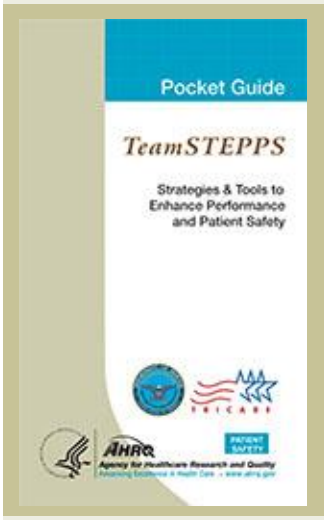
# OBJECTIVES

**Instructor Note:** Throughout this course you may choose to demonstrate tools and techniques using the video vignettes which are outlined in the video matrix. At the end of this course is an exercise to reinforce the use of the TeamSTEPPS pocket guide with a video vignette. You may choose to substitute with an example from the specialty scenario section.




**TIME:**

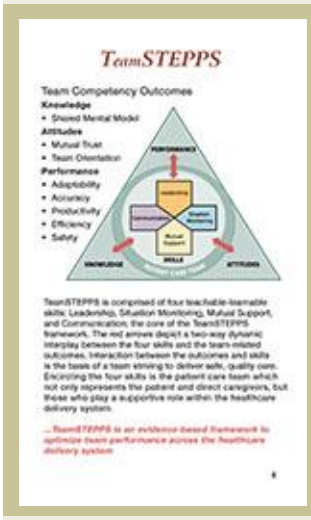
2 hours

**SAY:**

In this course, we'll:

- Discuss the TeamSTEPPS framework and key principles
- Describe the components of a Multi-Team System (MTS)
- Describe effective team leader skills and three leadership techniques
- Define situation monitoring
- Describe three situation monitoring techniques
- Describe five mutual support techniques
- Identify common approaches to conflict management
- Describe four communication techniques
- Describe observable behaviors for each of the key TeamSTEPPS terms
- Identify barriers to teamwork, strategies to overcome teamwork barriers, and potential successful outcomes

# TeamSTEPPS FRAMEWORK




**SAY:**

TeamSTEPPS stands for: ***Team Strategies and Tools to Enhance Performance and Patient Safety.***

TeamSTEPPS focuses on specific skills supporting team performance principles, including training requirements, behavioral methods, human factors, and cultural change designed to improve quality and patient safety.

Teamwork concepts are introduced that provide specific tools and strategies for improving communication and teamwork, reducing chance of error, and providing safer patient care.

TeamSTEPPS is an evidence-based framework leveraging 25 years of research that has been accumulated on teams and team performance in diverse areas (e.g., aviation, the military, nuclear power, healthcare, business and industry). TeamSTEPPS has evolved from research in other high-risk fields such as aviation; however, in healthcare, a high-risk, high-stakes environment exists in which poor performance may lead to serious consequences or death. TeamSTEPPS is ultimately designed to optimize team performance across the healthcare delivery system.

TeamSTEPPS is composed of four teachable-learnable skills: leadership, mutual support, situation monitoring, and communication; the core of the TeamSTEPPS framework. The red arrows depict a two-way dynamic interplay between the four skills and the team-related outcomes. Interaction between the outcomes and skills is the basis of a team striving to deliver safe, quality care.

Encircling the four skills is the patient care team which not only represents the patient and direct caregivers, but those who play a supportive role within the healthcare delivery system.

Team competencies required for a high-performing team, can be grouped into the categories of Knowledge, Skills, and Attitudes (KSAs). Team-related knowledge results in a shared mental model; attitudes result in mutual trust and team orientation. Adaptability, accuracy, productivity, efficiency and safety are the outcome of a high-performing team.

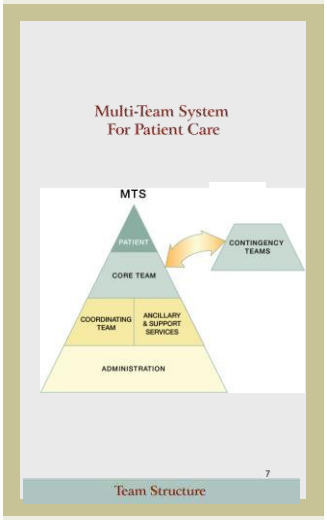
# KEY PRINCIPLES

**SAY:**

There are five key principles in this course. These key terms correspond with the TeamSTEPPS Fundamentals training course modules. In this course we will highlight the key concepts from each module.

- **Team structure** – Delineates fundamentals such as team size, membership, leadership, composition, identification and distribution.
- **Leadership** – The ability to coordinate the activities of team members by ensuring team actions are understood, changes in information are shared, and that team members have the necessary resources.
- **Situation monitoring** – Process of actively scanning and assessing situational elements to gain information, understanding, or maintain awareness to support functioning of the team.
- **Mutual support** – The ability to anticipate and support other team members' needs through accurate knowledge about their responsibilities and workload.
- **Communication** – Process by which information is clearly and accurately exchanged among team members.

