Duke Geriatric Education Center

Title: IPEC Domains: Inter-professional Competency Domains:
3. Communication, 4. Teamwork
November 5, 2014 8:30 am-12:00pm

Most frequently identified root causes for sentinel events

2010 (N=802)		**2011 (N=1243)**		**2012 (N=901)**	
Leadership	710	Human Factors	899	Human Factors	614
Human Factors	699	Leadership	815	Leadership	557
Communication	661	Communication	760	Communication	532
Assessment	555	Assessment	689	Assessment	482
Physical Environ	284	Physical Environment	309	Inform Management	203
Inform Management	226	Inform Management	233	Physical Environ	150
Operative Care	160	Operative Care	207	Continuum of Care	95
Care Planning	135	Care Planning	144	Operative Care	93
Continuum of Care	112	Continuum of Care	137	Medication Use	91
Medication Use	86	Medication Use	97	Care Planning	81

http://www.jointcommission.org/sentinel_event.aspx

GROUP	**TEAM**
Groups have no unified goal	Teams have specific goals and interact to achieve a common goal
Groups may have varying decisions	Teams make decisions
Groups consist of siloed individuals	Teams possess specialized knowledge and skills and often function under high workload conditions
Groups do not have a collective mission	Teams embody a collective action arising out of task interdependency
Group members are bothered by differing opinions or disagreements because they consider it a threat. There is no clear process for conflict resolution.	Team members are encouraged to offer their skills and knowledge, and in turn each member will contribute to team success.

Working in teams involves sharing one's expertise and relinquishing some professional autonomy to work closely with others, including patients and communities, to achieve better outcomes. Shared accountability, shared problem-solving and shared decision making are characteristics of collaborative interprofessional teamwork.

Team Development Strategies:
http://www.who.int/patientsafety/education/curriculum/who_mc_topic-4.pdf

1. **SBAR**

   SBAR is a technique for communicating critical information about a patient's concern that requires immediate attention and action. The technique is intended to ensure the correct information and level of concern is communicated in an exchange between health professionals.

   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 do to correct it?

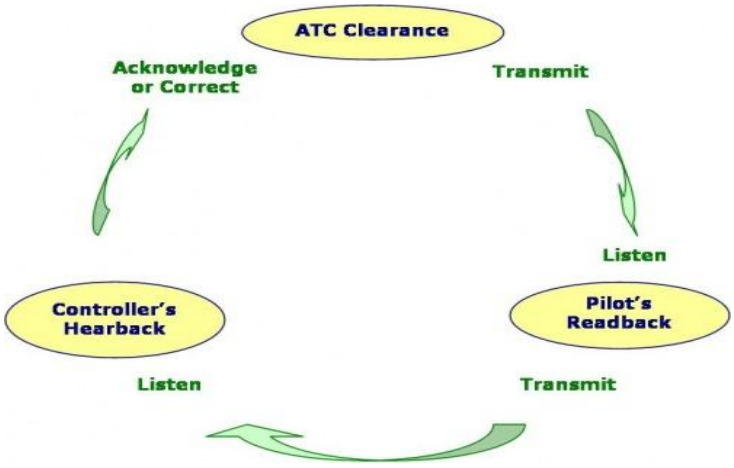
2. **Call-out**

   Call-out is a strategy to communicate important or critical information that:
   • informs all team members simultaneously during emergent situations;
   • helps team members anticipate the next steps;
   • directs responsibility to a specific individual responsible for carrying out the task.

3. **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.

Communication loop practiced by the air traffic control



4. **Handover or handoff -** Handover or handoffs are crucial times where errors in communication can result in adverse outcomes.

   " 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	Background Co-morbidities, previous episodes, current medications and family history.
A	Actions	Actions What actions were taken or are required? Provide brief rationale.
T	Timing	Timing Level of urgency and explicit timing and prioritization of actions.
O	Ownership	Ownership Who is responsible (person/team), including patient/family.
N	Next	Next What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

5. DESC Script

DESC describes a constructive process for resolving conflicts.

Describe 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.
Consequences should be stated in terms of impact on established team goals or patient safety. The goal is to reach consensus.

6. CUS (CUSN)

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

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

I **N**eed… (added by Craig Hospital, Englewood, Colorado)

7. Two-challenge rule

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 will require a person to voice his or her concerns by restating their concerns 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 members’ 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;
- 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.

Strategies for Individual Team Members

Making progress in meaningful work makes people happy, motivated, productive and creative at work. (Amabile) When the work becomes too challenging or complicated for a single person to manage alone, teams are generally developed to address the situation.

As a team member, individuals need to understand their roles, recognize their strengths and the strengths of other team members. Cooperation and flexibility are also key components for individual team members. On occasion, power differentials may exist or relationships with other team members may not gel and thus impede teamwork. These can be opportunities for development of individual team members.

Nourish the human spirit and acknowledge people's values through creating a climate where everyone is looking for opportunities to support progress and each other:

- Practice meaningful recognition or statements of appreciation to other team members.
- Change your behavior by practicing Tiny Habits or Tree Good Things

    - **Only three things will change behavior in the long term**.
      Option A. **Have an epiphany**
      Option B. **Change your environment** (what surrounds you)
      Option C. **Take baby steps**

References

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- TEDxAtlanta – Teresa Amabile - The Progress Principle
  http://www.youtube.com/watch?v=XD6N8bsjOEE
- Tiny Habits: https://www.youtube.com/watch?v=AdKUJxjn-R8
- Duke Clinical Research Institute - J. Bryan Sexton - Bite Sized Resilience: Three Good Things
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