Teamwork

Coming together is a beginning
Keeping together is progress
Working together is success

-Henry Ford
"Human error in medicine, and the adverse events which may follow, are problems of psychology and engineering, not of medicine."

John Senders, 1993
Wrong Site Surgery or Retained Foreign Body in 17 Operating Rooms
Safety Attitude Scores by Engagement Tier Level

Teamwork Climate Across Michigan ICUs

The strongest predictor of clinical excellence: caregivers feel comfortable speaking up if they perceive a problem with patient care
Psychological Safety

- **Primary responsibility of leaders, continuously modelled everywhere.**
- **Leaders model and expect the behaviours that promote psychological safety**
- In some units it feels safe to speak up and voice a concern
- **Personality dependent – it depends who I’m working with**
- **Fear based – keep your head down and stay out of trouble**

**GENERATIVE**
Organisation wired for safety and improvement

**PROACTIVE**
Playing offence - thinking ahead, anticipating, solving problems

**SYSTEMATIC**
Systems in place to manage hazards

**REACTIVE**
Playing defense – reacting to events

**UNMINDFUL**
No awareness of safety culture

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**Psychological Safety**

We are our own image consultants and best image protectors.

To protect one's image, if you don’t want to look:

- **STUPID**: Don't ask questions
- **INCOMPETENT**: Don't ask for feedback
- **NEGATIVE**: Don't be doubtful or criticize
- **DISRUPTIVE**: Don't suggest anything innovative

**PSYCHOLOGICAL SAFETY CHANGES THIS PARADIGM**

Source: Amy Edmondson
**NASA / UT Team skills**

<table>
<thead>
<tr>
<th>Briefing</th>
<th>Leadership / Followership / Concern for the Task</th>
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<tbody>
<tr>
<td>The effective briefing will be operationally thorough, interesting and will address co-ordination, planning and potential problems.</td>
<td>The extent to which appropriate leadership and followership are practiced.</td>
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<tr>
<th>Communication and Decision</th>
<th>Interpersonal Relationships / Group Climate</th>
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<td>Reflects the extent to which free and open communication is practiced. Active participation in decisions encouraged.</td>
<td>Reflects the quality of relationships among the team, the overall climate in the workplace</td>
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<th>Team Self Feedback</th>
<th>Preparation / Planning / Vigilance</th>
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<td>The extent to which a team recognises the need to give and receive feedback.</td>
<td>Reflects the extent to which teams plan ahead, maintain situation awareness and anticipate contingencies.</td>
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<th>Enquiry / Advocacy / Assertion</th>
<th>Workload / Distractions</th>
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<td>Team members advocate, with appropriate persistence, the course of action they feel is best, even if it involves disagreement.</td>
<td>This is a rating of time and workload management. It reflects how the team distributes tasks, avoids overload and distractions.</td>
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**Speeding Up Team Learning**

The most successful teams adapt quickly to new ways of working. Now, a study of 16 cardiac surgery teams offers intriguing insights on how to make that happen.

Cardiac surgery is one of medicine's modern miracles. In an operating room no larger than many household kitchens, a patient is rendered functionally dead—the heart no longer beating, the lungs no longer breathing—while a surgical team repairs or replaces damaged arteries or valves. A week later, the patient walks out of the hospital.

The miracle is a testament to medical technology—but also to incredible teamwork. A cardiac surgical team includes cardiac surgeons, what we found sheds light on one of the key determinants of team performance: a team's ability to adapt to a new way of working. In corporate settings, teams frequently have to learn new technologies or processes that are designed to improve performance. Often, however, things get worse—sometimes for a long time—before they improve collaboratively instead of making contributions individually and then handing off work to the next person. Most teams become proficient at new tasks or processes over time. But time is a luxury few teams have. If you move too slowly, you may find that competition has passed you by.
Effective Teamwork

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Organisation wired for safety and improvement

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Playing offence - thinking ahead, anticipating, solving problems

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Playing defence – reacting to events

**UNMINDFUL**
No awareness of safety culture

- Teamwork and continuous learning deeply embedded and central to our culture
- Teamwork methodically taught and modelled across the organisation
- Training and tools available, partial implementation
- Focus on teamwork awareness/training in response to adverse events
- If people would just do their jobs we’d have no problems

![Graph showing proportion over dates](image)
Think of your current team

What keeps you from doing your job?

What barriers or challenges do you encounter?

Expertise & Teamwork

• Reacting to soft signals
• Everyone knows the plan and can act to safely execute
• Preoccupation with failure
• Commitment to resilience
• Deference to expertise
• Knowing where the failure modes are – learning from errors and near misses
• Never assuming safety – assuring it
• Help is available and psychologically safe always
Teams

- **WHAT TEAMS DO:**
  - Plan Forward
  - Reflect Back
  - Communicate Clearly
  - Manage Conflict

<table>
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<th>The associated behaviors:</th>
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<td>Brief (huddle, pause, timeout, check-in)</td>
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<tr>
<td>Debrief</td>
</tr>
<tr>
<td>Structured Communication SBAR and Repeat-Back</td>
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<tr>
<td>Critical Language</td>
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What are the qualities of a good briefing or huddle?
Briefings

Briefings: Rounding, Pause, Timeout, Checklist, Huddle

4 COMPONENTS
• Everyone knows the game plan
• Psychological Safety is ensured
• Norms of conduct are discussed
• Expectation of excellence is set

• What is the role of debriefing?
• When should you debrief?
Debriefing

Ask three questions:

- What did we **do well**?
- What did we **learn**?
- What do we want to **do differently** tomorrow or the next time?

Structured Communication

- SBAR: Situation, Background, Assessment, Recommendation
  - Links known facts with judgments and decisions
  - Designed to get the attention of others
  - Useful in negotiation
Critical Language

• A PHRASE THAT STOPS THE WORK
• “I need a little clarity.”
• “I am concerned or unclear. This is unsafe.”
• Or others!!

Difficult Conversations

• Never negotiate 1st person to 2nd person – it’s much more threatening.
• Always use the 3rd person – anchor to an area of common agreement – the common goal – safe care of the patient
Depersonalise the Conversation

- What do we all want to see happen here?
- What does success for this patient look like?
- What needs to happen to achieve that outcome?
- What behaviours are necessary to achieve that goal?
- What does that mean to me and you?

CHAT

- Concern – share your fear
- Hope – state your intention
- Acknowledge – is that OK?
- Truth – my truth is…….
And finally.....

• What are your barriers to team working?
• What about the culture supports or prevents effective team working?
• To get you thinking differently please use a flip chart and a drawing to represent this........