# TEAM STRUCTURE




**SAY:**

Within team structure, there is a Multi-Team System (MTS) for patient care.

Each team within an MTS is responsible for various parts of patient care, but all must act in concert to ensure quality patient care. A key component of the MTS is the patient. Patients are part of the patient care team, and should be embraced and valued as contributing partners to patient care.

The multi-team system is composed of several different teams.

- **Core Team**

  Core teams consist of team leaders and team 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 is based where the patient receives care.

- **Coordinating Team**

  The coordinating team is the group responsible for:

  – Day-to-day operational management

  – Coordination functions

  – Resource management for Core Teams

- **Contingency Teams**

  Contingency teams are:

  – Formed for emergent or specific events

  – Time-limited (e.g., Code Team, Disaster Response Team, Rapid Response Team)

  – Composed of team members drawn from a variety of core teams

Continued…

# TEAM STRUCTURE (continued)

**SAY:**

Ancillary Services consist of individuals who:

- Provide direct, task-specific, time-limited care to patients
- Support services that facilitate care of the patients
- Are often not located where the patients receive their routine care

Ancillary Services are primarily a service delivery team whose mission is to support the Core Team. In general, an Ancillary Services Team functions independently.

Support Services consist of individuals who:

- Provide indirect, task-specific services in a healthcare facility
- Integral members of the team who are service-focused, helping to facilitate the optimal healthcare experience for patients and their families
- Roles are integrated in that they manage the environment, assets and logistics within a facility.

Support Services are primarily a service-focused team whose mission is to create efficient, safe, comfortable and clean healthcare environments, which impact the patient care team, market perception, operational efficiency and patient safety.

**ASK:**

What are the Ancillary and Support services in your facility?

**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
- Defining the culture of the organization

Each of these areas should include effective team leaders. Let's take a look at what makes an effective team leader.

# EFFECTIVE TEAM LEADERS

**SAY:**

Team leaders must possess a set of effective skills regardless of the type of team that they lead. Team leaders should be able to effectively:

- Organize the team
- Articulate clear goals
- Make decisions based on input of team members
- Empower team members to speak up and openly challenge, when appropriate
- Promote and facilitate good teamwork
- Resolve conflict

Evidence also suggests that effective team leaders:

- Are responsible for ensuring that team members are sharing information, monitoring situational cues, resolving conflicts, and helping each other when needed
- Manage resources to ensure team performance
- Facilitate team actions by communicating through informal exchange sessions
- Develop norms for information sharing
- Ensure that team members are aware of situational changes to plans

**ASK:**

Think about the designated team leaders in your organization. What skills do they exhibit? How do they exhibit them?

**SAY:**

In order to meet these skills, team leaders should use different leadership techniques such as briefs, huddles, and debriefs to communicate with their team and effectively manage their resources.

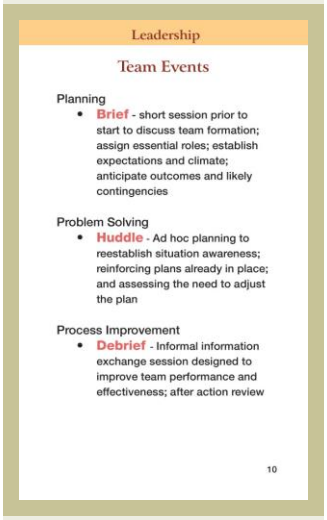
# TEAM EVENTS

**SAY:**

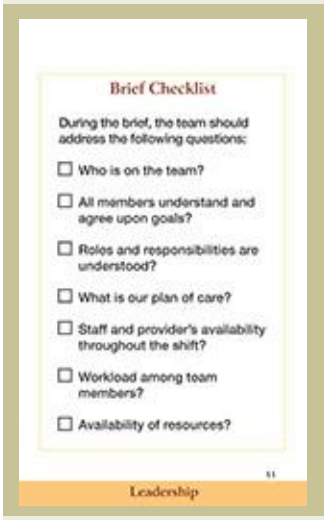
Team events include the activities of planning, problem solving, and process improvement. Within those activities are a set of three strategies.

Three strategies that team leaders can use to promote teamwork are:

- Briefs
- Huddles
- Debriefs



# BRIEF CHECKLIST




**VIDEO TIME:**

36 seconds

**MATERIALS:**

- Brief2.LandD Video

**CUSTOMIZABLE CONTENT**

**SAY:**

Similar to a preflight checklist used in aviation, during a brief, the team leader should cover the items on the checklist. As in aviation, the briefings before flights provide the ideal forum for building a team dynamic that allows everyone to work together when carrying out routine tasks and when tackling unexpected problems.

Briefs serve the following purposes:

- They clarify who will be leading the team so that others know to whom to look for guidance
- They open lines of communication among team members, ensuring that everyone can contribute their unique knowledge base to the task, and thereby set the tone for the upcoming procedure. Protocols, responsibilities, and expected behaviors are discussed and reinforced so that possible misunderstandings are avoided
- They prepare the team for the flow of the procedure, contingency plans, and the means for resolving any unusual circumstances
- By delineating expectations, they reduce disruptive or unexpected behaviors

**ASK:**

- Have you participated in a brief? Did the items on this checklist occur? If not, what can be included?

