

# Implementation: Training & Theory Translation into Teamwork

Matthew Skinner

General Physician

The Alfred

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# UK Medical Leadership Framework



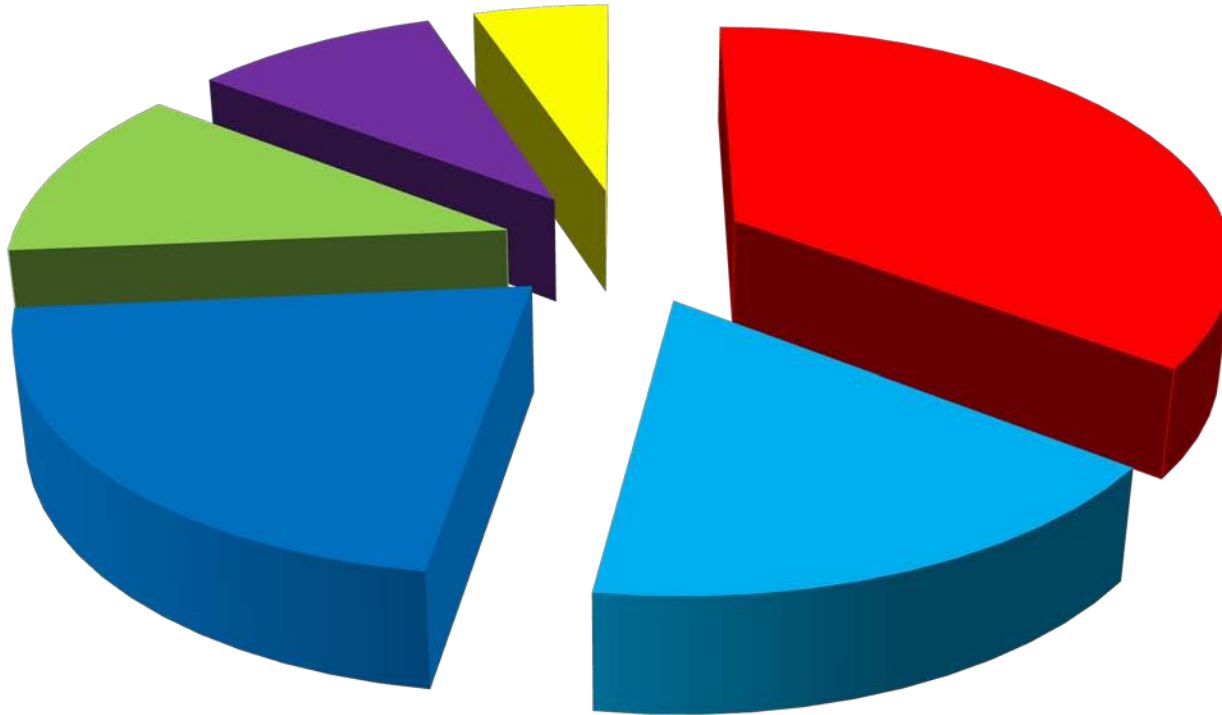
# SIBR Video



# Team Composition

- Executive lead/sponsor
- Medical leader (clinical champion)
- Senior & junior medical staff
- Nursing leader (clinical champion)
- Senior & junior nursing staff
- Allied health
- Pharmacy
- Ancillary staff

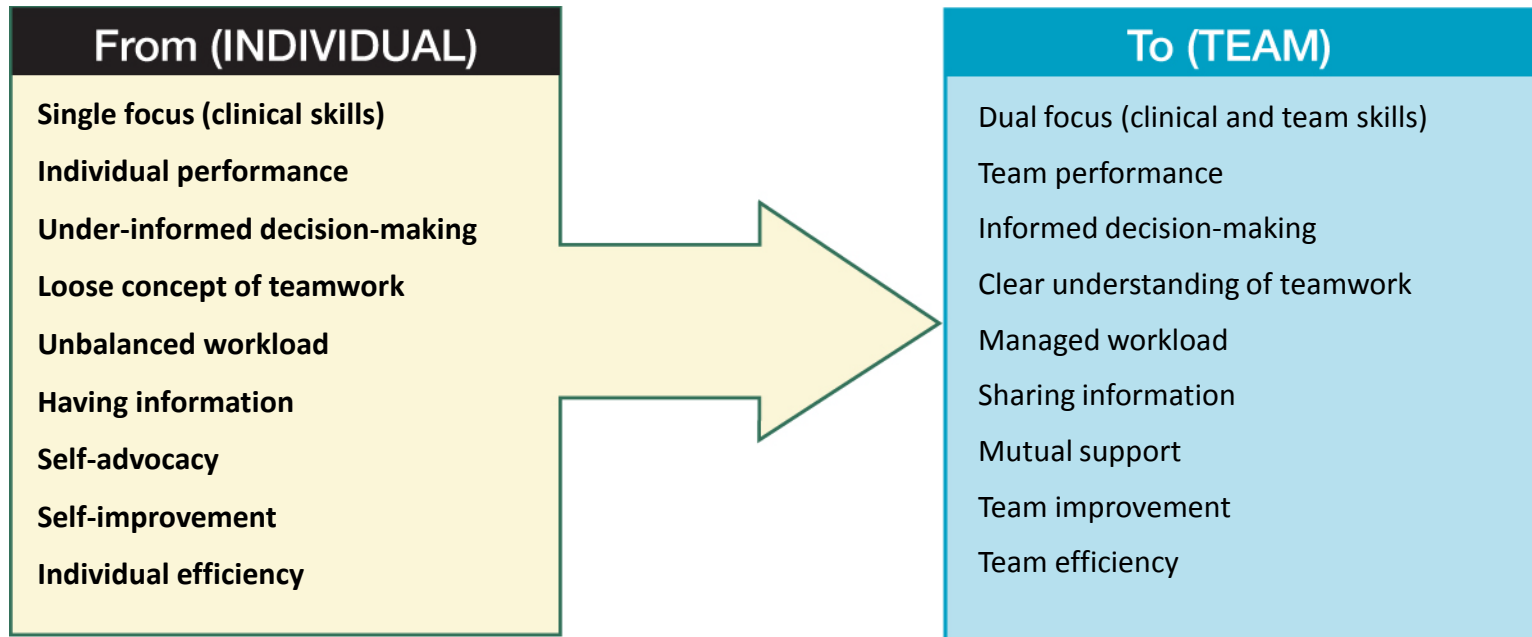
# TeamSTEPPS Training



■ Medical      ■ 4AMU Nursing      ■ 4GMU Nursing  
■ Allied Health      ■ Pharmacy      ■ Miscellaneous

