



The Patient Safety
Education Program™
CANADA

Module 4: Teamwork:
Being an Effective Team Member

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[Revised 2017]

PSEP – Canada Objectives	Related CPSI Safety Competencies
<p>The knowledge elements include an understanding of:</p> <ul style="list-style-type: none"> • The characteristics of effective teams • The different types of teams • The strategies used to overcome teamwork barriers and achieve successful outcomes <p>The performance elements include the ability to:</p> <ul style="list-style-type: none"> • Use teamwork principles to promote effective healthcare including • Coordinate and integrate care processes to ensure continuity and reliability of patient care • Understanding team and personal accountability as a team member 	<p>Domain: Work in Teams for Patient Safety</p> <p><i>1. Health care professionals who participate effectively and appropriately in an interprofessional health care team to optimize patient safety are able to:</i></p> <ol style="list-style-type: none"> 1.1. Describe the competencies, roles, expertise and overlapping scopes of practice of all team members and identify gaps that need to be addressed 1.2. Describe individual and team roles and responsibilities in the context of practice and in the health care system 1.3. Demonstrate respect for all team members, including the patient and his or her family 1.4. Work to develop a shared set of individual and team values, rights and responsibilities 1.5. Identify and act on safety issues, priorities and adverse events in the context of team practice <p><i>2. Health care professionals who meaningfully engage patients as the central participants in their health care teams:</i></p> <ol style="list-style-type: none"> 2.1. Ensure that patients are at the centre of care 2.2. Engage patients in decision-making and the management of their own health 2.3. Provide appropriate, sufficient and clear information, and teaching to patients to support informed decision-making 2.4. Advocate for individual patients and for the resources to be able to provide patient-centred, high quality care 2.5. Respond to individual patient needs and respect cultural and personal health beliefs and practices <p><i>3. Health care professionals who appropriately share authority, leadership, and decision-making for safer care:</i></p> <ol style="list-style-type: none"> 3.1. Explain their role in patient care to team members and patients 3.2. Collaboratively consult with, delegate tasks to, supervise and support team members

3.3. Accept delegated tasks

3.4. Ask for support when appropriate

3.5. Encourage team members to speak up, question, challenge, advocate and be accountable to address safety issues and risks inherent in the system

3.6. Demonstrate leadership techniques appropriate to clinical situations

4. Health care professionals who work effectively with health care team members to manage interprofessional conflict:

4.1. Define and identify conflict in health care teams

4.2. Work with other team members to prevent conflicts

4.3. Employ collaborative negotiation to manage conflicts in the team

4.4. Respect differences, misunderstandings, and limitations that may contribute to interprofessional tensions

4.5. Demonstrate willingness to set team goals and priorities, measure progress, and learn from experience together as a team

4.6. Address all practice variations that can dilute the reliable delivery of evidence-informed care

Domain: Manage Safety Risks

1. Health care professionals who recognize routine situations and settings in which safety problems may arise:

1.1. Demonstrate situational awareness by continually observing the whole environment, thinking ahead and reviewing potential options and consequences

1.2. Recognize safety problems in real-time and respond to correct them, preventing them from reaching the patient

1.3. Employ, as appropriate, techniques such as diligent information-gathering, cross-checking of information using checklists, and investigating mismatches between the current situation and the expected state

Domain: Optimize Human and Environmental Factors

1. Health care professionals who are able to describe the individual and environmental factors that can affect human performance understand:

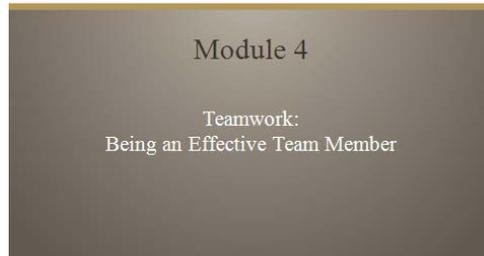
- 1.1. The impact of fatigue and other human limitations on clinical performance
- 1.2. The role of attitude and professional culture in clinical practice
- 1.3. The role of wellness and its effect on knowledge and skill acquisition
- 1.4. How to integrate coping mechanisms to mitigate performance risks and ambient conditions in various practice environments

2. Health care professionals who apply techniques in critical thinking to make decisions safely are able to:

- 2.1. Describe the common types of cognitive biases
- 2.2. Model the behavioural characteristics that demonstrate situational awareness
- 2.3. Demonstrate a process of sound decision-making, understanding where the process can be challenged and corrected

Abstract

Slide 1



Being an effective team member will have an immediate positive impact on the quality and safety of patient care.

This module presents underlying requirements of becoming an effective team member. Strategies are presented in a format developed by TeamSTEPPS. The TeamSTEPPS program is available free on the web (www.ahrq.gov). Elements of team structure are described and four critical elements of teamwork (leadership, situation monitoring, mutual support, and communication) are detailed with concise action steps.

Keywords

Team, values, assumptions, roles and responsibilities, listening skills, conflict resolution, leadership, strategies to improve communication flow, effective communication, situation monitoring, situation awareness, TeamSTEPPS, SBAR, I PASS, CUS

Teaching methods

Interactive lecture, role play

Objectives

Slide 2

Knowledge requirements

- The characteristics of effective teams
- The different types of teams
- Strategies to overcome teamwork barriers

Slide 3

Performance requirements

- Use teamwork principles to encourage more effective teams
- Use teamwork to enhance coordination and integration of care
- Use effective communication techniques to share information

Knowledge requirements

The knowledge elements include an understanding of:

- the characteristics of effective teams;
- the different types of teams; and
- the strategies used to overcome teamwork barriers.

Performance requirements

The performance elements include the ability to:

- use teamwork principles to promote effective healthcare;
- use teamwork to coordinate and integrate care processes to ensure continuity and reliability of patient care; and
- use effective communication techniques to share information.

Clinical case on trigger tape

Slide 4

Trigger tape



A new nurse is unfamiliar with and questions the usefulness of a new protocol adopted on the unit for information sharing among staff. The head nurse demonstrates the purpose and effectiveness of the new protocol, SBAR, in connection with a specific patient.

Introduction

Slide 5

Introduction

- Why is teamwork important?
 - healthcare is about a lot of people working together
 - participants should act with a common goal
 - focuses activities and anticipates outcomes
 - provides an opportunity to increase patient involvement in their care

Slide 6



Teamwork Principles



One of the key characteristics of 20th century health care was the predominance of physician autonomy, usually in the context of solo practice. Competency was largely determined by the physician’s knowledge. Today however, teamwork, systems thinking and group practice are all part of the changing healthcare practice. Teamwork has become key because of evidence that communication failures among staff, departments and hospitals is a main cause of patient safety incidents in the healthcare system.