**SAY:**

Now that you have an understanding of what a brief is and what should occur in a brief, let's look at a short video clip that shows a team conducting a brief. When you are watching the clip look for what they say in the brief.

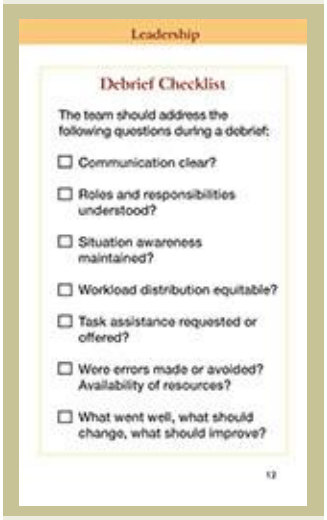
**DO:**

Play the video by clicking the director icon on the slide.

**DISCUSSION:**

What kind of information was given during the brief?

# DEBRIEF CHECKLIST




**SAY:**

To conduct a debrief:

- Facilitate the discussion as a leader by asking questions related to team performance. What did we do well?
- Recap the situation, background, and key events that occurred

As a team, assess how the following played a role in the performance of the team:

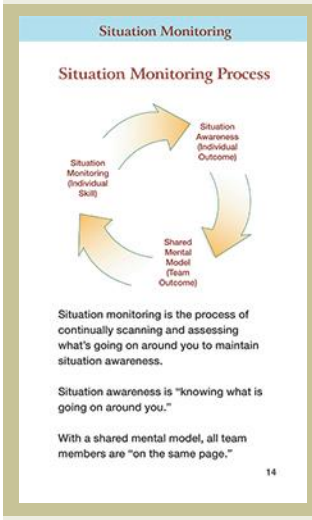
- Team Leadership
- Situation Awareness
- Mutual Support
- Communication

Then summarize lessons learned and set goals for improvement.

This checklist can be used by the team during a debriefing to ensure that all information is discussed.

These leadership techniques also help in maintaining an awareness of what is happening in your unit and with your team members. Situation monitoring is a continuous process that all team members should participate in.

# SITUATION MONITORING




**SAY:**

Here we have a continuum that begins with the individual skill of situation monitoring. The processing of monitored information results in the individual outcome of situation awareness. Sharing your situation awareness with fellow team members results in the team outcome of a shared mental model.

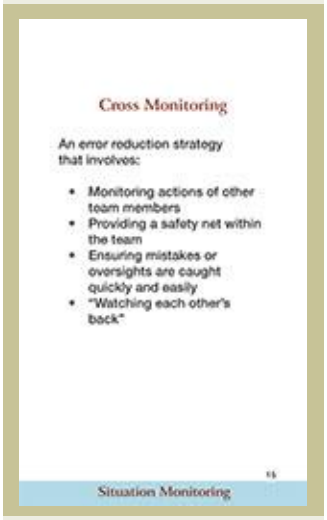
- **Situation monitoring** is the process of actively scanning and assessing elements of the situation to gain information or maintain an accurate understanding of the situation in which the team functions. Situation monitoring is a skill, which implies that it can be trained and developed as discussed earlier.
- **Situation awareness** is the state of knowing the conditions that affect one's work. It is a detailed picture of the situation. Note: Situation awareness (SA) is not a static "thing" or concept. Because the situation and context in which the situation exists are dynamic and ever-changing, team members must continually assess relevant components of the situation and update their individual SA.
- **Shared mental models** are the result of each team member maintaining his or her situation awareness and sharing relevant facts with the entire team. Doing so helps ensure that everyone on the team is "on the same page."
- **A continuous process** is necessary because of the dynamic situations in which teams function. It allows individual team members to maintain their situation awareness and share new and emerging information with other team members to retain a shared mental model.

One way to ensure situation monitoring is occurring is through cross monitoring.

**ASK:**

When have you used situation monitoring in your work? How did the information that you obtained from the environment affect how you approached or responded to the situation?

# CROSS MONITORING




**SAY:**

Cross monitoring is used by fellow team members to help maintain situation awareness and prevent errors. Commonly referred to as “watching each other’s back,” it is the action of monitoring the behavior of other team members by providing feedback and keeping track of fellow team members’ behaviors to ensure that procedures are being followed appropriately. It allows team members to self-correct their actions if necessary. Cross monitoring is not a way to “spy” on other team members, rather it is a way to provide a safety net or error-prevention mechanism for the team, ensuring that mistakes or oversights are caught early. When all members of the team trust the intentions of their fellow team members, a strong sense of team orientation and a high degree of psychological safety result.

**DO:**

Have participants form pairs, and have each pair share an example of a situation in which cross monitoring was successful and one in which cross monitoring should have been used but was not.

