Ohio League for Nursing
Pre-Summit 2015

From Evidence to Action:
Effective Integration of TeamSTEPPS Strategies
and Resources in Nursing Education

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Conference Objectives

1. Recognize the importance of developing effective teams for the provision of high quality and safe patient care
2. Comprehend the five constructs essential for realizing high-functioning teams as defined in the TeamSTEPPS® Program
3. Explore ways to integrate TeamSTEPPS® resources in the academic setting.
4. Develop an action plan for incorporating TeamSTEPPS® strategies into classroom and/or clinical instruction.

Conflict of Interest and Disclosures

- Neither the planner(s) or presenter(s) have any real or perceived vested interest that relate to the presentation.
- TeamSTEPPS® materials used in this study were of public domain accessed from the AHRQ website: http://teamstepps.ahrq.gov
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**TeamSTEPPS**

**Schedule of Activities: Morning**

- 8:30 am to 9:00 am: Overview and Sue Sheridan Video
- 9:00 am to 9:30 am: Leadership and Team Structure Session
- 9:30 am to 9:45 am: Activity and Discussion
- 9:45 am to 10:00 am: Break
- 10:00 am to 10:30 am: Simulation: Team Formation & Debriefing
- 10:30 am to 11:00 am: Communication Session
- 11:00 am to 11:30 am: Simulation: Action Plan in SBAR Format
- 11:30 am to 12:15 pm: Lunch

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**TeamSTEPPS**

**Schedule of Activities: Afternoon**

- 12:15 pm to 12:45 pm: Simulation: CUS Exercise and Debriefing
- 12:45 pm to 1:30 pm: Situation Monitoring – Activity/Discussion
- 1:30 pm to 2:15 pm: Teach back Preparation: Assigned Topic
- 2:15 pm to 2:30 pm: Break
- 2:30 pm to 3:30 pm: Teach back Presentation
- 3:30 pm to 3:45 pm: Implementation Planning
- 3:45 pm to 4:00 pm: Debrief and Discussion of Implementation
- 4:00 pm: Evaluation and Certificates

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**Academic - Practice Gap**
Call for a Radical Transformation

“A significant gap exists between today’s nursing practice and the education for that practice, despite some considerable strengths in nursing education.”

—Dr. Patricia Benner and her co-authors wrote in the Carnegie report, Educating Nurses: A Call for Radical Transformation.

Nursing Education: Criteria for Institutional Standards

• Emerging new competencies in decision making, quality improvement, systems thinking, and team leadership must become part of every nurse’s professional formation from pre-licensure through the doctoral level.
  - Nurses are being called on to lead care coordination team efforts and should have the competencies requisite for this task.
  - Nurses have key roles to play as team members and leaders for a reformed and better-integrated, patient-centered health care system.

Teamwork Is All Around Us

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Problem

- Little emphasis placed on teamwork and communication skills (Musson & Heimreich, 2004)
- More emphasis placed on individual accomplishments (Reuben et al., 2004)
- Team instruction lags dramatically behind practice needs (AACN, 2011; Frank et al., 2010)

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Educators as Role Models

When I was in medical school, I spent hundreds of hours looking into a microscope—a skill I never needed to know or ever use. Yet, I didn’t have a single class that taught me communication and teamwork skills—something I need every day I walk into the hospital.”

-Pronovost & Vohr, 2010

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Patient Safety Movement

- Patient Safety and Quality Improvement Act of 2005
- Patient Safety Movement
- Executive Memo from President DoD
- MedTeams®
- ED Study
- Institute for Healthcare Improvement
- 100K lives Campaign

"To Err is Human"

IOM Report

TeamSTEPPS

1995 1999 2001 2003 2004 2005

JCAHO National Patient Safety Goals

Medical Team Training
• Evidence-based team instruction program
• Derived from >25 years of research in military aviation, nuclear power
• Tailored for healthcare
• Constructs: Leadership, Situation Monitoring, Mutual Support, Communication

Team Structure
The ratio of We's to I's is the best indicator of the development of a team.
– Lewis B. Ergen
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Discussion

- What was your reaction to this video?
- What did the team do well?
- What could they do better?
- What are the responsibilities of team members?