Miscommunication has been associated with delays in diagnosis, treatment and discharge, as well as failures to follow up on test results. Disjointed communication among healthcare providers can also result in patients being required to frequently repeat the same information to multiple healthcare providers.

Effective team leadership is one of the core clinical strategies for improving quality and patient safety. Effective teams coordinate, support and mutually provide back up in order to improve communication within the clinical team and to increase patient involvement.

Accurate and timely communication between health care workers is central to providing safe and quality care. Patients today are rarely cared for by just one person. Rather many different people, usually working in multidisciplinary teams, treat and care for patients. An effective team is one in which the team members communicate with one another, as well as combining their observations, expertise and decision-making responsibilities to optimize patient care.

Communicating accurate information might seem like a relatively straightforward process, but the task of ensuring accurate and timely communication between healthcare providers and patients can be complicated due to the abundance of clinical responsibility amongst members of the healthcare team and sometimes misunderstood roles of healthcare providers. Effective teamwork also requires the individual members have the requisite knowledge, skills and attitudes (including collective efficacy, shared vision, team cohesion, mutual trust and shared orientation). Being an effective team member requires that individual members of the team have skills that enable them to monitor performance and adapt to changing environments, provide support and back-up to

colleagues, show leadership and demonstrate task assertiveness, resolve conflicts and practice closed loop communication.

Because there is some evidence that multidisciplinary teams improve the quality of service and lower costs, we think it beneficial to tap into the extensive work already done in other disciplines such as sociology, business, anthropology, industrial and systems engineering.

TeamSTEPPS is a program published by the Agency for Healthcare Research and Quality (AHRQ). It is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills amongst health care professionals. The TeamSTEPPS approach underpins this module and much of the techniques outlined here are taken directly from this program. It was developed using proven methods for team management from the military and industry.

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TeamSTEPPS Principles



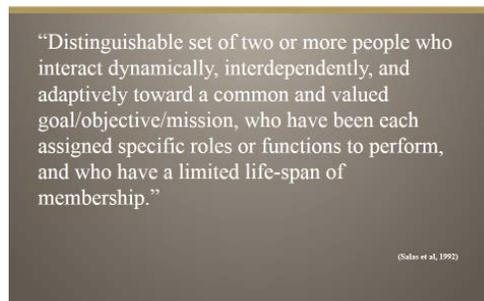
This module outlines the structure and types of teams found in healthcare, as well as the characteristics that make them effective. Further, this module describes the four key principles that govern effective teamwork: leadership, situation monitoring, mutual support and communication.

Team structure and characteristics

Team structures

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Definition of a team



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Team structure

- A team is not a work group
- Participants are chosen based on intended goals and anticipated functions
- Membership requires understanding personal values and assumptions
- Teamwork skills are developed through teamwork training

(Adapted from Helmreich & Foushee, 1993)

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Eduardo Salas (Salas et al, 1992) defines a team as a “distinguishable set of two or more people who interact dynamically, interdependently, and adaptively toward a common and valued goal/objective/mission, who have been each assigned specific roles or functions to perform, and who have a limited life-span of membership.”

Health professionals with appropriate training in teamwork should be able to routinely:

- assemble a team;
- establish a leader by identifying a member of staff with the skills and knowledge to be a leader;
- identify goals and vision;
- know the purpose of the team and be able to share it with colleagues;
- assign roles and responsibilities by delegating appropriately, paying attention to the skills and knowledge of the person being given the delegation;
- hold team members accountable;
- know how to give feedback about performance;
- actively share information among team members; and
- know how to communicate in an open and inclusive manner.

Teams are not work groups. Individuals of workgroups will maintain their individuality while team members are interdependent on other team members. Many nurses and physicians working together operate as a work group rather than a team and are accountable to the extent that their job descriptions dictate meeting them. Still others work in a more traditional hierarchical structure, with the leader bearing all the responsibility and accountability. (Adapted from Helmreich & Foushee,1993)

Being an effective team member requires understanding one’s own values and assumptions, as well as being aware of the organizational cultures and values that the team is working within because these can affect interactions with other team members, (see the PSEP – Canada Module 5: Organization and Culture: Essential to Patient Safety for further information). When team members are able to articulate their values and assumptions, differences can be explicitly addressed rather than being based on false or misguided assumptions about other team members. Being clear about each person’s role is essential and can help reduce misunderstanding. It is also important to understand underpinning psychosocial factors and how they affect team interactions.

Some types of teams

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Some types of teams

- Baseball team: a group of individuals with a common goal achieved largely through combining individual effort
- Hockey team: an assembly of dynamic, interconnected players contributing to an evolving, interactive goal

We can find examples of different types of teams in commonly recognized major North American sports. Although baseball teams and hockey (or basketball) teams are frequently thought of as similar, there are strong differences among them. A baseball team is fundamentally a group of athletes each contributing individual expertise with the shared goal of winning. Occasionally, as in a double play, teamwork is important. Otherwise, pitchers pitch, fielders field, and hitters hit.

In hockey (and basketball), each and every play requires adaptive teamwork, shared mental models, adaptability and versatility.

In all these sports examples, winning is a consequence of the summation of the efforts of the team, yet the specific teamwork skills are quite different. In baseball, for example, a new player who has never played on the team would be expected to function at an expert

level. In hockey, while the skill set doesn't change, the team skills (behavioural not technical skills) must be developed anew.

Types of Teams

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Types of teams

- ❑ Multidisciplinary- individuals representing their own disciplines
- ❑ Interdisciplinary- individuals bringing their disciplinary roles and skills to solve a common problem
- ❑ Transdisciplinary- individuals putting aside their discipline-specific roles, adapting skills to meet the goal
- ❑ Interactive, multi-team systems- combinations of the above

Many types of teams exist in the healthcare system, including multidisciplinary, interdisciplinary and transdisciplinary teams. Additionally, multiple teams can interact to form a multi-team system. Each type of team should include effective team leaders. The characteristics of an effective team leader are described in later sections of this module.

Multidisciplinary teams: Multidisciplinary teams involve professionals from a variety of disciplines. They represent their own discipline and often “advocate” for positions supported by their discipline while participating in a “team solution”.

