



# Teamwork

## INTRODUCTION



### SUBSECTIONS

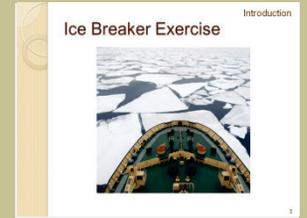
- Introduction
- The Science of Teamwork
- Errors
- Team Framework

**TIME:** 50 minutes

# ICE BREAKER EXERCISE

## \*Complete *Team Building Ice Breaker Activity*

Item	Description
Objective:	This is an ice breaker designed as a prelude to teamwork-based training.
Materials Needed:	Flipchart or whiteboard, construction paper, tape, and scissors.
Total Time for Activity:	15 minutes* (*Activity times are highly dependent on class size and dynamics. The time given is approximate. This activity creates a spirited discussion; you may need to limit discussion to meet time constraints.)
Set-Up:	Set class up for small groups as needed.



### Slide

-  **MODULE TIME:**  
50 minutes
-  **ICE BREAKER TIME:**  
10 minutes

Step:	Preceptor Instructions:	Activity Time:
1.	Divide the class into small groups.	1 min.
2.	Demonstrate how to make the chains: <ol style="list-style-type: none"> <li>a. Cut the construction paper into strips.</li> <li>b. Tape together the two ends of a strip to make a link.</li> <li>c. Loop the next paper strip through the previously made link.</li> <li>d. Repeat step “b.”</li> <li>e. Continue this process to make a chain.</li> </ol>	1 min.
3.	Instruct the groups that they have two minutes to create the longest chain.	2 min.
4.	After two minutes, instruct each group to hold up and display the length of their chains. Have the groups set those chains aside.	1 min.
5.	Instruct the groups to now make a new chain in two minutes; however, each group member may use only their left hand.	2 min.

-  **MATERIALS:**
  - Flipchart or Whiteboard
  - Construction Paper
  - Tape
  - Scissors

Continued...

# ICE BREAKER EXERCISE (continued)

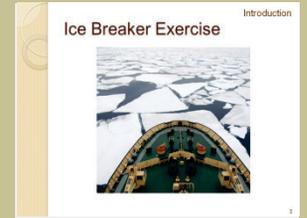
## Introduction

Step:	Preceptor Instructions:	Activity Time:
6.	After two minutes, instruct each group to hold up and display the length of their second chains. Have the groups set those chains aside.	2 min.
7.	Instruct the groups to now make a new chain in two minutes. However, this time, each group member may use only their left hand, and is not allowed to speak. Each group will have 30 seconds to discuss the activity before beginning.	3 min.
8.	After two and a half minutes, instruct each group to hold up and display the length of their final chains.	1 min.
9.	Upon completion, debrief the exercise with the class as a discussion.	

### Preceptor Discussion

Starting with the groups that had the longest chains, go around the room asking the participants in each group the following questions:

- What techniques or methods did you use for working well as a team when making the chains?
- What hindered your group in working as a team?
- How did the additional time to plan affect your team's technique? How did the limited communication change it?



### Slide



#### MODULE TIME:

50 minutes



#### ICE BREAKER TIME:

10 minutes



#### MATERIALS:

- Flipchart or Whiteboard
- Construction Paper
- Tape
- Scissors

Continued...

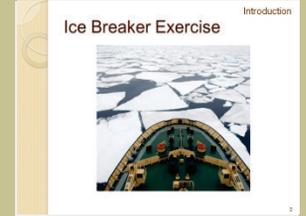
# ICE BREAKER EXERCISE (continued)

## Introduction

As participants respond, rephrase their responses back to them and incorporate the teamwork skills listed below that they applied in the activity. If one of the skills is not brought up after each group responds, bring up that skill briefly afterward.

### Teamwork Skills

- Someone assuming the leadership role
  - Point out a group in which someone assumed a leadership role and helped the team plan for the times when team members were no longer able to communicate verbally. If none of the groups had a member who did this, point out how this would have helped.
- Clearly defined team roles
  - Ask if any of the teams had designated people who agreed to take on certain roles (e.g., cutting the paper strips or taping). Ask if anyone was standing around wondering what to do because a clearly defined role was lacking.
- Mutually supporting/helping other team members
  - Point out situations in which participants helped each other, rather than simply wait on another team member.
- Situation monitoring
  - Ask if anyone observed when other team members were finished cutting strips of paper or needed a piece of tape. Ask how this action affected performance.
- Communication
  - Ask participants if, in the third part of the exercise, the task became significantly more difficult without the ability to communicate verbally with other team members.