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What are the characteristics that you believe make a positive team leader?

Example of Leadership?

Who was the leader?
Did you see any of the following concepts of TeamSTEPPS?
- Leadership, Communication, Situational Monitoring, Mutual Support?
**Team Events**

- **Briefs** – planning
- **Huddles** – problem solving
- **Debriefs** – process improvement

Leaders are responsible to assemble the team and facilitate team events.

But remember... Anyone can request a brief, huddle, or debrief.

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**Brief**

- Occurs just prior to activity or event.
  - In a medical setting it would be just before a procedure or outpatient session.
  - Example: multiple meetings prior to today’s seminar. Clarifying roles, forming outlines, equipment, supplies, PowerPoint, etc.
  - Earlier today, we held a brief to review our plans, equipment and supplies, clarify roles and responsibilities and address any concerns, etc.

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**Huddle**

**Problem solving**
- Hold ad hoc, “touch-base” meetings to regain situation awareness
- Discuss critical issues and emerging events
- Anticipate outcomes and likely contingencies
- Assign resources
- Express concerns

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**Huddle**

- Huddle occurs during the activity or event. The plan needs to be modified due to a new development.
- Example: Supplies are missing for activity; video is not playing on PowerPoint; or one of the presenters is ill.
- Discuss needed changes, revise plan, reassign duties, address questions and concerns

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**Huddle**
Debrief
- Occurs immediately after the activity or event if possible.
- Goal is to identify opportunities for improvement.
- Record ideas and share with Team.
- Present ideas to Team and implement the positive changes.

Barriers to Brief, Huddle, and Debrief:
- Do not have time for this!
- Too hard to pull everyone together. We are all scattered and busy with our own duties.
- Cultural issue vs. process issue.
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TeamSTEPPS

Standing, facing our flag, hand over our hearts and singing along with our National Anthem. Part of Our Culture.

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Prepare for Team Activity

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Team Activity

- Divide into teams of 5 or 6
- Activity will highlight TeamSTEPPS concepts:
  - Assigning tasks
  - Making requests
  - Cross-checks
  - Check-backs
  - Call outs
  - Task prioritization
  - Mutual support
Activity #1

- Goal of the exercise is to create the longest paper chain with the materials provided.
  - Longest chain = most consecutive links.
- On the leader’s command, everyone will be given 2 minutes to create their chain.

Debrief

- What went well?
- What could you have done better?
- What components of TeamSTEPPS did you use?
- Did someone assume the leadership role?
- Were there clearly defined team roles?
- What did you notice about the communication?

Activity #2

- Each group is to identify a leader.
- Leader meets with exercise leader for instructions.
- Goal is to create the longest paper chain.
  - Everyone has 2 minutes to create their chain.

Team Members CANNOT SPEAK.
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Activity #3
- Each group is to identify a leader.
- Leader meets with exercise leader for instructions.
- Goal is to create the longest paper chain.
- Everyone has 2 minutes to create their chain.
  - Team Members CANNOT SPEAK
  - and
  - CANNOT USE THEIR DOMINANT HAND.

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Break

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Simulation Group A
- Develop a plan to incorporate TeamSTEPPS tools and strategies into your academic curriculum.
- Identify ways that you, as a faculty member, will model and demonstrate these skills in the classroom and with your colleagues.
Simulation Group B

- Develop a plan to incorporate TeamSTEPPS tools and strategies into the clinical rotations for your students.
- Identify ways that you and the other clinical staff will model and demonstrate these skills during the clinical rotations.

Simulation Tasks

- Form a team
- Clarify the strengths, experience, etc. of the members of the team
- Identify a leader
- Identify a recorder for the team
- Begin forming an action plan
Joint Commission Goals That Relate To Communication

National Patient Safety Goals (NPSGs) related to communication:

- Improve the effectiveness of communication
- Read/Back
- Handoff
- Accurately and completely reconcile medications and other treatments across the continuum of care
- Address specifically during handoff
- Encourage the active involvement of patients and their families in the patient’s care, as a patient safety strategy

Communication is...