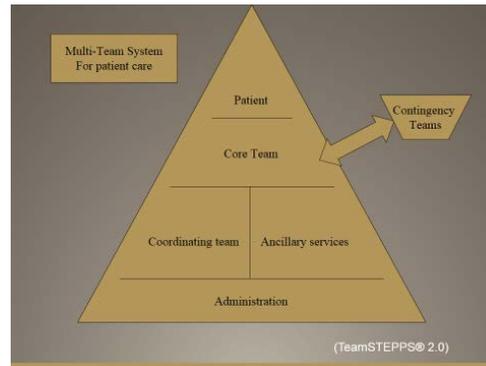
Interdisciplinary teams: Interdisciplinary team members represent their own disciplines and use their discipline-oriented skills, but they work together toward a common team solution.

Transdisciplinary teams: In transdisciplinary teams, team members put aside their discipline specific perspectives and work together as a team to “invent” a desirable solution.

Multiteam system: In a multiteam system, various combinations of the above teams collaborate in a solution

Multi-team system

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Typically in healthcare, multiple teams from various departments or specialties will converge in the patient care setting. In the operating room, for example, teams from surgery, nursing, anesthesiology, radiology, pathology, housekeeping, and others will all play a vital role in ensuring a successful outcome. Components of multi-team systems are described below.

Figure 1: TeamSTEPPS diagram of a multi-team system

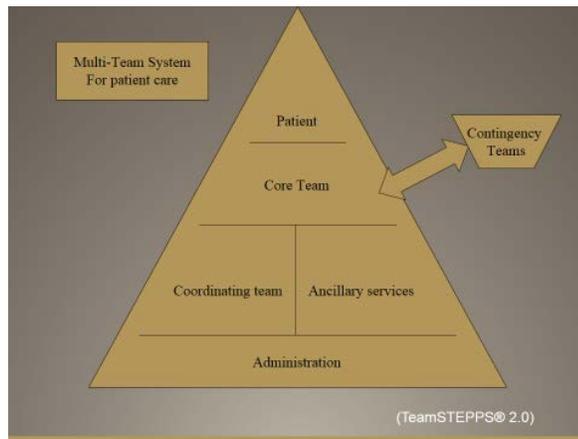
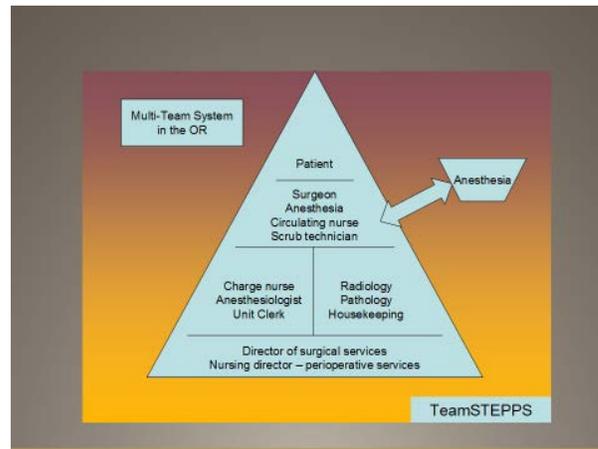


Figure 2: TeamSTEPPS diagram of a multi-team system in the OR



Core teams

Core teams consist of team leaders and members who are involved in the direct care of the patient. Core team members include direct care providers (from the home base of operation for each unit), and continuity providers (those who manage the patient from assessment to disposition, for example, case managers). The core team, such as a unit based team (physician, nurses, physiotherapist, and pharmacist) is based where the patient receives care. In the operating room example, the core team can consist of the surgeon, anesthesia, circulating nurse and scrub technician.

Coordinating teams

The coordinating team is the group responsible for day-to-day operational management, coordination functions and resource management for core teams. In the operating room, this may include the charge nurse, anaesthesiologist and unit clerk.

Contingency teams

Contingency teams are formed for emergent or specific events, or time-limited events. Examples include Code Teams, Disaster Response Teams and Rapid Response Teams. Contingency teams are composed of team members drawn from a variety of core teams.

Ancillary services

Ancillary services consist of individuals who provide direct, task-specific, time-limited care to patients, as well as support services that facilitate care of patients. Ancillary services are often not located where patients receive routine care. In the operating room example, this could include radiology and pathology.

Ancillary services are primarily a service delivery team whose mission is to support the core team. This does not mean that they should not share the same goals. The successful outcome of a patient undergoing surgery requires accurate information on catering and instructions in relation to ‘nil by mouth’ orders so that a patient does not inadvertently receive a meal which may place them at risk of choking. In general, an ancillary services team functions independently but there may be times when they should be considered as part of the core team.

Support services

Support services consist of individuals who provide indirect, task-specific services in a health care facility. They consist primarily of a service-focused team whose mission is to create efficient, safe, comfortable and clean health care environments, which impact the patient care team, market perception, operational efficiency and patient safety. Support services are integral members of the healthcare team, helping to facilitate the optimal health care experience for patients and their families. Their roles are integrated in that they manage the environment, assets and logistics within a facility. It is important to know what ancillary and support services are offered in a healthcare organization.

Administration

Administration includes the executive leadership of a unit or facility, and has 24-hour accountability for the overall function and management of the organization.

Administration shapes the climate and culture for a teamwork system to flourish by establishing and communicating vision, developing and enforcing policies, setting expectations for staff, providing necessary resources for successful implementation, holding teams accountable for team performance, and defining the culture of the organization.

Characteristics of effective teams

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Effective teams ...

- Participants are committed to team effectiveness
- The organizational structure acknowledges and values teamwork

(Adapted from Helmreich & Foushee, 1993)

... Effective teams

- Teamwork training is a priority
- Training utilizes Crew Resource Management
- Team goals are clearly defined
- Members understand their roles

(Adapted from Helmreich & Foushee, 1993)

Effective teamwork requires more than the members of the team working together. It requires that the organization value and understand how effective teams can improve the quality and safety of health care. Several training methods and frameworks for effective teams are described below. (Adapted from Helmreich & Foushee, 1993)

All healthcare workers are engaged

As previously described, teamwork is not unique to a single discipline of healthcare. The urgent and critical nature of healthcare necessitates cohesive teamwork for optimum patient care. Therefore, it is pivotal that all health care professionals accept their role as team members. They should not only believe in the importance of teamwork, but also practice and refine their teamwork skills.

Importantly, physicians must understand and value team practices. The extent to which a workgroup acts as a team depends heavily upon the attitude and actions of the physicians. A health care team can only be effective if the physicians are on board and fully engaged as team members and team leaders. This means they need to understand the value of teams for good patient care. If the physician is not part of the team it is very difficult to maintain effective team functioning.

Team effectiveness can also be enhanced by including patients as part of the team. Many team functions require the patient's cooperation, so it is natural to engage the patient as part of the process. This can be achieved by educating the patient regarding his/her treatments, risk factors, and prognosis, thus enabling the patient to be a valuable and more reliable source of feedback.

