

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jierong

2. Surname (Last Name)

Lin

3. Date

22-September-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Yu Lian

5. Manuscript Title

Application of Plan-Do-Check-Action cycle and fishbone diagram analysis in optimizing surgical procedures to improve satisfaction degree of doctor-nurse-patient

6. Manuscript Identifying Number (if you know it)

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Dr. Lin has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Xiaoqun

2. Surname (Last Name)  
Fang

3. Date  
22-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Yu Lian

5. Manuscript Title  
Application of Plan-Do-Check-Action cycle and fishbone diagram analysis in optimizing surgical procedures to improve satisfaction degree of doctor-nurse-patient

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Dr. Lin has nothing to disclose. Dr. Fang has nothing to disclose.

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Yu

2. Surname (Last Name)  
Zhang

3. Date  
22-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Yu Lian

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yu	2. Surname (Last Name) Lian	3. Date 22-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu Lian
5. Manuscript Title Application of Plan-Do-Check-Action cycle and fishbone diagram analysis in optimizing surgical procedures to improve satisfaction degree of doctor-nurse-patient		
6. Manuscript Identifying Number (if you know it)		

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