Total Staff Trained to Date: 212

# Paradigm Shift to Team System Approach



**Huddle** **I PASS the BATON** **Team STEPPS Course Agenda Brief**

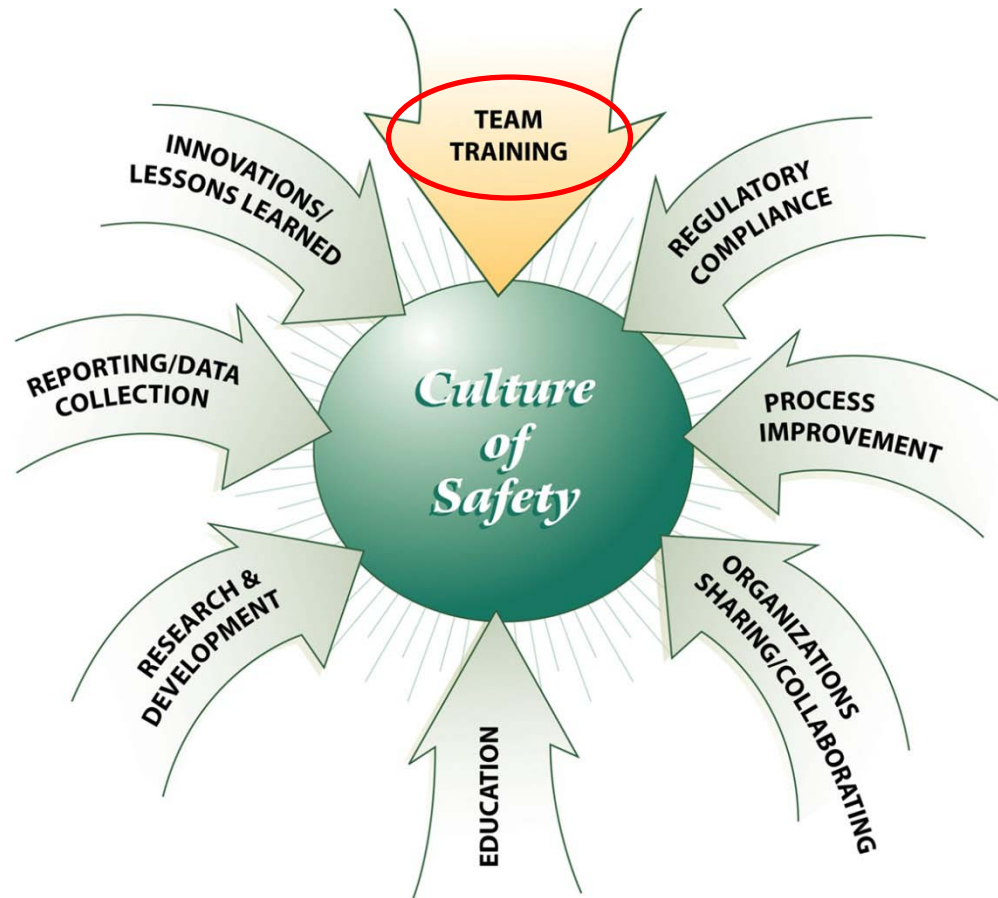


**IS** **rief** **rief**

**Situation Monitoring**

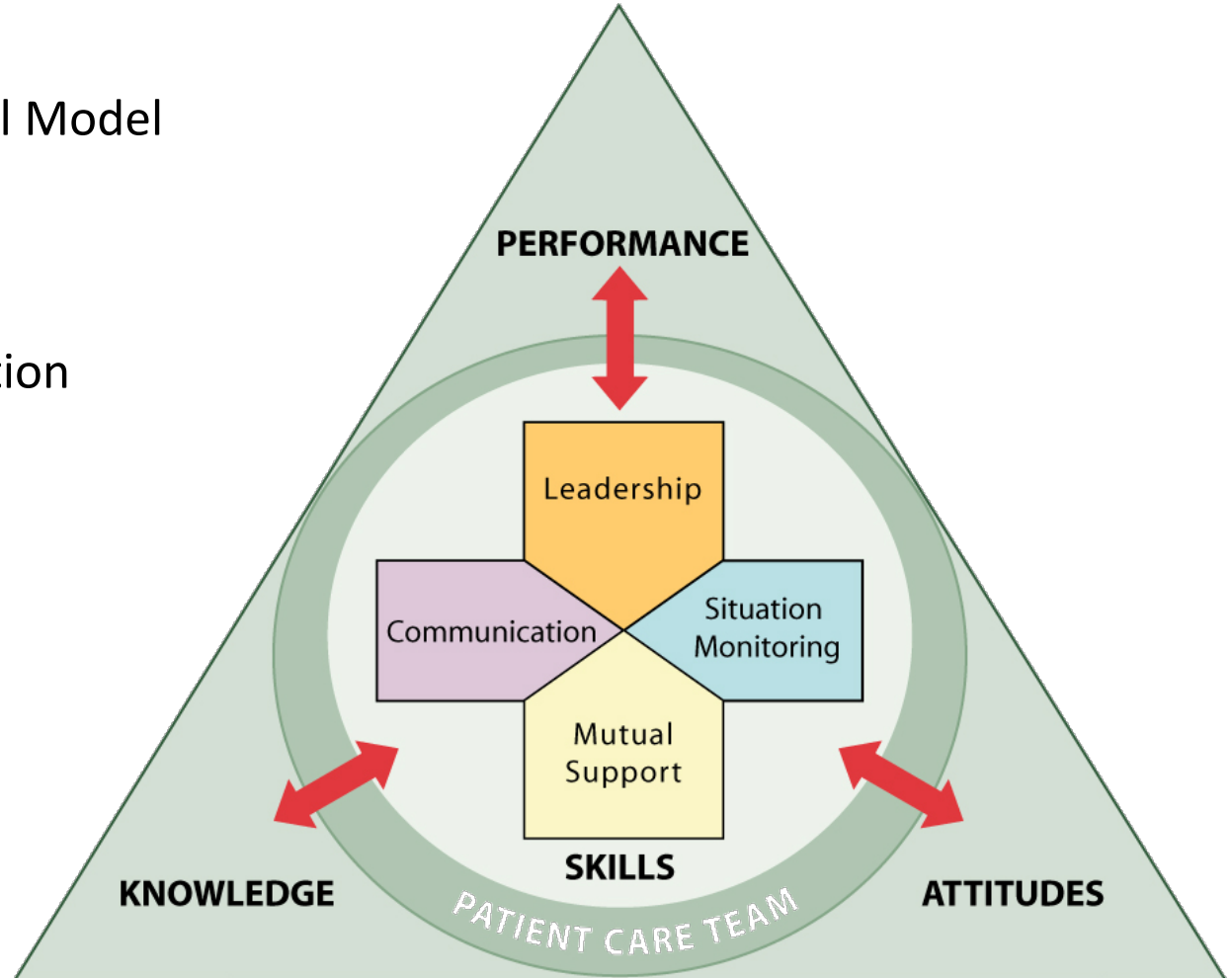
**I'M SAFE**

# The Components of a Patient Safety Program

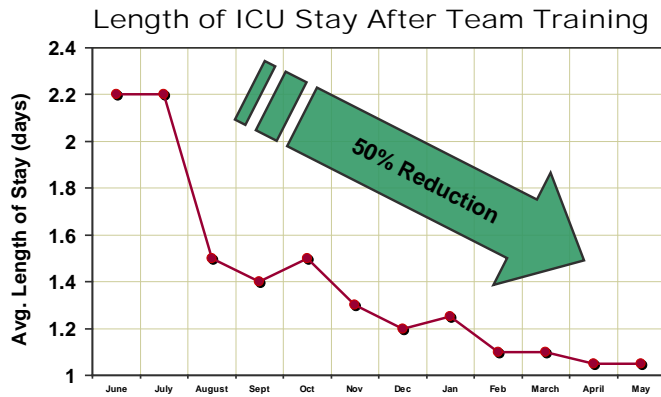


# Outcomes of Team Competencies

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

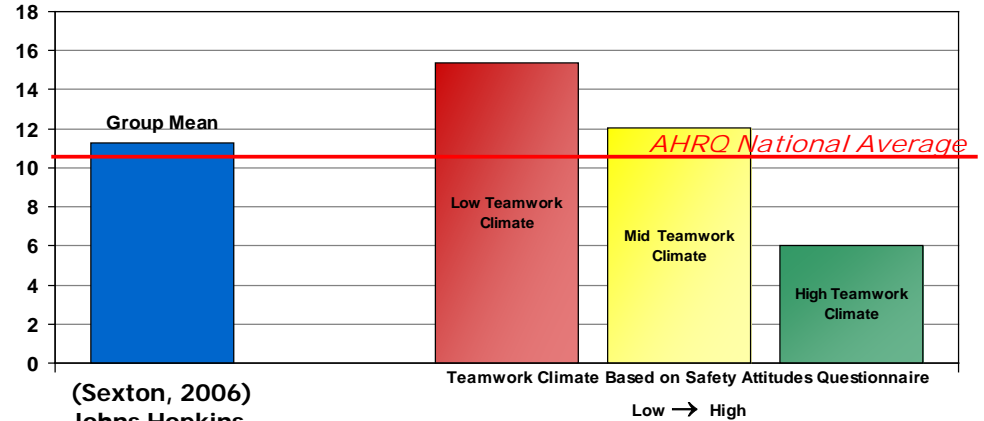


# Teamwork Results: Translation



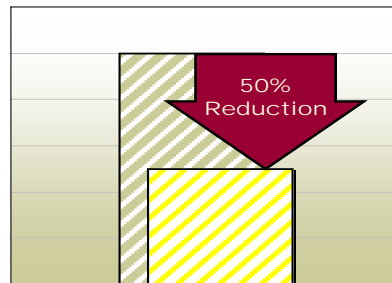
(Pronovost, 2003)  
Johns Hopkins  
Journal of Critical Care Medicine

OR Teamwork Climate and Postoperative Sepsis Rates  
(per 1000 discharges)