### Slide



#### MODULE TIME:

50 minutes



#### ICE BREAKER TIME:

10 minutes



#### MATERIALS:

- Flipchart or Whiteboard
- Construction Paper
- Tape
- Scissors

Continued...

# OBJECTIVES

### SAY:

In this module, we'll:

- Describe the TeamSTEPPS training initiative.
- Describe why do errors occur.
- Describe the TeamSTEPPS framework.
- State the outcomes of the TeamSTEPPS framework.

### Objectives

Introduction

- Describe the TeamSTEPPS training initiative
- Describe why do errors occur
- Describe the TeamSTEPPS framework
- State the outcomes of the TeamSTEPPS framework

### Slide

# TEAMWORK IS ALL AROUND US



Slide

## **SAY:**

Teamwork truly is all around us. The U.S. Department of Defense values teamwork as key to its mission—thus training more of its institutions in teamwork than any other system in the world.

# INTRODUCTION

## SAY:

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

TeamSTEPPS evolved through collaborating with multiple partners, with efforts led by the DoD Patient Safety Program.

The concept of creating the TeamSTEPPS framework I to focus on specific skills supporting team performance principles, including training requirements, behavioral methods, human factors, and cultural change designed to improve quality and patient safety.

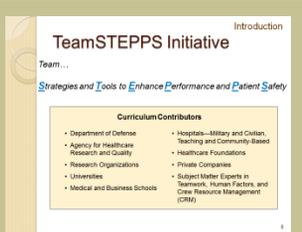
More than 25 years of research and evidence have been accumulated on teams and team performance in diverse areas (e.g., aviation, the military, nuclear power, healthcare, business and industry). This course material is based on evidence derived from teams working in high-risk environments (i.e., where the consequences of error are great).

### ***Curriculum Contributors:***

In conjunction with several federal agencies and high-performance teams, human factors, and crew resource management subject matter experts, several research organizations, medical and business schools, university healthcare systems, military treatment facilities, private corporations, hospitals, healthcare foundations, and community-based practices have contributed to the development of TeamSTEPPS.

### **Instructor Note:**

Although the evolution of TeamSTEPPS has been mapped out in relation to the patient safety movement, it has been modified and tailored here for the surveyor community.



## Slide

## WHY DO ERRORS OCCUR?

### Why do errors occur?

- Workload fluctuations
- Interruptions
- Fatigue
- Multi-tasking
- Failure to follow up
- Poor handoffs
- Ineffective communication
- Not following protocol
- Excessive professional courtesy
- Halo effect
- Passenger syndrome
- Hidden agenda
- Complacency
- High-risk phase
- Strength of an idea
- Task (target) fixation

### Slide

### SAY:

The science of human factors recognizes that a majority of these errors still affect units that are effectively practicing teamwork. However, in effective teams, mistakes are caught, addressed, and resolved before they compromise safety.

 **Instructor Note:** The following terms are defined below.

- **Excessive professional courtesy**—giving someone of higher rank or status too much respect or deference so that it affects the level of attention they receive. May also occur among team members having higher rank or status, resulting in a hesitancy of team members to point out deficiencies in performance.
- **Halo effect**—occurs when someone else’s “great” reputation or extensive experience clouds our judgment.
- **Passenger syndrome**—Team members experience “passenger syndrome” (“just along for the ride”) when they abdicate responsibility because they believe someone else is in charge.
- **Hidden agenda**—When a team member makes suggestions or decisions on information or desires of which the remainder of the team may be unaware. An example of hidden agenda is a person’s strong desire to get off work early or avoid a task in which they are poorly trained.
- **Complacency**—When individuals and/or teams become comfortable with the most routine to the most difficult or critical tasks. Becomes a hazard when individuals and teams lose their vigilance and situation awareness.
- **High-risk phase**—a procedure or time in which an error is likely to happen (e.g., end of shift).
- **Task (target) fixation**—a condition in which an individual’s and/or team’s focus on a task may impair their decision-making or make them oblivious to “the big picture.” It is generally precipitated by a real or perceived pressure to perform, or by workload/stress related issues.