- The process by which information is exchanged between individuals, departments, or organizations
- Effective when it permeates every aspect of an organization

Miscommunication
Communication Strategies

- Situation–Background–Assessment–Recommendation (SBAR)
- Call-Out
- Check-Back
- Handoff

SBAR provides...

- A framework for team members to effectively communicate information to one another
- Communicate the following information:
  - Situation—What is going on with the patient?
  - Background—What is the clinical background or context?
  - Assessment—What do I think the problem is?
  - Recommendation—What would I recommend?

Standards of Effective Communication

- Complete
  - Communicate all relevant information
- Clear
  - Convey information that is plainly understood
- Brief
  - Communicate the information in a concise manner
- Timely
  - Offer and request information in an appropriate timeframe
- Verify authenticity
- Validate or acknowledge information
Call-Out is...

A strategy used to communicate important or critical information
- It informs all team members simultaneously during emergency situations
- It helps team members anticipate next steps

...On your unit, or your school, what information would you want called out?
Handoff

The transfer of information (along with authority and responsibility) during transitions in care across the continuum; to include an opportunity to ask questions, clarify, and confirm.

Great opportunity for quality and safety.

- Optimized Information
- Responsibility—Accountability
- Verbal Structure
- Checklists
- IT Support
- Acknowledgement
Please Use CUS Words
but only when appropriate!

Two-Challenge Rule
Two Challenge Rule Gone Wrong

Communication Challenges
- Language barrier
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification

Speak UP!!
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**Simulation Part #2**

- Continue working on your Team's action plan
- Construct a summary for the Dean of the Nursing School
- Each member writes the action plan in SBAR format
- Team members share their SBAR memos with their Team
- Members give feedback regarding SBAR format and compose final SBAR for their Team

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- Groups A and B are encouraged to collaborate in the development of their curricula.
- Groups A and B are paired (forming large groups of 16-20)
- The new large group is directed to develop one action plan and SBAR to submit to the Dean.

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**Lunch**
Simulation Part #3

- Participants return to their new larger group.
- The Dean responds to their SBAR is shared. The Dean indicates that he/she has decided to cancel this project.
- The explanation is that it will be too time consuming and costly.
- Finally, the Dean states that he/she believes that the faculty are not interested or committed to teaching interdisciplinary teamwork.

Team Response

- Groups are expected to CUS and each participant is to write a CUS and then share it with the larger group. Emphasis is upon the feelings of Concern, being Uncomfortable, and that this could compromise the Success of the curriculum.
- “Speaking truth to power.”
Situation Monitoring

"Attention to detail is one of the most important details..."

– Author Unknown

TEAMSTEPPS

A Continuous Process

Situation Monitoring (Individual Skill)

Situation Awareness (Individual Outcome)

Shared Mental Model (Team Outcome)
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**Situation Monitoring**

(Individual Skill)

Process of actively scanning behaviors and actions to assess elements of the situation or environment

- Fosters mutual respect and team accountability
- Provides safety net for team and patient
- Includes cross monitoring

*... Remember, engage the patient whenever possible.*

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**Video Test of Situational Monitoring**

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**Cross Monitoring is...**

Process of monitoring the actions of other team members for the purpose of sharing the workload and reducing or avoiding errors

- Mechanism to help maintain accurate situation awareness
- Way of “watching each other’s back”
- Ability of team members to monitor each other’s task execution and give feedback during task execution

*Mutual performance monitoring has been shown to be an important team competency.*

(McIntyre and Salas 1995)
A Shared Mental Model is…
The perception of, understanding of, or knowledge about a situation or process that is shared among team members through communication.

“Teams that perform well hold shared mental models.”
(Rouse, Cannon-Bowers, and Salas 1992)
Mutual Support

"A chain is only as strong as its weakest link."