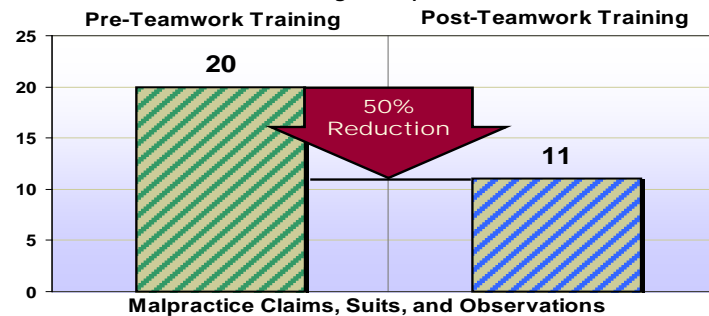
(Sexton, 2006)  
Johns Hopkins

Adverse Outcomes

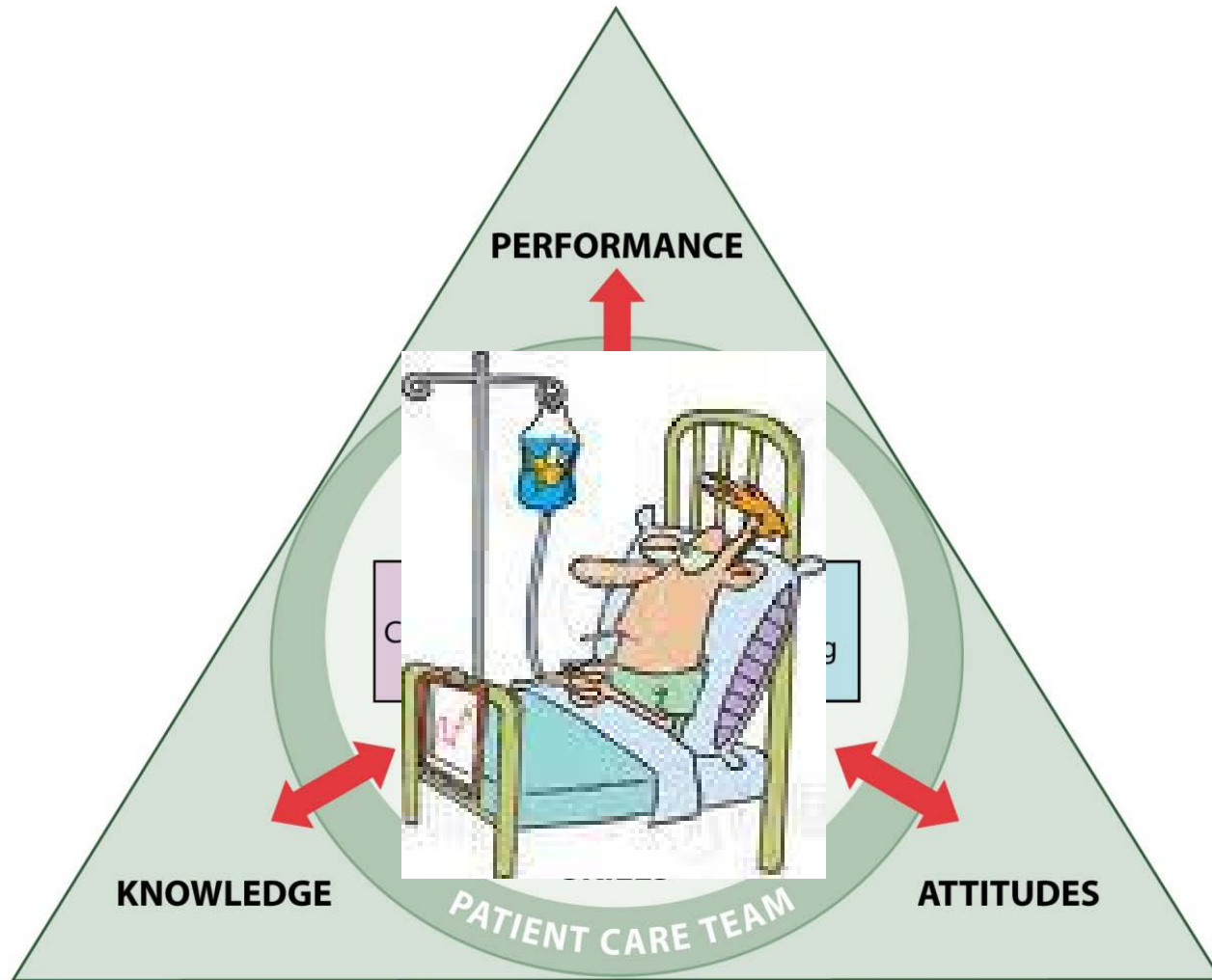


(Mann, 2006)  
Beth Israel Deaconess Medical Center  
Contemporary OB/GYN

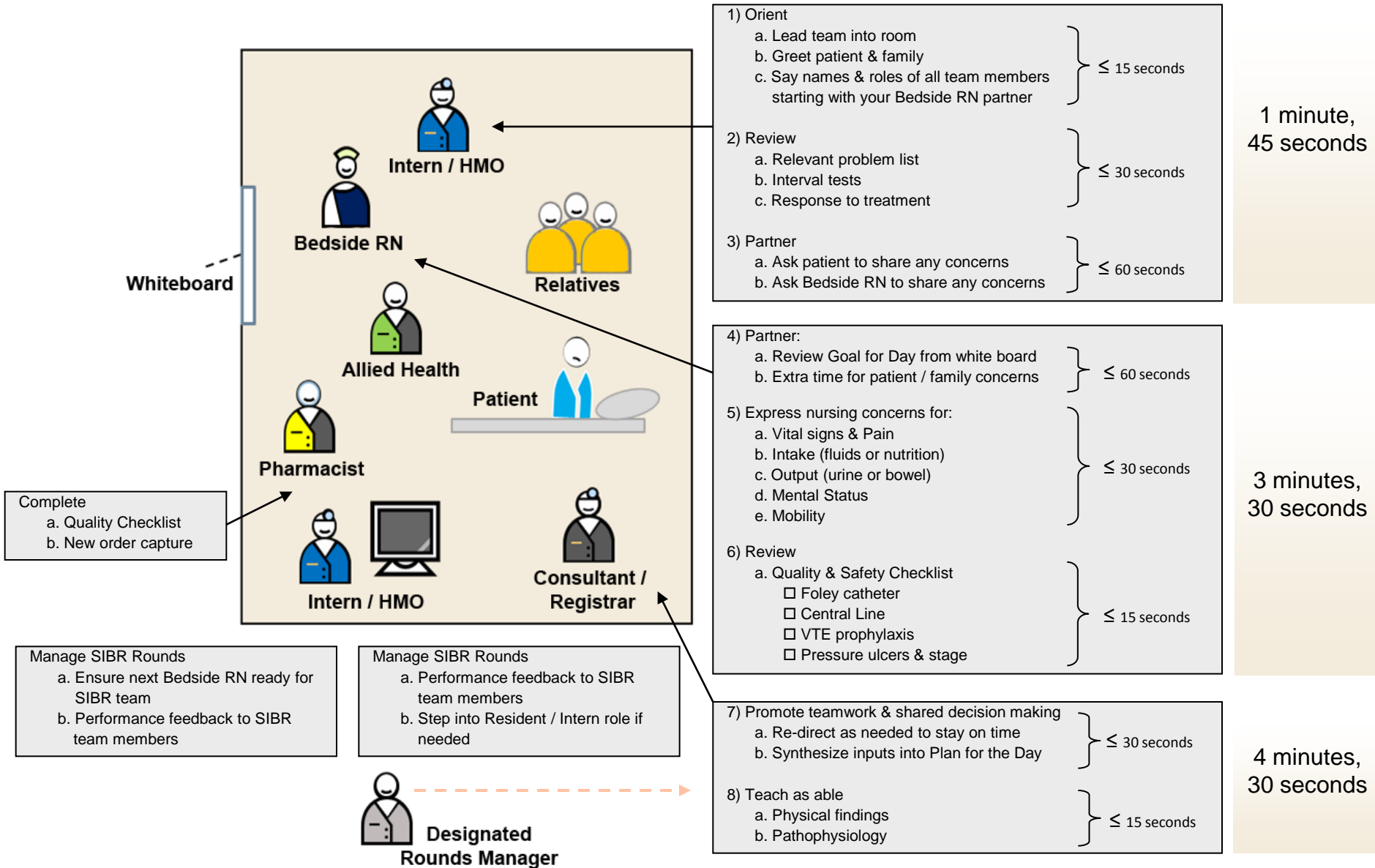
Indemnity Experience



# Central Focus: Patient



# Structured Interdisciplinary Bedside Rounds<sup>1</sup> (SIBR)



1 minute, 45 seconds

3 minutes, 30 seconds

4 minutes, 30 seconds

INPATIENT PROGRESS NOTE

ALL ENTRIES MUST BE DATED, SIGNED AND DESIGNATED

U.R.