Continued...

## WHY DO ERRORS OCCUR? (continued)

 **Instructor Note:** The following terms are defined below.

- **Strength of an idea**—an unconscious attempt to make available evidence fit a preconceived situation. Once people get certain ideas in their heads, it can be difficult or impossible for them to alter that idea regardless of how much conflicting information is received.
- **Hazardous attitudes**—ways of thinking and viewing the world (e.g., anti-authority, impulsiveness, invulnerability, machismo, or resignation).

 **Instructor Note:** Within the train-the-trainer/coach supplemental instructor slides, the course agenda will be different. In essence, the course agenda for the TeamSTEPPS fundamentals course is an initial component of the train-the-trainer/coach curriculum.

### SAY:

We will be covering seven modules during the next few hours.

- **Introduction**—Overview and science of team performance beginning in aviation and migrating to healthcare.
- **Team Structure**—First step in implementing a teamwork system. Delineates fundamentals such as team size, membership, leadership, identification, and distribution.
- **Leadership**—Identifies key behaviors that leaders need for ensuring that teams perform effectively and attain desired outcomes. Introduce brief, huddle, and debrief skills.
- **Situation Monitoring**—To gain or maintain an accurate awareness or understanding of the situation in which the team is functioning. Results in situation awareness and ultimately a shared mental model among team members.
- **Mutual Support**—Back-up behavior that allows teams to become self-correcting, distribute workload effectively, and regularly provide feedback. Introduce specific approaches to managing conflict. Each team member becomes a part of the safety net.
- **Communication**—Focus is on how to communicate effectively through standardized information exchange strategies such as SBAR, check-back, call-out, handoff, and checklists.
- **Summary—Pulling It All Together**—This module provides an opportunity for participants to review and analyze a video case study. A low-fidelity simulation is then conducted by different groups; this simulation incorporates the various teamwork skills previously introduced.

### Course Agenda

- Module 1 — Introduction
- Module 2 — Team Structure
- Module 3 — Leadership
- Module 4 — Situation Monitoring
- Module 5 — Mutual Support
- Module 6 — Communication

### Slide



**CUSTOMIZABLE  
CONTENT**

# WHAT COMPRISES TEAM PERFORMANCE?

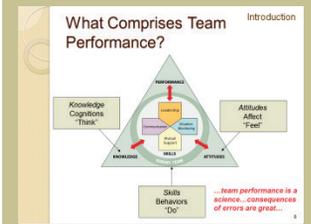
## SAY:

TeamSTEPPS is composed of four teachable-learnable skills: leadership, mutual support, situation monitoring, and communication; the core of the TeamSTEPPS model. 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 survey team, but those who play a supportive role within the overall survey process.

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.

...TeamSTEPPS is an evidence-based framework to optimize team performance across the survey process.



## Slide



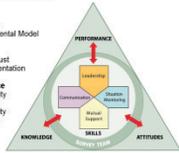
### KEY POINT:

- The framework consists of four core skills: leadership, mutual support, situation monitoring, and communication.

## Outcomes of Team Competencies

Introduction

- **Knowledge**  
Shared Mental Model
- **Attitudes**  
Mutual Trust  
Team Orientation
- **Performance**  
Adaptability  
Accuracy  
Productivity  
Efficiency  
Safety



## Slide

**SAY:**

Team members possessing strong leadership, situation monitoring, mutual support, and communication skills typically yield important team outcomes. The interrelationships are the foundation of a strong continuous improvement model: The knowledge, skills, and attitudes of teamwork will complement clinical excellence and improve patient outcomes by utilizing feedback cycles and clearly defined tools to communicate, plan and deliver better quality care.

- **Knowledge:** Teams that consist of team members with strong leadership, situation monitoring, mutual support, and communication capabilities yield important team outcomes like a shared awareness about what is going on with the team and progress towards its goal. Team members will also be familiar with the roles and responsibilities of their teammates.
- **Attitudes:** When you work in teams in which the members possess good leadership, situation monitoring, mutual support, and communication skills, team members are more likely to have a positive experience; you will enjoy working in teams and trust the intentions of your teammates.
- **Performance:** You'll be able to adapt to changes in survey plans. Team members will know when and how to back up each other. You'll be more efficient in surveying; you will have a plan, and you will know who is supposed to do what, and how they are supposed to do it. Finally, your team will be safer, allowing the team to more readily identify areas of deficient practice and complete the investigative process as prescribed by CMS.

