



crucial
confrontations®

A PERSONAL SUCCESS STORY

Accountability in the Operating Room

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Confrontations™ Training has
given me the skills
to know what to
do when I’m in
the middle of
a high-stakes
accountability discussion.”



—Dr. George Watson, Fallon, NV

I am the Chief of Staff at a small hospital 60 miles from Reno. Our staff consists of two OBGYNs and one family practitioner.

Last year, a woman carrying twins came into our hospital 28 weeks along. During the night, she went into labor and lost both babies. After this incident, the OB committee reviewed our policy of not keeping patients who were less than 36 weeks along because our facility has a minimal nursery and lacks a neo-natal intensive care unit.

Two weeks ago, a woman who was 34 weeks along was admitted. She was breached and her condition warranted an immediate C-section if she went into labor.

Before Crucial Confrontations Training, I struggled to hold others accountable, but now I can effectively get commitment and closure.

— Dr. George Watson

I was leaving town and only one anesthesia provider would be in-house. In addition, Dr. R., this patient's general practitioner, had already scheduled an elected C-section that day, and the operating room would be tied up until 11 a.m. the next morning.

Crucial Confrontations Training helped me to identify and discuss a gap. We had agreed to not keep high-risk patients in the hospital, and yet we had admitted this woman.

First, I approached the OBGYN who would be in-house that weekend. He had already spoken with Dr. R., but due to a long-standing relationship with the family, Dr. R. was adamant about keeping the patient in the facility. He felt he was capable of handling the situation. However, both the OBGYN and I felt we were sitting on a time bomb.

I knew I needed to hold a crucial confrontation with Dr. R. I approached him and explained we weren't sure what would happen, but if this patient went into labor it meant an immediate C-section. I described the gap by reviewing our policy about not keeping high-risk patients and relayed my concerns. Then I presented the consequences he hadn't considered, which were that if she went into labor and got into trouble, we may not be able to save the baby or the mother.

He responded, "Well, what do you think we should do?"

I replied, "The patient needs to be transferred to Reno. If she goes into labor they can do an immediate C-section and she'll have 24-7, in-house coverage."

Reluctantly, he agreed. That Thursday, the patient was transferred to Reno.

After I returned, I learned the woman had delivered Friday morning. There were complications, and they immediately went to C-section and the mom did well. The baby spent two days in the NICU.

Crucial Confrontations Training has given me the skills to know what to do when I'm in the middle of a high-stakes accountability discussion. Before the training, I struggled to hold others accountable, but now I can effectively get commitment and closure.

Two weeks after my confrontation, Dr. R. thanked me for persuading him to make the right decision.

About Crucial Confrontations™ Training

Enhance Accountability, Improve Performance, and Ensure Execution with Crucial Confrontations Training. Equip participants with a straightforward, step-by-step process for identifying and resolving performance gaps—those unpleasant realities standing in the way of organizational success.

This training infuses classroom time with original video clips and examples. Course pacing is active and engaging with structured rehearsals and intense class participation. The Crucial Confrontations course delivers a hands-on problem-solving approach, participants learn to enhance accountability, improve performance, and ensure execution.