Surname

Given Names

Date, Time & Designation

**Structured Interdisciplinary Bedside Rounds (SIBR) within General Medicine**

PGMA  PGMB  PGMC  PGMR  Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ am / pm

**Team Members Present:**

Primary Nurse: \_\_\_\_\_ Rounds Manager: \_\_\_\_\_  
 Primary Doctor: \_\_\_\_\_ Consultant: \_\_\_\_\_  
 Pharmacist: \_\_\_\_\_ Registrar: \_\_\_\_\_  
 Allied Health Rep: \_\_\_\_\_ RMO: \_\_\_\_\_  
 Relative Present:  No  Yes - Relative Name: \_\_\_\_\_

**Working Diagnoses:**

**Summary of Current Issues:**

Daily Goal: \_\_\_\_\_ Long-term Goal: \_\_\_\_\_

SIBR Checklist	Reviewed	SIBR Checklist	Reviewed
1. Resuscitation status: Consensus Resuscitation Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	8. Care Plan present	<input type="checkbox"/>
2. Reportable Observations	<input type="checkbox"/>	9. Vital signs	<input type="checkbox"/>
3. IV Access	<input type="checkbox"/>	10. Pain	<input type="checkbox"/>
4. VTE Prophylaxis	<input type="checkbox"/>	11. Intake / Output	<input type="checkbox"/>
5. Medications	<input type="checkbox"/>	12. Cognition	<input type="checkbox"/>
6. Foley Catheter	<input type="checkbox"/>	13. Functional status / ADLs	<input type="checkbox"/>
7. Pressure ulcers / wounds	<input type="checkbox"/>	14. FRASS Score completed	<input type="checkbox"/>
		15. BRADEN Score completed	<input type="checkbox"/>

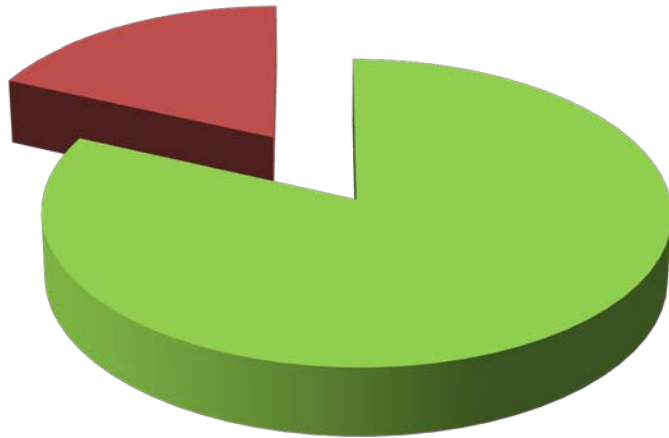
Action Plan		Responsibility	By when
Patient / Family Concerns Addressed: <input type="checkbox"/>			
Family meeting needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referrals	<input type="checkbox"/> ACAS <input type="checkbox"/> Rehab <input type="checkbox"/> Allied Health	<input type="checkbox"/> Inpatient team <input type="checkbox"/> Outpatients	
Investigations:			
Medication changes:			
Other follow-up required:			

Estimated D/C Date: \_\_\_/\_\_\_/\_\_\_ Estimated D/C Destination: \_\_\_\_\_  
 Sign (scribed by): \_\_\_\_\_ Designation: \_\_\_\_\_

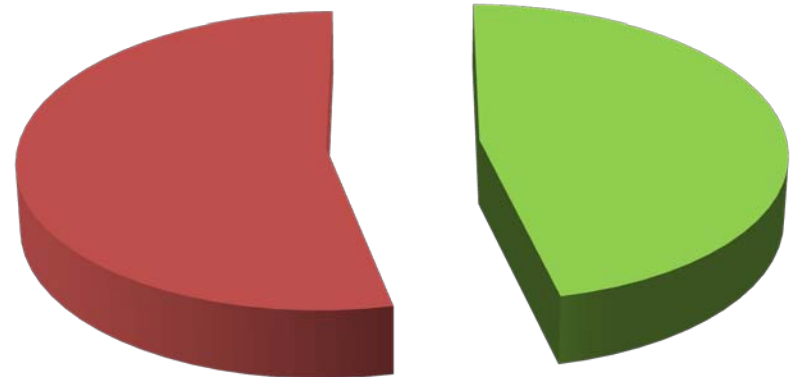
INPATIENT PROGRESS NOTE

# Local SIBR Data: Documentation of Date and Time

Date



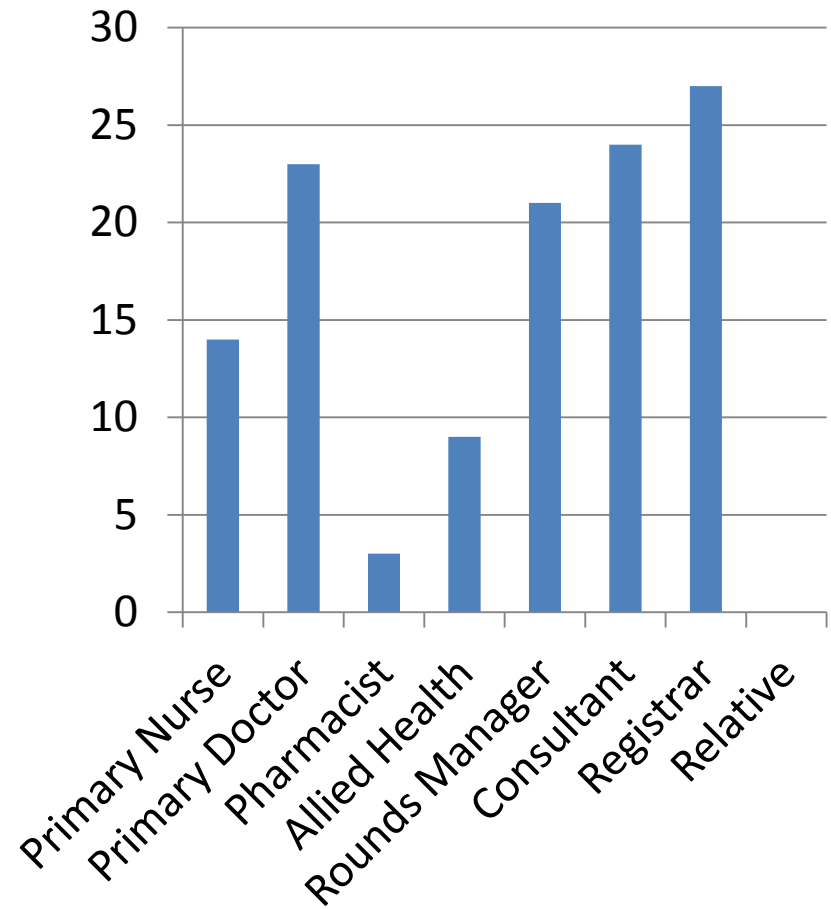
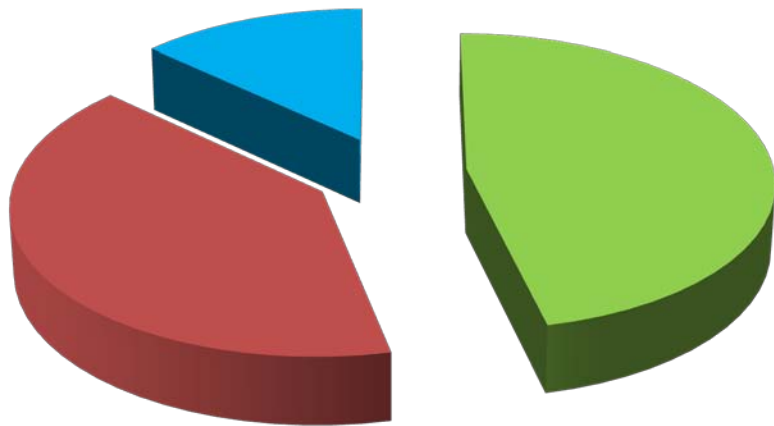
Time