Have several pairs volunteer to share their examples with the larger group.

**SAY:**

Another tool for effective situation monitoring is the STEP technique.

# STEP

**SAY:**

How do you acquire a trained eye as you "monitor the situation" on your unit? What are relevant components of the situation that provide clues about impending complications or contingencies? The STEP process is a mnemonic tool that can help you monitor the situation and the overall environment.

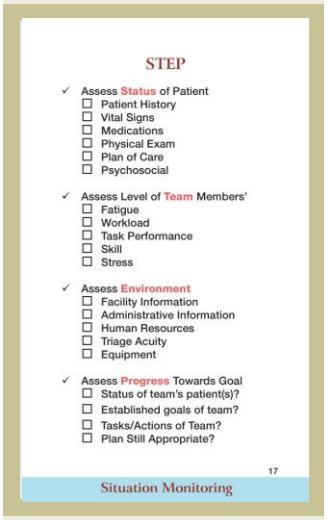
The STEP process involves ongoing monitoring of the—

- **S**tatus of the patient
- **T**eam members
- **E**nvironment
- **P**rogress toward the goal

***Give Examples:***

- The respiratory therapist notes that a ventilated patient is showing a marked increase in respiratory rate that might indicate an increased level of pain that cannot be communicated (**STATUS**).
- The patient's nurse is busy helping another patient (**TEAM MEMBERS**).
- It is a shift change, and everyone is busy, so you check the medication record and note that the patient is overdue for his morphine (**ENVIRONMENT**).
- You notify the oncoming nurse of your concern (**PROGRESS**).

# STEP ASSESSMENT




**SAY:**

In a healthcare setting, the most obvious element of the situation requiring constant monitoring is your patient's status. Even minor changes in the patient's vital signs may require dramatic changes in the team's actions and the urgency of its response. When assessing patient status, consider the following:

- Patient History
- Vital Signs
- Medications
- Physical Exam
- Plan of Care
- Psychosocial Condition (e.g., patient's stress level)

You should also be aware of team members' status, to include the following:

- Fatigue Level
- Workload
- Task Performance
- Skill Level
- Stress Level

You should be aware of the environment, to include the following:

- Facility Information
- Administrative Information
- Human Resources
- Triage Acuity
- Equipment

And finally, you should assess your progress towards goals by asking the following key questions:

- What is the status of the team's patient(s)?
- Has the team established goals?
- Has the team accomplished their task/actions?
- Is the plan still appropriate?

# I'M SAFE CHECKLIST

**SAY:**

Awareness of your own condition to ensure that you are fit and ready to fulfill your duties is essential to delivering safe, quality care. Team members should assess and report if there is a personal situation affecting their ability to perform.

"I'M SAFE" is a simple checklist that should be used daily (or more frequently) to determine both your co-workers' and your own ability to perform safely. I'M SAFE stands for—

- **Illness**. Am I feeling so bad that I cannot perform my duties?
- **Medication.** Is the medication I am taking affecting my ability to maintain situation awareness and perform my duties?
- **Stress.** Is there something (such as a life event or situation at work) that is detracting from my ability to focus and perform my duties?
- **Alcohol/Drugs.** Is my use of alcohol or illicit drugs affecting me so that I cannot focus on the performance of my duties?
- **Fatigue.** The effects of fatigue should not be ignored. Team members should alert the team regarding their state of fatigue (e.g., watch me a little closer today, I only had three hours of sleep last night).
- **Eating and Elimination**. Has it been 6 hours since I have eaten or used the restroom? Many times we are so focused on ensuring our patient's basic needs that we forget to take care of our own. Not taking care of our elimination needs affects our ability to concentrate and stresses us physiologically.

Teams should be encouraged to set goals concerning the items on this checklist (e.g., everyone will be given the opportunity to take a break and have lunch today).

**ASK:**

- In your current situation would you feel able to express that you're not safe?
- What are the factors that inhibit you from doing so and/or that contribute to your inability to do so?
- If you feel inhibited, what can you and your team do to change the culture?

For this to be successful, there must be a culture in place in which staff feel safe to be honest without fear of reprisal, retribution, or disdain.

# TASK ASSISTANCE

**SAY:**

One method of providing mutual support is through task assistance. Task assistance is guided by situation monitoring because situation awareness allows team members to effectively identify the need for assistance by others on the team. To a certain degree, some of us have been conditioned to avoid asking for help because of the fear of suggesting lack of knowledge or confidence. Many people refuse to seek assistance when overwhelmed by tasks. In support of patient safety, however, task assistance is expected. What can happen when we are overwhelmed and we do not seek task assistance?

**ASK:**

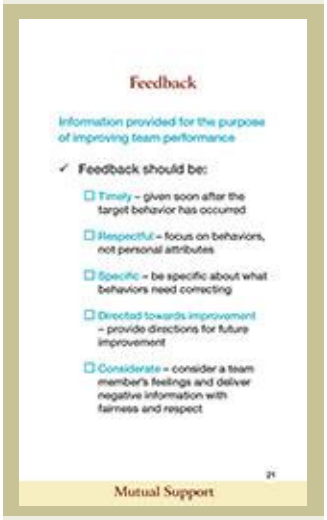
What can happen when we are overwhelmed and we do not seek task assistance?