No amount of teamwork can compensate for surveyor proficiency. The foundation of teamwork builds on knowledge of regulations, survey protocols and application, investigative skills, and critical thinking skills.

## REFERENCES

- Adams, K. A., G. F. Goodwin, C. A. Searcy, et al. "Development of a Performance Model of the Medical Education Process." Technical report commissioned by the Association of American Medical Colleges. Washington, DC, American Institutes for Research, (2001).
- Agency for Healthcare Research and Quality. "Doing What Counts for Patient Safety: Federal Actions to Reduce Medical Errors and Their Impact." Rockville, MD, Author, (2000).
- Baker, D.P, R. Day, E. Salas. "Teamwork as an Essential Component of High-Reliability Organizations". *Health Services Research*. 41:4p2, 1576-1598, (2006).
- Baker, D. P., S. Gustafson, J. M. Beaubien, E. Salas, and P. Barach. *Medical Teamwork and Patient Safety: The Evidence-Based Relation*. Washington, DC, American Institutes for Research, (2003).
- Amalberti, R., Y. Auroy, D. Berwick, P. Barach. "Five System Barriers to Achieving Ultrasafe Health Care". *Annals of Internal Medicine*, 142: 9, pgs 756-765, (2005).
- Barach, P. and M. Weingart. "Trauma Team Performance." *Trauma: Resuscitation, Anesthesia, Surgery, & Critical Care*. Ed. W. Wilson, C. Grande, and D. Hoyt. New York, Dekker, Inc. (2004).
- "Beyond Blame: Ob-Gyns Investigating Model Reforms On Patient Safety," ACOG News Release, [www.acog.org/from\\_home/publications/press\\_releases/nr05-03-04.cfm](http://www.acog.org/from_home/publications/press_releases/nr05-03-04.cfm)
- Cannon-Bowers, J. A., S. I. Tannenbaum, E. Salas, et al. "Defining Competencies and Establishing Team Training Requirements." *Team Effectiveness and Decision-Making in Organizations*. Ed. R. A. Guzzo, E. Salas and Associates. San Francisco, Jossey-Bass (1995) 333.
- DiMeglio, K., S. Lucas, C. Padula, et. al. "Group Cohesion and Nurse Satisfaction". *Journal of Nursing Administration*. 35:3 pgs. 110-120, (2005).
- Dunnington, G. L. and R. G. Williams. "Addressing the New Competencies for Residents' Surgical Training." *Academic Medicine*, 78: 14, (2003).

Continued...

## REFERENCES (continued)

- Klein, G. and L. G. Pierce. "Adaptive Teams." Proceedings of the 6th ICCRTS Collaboration in the Information Age. Track 4: C2 Decision-Making and Cognitive Analysis. (2001).
- Klimoski, R. and S. Mohammed. "Team Mental Model: Construct or Metaphor?" *Journal of Management*, 20: 403 (1994).
- Kohn, L. T., J. M. Corrigan, and M. S. Donaldson. *To Err Is Human*. Washington, DC, National Academy Press (1999).
- Kotter, J. and H. Rathgeber. *Our Iceberg is Melting: Changing and Succeeding Under Adverse Conditions*. New York: St. Martin's Press. (2006). See also: <http://ouricebergismelting.com>
- Kozlowski, S. W., S. M. Gully, E. R. Nason, et al. "Developing Adaptive Teams: A Theory of Compilation and Performance Across Levels and Time." *The Changing Nature of Performance: Implications for Staffing, Motivation, and Development*. Ed. D. R. Ilgen and E. D. Pulakos. San Francisco, Jossey-Bass (1999) 240.
- Leape, L. L. and D. M. Berwick. "Five Years After *To Err Is Human*: What Have We Learned?." *Journal of the American Medical Association*, 293: 2384 – 2390 (2005).
- Garza, M. and J. S. Piver, "Can Aviation Safety Methods Cut Obstetric Errors?" *OB/GYN Malpractice Prevention* 11: 8 (August 2004), 57-64.
- Mann S., R. Marcus, B. Sachs. "Lessons from the cockpit: How team training can reduce errors on L&D. (Grand Rounds) *Contemporary Ob/Gyn* v51 i1:34(8). (January 2006).
- Mathieu, J. E., T. S. Heffner, G. F. Goodwin et al. "The Influence of Shared Mental Models on Team Process and Performance." *Journal of Applied Psychology*, 85: 273 (2000).
- McIntyre, R. M. and E. Salas. "Measuring and Managing for Team Performance: Emerging Principles from Complex Environments." *Team Effectiveness and Decision Making in Organizations*. Ed. R. A. Guzzo, E. Salas and Associates. San Francisco, Jossey-Bass (1995) 9.
- Morgan, B. B., A. S. Glickman, E. A. Woodward, et al. "Measurement of Team Behaviors in a Navy Environment." Tech. Report No. NTSC TR-86-014. Orlando, FL, Naval Training Systems Center (1986).

