



FROM THE COCKPIT TO YOUR OPERATING ROOM: STRATEGIES TO EMPOWER LEADERS TO LEAD

AHA Team Training Monthly Webinar
August 8, 2018

RULES OF ENGAGEMENT

- Audio for the webinar can be accessed in two ways:
 - Through the phone (*Please mute your computer speakers)
 - Through your computer
- A Q&A session will be held at the end of the presentation
- Written questions are encouraged throughout the presentation and will be answered during the Q&A session
 - To submit a question, type it into the Chat Area and send it at any time during the presentation

UPCOMING TEAM TRAINING EVENTS

- Our next free webinar will be September 12 at 12:00 pm CT
- We have spots available in our [Master Training Courses](#):
 - *August 13-14 in Seattle, WA with University of Washington*
 - *September 20-21 in Centennial, CO with University of Washington*
 - *October 4-5 in Cleveland, OH with MetroHealth*
 - *November 8-9 in Durham, NC with Duke University*
- Stay tuned for the 2019 AHA Team Training National Conference date and location!

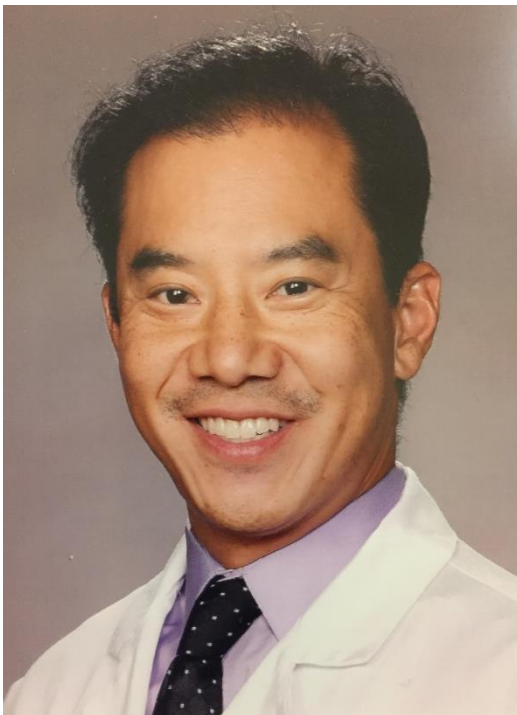
CONTACT INFORMATION

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TODAY'S PRESENTERS



Jason Cheng, DO
Kaiser Permanente Southern California



Captain Richard Martinez (ret),
Prepare For Command, LLC

LEARNING OBJECTIVES

- Understand the role leaders play in creating and sustaining psychological safety
- Highlight skills that leaders practice to empower advocacy and inquiry
- Develop an adaptable framework that provides opportunities for leaders to train and maintain leadership skills

LEADERSHIP AND FOLLOWERSHIP

SKILLS PRACTICED FROM 30,000 FEET!

- Capt Richard Martinez and First Officer Jason Cheng, DO
- TeamSTEPPS Airlines
- Boeing 737-800
- Destination: Denver International Airport

DEMOGRAPHICS OF KAISER PERMANENTE

- KP regions: Southern California, Northern California, Hawaii, Pacific Northwest, Colorado, Mid-Atlantic States, and Georgia
- SCAL: 14 medical centers
- 250,000 operations yearly

WHO ARE WE?

SCAL Perioperative Profile – 2013



1,275
Surgeons



267
Anesthesia
MDs



351
CRNAs



570
OR
Registered
Nurses



468
Scrub
Technicians

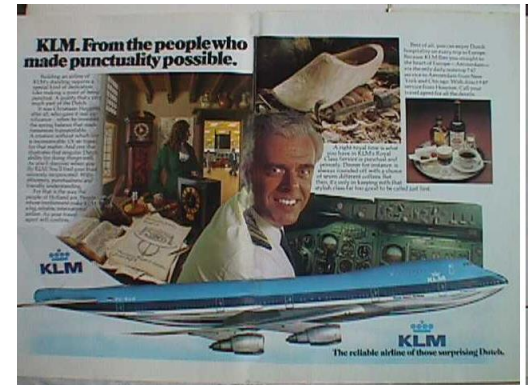
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- A story about hierarchy, psychological safety and health care in 2016
- What did it reveal about the current state of our challenges?
 - Gaps in standardization
 - Lack of situational awareness during emergencies
 - Distributed cognition
 - Poor psychological safety

WHERE HAVE WE SEEN THIS BEFORE?



KLM Tenerife



Fatalities: 583 Major cause: Captain ignoring other crewmembers

BEYOND A WAKE-UP CALL: THE SYSTEM AND CULTURE HAD TO CHANGE



December 28, 1978
Fatalities: 10, Including the Flight Engineer

Photograph by Jeff Schroeder

UAL 173 - PDX

NTSB Recommendation:
“—new type of training in flightdeck resource management, with particular emphasis in the merits of participative management.”