**SAY:**

Error vulnerability is increased when people are under stress, are in high-task situations, and when they are fatigued. One of the most important concepts to remember with regard to task assistance is that assistance should be actively given and offered whenever there is a concern for patient safety related to workload. Always remember the focus should be on patient safety rather than the individuals need for task assistance.

Task assistance may involve asking for assistance when overwhelmed or unsure; helping team members to perform their tasks, shifting workload by redistributing tasks to other team members, delaying/rerouting work so the overburdened member can recover, and/or filling in for overburdened team members when necessary.

# FEEDBACK




**SAY:**

Another type of mutual support is feedback. Feedback is information provided for the purpose of improving team performance. The ability to communicate self-improvement information in a useful way is an important skill in the team improvement process. Feedback can be given by any team member at any time. It is not limited to management roles or formal evaluation mechanisms. Performance feedback benefits the team in several ways:

- Fosters improvement in work performance
- Meets the team's and individual's need for growth
- Promotes better working relationships
- Helps the team set goals for ongoing improvement

**DISCUSSION:**

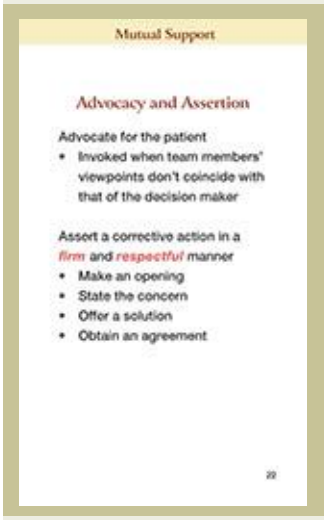
- What are examples of giving feedback?
  - Cautioning team members about potentially unsafe situations. Example: "Your patient's blood pressure appears to be dropping. Do you think we should address this?" or "It looks like you're having some difficulty getting an IV inserted. I have a few minutes and will get a central line set up in case you need one."
  - Providing necessary information. Example: "I've brought you the file containing the patient's medical history and old EKGs. I think the patient has a strong family history of hyperlipidemia and heart disease."
  - Providing encouragement. Example: After she worked her first major trauma, she was told by the head trauma nurse that she did a great job and stayed cool and composed under the stress of the situation.

# ADVOCACY AND ASSERTION

**SAY:**

Advocacy and assertion interventions are invoked when a team member's viewpoint does not coincide with that of a decision maker. In advocating for the patient and asserting a corrective action, the team member has an opportunity to correct errors or the loss of situation awareness. Failure to employ advocacy and assertion has been frequently identified as a primary contributor to the clinical errors found in malpractice cases and sentinel events.

You should advocate for the patient even when your viewpoint is unpopular, is in opposition to another person's view, or questions authority. When advocating, assert your viewpoint in a firm and respectful manner. You should also be persistent and persuasive, providing evidence or data for your concerns.



# TWO-CHALLENGE RULE

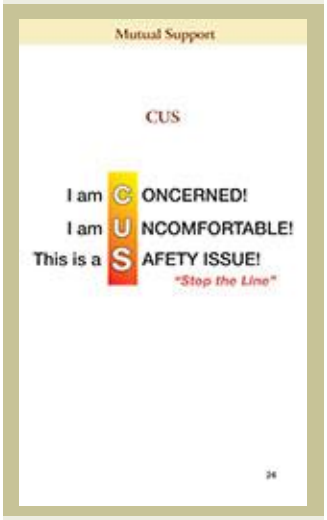
**SAY:**

It is important to voice your concern by advocating and asserting your statement 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 your concern. Remember this is about advocating for the patient. The “Two-Challenge" tactic ensures that an expressed concern has been heard, understood, and acknowledged (HOOAH!).

There may be times when an initial assertion is ignored. If after two attempts the concern is still disregarded, but the member believes patient or staff safety is or may be severely compromised, the Two-Challenge rule mandates taking a stronger course of action or using a supervisor or chain of command. This overcomes our natural tendency to believe the medical team leader must always know what he or she is doing, even when the actions taken depart from established guidelines. When invoking this rule and moving up the chain, it is essential to communicate to the entire medical team that additional input has been solicited.

If you personally are challenged by a team member, it is your responsibility to acknowledge the concerns instead of ignoring the person. Any team member should be empowered to “stop the line” if he or she senses or discovers an essential safety breach. This is an action that should never be taken lightly, but requires immediate cessation of the process to resolve the safety issue.

# CUS




**SAY:**

Using the CUS technique provides another framework for conflict resolution, advocacy, and mutual support. Signal words, such as “danger,” “warning,” and “caution” are common in the medical arena. They catch the reader's attention. “CUS” and several other signal phrases have a similar effect in verbal communication. When they are spoken, all team members will understand clearly not only the issue but also the magnitude of the issue.