Health care organizations value teamwork

When organizations value teamwork, teams are more unified. Organizational leaders can promote the value of teamwork by providing appropriate resources and equipment to enable teams to do their work, educating staff on teamwork principles as part of a wider patient safety educational program, and by rewarding team performance.

The extent to which the goals and objectives of the organization are shared among the staff is a factor in the attitude of the organization to teams and the team members to each

other. If rewards are focused on individuals, this sends a message to the members of the team about the value of team actions. If staff performance reviews focus on individual achievements rather than team activity and do not value team activity in and of itself, this can be influential in how staff approach their team obligations. In summary, it is important for a team to know they are valued; how the organization rewards staff tells teams whether or not they are valued.

Teamwork training is a priority

Teamwork skills are not innate to most health professionals. Doctors, nurses, and allied health professions are educated and trained separately, which makes interdisciplinary teamwork particularly challenging. Health care organizations need to design and implement systematic training programs that analyze the needs of their staff, as well as evaluate and review the effectiveness of training. For example, simulation can be utilized to evaluate how teams apply their training in a safe environment.

While teamwork training is critical, it must be supplemented with concurrent education in such areas as stress management, assertiveness training and interprofessional learning to ensure all team members possess the requisite skills to perform their assigned functions. It is also important to recognize the collaborative approach that is slowly being embraced within healthcare teams/settings. There are hospitals that have a doctor paramedic team, there are physiotherapy and nursing teams, and social work, community health and public shelters teams that are working together. Additionally, team training should become routine and continuous. Organizations should be in the habit of regularly evaluating performance and outcomes to identify areas for improvement. Following these guidelines, team performance will be refined through a continuous cycle of training, practice and experience.

Crew Resource Management

Crew Resource Management (CRM) is a common tool used in health care to promote effective teamwork. CRM is a team training method for ensuring that all available resources (people, equipment, procedures) are used to promote safety by focusing on the cognitive and interpersonal skills. Cognitive skills include mental processes for resolving conflicts, solving problems and making decisions (situation awareness). Crew Resource Management (CRM) is very effective in aviation and many health organizations are implementing CRM into health care training and education. Currently, CRM needs to be aligned with current research in organizational teamwork training so that the science underpinning teamwork is recognized, articulated, and applied.

Team tasks and goals are clearly defined

Every team must have a clearly identified purpose. From this, the team composition and tasks are determined. These tasks establish the team member's roles and their level of interdependency with each other.

Team members must value the team’s goal and collectively believe that it can be reached. This requires that the outcomes expected of the team be measurable and understood by all its members.

“We will know we have done a good job if...”

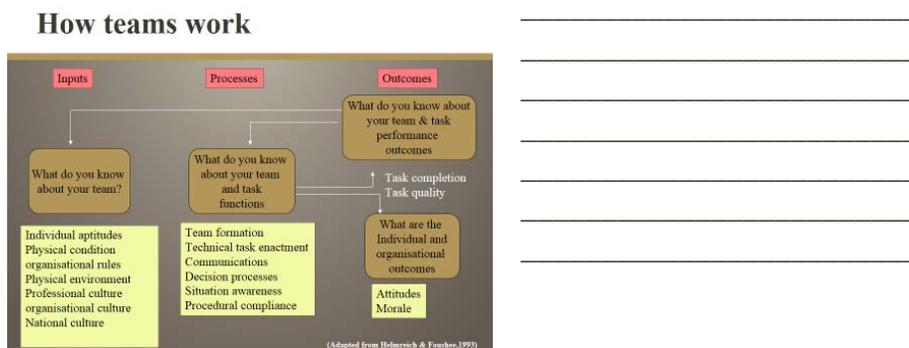
Further, team goals should be mutually achievable by all team members. To help determine this, each member of the team should be able to articulate desirable performance outcomes.

- when each member knows a task is completed; and
- how members of the team judge how well the task has been performed (quality).

Team members should also have knowledge and understanding of organizational and individual outcomes, including the prevailing attitudes of the team and how morale is judged.

Team members understand each others’ roles

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Once the team outcomes are identified and team members selected, specific roles can be established. Teams are better coordinated if team members understand not only their roles, but those of their colleagues. Team members are limited in their capacity to work together if they do not know about one another. At a minimum, team members should be able to:

- describe the individual aptitudes of each member;
- understand the physical conditions in which the team operates;
- know the organizational rules under which the team operates;
- know the pluses and minuses of the physical environment;
- know the professional culture; and
- know the organizational culture.

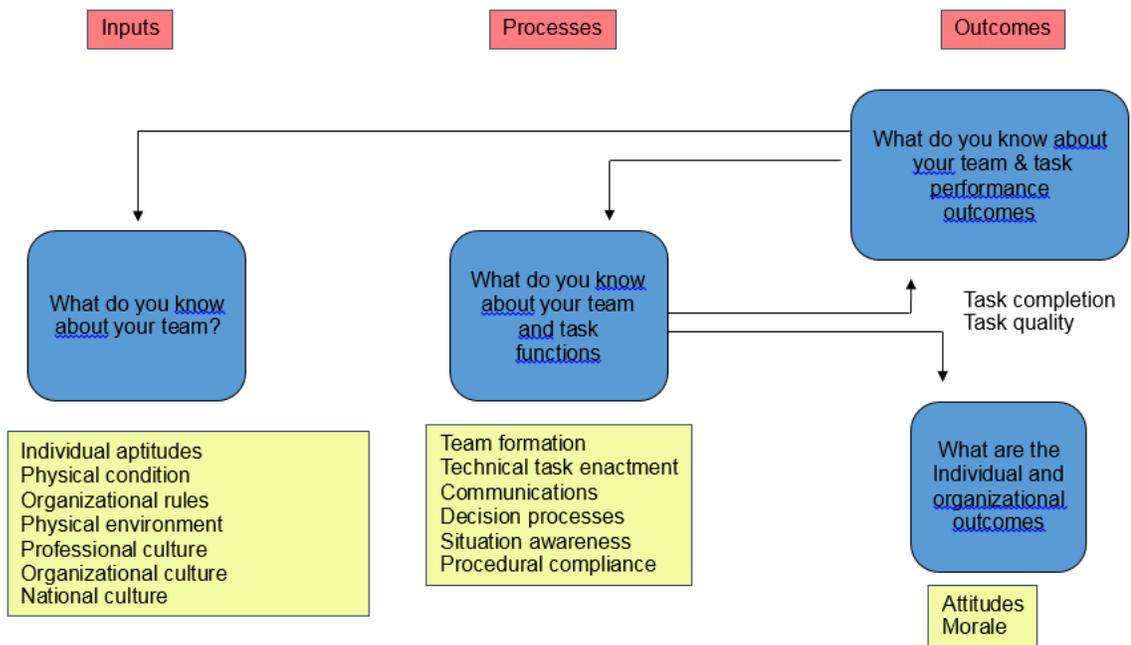
Team members also need to have knowledge and understanding of the role and function of the team, including knowing what each member knows about their team and the tasks they are required to perform.