Continued...

**REFERENCES (continued)**

- Morey, J. C., Simon, R. J., Jay, G. D., Wears, R. L., Salisbury, M., Dukes, K. A., and Berns, S. D. "Error Reduction and Performance Improvement in the Emergency Department through Formal Teamwork Training: Evaluation Results of the MedTeams Project. *Health Services Research* 37 (6), 1553-1581. (2002)
- Morey, J. C., R. Simon, G. D. Jay, and M. M. A. Rice. "A Transition From Aviation Crew Resource Management to Hospital Emergency Departments: The MedTeams Story." R. S. Jensen. *Proceedings of the 12th International Symposium on Aviation Psychology*, 1-7. Dayton, OH, Wright State University Press (14 April 2003).
- Pisano, G.P., R.M.J. Bohmer, A.C. Edmondson, "Organizational Differences in Rates of Learning: Evidence from the Adoption of Minimally Invasive Cardiac Surgery". *Management Science*. 47:6 pgs 752-768. (2001).
- Porter, C. O. L. H., J. R. Hollenbeck, D. R. Ilgen, et al. "Backup Behavior in Teams: The Role of Personality and Legitimacy of Need." *Journal of Applied Psychology*, 88: 391 (2003).
- Pronovost, P., S. Berenholtz, T. Dorman, et. al. "Improving Communication in the ICU Using Daily Goals". *Journal of Critical Care*, 18:2, pgs. 71-75. (2003).
- Rivers, R. M., D. Swain, and B. Nixon, "Using Aviation Safety Measures to Enhance Patient Outcomes." *AORN Journal*, 77: 158 (223).
- Roberts, K.H. "Managing high reliability organizations". *California Management Review*. 32:4 pp. 101-114. (1990).
- Salas, E., C. A. Bowers, and J. A. Cannon-Bowers. "Military Team Research: 10 Years of Progress." *Military Psychology*, 7: 55 (1995).
- Salas, E., C. S. Burke, and K. C. Stagl. "Developing Teams and Team Leaders: Strategies and Principles." *Leader Development for Transforming Organizations*. Ed. R. G. Demaree, S. J. Zaccaro, and S. M. Halpin: Mahwah, NJ, Lawrence Erlbaum Associates, Inc. (2004).

Continued...

## REFERENCES (continued)

- Salas, E., T. L. Dickinson, S. A. Converse, et al. "Toward an Understanding of Team Performance and Training." *Teams: Their Training and Performance*. Ed. R. W. Sweze and E. Salas. Norwood, NJ, Ablex, 1192, 3.
- Sexton, J.B., "Teamwork Climate and Postoperative Sepsis in the Surgical Operating Room". *Association for Psychological Science Symposium*. New York, (27 May 2006).
- Shapiro, M., et. al. "Simulation based teamwork training for emergency department staff: Does it improve clinical team performance when added to an existing didactic teamwork curriculum?". *Quality & Safety in Healthcare* 13, 417,421. (2004).
- Sims, D. E., E. Salas, and S. C. Burke. "Is There a 'Big Five' in Teamwork?" 2004. Chicago, IL. 19th Annual Meeting of the Society for Industrial and Organizational Psychology. Chicago, IL (2004) 4.
- Stout, R. J., J. A. Cannon-Bowers, and E. Salas. "The Role of Shared Mental Models in Developing Team Situational Awareness: Implications for Team Training." *Training Resource Journal*, 2: 85 (1996).