■ YES

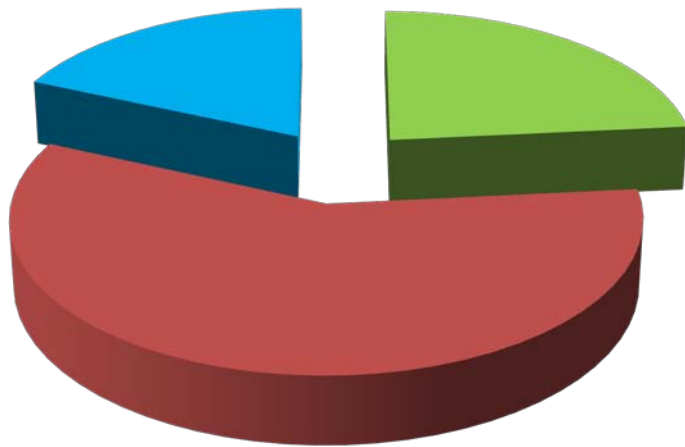
■ NO

# Local SIBR Data: Were Team Members Identified?



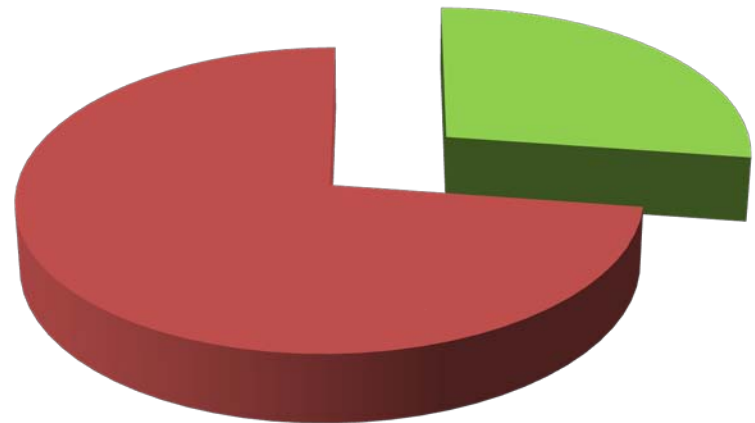
# Local SIBR Data: Goals Identified

## Daily Goal



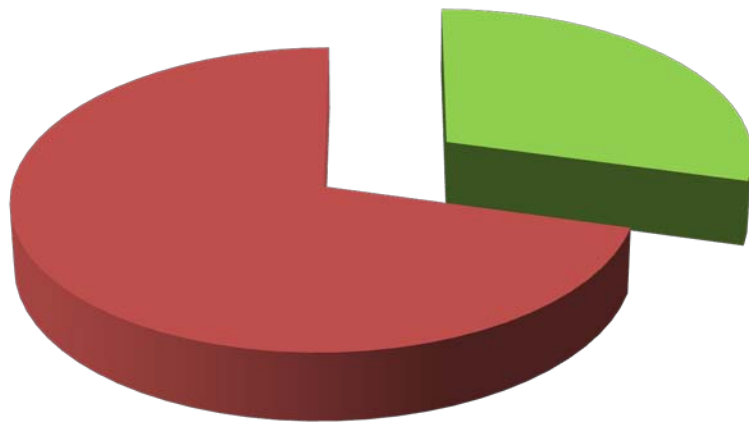
■ Yes ■ No ■ Yes - no timeframe

## Long Term Goal

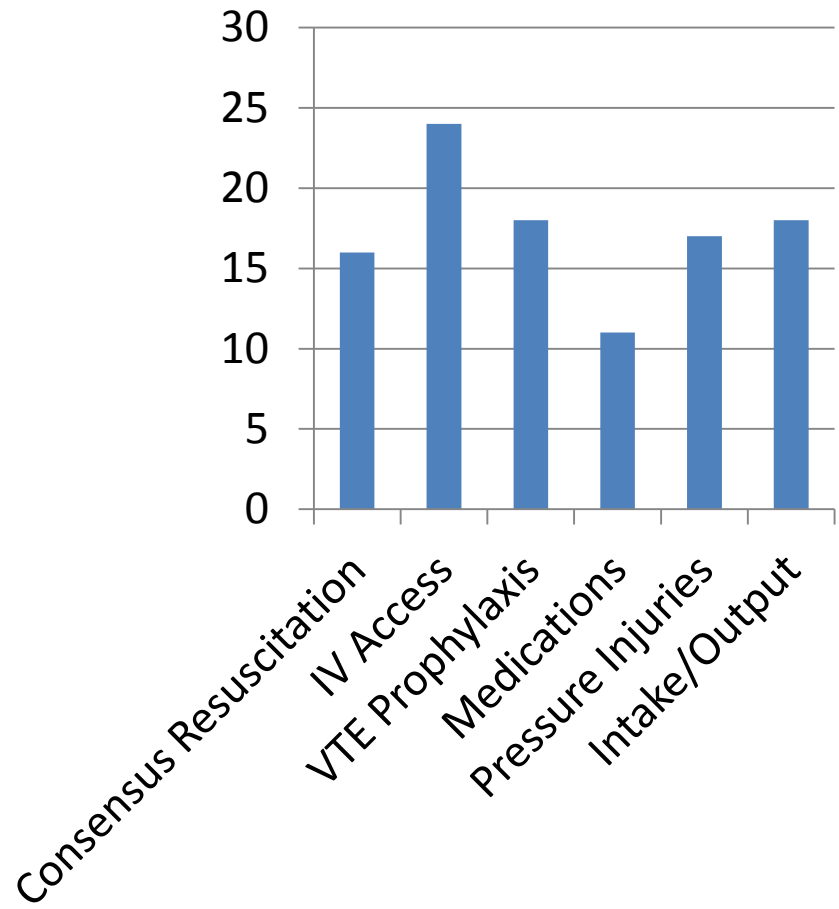