While respect and support are obviously necessary for teams to work together, a team is NOT a friendship, a support group, or a mutual admiration society. Nor should it be seen as a vehicle for gossip or a forum for disciplinary rivalry or conflict. The purpose of a team is to *do something*. The team task must be clear and understood by all.

“We are here to...”

Team members need to understand how the team forms, which technical tasks team members are required to master, how the team communicates, how decisions are made, and how diligent the team is in complying with procedures and guidelines. Team members must also be resilient and ready to adapt to different situations when required.

Figure 3: How teams work (adapted from Helmreich & Foushee, 1993)



The role of leadership in teamwork

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Importance of leadership

- Leaders share a set of skills regardless of position or type of team:
 - coordination
 - facilitation
 - planning

(TeamSTEPPS) 2.0

Team leaders do not always fit into the traditional medical hierarchy structure. It may be that a more experienced nurse leads the team because other members of the team are more mobile and less familiar with the resources and demands of the work. A junior doctor on nights may not be the most appropriate leader in circumstances where more senior experienced nurses are on duty.

Nevertheless, team leaders share a set of core skills irrespective of their position or type of team they lead, and they need to be able to direct and coordinate the activities of other team members. (For more detail, see Module 8: Leadership.) Whether it is in the intensive care unit, the emergency department, or a community mental health center, leaders of health professionals need to be skilled in the following areas.

Coordination

Leaders need to be able to organize the team and articulate clear goals. Organization includes establishing norms for information sharing amongst team members and creating a balanced workload for the team. Delegation of tasks or assignments is also a key part of coordination.

Facilitation and decisionmaking

Once the team has been organized and coordinated, leaders need to facilitate mutually supportive team actions by creating informal communication sessions. Leaders should encourage team members to speak freely and ask questions.

Decisions should be made based on the input received during these communication sessions. If a change in plans is required, leaders need to make sure that all team members are aware of these changes. Finally, a key part of the decision making process is the ability to utilize resources for maximum efficiency.

Planning team events

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Planning steps

- Briefing- structured meeting to discuss goals, concerns, interactions
- Debriefing- structured meeting to discuss what happened, what could have been done differently
- Huddles- impromptu meetings to “regroup” and discuss the situation

(TeamSTEPPS® 2.0)

Teams that plan their work, solve problems and understand their team’s processes provide better coordinated and more accurate and timely care to patients. Team activities are planned by the leader, who organizes briefings, debriefings and team huddles.

Briefings

Briefings are a common technique used in many industries to bring together the team prior to an event to establish expectations for the team members, including: assigning essential roles, establishing a conducive climate for team operations and anticipating outcomes and likely contingencies. The team leader should convene a briefing using the following checklist, which will help ensure that the team covers all necessary information:

1. Who is on the team?
2. Does everyone understand and agree with the goals?
3. Does everyone know their roles and responsibilities?
4. Does everyone know the plan of care?
5. Are the right people available at all times?
6. Is the workload evenly distributed?
7. Are the proper resources available?

Debriefing

Debriefing takes place following an event and recaps the situation, background, and key events that occurred. Effective teams are in the habit of regular debriefing. During a debriefing, the team leader should facilitate discussion by asking questions related to the team’s performance:

- what did we do well? and
- what can we do better next time?

In turn, the role of the team is to assess how the team leadership, situation awareness, mutual support and communication played a role in the performance of the team. The lessons learned should be summarized and goals for further improvement should be established.

An understanding of the team process is essential to enable review of how team members work together. The capacity to review is necessary to bring about improvements in performance and effectiveness.

Huddles

When problems or hurdles arise, the team members huddle together. This is an ad hoc method to reestablish situational awareness, reinforce plans already agreed upon and assess the need for changing the plan.

Situation monitoring

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Situation monitoring

- Process of actively scanning and assessing situational elements to gain information, understanding or maintain awareness to support functioning of the team

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Monitoring skills

- Situation awareness
- Shared mental models
- Cross monitoring
- Individual accountability

Situation monitoring requires CONTINUOUS active scanning and assessment of a situation to gain information or maintain an accurate understanding of the environment in

which the team functions. As discussed earlier, situation monitoring is a skill, which implies that it can be trained and developed. The specific skills and characteristics needed for situation monitoring include situation awareness, shared mental models, cross monitoring, and individual accountability and responsibility.

Situation awareness

Situation awareness involves the perception of current working conditions and how they appear to affect one's work. Since work is not static, situation awareness (SA) involves noting that the situation and context in which one works is dynamic and ever-changing; team members must continually assess relevant components of the situation and update their individual SA.

Shared Mental Models

Shared mental models result when each team member maintains his or her situation awareness and shares relevant facts with the entire team. Sharing mental models increases the chances of everyone on the team being "on the same page." Effective team members know what is important and what is not. They require training to help them separate irrelevant facts from those that impact on the effectiveness of the team in carrying out their functions;

Because of the dynamic situation teams experience, it is important to maintain focus on the continuous process by which teams function. It allows individual team members to maintain their situation awareness and share new and emerging information with other team members in order to retain a shared mental model.

Cross monitoring

One way to ensure situation monitoring is through cross monitoring. Cross monitoring is a technique used to avoid errors and involves members of the team observing others at their work and looking out for them in case of error. They act as a safety net in the team.

Individual accountability and responsibility

Despite the importance of cross monitoring, being a team member does not mean shifting responsibility for patient care onto others or up the chain of command. Saying the nurse 'wrote up the wrong dosage' is inappropriate. Ensuring accurate information is recorded is a team responsibility. However, this does not mean that individual responsibility is not important for a team to function properly. A major responsibility of team members is to monitor themselves. The "I'm Safe" Checklist can help individuals assess their own situations.

- **Illness** (How do I feel? Am I thinking clearly?)
- **Medication** (Is my medication likely to impact my ability to do my job?)

- **Stress** (Am I stressed--are there any factors in my personal or work life which impacting my ability to do my job?)
- **Alcohol and drugs** (Am I affected by the effects of these drugs?)
- **Fatigue** (Am I sleep deprived and fatigued?)
- **Eating and elimination** (Am I skipping meals and toilet breaks?)

