance, & all the way to the boondoggle that surrounded New Orleans when Katrina hit in 2005. He uses the aviation industry a lot since they originated/codified the process & prove it out continuously.

The simple check list defines the goal, participants, & makes certain each step happens no matter what other distractions occur. It also defines the order, who is responsible & needs to make what decisions at what point. It fosters communication between the participants - even those not directly involved. His example of proper soap & dressings not being available due to lack of administrative involvement really brought the point home, something he does time & again. He addresses the ego problems very well & respectfully. Real world problems & solutions.

He says there are basically 2 types: DO-CONFIRM & READ-DO. The first lets you do several tasks, then stop to confirm them. The second is more like a recipe - do one at a time & check it off. In both cases, there is a tendency to put in too many items, but they should be simple enough to always be used. Precision of meaning is also key. They're not how-to instructions or even outlines, they're only there to confirm the critical & overlooked items.

This book really hit home. I'm the entire IT department for a small manufacturing company, a very complex field. (I often joke that I should get a degree in computer psychiatry when duplicate machines have different,

intermittent issues.) I've been playing with computers for several decades now, the top tech for companies for more than half that time, can just about build a computer in my sleep. Still, I made a build check list years ago since I was forgetting things due to distractions or simply time between steps. After reading this, I went through my check lists, updated most. I made & deleted a couple more thanks to ideas that he sparked.

I highly recommend this book to one & all. Not only does it make medicine more understandable, but it has a lot of practical value in our increasingly complex lives.

Glenn Sumi says

Surgeon and *New Yorker* writer Atul Gawande explores how using a humble checklist can reduce simple human errors, saving lives, money and time.

Curious about how checklists might limit post-surgical complications, Gawande examines how they have worked in the fields of construction and aviation, where errors could potentially kill hundreds or even thousands.

His results, written in lively and clear prose, are eye-opening, with fascinating glimpses into operating rooms around the world as well as busy construction sites, crowded cockpits and testosterone-fuelled investment firms.

Don't miss the story about David Lee Roth's "no brown M&Ms clause" in Van Halen's dressing room rider contract. Yes, that detail too has to do with checklists and troubleshooting in a complex world.

Peter Derk says

We all have those books that sit on a nightstand, half-finished for weeks, right? Months? Maybe a year?

cough

Well, at some point you have to look at them and say, "I may not be finishing that one."

Or, alternatively, you can look at it and say, "Man, fuck this book."

It's not like there was anything terribly wrong with the book or anything. I just...I feel like I got the idea pretty early on.

Premise:

Humans are to the point where we've uncovered so much knowledge that human minds can't hold all of it. AND processes have become not only long, but very complex in some cases. Rather than count on simplification or drilling in knowledge, a checklist can be a really great solution.

The best example related to flying bombers in the 30's. Basically, the new planes were complicated enough that they kept crashing until a pre-flight checklist was instituted, and then everything was rad.

In my personal life, the closest thing I have to flying a bomber is passengering on a commercial flight. Going without a checklist, I've shown up at destinations missing everything from toothbrushes (replaceable), to any sort of reasonable footwear (more a problem), to swim trunks (which is actually on purpose because swimming is for suckers).

The problem I have with checklists is that I'm really awesome at using them to replace ACTUALLY DOING THE THING for which the checklist was created. If I'm going to do some serious cleaning, I might get it in my head to do a checklist first so that I don't waste any time. Why clean the spiders out of the curtains before cleaning the beetles out of the kitchen? Might as well do beetles first, then spiders, right? And centipedes....well, we always get rid of centipedes immediately. I don't know which dimension they escaped from, but I do know that it's a dark place that I would like to avoid.

Anyway, by the time I get the cleaning checklist and necessary bug taxonomy notes wrapped up and bound by a plastic spiral at Kinko's, I feel like I've already done a lot of work. Which makes it hard to rally and do the actual work.

Gawande's other books, *Complications* and *Better*, also had really simple messages explained in a way even us dum-dums could understand. But the message of this one, though important, was easy even for me, Archduke of Dum-Dums, to understand, and it might not have required a whole book.

Now, I didn't get to be Archduke by making great choices, so it's entirely possible that there is some great stuff later in the book that I didn't get to. So if someone tells you this is a really great book and you have nagging doubts, just remember that those doubts were planted by a guy who uses a spatula for a scepter to punctuate the royal addresses he makes aloud to absolutely no one in his insect-filled kitchen.

Petra Eggs says

The Checklist Manifesto is not as helpful as Gawande's previous books - especially *Better: A Surgeon's Notes on Performance* which improved my business quite a bit with the injunction to 'count something' (so we did, everything, and saw the patterns. You should see my spreadsheets now! (Just as an aside, as an artist I am good at statistics I can see the patterns. Can't do maths though, never even got to GCSE level on that).

Where this book really made a difference is in operating theatres. They are now run like airplanes. First there is a very short briefing where any of the team can say anything without regard to status, and then there are the checklists to make sure that all eventualities, equipment and item retrieval - swabs put into your body are supposed to be counted and then accounted for at the end.

Gawande is so easy to read because he mixes his advice with proof and anecdotes, some of them personal. These sort of books, regardless of the subject are almost a genre in themselves. Think: Oliver Sacks for neurology and Jon Ronson for somewhat scandalous pop culture, but there are many more. Very enjoyable, light, non-fiction.

Recommended for people who are allergic to self-help books (me) but work in a complex industry and would like some advice that doesn't look like it because as Oscar Wilde said, "*The only thing to do with good advice is to pass it on. It is never of any use to oneself.*"

Read March 3, 2011. Review rewritten Dec. 15th, 2015