■ Yes ■ No

# Local SIBR Data: Checklist Documentation

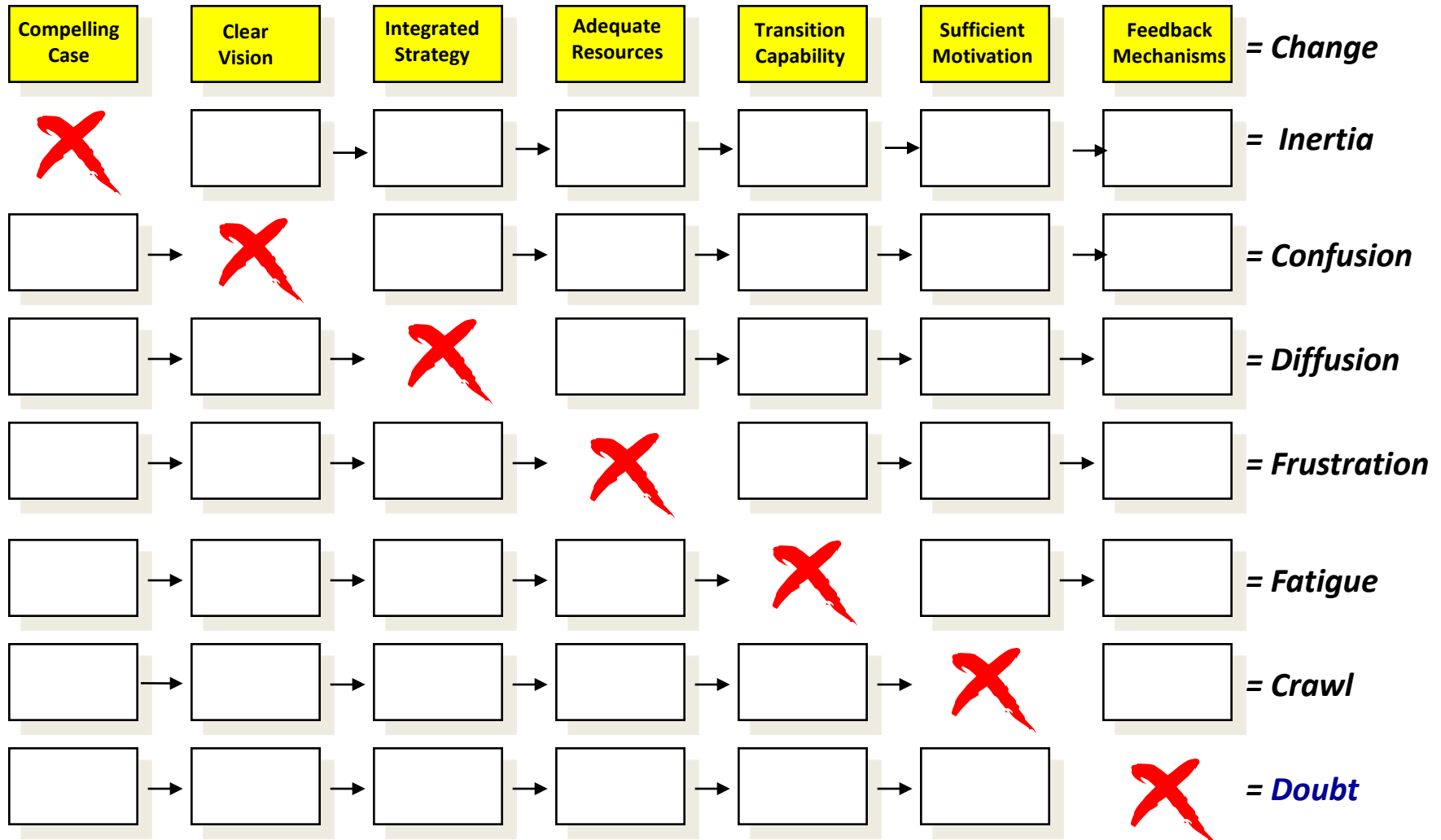


■ Yes ■ No

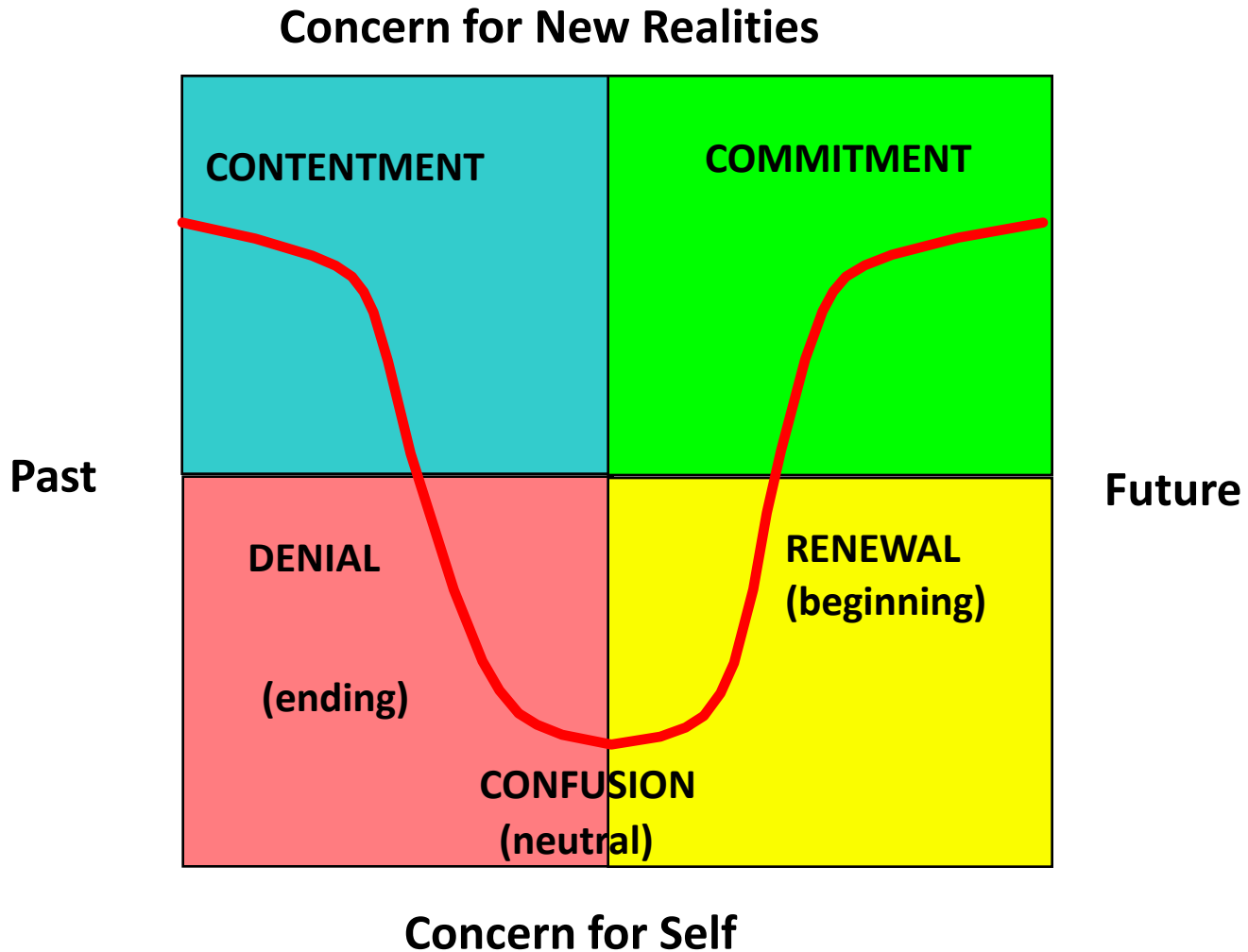


Sample Size n=99

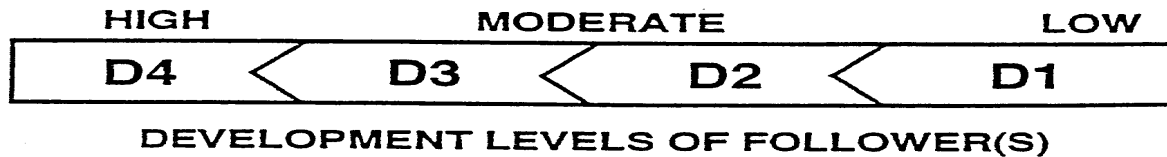
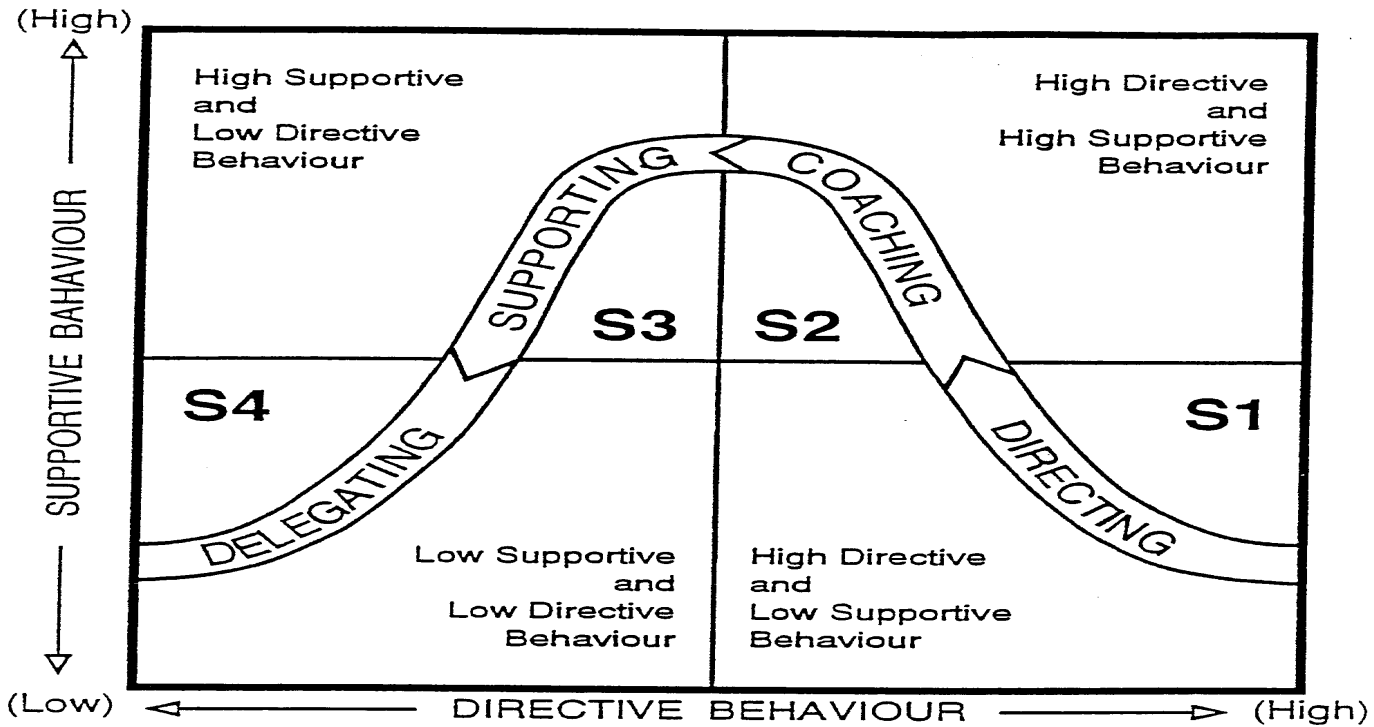
# Change Framework