Nevertheless, even if all of the proper procedures are followed for ensuring individual and team responsibility, there will come times when team members will be required to report a peer for professional misconduct or repeated unsafe practice and violations. This is part of upholding the professional and ethical obligations of health care, and should be done according to institution guidelines.

Mutual support

Slide 22

Mutual Support

Support team members needs through:

- understanding responsibilities/workload
- providing timely and constructive feedback
- collaboration
- conflict resolution

The health system is not static nor is it predictable. The impact of this complexity is not just at the organizational level but has real impact on the individuals working in the health system. Effective teams are those that recognize the impact of change on team members. The impact of changes on team members will require providing mutual support. Mutual support involves anticipating and supporting others' needs through accurate knowledge about responsibilities and workload. This includes

- providing task-related support and protecting each other from overload;
- providing timely and constructive feedback to team members in a positive, blame-free manner;
- collaborating with team members, thus fostering a climate where people actively seek assistance and where assistance is willingly provided; and
- conflict resolution, including patient advocacy.

Resolving conflicts

Slide 23

Resolving conflicts

- CUS- (concerned, uncomfortable, safety issue)
- DESC Script (describe, express, suggest, consequences)
- Advocacy and assertion
- Two-challenge rule

Advocacy and assertion

Slide 24

Advocacy and assertion

Mutual Support

Advocates for the patient

- Inevitably when team members' viewpoints don't coincide with that of the decisionmaker

Assess a corrective action in a firm and respectful manner

- Make an opening
- State the concern
- State the problem (real or perceived)
- Offer a solution
- Reach agreement on next steps

18

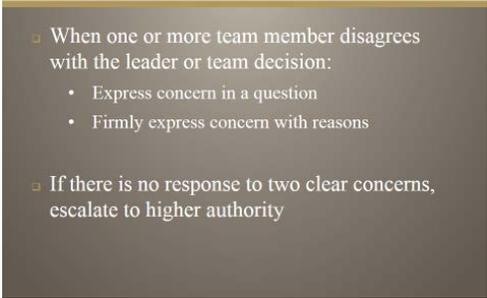
There are times when team members and the patient or their carer have differences of opinion. It is essential that patient autonomy be respected, that these differences are honestly dealt with and that the patient's wishes are paramount unless there are real issues regarding the patient's competency. In cases where a team member's view does not coincide with those of the patient or their decision maker it is important to:

- state the concern in a respectful manner;
- explain clearly the reasons for the concern;
- make suggestions for a solution; and
- reach agreement.

Two-challenge rule

Slide 25

Two – challenge rule



□ When one or more team member disagrees with the leader or team decision:

- Express concern in a question
- Firmly express concern with reasons

□ If there is no response to two clear concerns, escalate to higher authority

The two-challenge rule is designed to empower all team members to “stop” an activity if they sense or discover an essential safety breach. There may be times when an approach is made to a team member but is ignored or dismissed without consideration. This requires a person to voice their concerns by restating them at least twice if the initial assertion is ignored (thus the name, “two-challenge rule”). These two attempts may come from the same person or two different team members:

- the first challenge should be in the form of a question;
- the second challenge should provide some support for the team member’s concern;
- remember this is about advocating for the patient. The "two-challenge" tactic ensures that an expressed concern has been heard, understood, and acknowledged;
- the team member being challenged must acknowledge the concerns; and
- if this does not result in a change or is still unacceptable, then the person with the concern should take stronger action by talking to a supervisor or the next person up the chain of command.

CUS

CUS is shorthand for a 3 step process in assisting people in stopping the activity.

- I am **C**oncerned
- I am **U**ncomfortable
- This is a **S**afety issue

DESC Script

DESC describes a constructive process for resolving conflicts.

- **D**escribe the specific situation or behavior and provide concrete evidence or data;

- Express how the situation makes you feel and what your concerns are;
- Suggest other alternatives and seek agreement; and
- Consequences should be stated in terms of impact on established team goals or patient safety. The goal is to reach consensus.

Communication techniques

Slide 26

Communication techniques

- SBAR-Situation, Background, Assessment, Recommendation
- Call-out- clear and audible statement of situation
- Check-back- repeating statement or providing response
- Handoff: I Pass the Baton

(TeamSTEPPS® 2.0)

Communication is the process by which information is clearly and accurately exchanged among team members. Good communication skills are at the core of patient safety. The following strategies can assist team members in accurately sharing information and ensuring that the focus is on the information being communicated.

SBAR

Slide 27

SBAR - Situation, Background, Assessment, Recommendation

- Developed by US Navy Submarine Service
- To communicate clearly, effectively, and efficiently
- Adapted to Air Force and commercial aviation
- Integrated into health care

SBAR is a technique for communicating critical information about a patient that requires immediate attention and action.

Situation

What is going on with the patient?

“I am calling about Mrs. Joseph in room 251. Chief complaint is shortness of breath of new onset.”

Background

What is the clinical background or context?

“Patient is a 62-year old female post-op day one from abdominal surgery. No prior history of cardiac or lung disease.”

Assessment

What do I think the problem is?

“Breath sounds are decreased on the right side with acknowledgement of pain. Would like to rule out pneumothorax”

Recommendation

What would I do to correct it?

“I feel strongly the patient should be assessed now. Are you available to come in?”

Call-out

There are times when it is necessary to communicate important or critical information. Call-out is a strategy to communicate this type of information which:

- informs all team members simultaneously during emergent situations,
- helps team members anticipate the next steps, and
- directs responsibility to a specific individual responsible for carrying out the task.

Leader: “Airway status?”

Resident: “Airway clear.”

Leader: “Breath sounds?”

Resident: “Breath sounds decreased on right.”

Leader: “Blood pressure?”

Resident: “BP is 96/92.”

Check-back

This is a simple technique for ensuring information conveyed by the sender is understood by the receiver, as intended.

- Sender initiates message.
- Receiver accepts message and provides feedback.
- Sender double checks to ensure the message is understood.

Doctor: “Give 25mg Benadryl IV push.”

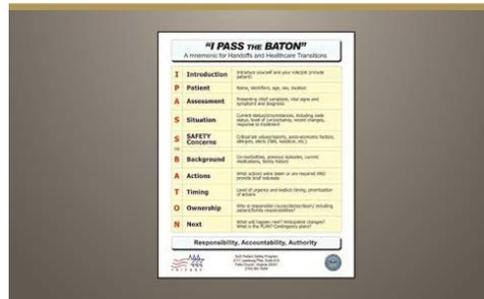
Nurse: “25mg Benadryl IV push?”

