7 PHRASES THAT CLOSE THE LOOP

A communication reference for high-stakes teams

THE LOOPING FRAMEWORK

Why these seven phrases?

Communication failures rarely happen because people don't care. They happen because the right words weren't said at the right moment. These seven phrases are drawn from 27 years inside operating theatres, military medicine, and critical care — environments where a single miscommunication can change everything.

Each phrase maps to a letter in the LOOPING framework.

L — Listen for confirmation
O — Open the floor
O — One person at a time
P — Paint your situational picture
I — Identify before acting
N — Notify when plans change
G — Generate learning

L

PHRASE 1 OF 7

LISTEN FOR CONFIRMATION

"Can you read that back to me?"

Confirms the message received matches the message sent. Non-negotiable for drug doses, critical values, verbal orders.

IN PRACTICE

The verbal order was clear — or so I thought. The nurse repeated it back and I heard a different drug name, different dose. Without that read-back, she would have given exactly what she understood — and what she understood was wrong. Two seconds of confirmation prevented what the incident report would have called a medication error.

O

PHRASE 2 OF 7

OPEN THE FLOOR

"Before we proceed — any concerns?"

Deliberately slows a high-risk moment. Creates a sanctioned pause where anyone can speak.

IN PRACTICE

We were sixty seconds from incision when I asked the room. The scrub nurse hesitated, then said the consent form had the wrong procedure listed. Everyone had seen it. Nobody had said anything. That one question — asked before, not after — stopped us from operating outside the bounds of what the patient had agreed to.

O

PHRASE 3 OF 7

ONE PERSON AT A TIME

"[Priya] — what's your understanding of the plan?"

Surfaces individual gaps that group check-ins miss. Ask the person, not the room.

IN PRACTICE

I had briefed the team. I thought everyone was aligned. When I asked the resident directly, she described a sequence that was entirely different from what I had intended. She wasn't wrong to hear it that way — I had been unclear. Asking her by name surfaced a gap that a group nod would have buried until it mattered.

P

PHRASE 4 OF 7

PAINT YOUR SITUATIONAL PICTURE

"I'm seeing [stable vitals]. What are you seeing?"

Shares your situational picture and invites correction. Prevents parallel realities forming on the same team.

IN PRACTICE

My monitors showed stable vitals. I said so. The surgeon paused and said the field looked different to him — bleeding had changed character in the last few minutes. We were looking at the same patient through different windows. That exchange — ten seconds — realigned us before two separate realities became one serious problem.

PHRASE 5 OF 7

IDENTIFY BEFORE ACTING

"That's the paralytic — confirming before I give it."

Names the drug and its risk in the same breath. Error-trapping built into the act of administration.

IN PRACTICE

Atropine and atracurium. One syllable apart. Entirely different drugs. One reverses a slowing heart. The other stops a patient from breathing. I have said this phrase before every paralytic I have ever administered — not because I distrust myself, but because the stakes of a single slip of the tongue are too high to leave to confidence alone.

N

PHRASE 6 OF 7

NOTIFY WHEN PLANS CHANGE

"The plan has changed — here's where we are now."

Resets shared understanding when circumstances shift. Stops people from operating on the old plan.

IN PRACTICE

Halfway through a long case the surgical approach changed. I adapted my anaesthesia accordingly. What I didn't do immediately — was tell the rest of the team. For eleven minutes, two people in that room were working to a plan that no longer existed. Since then I have treated every change in plan as a communication event, not just a clinical one.

G

PHRASE 7 OF 7

GENERATE LEARNING

"What worked, what didn't, what changes next time?"

Three questions. Five minutes. Turns a single case into institutional memory.

IN PRACTICE

We had a difficult intubation. We managed it. Everyone went home. The debrief took four minutes. In those four minutes we discovered that the difficult airway trolley had been in the wrong position — something three people had noticed and none had mentioned. That four-minute conversation became a protocol change. The protocol change has been in place for six years.

These phrases are the beginning.

The full framework goes deeper. One letter at a time.

The LOOPING framework is part of a larger communication system built across 27 years in operating theatres, military medicine, and hospital leadership. Every week, I release one piece of that framework — a story, a pattern, and one thing you can use — exclusively in the newsletter.

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