**Teamwork Training Participant Agenda**

Objectives:

* Identify two key tactics for effective communication- sharing information and speaking up
* Promote application of these tactics in day-to-day clinical work

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| 2 minutes | **Welcome**  Why we are here  Goals  Overview |
| 3 minutes | **Video introduction** |
| 8 minutes | **Simulation video #1:** Operating room critical event  **Video instructions for debrief**  *\*Utilize Participant Worksheet\** |
| 20 minutes | **Debriefing**  Individual reflections  Small group discussions  Key takeaways  *\*Utilize Participant Worksheet\** |
| 15 minutes | **Small group sharing and summation**  Key takeaways reported from each group |
| 2 minutes | **Simulation video #2:** Improved teamwork communication |
| 2 minutes | **Closing**  Next steps and additional resources to be provided over email |

# **Teamwork Training Participant Worksheet**

# Record your thoughts as you watch the video. Pay special attention to how the clinicians in the video **share information** and **speak up,** as these topics will be discussed in small groups after the video.

**Simulation Observations**

Sharing Information

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Speaking Up

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| **Small Group Discussion** | **recommended total duration: ~20 minutes** | |
| **Share General reactions** | | **~2 minutes** |
| What are everyone’s initial reactions to the video scenario? | | |
| **Discuss tactics for sharing information** | | **~3 minutes** |
| * What are some examples of when team members failed to share information effectively? * What behaviors did you see? * Why do you think these behaviors might exist in the clinical environment? * Have you observed similar behavior in your own work? * What are strategies that could have helped the team in the video scenario share information? | | |
| **Discuss tactics for effectively speaking up** | | **~3 minutes** |
| * What are some examples of team members failing to speak up? * What behaviors did you see? * Why do you think these behaviors might exist in the clinical environment? * Have you observed similar behavior in your own work? * What are strategies that could have helped the team in the video scenario speak up? | | |
| **Practice effective communication skills and strategies** | | **~4 minutes** |
| Members of the small group should assume the roles of the nurse, surgeon and anesthesiologist and practice what they’d say next about the code cart after the initial suggestion is resisted. What would the nurse say next and how might the surgeon or anesthesiologist react - and why? | | |
| **Prepare key takeaways** - to be reported out by a member of each small group | | **~8 minutes** |
| * How can you share information and/or speak up more effectively than you do now? * What will you do to help your team communicate more effectively? | | |

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| **Teamwork Training: Communication Tools You Can Use** |

Video triggered team training aims to bring awareness to the importance of team communication. In your small groups you recognized what happens when a team does not effectively share information and discussed strategies to improve team communication. Below are some suggestions to help you apply these tactics in your daily clinical practice.

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| **Speak Up** |

* Be direct and speak in a firm and respectful tone.
* Share your assessment out loud. Some clinicians process data mentally without sharing their assessment. Speak up with a summary of the important facts, presumed diagnosis and management plan.
* A structured approach to raise a concern can be useful. The CUS technique provides a tool for advocacy, assertion and mutual support. To use CUS start with stating your **concern** followed by why you are **uncomfortable**. If the conflict is not resolved, state that there is a **safety** issue. Discuss in what way the concern is related to safety. If the safety issue is not acknowledged, a supervisor should be notified.

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| **Speak Effectively** |

* State your concern, the perceived problem and potential solutions.
* If you feel you haven’t been heard, try progressively more assertive language. Enlist a colleague to help get the message across.
* A structured approach can be useful in a crisis. One example is SBAR, where you state the **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendations. Other formats exist and it’s perfectly fine to create your own to help you be thorough and organized.
* Avoid speaking to the “air” to be sure the message is directed to the appropriate person(s). Close the loop of communication with a “check back” which is when the receiver of information repeats back what they heard, and the person giving the message confirms if it is correct. This is especially useful when following requests to give medications. We don’t speak like this in normal conversation, but in patient care it’s an important safety practice.

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| **Speak for the Patient** |

* Advocate for your patient. If you see something you think is unsafe or have questions about a safety issue, say something.
* Sometimes we are fearful of being wrong or appearing ignorant. Speak up and don’t let these concerns compromise the safety of the patient.

For more information and resources on teamwork and communication, contact AHA Team Training.

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