Doctor: “That’s correct.”

Handoff

Slide 28

I Pass the Baton



I Pass the Baton is a strategy to assist timely and accurate handoff.

I	Introduction	Introduce yourself, your role and job and the name of the patient
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Present chief complaint, vital signs, symptoms and diagnosis
S	Situation	Current status/circumstances, including code status, level of (un)certainty, recent changes and response to treatment
S	Safety concerns	Critical lab values/reports, socioeconomic factors, allergies and alerts (falls, isolation and so on)
The		
B	Background	Co-morbidities, previous episodes, current medications and family history
A	Actions	What actions were taken or are required? Provide brief rationale
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Who is responsible (person/team), including patient/family

N	Next	<p>What will happen next?</p> <p>Anticipated changes?</p> <p>What is the plan?</p> <p>Are there contingency plans?</p>
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Summary

Slide 29

Summary

- Types of teams
- Characteristics of effective teams
- TeamSTEPPS for improvement
 - leadership
 - situation monitoring
 - mutual support
 - communication techniques

TeamSTEPPS has been developed to expose health professionals to a range of strategies and techniques for improving teamwork. Effective teamwork does just not happen; it requires understanding of successful team characteristics, knowledge of how teams function, and ways to maintain effective this functioning. Many teams are temporary or are unable to meet face-to-face. A patient-centered approach to health care ensures that everyone involved in the patient’s care belongs to one of the numerous teams caring for them. Identifying team members at the start of each episode of care is crucial in knowing the strengths and weaknesses of one other.

Pearls

Slide 30

Pearls ...

- Teams come in many forms and varying periods
- Share all relevant information in a timely and appropriate manner
- Each team member has a role and relationship to others
- Regularly provide feedback

Slide 31

... Pearls

- Establish processes for resolving conflicts that apply to everyone equally
- The patient is part of the team
- Effective teams must have the requisite knowledge, technical skills and behavioural skills to meet the team's needs and goals

1. Teams come in many forms and are established for varying periods
2. Share all relevant information about the patient in a timely and appropriate manner
3. Each member of the team has a role and relationship to other members of the team
4. Regularly provide feedback about the team functions and efforts
5. Establish processes for resolving conflicts that apply to everyone equally to create trust amongst team members
6. Remember the patient is part of the team
7. Effective teams must have the requisite knowledge, skills and behaviors to be a team

Potential pitfalls

Slide 32

Potential pitfalls

- Do not exclude team members because of personal dislikes
- Do not include team members because of policy or seniority
- Avoid blaming team members when something goes wrong

1. Do not exclude team members because of personal dislikes
2. Avoid blaming team members when something goes wrong
3. Avoid forming teams around the senior doctors--put the patient at the center of the team

Toolkits & outcome measures

- **TeamSTEPPS: Strategies and tools to enhance performance and patient safety:** Department of Defense (DoD) in collaboration with the Agency for Healthcare Research and Quality (AHRQ). <http://www.ahrq.gov/qual/teamsteps/>
- **SBAR: A Shared Structure for Effective Team Communication (2nd Edition):** Based on the project “*Enhancing Effective Team Communication for Patient Safety*” co-funded by the Canadian Patient Safety Institute and the Toronto Rehabilitation Institute. 
http://www.uhn.ca/TorontoRehab/Education/SBAR/Documents/SBAR_Toolkit.pdf
- **SBAR Toolkit:** Institute for Healthcare Improvement (IHI); Kaiser Permanente, Oakland, CA <http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Tools/SBARToolkit.htm>

Resources

- **Effective health care teams: A model of six characteristics developed from shared perceptions:** Mickan SM, Rodger SA. Journal of Interprofessional Care, August 2005; 19(4): 358 – 370 http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=16076597&dopt=AbstractPlus
- **Teamwork in healthcare: Promoting effective teamwork in healthcare in Canada:** Canadian Health Services Research Foundation (CHSRF) in 2006  <http://www.cfhi-fcass.ca/SearchResultsNews/06-06-01/7fa9331f-0018-4894-8352-ca787daa71ec.aspx>
- **Interprofessional Collaboration:** Canadian Nurses Association in 2011  https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/interprofessional-collaboration_position-statement.pdf?la=en
- **A National Interprofessional Competency Framework:** Canadian Interprofessional Health Collaborative in 2010  http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- **Teamwork and Communication Working Group. Improving patient safety with effective teamwork and communication: Literature review needs assessment, evaluation of training tools and expert consultations.** Edmonton (AB): Canadian Patient Safety Institute; 2011. 
<http://www.patientsafetyinstitute.ca/en/toolsResources/teamworkCommunication/Pages/default.aspx>

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Principal message

The single most important message your audience should come away with is that *being an effective team member can have an immediate positive effect on the quality and safety of patient care.*

Module overview

This module is built around the TeamSTEPPS program developed by the US Department of Health and Human Service and the Agency for Healthcare Research and Quality. It describes the knowledge and behaviours required for effective health care teams including teamwork principles, how team work can facilitate continuity of care and the role of personal accountability as a team member.

Poor teamwork and miscommunication have been associated with many patient safety incidents including delays in diagnosis, treatment and discharge as well as failures to follow up on test results. Disjointed communications among health care workers can also result in patients being required to repeat the same information to multiple health care providers too often.

Preparing for a presentation

1. Assess the needs of your audience

Choose from the material provided in the module according to the needs of your expected participants. It is better for participants to come away with a few new pieces of information, well learned, than to come away with a deluge of information from which they can remember little or nothing.

2. Presentation timing

The suggested timing for each part of this module is:

Introduction	2-3 minutes
Trigger tape & discussion	5-7 minutes
Presentation	30 minutes
<u>Summary</u>	<u>2-3 minutes</u>
Total	45 minutes

3. Number of slides: 32

4. Preparing your presentation

The text in the module was not designed to be used as a prepared speech. Instead, the text provides material you may want to use. The slides have been designed to trigger your presentation. Although the slides closely follow the text of the module, they do not contain all of the content. Their use presumes that you have mastered the content.

You may want to make notes on the slide summary pages to help you prepare your talk in more detail and provide you with notes to follow during your presentation.

Remember that you can adjust the slides to suit your presentation content, your style, and to make it feel fully familiar and your own.

Practice your presentation using the slides you have chosen, and speaking to yourself in the kind of language you expect to use, until it is smooth and interesting and takes the right amount of time. The most accomplished presenters and teachers still practice prior to a presentation; don't miss this step.

