Integration of QSEN Competency: Teamwork and Collaboration within a Simulation Center

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## Objectives

- Describe a framework to fulfill QSEN competency development in teamwork and collaboration within a simulation center.
- Demonstrate use of the TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) within low, moderate, and high fidelity simulations.
- Discuss team debrief strategies and team simulation evaluation for outcome measures and assessment.
TeamSTEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

- Developed by the Department of Defense Patient Safety Program along with the Agency for Healthcare Research and Quality

- A teamwork system designed for health-care professionals:
  - Improve patient safety
  - Improve communication and teamwork skills among health care professionals
Patient Safety Movement

- 1999: Department of Defense
- 2001: MedTeams® Emergency Department Study
- 2003: Joint Commission on Accreditation of Hospital Organizations National Patient Safety Goals
- 2004: Institute for Healthcare Improvement 100K lives Campaign
- 2005: October
- 2006: Healthcare Team Training

“To Err is Human” Institute of Medicine Report
Executive Memo from President
TeamSTEPPS
Institute of Medicine Report
Joint Commission on Accreditation of Hospital Organizations National Patient Safety Goals
1995
1999
2001
2003
2004
2005
2006
Quality & Safety Education for Nurses (QSEN) Competencies and TeamSTEPPS

1. Patient-centered care
2. Teamwork and collaboration
3. Evidence-based practice
4. Quality improvement
5. Safety
6. Informatics
“What is essential for nursing educators is helping students make the connections between acquiring and using knowledge. We call this teaching for a sense of salience.”

First Semester
Holistic Nursing

TeamSTEPPS Skills:
Cross Monitoring, STEP
I’m Safe Checklist
Check-Back, DESC
Infection Control
Level of Fidelity: Low

Equipment Needed: Facilitator, dressing supplies to provide wound care, emphasis on Infection Control and introduction to TeamSTEPPS.
baskett ball alone WMV.wmv
Conflict Resolution
DESC Script

A constructive approach for managing and resolving conflict

D—Describe the specific situation
E—Express your concerns about the action
S—Suggest other alternatives
C—Consequences should be stated

Ultimately, consensus shall be reached.
A DESC Scenario

Two nurses meet in the supply room:

GN# 1: Recent graduate, assigned to patient with MRSA. She has on gown and gloves, mask around the neck and is gathering supplies.

RN # 2: Enters the supply room and states “What are you doing?! You are spreading infection and have now contaminated this room and unit! I don’t think you will last here long!”
This is NOT Mutual Respect!

Cat Doesn't Let Dog Eat Funny Animal Pet Video .wmv
First Semester: Day Two

• Four hour session
• Review TeamSTEPPS overview
• Two Concurrent Sessions
  – Leadership
  – Communication
• Overall debrief of day
• Evaluation

• Concurrent Sessions
  – Leadership
    • Review objectives
    • Activities
  – Communication
    • Review objectives
    • Activities
Case Study: Elaine Bromiley for “Just a routine operation!”

Elaine Bromiley was a fit and healthy young woman who was admitted for routine sinus surgery. The attending anesthesiologist and his assistant were both quite experienced. A pre-operative assessment raised no cause for concern. Prior to the start of the procedure her pulse rate was 81 bpm with oxygen saturation of 98%.

1. Review the case situation, reviewing the outlined influencing factors, biases and situation assessment and awareness. Discuss what could the nurses have done differently to intervene? When should they have begun to be assertive regarding Ms. Bromiley’s deteriorating condition? Describe how the nurses could have made a difference in the overall outcome for Elaine Bromiley.

2. All of you are now OR nurses in the care of Elaine Bromiley. Decide at what point in the care do you call a huddle? Call a huddle to determine a plan of action (problem solving). Role play selected teamSTEPPS strategies.

3. Debrief. Discuss what went well, what could have been improved in the delivery of your teamSTEPPS methods.

4. Change roles to allow all group members to practice teamSTEPPS strategies and tools.
Communication

- Watch the following video.
- Summarize this incident.
- Who were the key players?
- What were the key variables that led to the incident?
- How could this incident have been avoided?
- How is this story similar to healthcare?
- Who are the key players in healthcare?
- What are the key variables in healthcare that lead to miscommunication?
- What TeamSTEPPS strategies can be implemented in healthcare to avoid instances of miscommunication?
- What outcomes are associated with miscommunication in healthcare?
Debrief Strategies

• **Who**: experienced educators knowledgeable of simulation teaching/learning strategies
• **What**: team debrief, non-scripted, no video playback
• **When**: immediate, average of 30 minutes per competency
• **Where**: in the simulation area
• **Why**: utilizing experiential learning theory to support teaching for a sense of salience

Evaluation

- Pre and post first semester assessment
- Control with final semester student assessment
- Future considerations include assessment of practical application in clinical environment

Retrieved from: http://teamstepps.ahrq.gov/taq_index.htm#intro
TeamSTEPPS Skills: Advocacy & Assertion

CUS, Call-Out,
Handoff, “I pass the baton”
SBAR, Debrief

Level of Fidelity: Moderate

Equipment Needed: Facilitator, Human Patient Simulator (HPS) able to provide basic assessment information of a patient experiencing Acute Opioid Intoxication (Laerdal SimMan)
TeamSTEPPS Skills: Two Challenge Rule
Advocacy & Assertion
Brief, Huddle, Debrief
Collaboration, Feedback
Level of Fidelity: High

Equipment Needed: Facilitator, HPS able to simulate a Postpartum Hemorrhage (Laerdal SimMom)
Fourth Semester
Senior Nursing Practicum

TeamSTEPPS Skills:
- Situation Monitoring
- Call-Out
- Two-Challenge Rule
- Debrief
- Error Disclosure

Level of Fidelity: High

Equipment Needed: Facilitator, HPS able to simulate an Acute Myocardial Infarction Secondary to a Potassium Overdose (Laerdal SimMan 3G with preprogrammed scenario)
## Tools and Outcomes

### TOOLS and STRATEGIES
- Brief
- Huddle
- Debrief
- STEP
- Cross Monitoring
- Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script
- Collaboration
- SBAR
- Call-Out
- Check-Back
- Handoff

### OUTCOMES
- Shared Mental Model
  - Adaptability
- Team Orientation
  - Mutual Trust
- Team Performance
  - *Patient Safety!!*
WellStar School of Nursing

Certificate of Completion

is hereby granted to

STUDENT NAME

for successful completion of

TEAMSTEPPS TRAINING

Awarded: Date

Presenter Name and Title
Summary

• Importance of STEPPS
• Importance of repetitive “dosing” throughout curriculum
• Ease of integration (embedding within preexisting objectives)
TeamSTEPPS Certified Master Trainer Course: June 26-28th

- Date: June 26-28, 2012
- Location: KSU
- Contact:
  - Carey Sipp, Health Team Training Conference Coordinator
- csipp@healthcareteamtraining.com
Situational Awareness Funny

pubsbowling.mpg
Thank you!