# Transition Curve

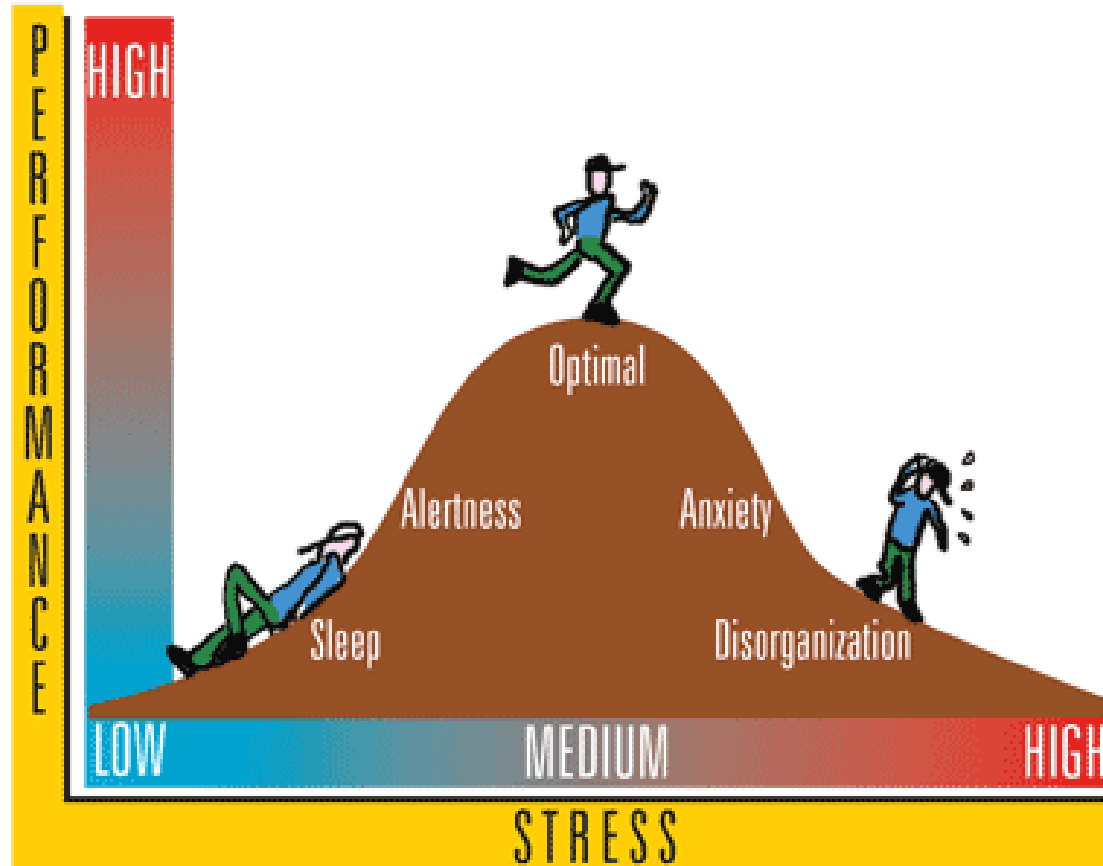


# Situational Leadership

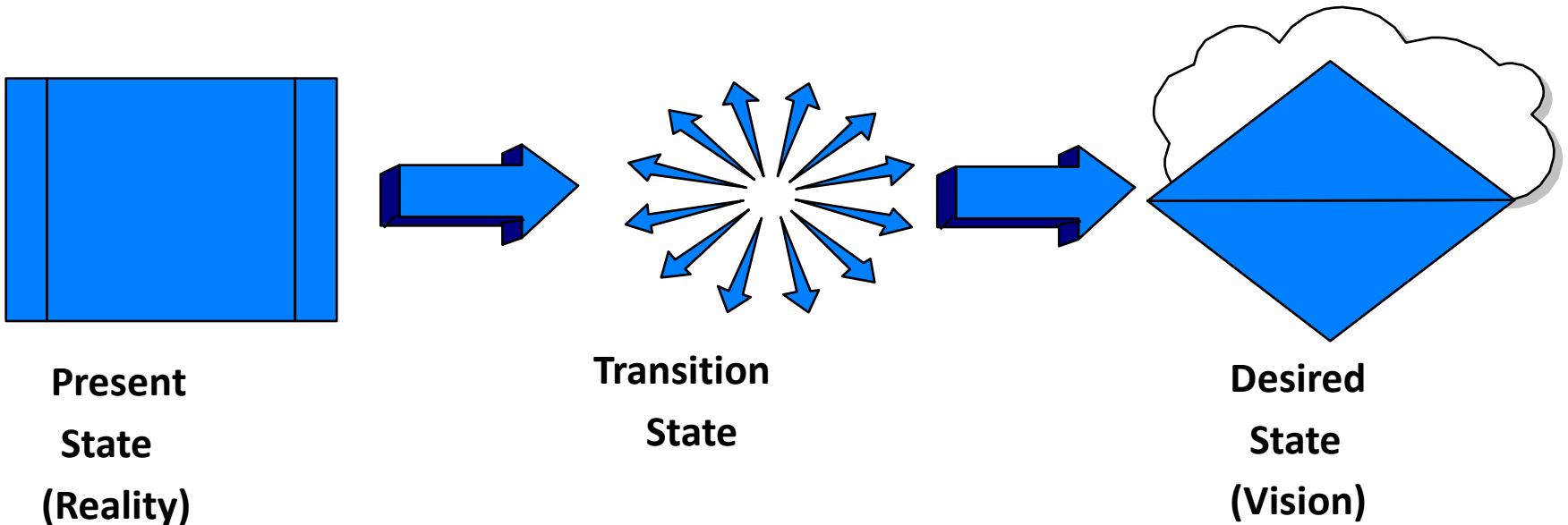


# Stress and Performance

## Stress Performance Connection



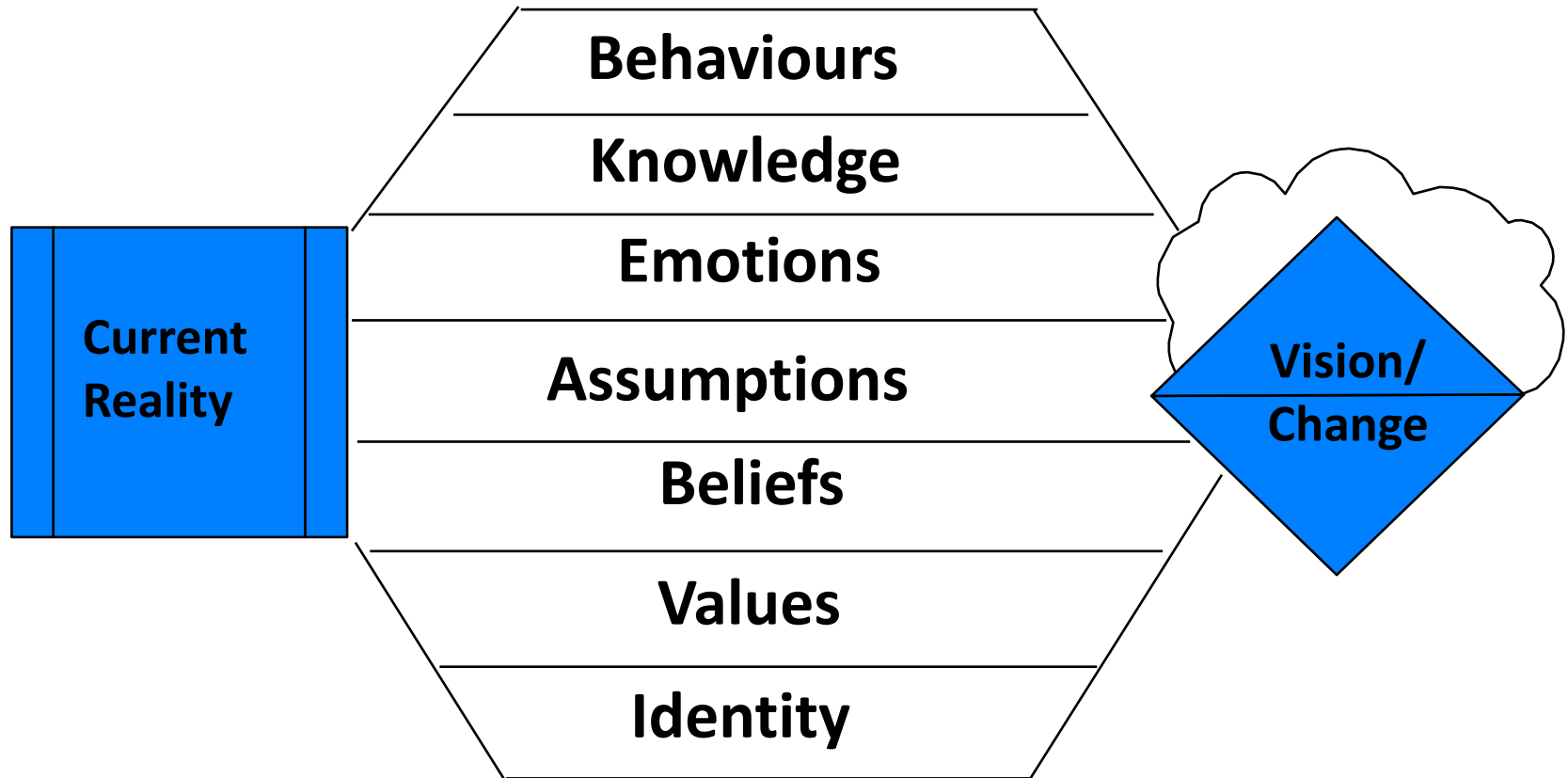
# Transition



## Characteristics of the Transition State :

- Low stability
- High emotional stress
- High undirected energy
- Control becomes a major issue
- Past behaviours become highly valued
- Conflict increases