5. Preparing a handout for participants

The module text and slides were designed to be reproduced and provided to participants as a handout. Take the portion you need; they can be used in their entirety, module by module, or for just one specific topic. Please ensure to acknowledge the source of the material, the PSEP – Canada Acknowledgment Page at the front of the module provides the formal citation.

6. Equipment needs

- Screen, computer and projector
- Flipchart and markers for recording discussion points

Test your equipment beforehand to ensure that it works.

Review your video to assess which portions you would like to use.

Have a back-up plan so that if there is any equipment failure you can move without panic to your back-up plan. For instance, have in mind that:

- if the video fails, you can read the vignette of the trigger tape story;
- if the slides cannot be shown, you can refer to the hand out slides; and
- if flipchart and markers are not available, you can have participants list items on their hand outs that you would have written up for all to see.

Making the presentation

1. Introduce yourself

If you have not already done so, introduce yourself. Include your name, title, and the organization(s) you work for. Briefly describe your professional experience related to the information you will be presenting.

2. Introduce the topic

Show the title slide for the module. To establish the context for the session, make a few broad statements about the importance of topic as a patient safety matter. Tell participants the format and time you will take to present the session. Identify the teaching styles that you intend to use.

3. Review the session objectives

Show the slide with the session objectives listed. Read each objective and indicate those that you are planning to emphasize.

4. Show the trigger tape

After reviewing the objectives for the session, show the PSEP – Canada trigger tape. The trigger tape should engage the audience and provide appropriate context for the session. The trigger tape does not need to demonstrate an ideal interaction, but to “trigger” discussion.

Trigger tape content

Keep in mind that the facilitator may choose to use any one of a number of trigger tapes.

A new nurse is unfamiliar with, and questions the usefulness of, a new protocol adopted on the unit for information sharing among staff. The head nurse demonstrates the purpose and effectiveness of the new protocol, SBAR, in connection with a specific patient.

Keep in mind that the facilitator may choose to use any one of the trigger tapes. Since the vignettes are rich and overlap in their teaching points, it may make sense to do this, for instance if an audience has seen the trigger tape already or if a trigger tape from another module is easier for the audience to identify with.

A teachable moment: discussion after the trigger tape

After the trigger tape, ask the participants for their comments about the issues and the interaction they have just seen. To affirm what they contribute, consider recording the important points on a flipchart or white board.

If the discussion is slow to start, you may want to ask more direct questions, like:

- Is this behaviour typical of your experience?
- Has your organization used SBAR or similar teamwork techniques before? Have they been effective?
- Does your institution facilitate team work? If so how?
- How easy or hard do you think it is to implement effective teamwork?

Use the discussion to set the stage for the material to follow. Do not let the discussion focus on a critique of the technical quality of the video or how “real” the players seemed. If the participants do not like something that was said or done in the video, acknowledge that there is always room for improvement and ask them how they would do it themselves.

Setting limits to discussion time

It is usually best to limit discussion of the video to no more than five minutes, then move on to the presentation. To help move on if the discussion is very engaged, try saying something like:

- let’s hear two last points before we move on, and
- now that you have raised many of the tough questions, let’s see how many practical answers we can find.

For the more advanced facilitator who is confident of both the patient safety material and his or her pedagogic skills, it is possible to use the trigger tape as a form of case-based teaching and to facilitate the discussion to draw out the teaching points of the module. If this approach is used, it is essential to write up the points on a flip chart as they arise, to fill in any gaps and to summarize at the end. The hazard of this approach is that the discussion will not yield the desired teaching points. Return to the slides if this happens.

5. Present the material

Recommended style: interactive lecture

An interactive lecture will permit you to engage your audience, yet cover your chosen material within the time.

Ask the participants about their major concerns regarding teamwork and to give you a case from their institution or experience that demonstrates their concerns. Once you find a case that resonates with the group, you may choose a focus. Have a back up case from your own experience in case you there are reasons to not go into the ones from the audience. Choose the focus so that you can deliver specific content you have prepared.

Alternative style: role play

Conduct a role play using the case description below. The goal is to use SBAR to convey an issue and CUSS to follow up if SBAR does not yield a satisfactory response.

The role play can be conducted as a fishbowl, where two participants perform the role play in front of everyone, or within small groups. After completing the role play, facilitate discussion among the group. Possible questions include:

- To actors: What did you find difficult about your role?
- To group: What aspects went well and what didn't? How would you have handled a similar situation?
- To everyone: Do you feel these communication techniques could be effective in your organization?

Case description

New standards for teamwork are being instituted in the hospital. They are all set out in handy pocket cards for the staff:

1. Briefing and debriefing checklists include: situation monitoring; mutual support; resolving conflict; communicating with SBAR (Situation-Background-Assessment-Recommendation);
2. For raising concerns, either on the floor or in team meetings, the lists include: the CUSS and DESC scripts - I am Concerned; I am Uncomfortable; Stop; this is a Safety Issue; and Describe the specific situation; Express how it makes you concerned; Suggest alternatives; state Consequences; try to reach Consensus.

Today is the first day of using the new routines. The team is running the list of patients at change of shift.

A 67 year old patient, Mr. Tuppir, has a potassium level that is low, 3.5 mmol/L, but in the normal range. He has a history of an inferior myocardial infarction with some arrhythmia but no recent problem and his admission EKG was stable; he is in for chemotherapy (he is on day 2 of his second cycle) for his colon cancer. He vomited yesterday. His blood pressure, which was 140/70 on admission, is 110/65 and he is feeling 'off.'

Role – John, lead nurse

You have some pretty sick patients and you are not sure you will be able to provide the needed intensity of care. You know Mr. Tuppir from his prior admission and you are not concerned by his blood pressure change or his potassium level.

Role – Jasmine, nurse

You are newly out of training. You are not sure what is wrong with Mr. Tuppir, but your instincts tell you that something is wrong. You are worried about the potassium and think he might be at risk for arrhythmia.

Props for role play

Cards (one for each participant) with the following written on them:

- SBAR (Situation-Background-Assessment-Recommendation), and
- CUSS (I am Concerned; I am Uncomfortable; Stop; this is a Safety Issue).

6. Key take-home points

1. Teams come in many forms and are established for varying periods.
2. Each member of the team has a role and relationship to other members of the team.
3. Regularly provide feedback about the team functions and efforts.
4. Establish processes for resolving conflicts that apply to everyone equally to create trust amongst team members.
5. Remember the patient is part of the team.
6. Do not exclude team members because of personal dislikes.
7. Avoid blaming team members when something goes wrong.
8. Avoid forming teams around the doctors – put the patient at the center of the team.

7. Summarize the discussion

Briefly, review each part of the presentation. Recap two or three of the most important points that were discussed.