TeamSTEPPS Community Call 1/16/14

Nine hospitals joined the Community Call.
Next calls February 19 1100 CST, March 20 1400 CST

1. Welcome 36 new Master Trainers
   12 hospitals, 11 in NE, 1 in AK, 3 from Clarkson College in Omaha

2. Debrief about certification process, webinars and submission of action plan
   a. What went well?
      • Watching the webinars with other master trainers facilitated group discussion and action planning.
      • Simulations were representative of reality in small rural hospitals.
      • The requirement to complete an action plan forced master trainer candidates to make concrete plans to move forward with training.
      • The worksheet structure of the action plan facilitated completion.
   b. What could have gone better?
      • Include a non-clinical simulation scenario
      • Simplify the checklists for observers
   c. What should we do the next time?
      Include a ½ hour wrap up at the end of the training to ensure master trainer candidates have a shared mental model of training requirements.

3. Suggestions from experienced Master Trainers ...
   a. How to conduct training?
      • You can begin with very short, just in time training to introduce 1 tool at a time in support of other initiatives. Remember that TeamSTEPPS is not an end in itself but a tool to improve our performance.
      • Use longer classes that cover an entire module when the goal is transformational change within a department or organization.
      • There is no one right answer…multiple strategies work!

4. Barriers and successes in implementation
   What are barriers in implementation?

   a. What do you do when you are new to TeamSTEPPS and feel overwhelmed?
      • Answer: All new initiatives feel this way. (We have all experienced “TeamSTEPPS Brain”--feeling overwhelmed and under-powered to teach these skills to others). The key is to identify a problem/challenge to solve and create a shared plan with your fellow master trainers to solve that problem.
      • Many hospitals that have sustained TeamSTEPPS conduct training regularly as new employee orientation, and annual refresher courses.
      • Ensuring senior leaders and managers know and use a few key tools is the most important part of training. Key tools and language for managers are the leadership tools (briefs, huddles, debriefs), closed-loop communication, SBAR, and CUS.
      • After training managers, many successful hospitals move next to training coaches. One hospital described choosing 20 Coaches and training them so that coaches would be available within departments to support newly trained employees. Each Master Trainer mentored two coaches to support them. Modules were broken up and specialized into 18 sessions with clinical personnel.
      • An experienced Master Trainer suggested that each master trainer become a “specialist in 1-2 modules” to share the load of training, which can require multiple sessions to reach all personnel.
b. How do you introduce TeamSTEPPS to a new Senior Leader?
   - One hospital shared their experience…They brought up TeamSTEPPS during the new CEO’s interview. And when hired, the new CEO was invited to attend the quarterly training of new employees in TeamSTEPPS.
   - Suggested talking point for new leaders
     1) TeamSTEPPS is the global standard in team training.
     2) Teamwork is a competency for all hospitals (see article described below).
     3) TeamSTEPPS is an evidence-based way to manage people.

c. How do you begin training when there are other big initiatives such as Language of Caring for patients?
   Answer: Don’t wait. Support the new initiative with TeamSTEPPS tools…
   The meetings to plan training are briefs. Ad hoc meetings to make changes are huddles. Focus on tools that may already be in use such as SBAR, and locate them within their respective family of tools (ie communication…what other tools can we use to structure communication? Call-out, check-back!)
   Include the language of TeamSTEPPS with the language of caring for patients. Integrate the tools into the context of the other training. Essential tools are briefs, huddles and debriefs.

d. How do you include nonclinical employees in the everyday use of TeamSTEPPS tools?
   Examples:
   - Briefs, huddles, and debriefs work well in the business office to manage the work load.
   - SBAR can be used to structure forms such as maintenance requests and requests to review documents.
   - Fundamental answer: TeamSTEPPS tools are intended to solve the problems that humans encounter when working together.

   Summary…Many hospitals are sustaining TeamSTEPPS. We will revise the Master Trainer Directory and distribute.

5. In the Literature…request a hard copy from kjonesj@unmc.edu.

This article is focused toward physicians and was published in the Annals of Family Medicine. It summarizes the need for teams in the context of the Affordable Care Act and the implementation of the patient-centered medical home (PCMH). As Master Trainers, you can use this article to share your physicians and leaders that you have an answer to how to train and support team function that is needed to support reforms due to the ACA and the PCMH …. “Although the ACA will spur team development, organizational leadership must use what we know now to train, support, and incentivize team function. Meanwhile, we must also advance research regarding teams in health care to give those leaders more evidence to guide their work.”