–Author Unknown

TEAMSTEPPS

Mutual support is the essence of teamwork

- Protects team members from work overload situations that may reduce effectiveness and increase the risk of error
- Ask for help, offer help (and accept help)
- Feedback
- Advocacy & Self-Assertion

TEAMSTEPPS

Task Assurance

A form of mutual support

- Team members protect each other from work overload situations
- Effective team members all observe and monitor each other’s performance in the context of patient safety
- A team is most effective when it is expected that mistakes are caught and undone
- A team of "fully" engaged, it’s expected

TEAMSTEPPS
Conflict Resolution
D-ESC Script
A constructive approach for managing and resolving conflict
D—Describe the specific situation
E—Express your concerns about the action
S—Suggest other alternatives
C—Consequences should be stated
Ultimately, consensus shall be reached.

D-ESC-It
Let’s “DESC-It!”
- Have timely discussion
- Frame problems in terms of your own experience
- Use “I” statements to minimize defensiveness
- Avoid blaming statements
- Critique is not criticism
- Focus on what is right, not who is right

Teach Back Exercise
Curricular Integration

Three-Phased Approach:

- Level I: Beginning Foundations (100 series)
- Level II: Intermediate Application (200 series)
- Level III: Advanced Application (300 series)

T-INE® Three-Phased Approach:

- Level One - 100 Series
  - Team Structure
  - Communication
  - Situation Monitoring
  - Mutual Support
  - Intro to Leadership
  - Paper Chain Exercise
  - Team Roles and Responsibilities
  - "A" (Assessment) - Exercise; Role Play
  - Clinical Reports; Handoffs
  - QSEN Quality & Safety Assessment - Patient Reports
  - Clinical Role Assignments
  - Trust Exercise
  - Observe:
    - Team Brief (Pre-Conference)
    - Team Updates (Huddle)
    - Team Debrief (Post-Conference)
    - Discuss followership requisites
    - Discuss unit leadership qualities on clinical sites
    - Shadow charge nurse in clinicals
**TeamSTEPPS Level Two - 200 Series**

- Communication
  - SBAR
  - Call Out

- Situational Monitoring
  - Situational Awareness
  - SBAR

- Mutual Support
  - Feedback
  - Call Out

- Leadership
  - Facilitate
  - Debrief

**Tools and Applications**
- Situation - Background - Assessment (SBA) Exercises
- Call Out Scenario Video Exercises
- SBAR Practice in Clinicals
- IM - SAFE Checklist Assignment
- QSEN Quality & Safety Assignment - Systems Approach (Hospital Wide)
- Role play
- Video Exercises
- Conduct Team Leader in Clinicals
- Team Brief (Pre-Conference)
- Team Updates (Huddle)
- Team Debrief (Post-Conference)

**Evaluation of Team Leaders**
- Culminating Simulations/Role Play
- Code Workshop

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**TeamSTEPPS Level Three - 300 Series**

- Communication
  - SBAR Practice in Clinicals
  - SBAR Checklist

- Situational Monitoring
  - SBAR Checklist

- Mutual Support
  - Peer Play

- Leadership
  - Conduct Team Leader in Clinicals
  - Team Brief (Pre-Conference)
  - Team Updates (Huddle)
  - Team Debrief (Post-Conference)
  - Evaluation of Team Leaders

- All Tasks
  - Conducting Simulations/Role Play
  - Code Workshop

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**What would you do?**

[Blank space for student responses]
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**What would you do?**

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**Exit Strategy Before Graduation**

The TeamSTEPPS® Summative Intensive Workshop for Students including PP, Role Play Demonstrations, and Simulation

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**This Certificate Signifies that:**

Student’s Name has competently completed TeamSTEPPS® in Nursing Education

Team Strategies and Tools to Enhance Performance and Patient Safety

School, Date, Year

Faculty, Master Trainer
Students…

“I never thought about how I would speak up to address an unsafe situation in practice… I always thought I could speak up easily but when we had to role play during a unsafe scenario… I found out that I really didn’t know how to do that very well at all… This program really helped me to learn how to speak up in high stakes situations. I loved this program for that reason.”

“My only complaint is that we didn’t have TeamSTEPPS® earlier in the program!”