# During Transition – People are Changing Their



# Communication Styles

Empowering

Demeaning

Own  
Interests

**Assertive**

**Aggressive**

Others'  
Interests

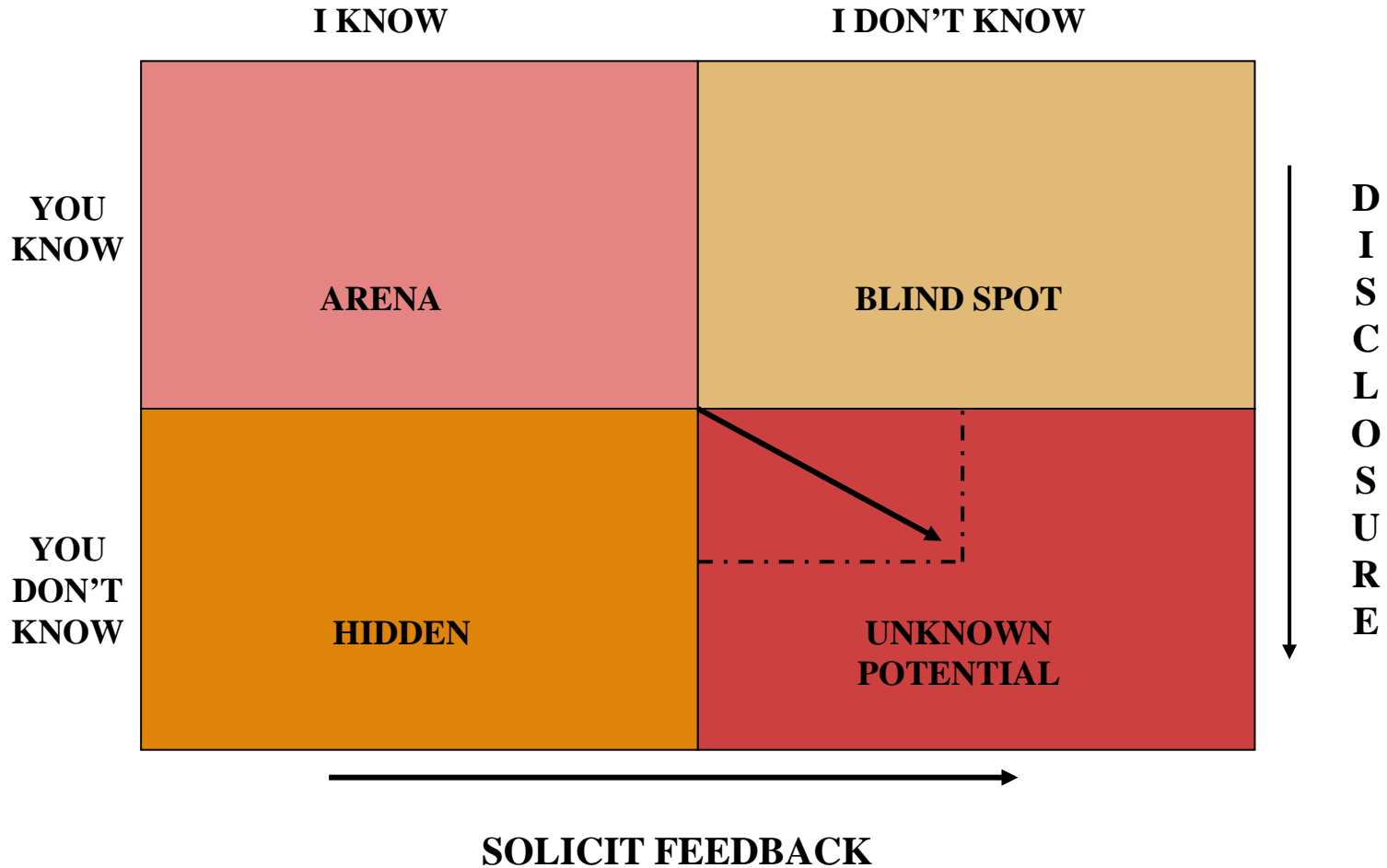
**Cooperative**

**Submissive**

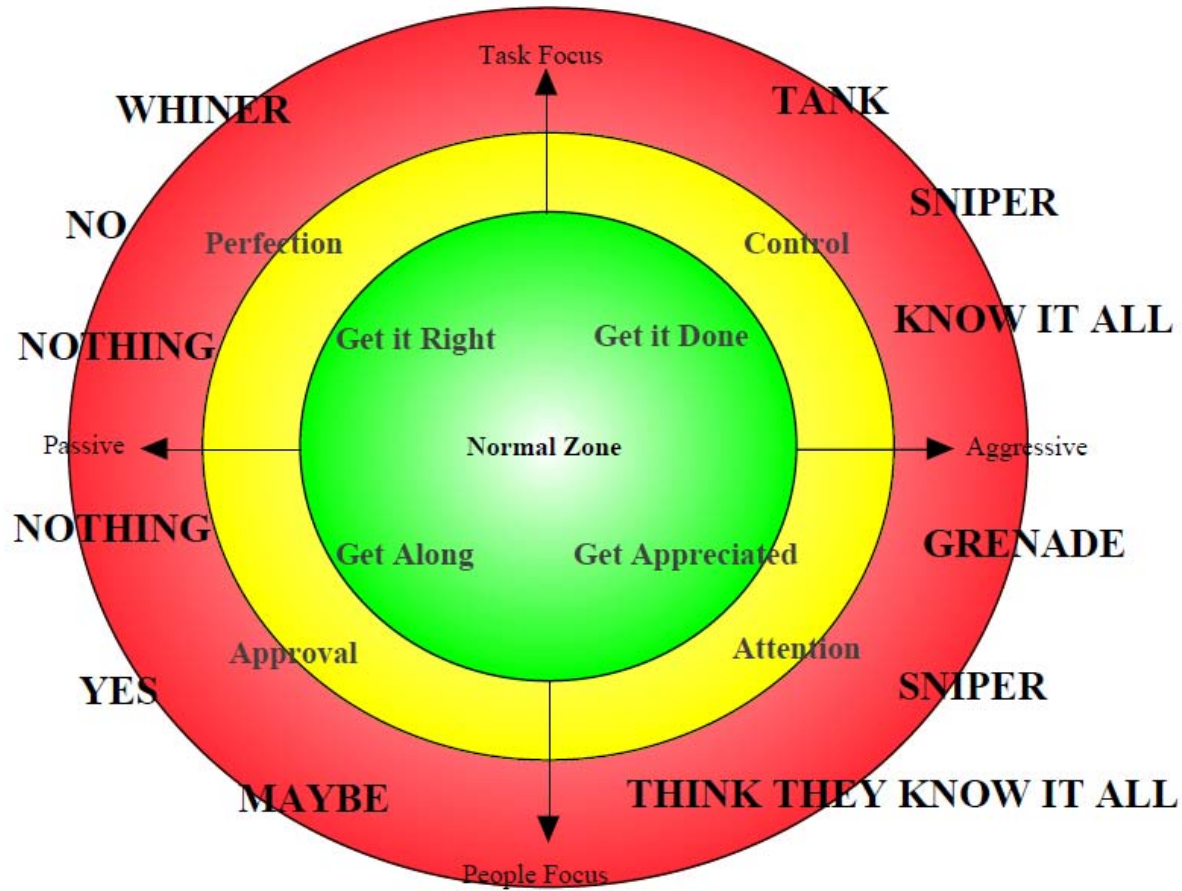
# Levels of Competence

Unconscious incompetent	Not aware of existence or relevance of skill May deny usefulness or relevance of skill Must become conscious of incompetence
Conscious incompetent	Aware of existence and relevance of skill Aware of deficiency in the area and extent Makes commitment to learn and practice new skill
Conscious competent	Can perform skills reliably at will Still needs to concentrate and think to do it Not second nature or automatic; can't teach it well yet
Unconscious competent	Skill becomes second nature; no thinking required Can do two things at a time Can teach but may have difficulty explaining instincts
Reflective competence	Ability to take detached view of unconscious competence to unpack theories, models, beliefs, and assumptions underpinning practice.

# Johari Window



# Difficult People



# Conclusions

- Selection
- Time
- Effort
- Flexibility
- Sustainability
- Enthusiasm