- First, state your concern.
- Then state why you are uncomfortable.
- If the conflict is not resolved, state that there is a safety issue. Discuss in what way the concern is related to safety. If the safety issue is not acknowledged, a supervisor should be notified.

A few other phrases in use are—

- I would like some clarity about…
- Would you like some assistance?

# CONFLICT RESOLUTION: DESC SCRIPT

**SAY:**

What if a conflict has become personal in nature? The DESC script can be used to communicate effectively during all types of conflict, and is most effective in resolving personal conflict. The DESC script is used in the more conflicting scenarios in which behaviors aren't practiced, hostile or harassing behaviors are ongoing, and safe patient care is suffering.

DESC is a mnemonic for—

D = Describe the specific situation

E = Express your concerns about the action

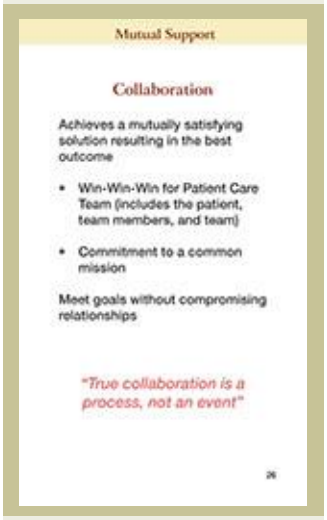
S = Suggest other alternatives

C = Consequences should be stated in terms of impact on established team goals; strive for consensus

There are some crucial things to consider when using the DESC script:

- Time the discussion.
- Work on win-win—Despite your interpersonal conflict with the other party, team unity and quality of care are dependent on coming to a solution that all parties can live with.
- Frame problems in terms of personal experience and lessons learned.
- Choose the location—A private location that is not in front of the patient or other team members will allow both parties to focus on resolving the conflict rather than on saving face.
- Use "I" statements rather than blaming statements.
- Critique is not criticism.
- Focus on what is right, not who is right.

# COLLABORATION




**SAY:**

The best way to address conflict is to collaborate because collaboration has the highest potential for a win-win-win situation. The common mission is the safe and improved care of the patient.

- All team members, the team, and the patient win ("win-win-win")
- Requires commitment to a common mission
- Is a process, not an event

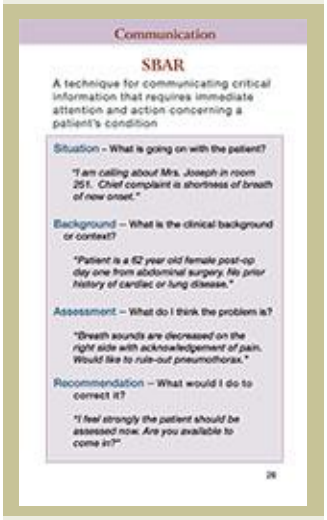
Collaboration takes time and effort, and in critical situations may not always be feasible. In that case, make the issue a topic during staff meetings and address how to handle the situation in the future.

Goals and relationships come into play:

- Collaboration involves full and open communication—must be attentive and open to each other.
- Collaboration is used when it is important to preserve critical objectives without compromising and at the same time to maintain relationships, when it is important to get to the root of the problems that could linger, and when there is a complex issue at hand.

Approaches to conflict resolution should be chosen to best match the situation at hand.

# SBAR




**VIDEO TIME:**

20 seconds

**MATERIALS:**

- SBAR.Nurseto Physician. INPTMED Video

**CUSTOMIZABLE CONTENT**

**SAY:**

Throughout all of the techniques that we just discussed, one of the key components was communication. Communication is critical to the effectiveness of a team and ensuring patient safety. TeamSTEPPS provides several communication techniques that can be used to ensure effective communication.

The first technique is SBAR. SBAR provides a standardized framework for members of the healthcare team to communicate about a patient's condition. You may also refer to this as the ISBAR where “I” stands for Introductions.

SBAR is an easy-to-remember, concrete mechanism that is useful for framing any conversation, often a critical one requiring a clinician's immediate attention and action. SBAR originated in the U.S. Navy submarine community to quickly provide critical information to the Captain. It provides members of the team with an easy and focused way to set expectations for what will be communicated and how. Standards of communication are essential for developing teamwork and fostering a culture of patient safety. In phrasing a conversation with another member of the team, consider the following:

- Situation—What is happening with the patient?
- Background—What is the clinical background?
- Assessment—What do I think the problem is?
- Recommendation—What would I recommend?

SBAR provides a vehicle for individuals to speak up and express concern in a concise manner.

Now that you have an understanding of the SBAR technique, let’s look at a short video clip in which the SBAR technique is used.

**DO:** Play the video by clicking on the top director icon on the slide.

**DISCUSSION:**

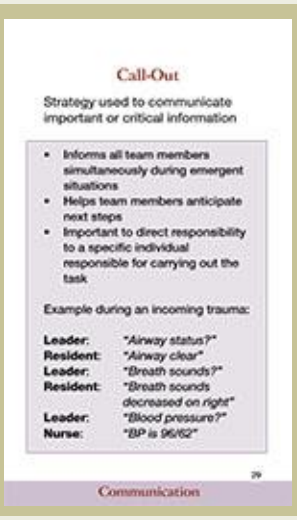
What information was given in the video clip?

Is this essential information that you would want to know or share with others?

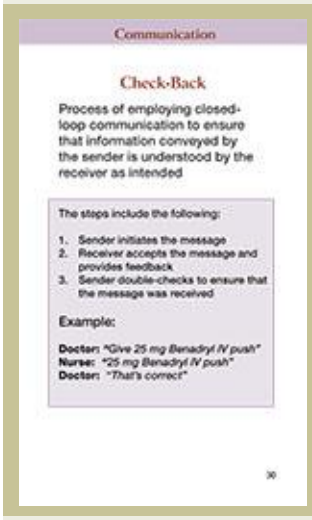
# CALL-OUT

**SAY:**

A call-out is a tactic used to communicate critical information during an emergent event. Critical information called out in these situations helps the team anticipate and prepare for vital next steps in patient care. It also benefits a recorder when present during a code or emergent event. One important aspect of a call-out is directing the information to a specific individual.



# CHECK-BACK




**SAY:**

A check-back is a closed-loop communication strategy used to verify and validate information exchanged. The strategy involves the sender initiating a message, the receiver accepting the message and confirming what was communicated, and the sender verifying that the message was received.

Typically, information is called out anticipating a response on any order which must be checked back.

# HANDOFF

**SAY:**

When a team member is temporarily or permanently relieved of duty, there is a risk that necessary information about the patient might not be communicated. The handoff strategy is designed to enhance information exchange at critical times such as transitions in care. More important, it maintains continuity of care despite changing caregivers and patients.

Handoffs include the transfer of knowledge and information about the degree of uncertainty (or certainty about diagnoses, etc.), response to treatment, recent changes in condition and circumstances, and the plan (including contingencies). In addition, both authority and responsibility are transferred. Lack of clarity about who is responsible for care and for decision-making has often been a major contributor to medical error (as identified in root cause analyses of sentinel events and poor outcomes).

# I PASS THE BATON

Communication

Handoff

Strategy designed to enhance information exchange during transitions in care

"I PASS the BATON"

**SAY:**

"I Pass The Baton" is an option for structured handoffs.

| | |
|---|---|
| **I** | **Introduction**—Introduce yourself and your role/job (include patient) |
| **P** | **Patient**—Name, identifiers, age, sex, location |
| **A** | **Assessment**—Presenting chief complaint, vital signs, symptoms, and diagnosis |
| **S** | **Situation**—Current status/circumstances, including code status, level of uncertainty, recent changes, response to treatment |
| **S** | **Safety Concerns**—Critical lab values/reports, socio-economic factors, allergies, alerts (falls, isolation, etc.) |
| **THE** | |
| **B** | **Background**—Co-morbidities, previous episodes, current medications, 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 (nurse/doctor/team)? Include patient/family responsibilities |
| **N** | **Next**—What will happen next? Anticipated changes? What is the plan? Are there contingency plans? |

# TEAM PERFORMANCE OBSERVATION TOOL

**SAY:**

In review, there are several key concepts and tools or techniques that can be used to work as an effective team and ensure patient safety. This slide lists the types of behaviors or performances that you should be able to observe in each of the five key performance areas for patient safety.

- **Team Structure**
  - Assembles a team
  - Establishes a leader
  - Identifies team goals and vision
  - Assigns roles and responsibilities
  - Holds team members accountable
  - Actively shares information amongst team members
- **Leadership**
  - Utilizes resources efficiently to maximize team performance
  - Balances workload within the team
  - Delegates tasks or assignments, as appropriate
  - Conducts briefs, huddles, and debriefs
  - Empowers team members to speak freely and ask questions
- **Situation Monitoring**
  - Includes patient/family in communication
  - Cross monitors fellow team members
  - Applies the STEP process when monitoring the situation
  - Fosters communication to ensure team members have a shared mental model

Continued…

# TEAM PERFORMANCE OBSERVATION TOOL (continued)

**SAY:**

- **Mutual Support**
  - Provides task-related support
  - Provides timely and constructive feedback to team members
  - Effectively advocates for the patient
  - Uses the Two-Challenge rule, CUS, and DESC script to resolve conflict
  - Collaborates with team members
- **Communication**
  - Coaching feedback routinely provided to team members, when appropriate
  - Provides brief, clear, specific and timely information to team members
  - Seeks information from all available sources
  - Verifies information that is communicated
  - Uses SBAR, call-outs, check-backs and handoff techniques to communicate effectively with team members

**ASK:**

- How can this tool be integrated into current practices?
  - Coaching
  - Discuss in a staff meeting
  - Pick pieces to focus on in the clinic or your unit
- What types of opportunities can the tool provide to ensure safer care?

# BARRIERS TO TEAM EFFECTIVENESS

Throughout this course, information has been provided which can be used to overcome barriers to team effectiveness. You have learned leadership strategies for managing resources, and tools for facilitating team events, such as briefs, huddles, and debriefs. You have also learned about situation monitoring strategies such as STEP; mutual support tools such as advocacy and assertion, the Two-Challenge rule, CUS, and DESC script; and communication tools such as SBAR, handoffs, check-backs, and call-outs.

Remember that enhanced patient safety is the ultimate outcome of consistently using the TeamSTEPPS tools and strategies to overcome these barriers.

# EXERCISE: SUMMARY

**TIME:**

30 minutes

**VIDEO TIME:**

2:11 minutes

**MATERIALS:**

- Vig 2aLg001 Video

**CUSTOMIZABLE CONTENT**

**SAY:**

To summarize the course, we would like to conduct a short exercise. You have learned about a lot of techniques to ensure patient safety in your organization. Let's practice using some of those tools before you leave so you can fully utilize the TeamSTEPPS pocket guide back at work.

I am going to play a short video clip. As you are watching the clip, look for opportunities where the techniques in the pocket guide could have been used to improve the result of the situation.

**DO:** Play the video by clicking the director icon on the slide.

**DISCUSSION:**

What were the barriers presented in this video scenario?

- Lack of information-sharing; lack of coordination and follow-up; distractions; lack of role clarity; misinterpretation of cues; workload.

- Which of the TeamSTEPPS tools and strategies could have been used, and how would the outcome have been different?
  - Many of the tools could have been used, for instance STEP, huddle, collaboration, and SBAR.
- What did you see as the biggest issue in this scenario, in terms of teamwork skills (mutual support, situation monitoring, team structure, leadership, and communication), and why? (Answers may vary.)
  - Communication
    - ❖ SBAR opportunity with unit clerk
    - ❖ Huddle opportunity to discuss concerns about Mrs. Everett
  - Situation monitoring
    - ❖ No shared mental model among the Team
    - ❖ STEP opportunity for **Progress towards a goal** for Mrs. Everett based on her current status

Continued…

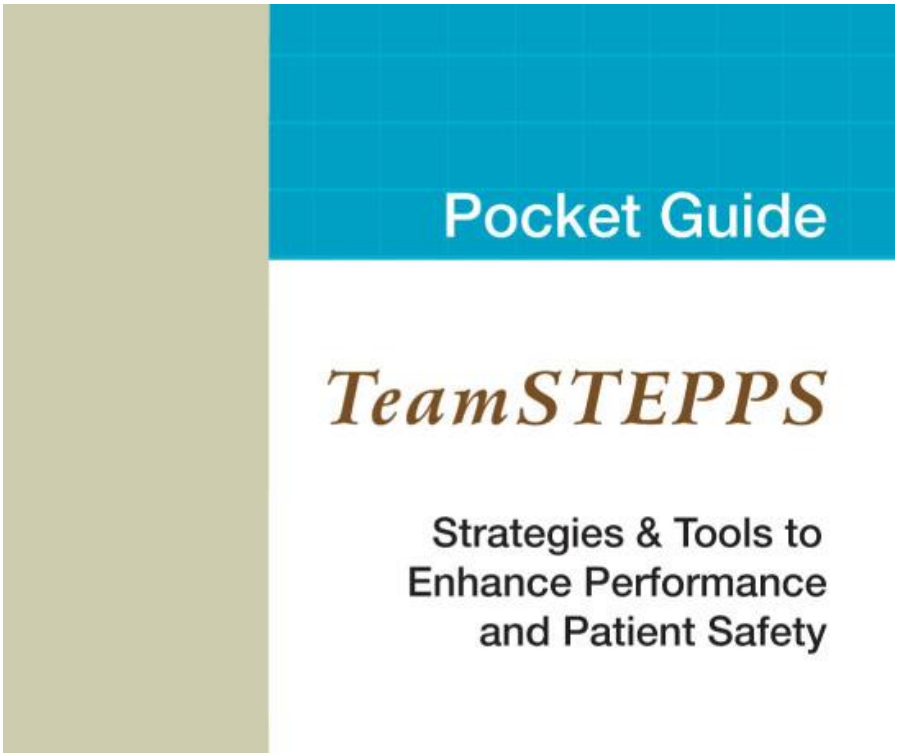
# EXERCISE: SUMMARY (continued)

**SAY:**

The most important thing to take away from this course is how you will apply the tools and strategies that you learned and apply them back at work.

**DISCUSSION:**

- What are the top 3 to 5 actions you can commit to taking to improve teamwork and communication in your environment?
- How can you use the pocket guide in the next week?




# TeamSTEPPS ESSENTIALS COURSE

## SUBSECTIONS

- TeamSTEPPS Framework
- Key Terms
- Team Structure
- Leadership
- Situation Monitoring
- Mutual Support
- Communication
- Team Performance Observation Tool
- Summary
- Contact Information

**TIME:** 2 hours