New Training: Crew Resource Management Training (CRM) via a mandatory training titled Command Leadership Resources (CLR) developed by UAL in 1981

TRADITIONAL COCKPIT CULTURE

- Power gradient
- Traditional role of captain
- Traditional role of first officer
- The “Right stuff” (then)

LEADERSHIP TRAINING SPECIFIC TO CAPTAINS

- 1999 UAL Introduced 4 Day Initial Captain's Leadership Seminar – “Flying The Line”
- Organically and specifically developed to UAL's pilots and culture
- Innovative - extensive “task analysis” of Safety, Leadership, Customer, Team, and Asset Management components of a Total Airline Pilot concept.
- Revolutionary – Combination of “hard & soft” knowledge and skills learned/practiced with operational scenarios using experienced captains as trained facilitators/mentors and not just instructors
- Leadership development was integrated in every module

HOW DID CRM/TEM TRANSFORM TEAM ROLES?

CRM/TEM skills:

- Became skills expected of every crew member regardless of role
- Are not substitutes for aviator skills (piloting, technical knowledge, judgment, etc.)
- Perfect performance of technical role doesn't ensure safe flight
- Increase in number of successes attributed directly to CRM/TEM teamwork, i.e. Al Haynes, Loss of all hydraulics, Sioux City DC-10 crash, 1989
- Trained, debriefed, and evaluated during transition training and proficiency checks

“HALO EFFECT”

Assumption that one person has all the skill, knowledge, and reliability to produce a safe flight is:

- Unrealistic and has historically lead to negative consequences
- Leads to team members being **dependent** on that person
- Negatively affects critical thinking by everyone including the “haloed one”
- Gives rise to increased use of *mitigated speech*, including it’s worst form - **silence**

REDEFINING THE ROLE OF A LEADER

Without any loss to the Captain's Authority:

- Captain given the responsibility for his/her team's performance as a team
- Captain given the responsibility to create, nurture, and maintain a "crew climate" that encourages and empowers inquiry, advocacy, and assertion.
- Captain isn't expected to always to be the most technically knowledgeable and best skilled at solving whatever problem arises

ADAPTING A FRAMEWORK AND CONTEXT FOR LEADERSHIP DEVELOPMENT

WHAT IS THE ESSENCE OF LEADERSHIP ?

INFLUENCE

How do you influence others?

How do others influence you?

WHAT IS LEADERSHIP?

“LEADERSHIP IS CREATING THE CONDITIONS THAT ALLOW YOUR TEAM TO SUCCEED”

Your role on a team as the designated leader or follower(s) will require two complimentary set of skills:

leadership



followership

THE DANCE OF LEADING EACH OTHER



COMPONENTS OF LEADERSHIP TRAINING

- Understanding what differentiates Leadership from Management
 - ◇ Leader's role sets the Vision and Tone
 - ◇ Manager's role executes the Vision
- Understanding Commodities of Leadership
 - ◇ Trust
 - ◇ Empathy (Caring)
 - ◇ Mutual Respect
 - ◇ Authority
- Adapting Leadership Style Appropriate to Situational Context
 - ← Laissez-Faire – Participative – to Dictatorial →

MODELING DIFFERENT STYLES OF GOOD AND POOR LEADERSHIP

Leadership / Followership Skills from 30,000' Workshop

- Poor versus Good (Unhealthy versus Psychologically Safe)
 - Pre-flight briefings
 - Cabin to Cockpit communications
- Adapting leadership style to situational context scenarios
- Exercising inquiry, advocacy, and assertiveness appropriately during highest potential for mitigated speech – Captain flying
- Assertiveness as it relates to situational context
- Informal & facilitated debriefings

INQUIRY, ADVOCACY, AND ASSERTION (IAA)

- Flight attendants (FAs), mechanics, dispatchers, and other groups began their own CRM training during the 3rd Generation of CRM
- Pilots and FAs brought together during annual recurring proficiency training to practice teamwork using inquiry, advocacy, and assertion skills
- Coded language (CUS) introduced to convey or assert concern, un-comfortableness, and safety issues that would require captain to exercise appropriate inquiry and advocacy in response.

“Captain I know I’m calling during the Sterile Cockpit time but I’m concerned about an odor we’re smelling in the cabin.”

RESPONDING TO INQUIRY, ADVOCACY, AND ASSERTION

- Responding to inquiry, advocacy, and assertion
 - Direct answer or explanation
 - Re-visit decision and/or process if applicable
 - Check for acknowledgement/understanding
 - Thank/acknowledge crew member's input
- Advocacy stops when Captain makes a safe, legal, and operationally sound decision
- Example: Early morning landing on NRT – HNL flight. Captain flying, FO is pilot monitoring, Only Runway 8L is open. FO advocates to land on runway 4

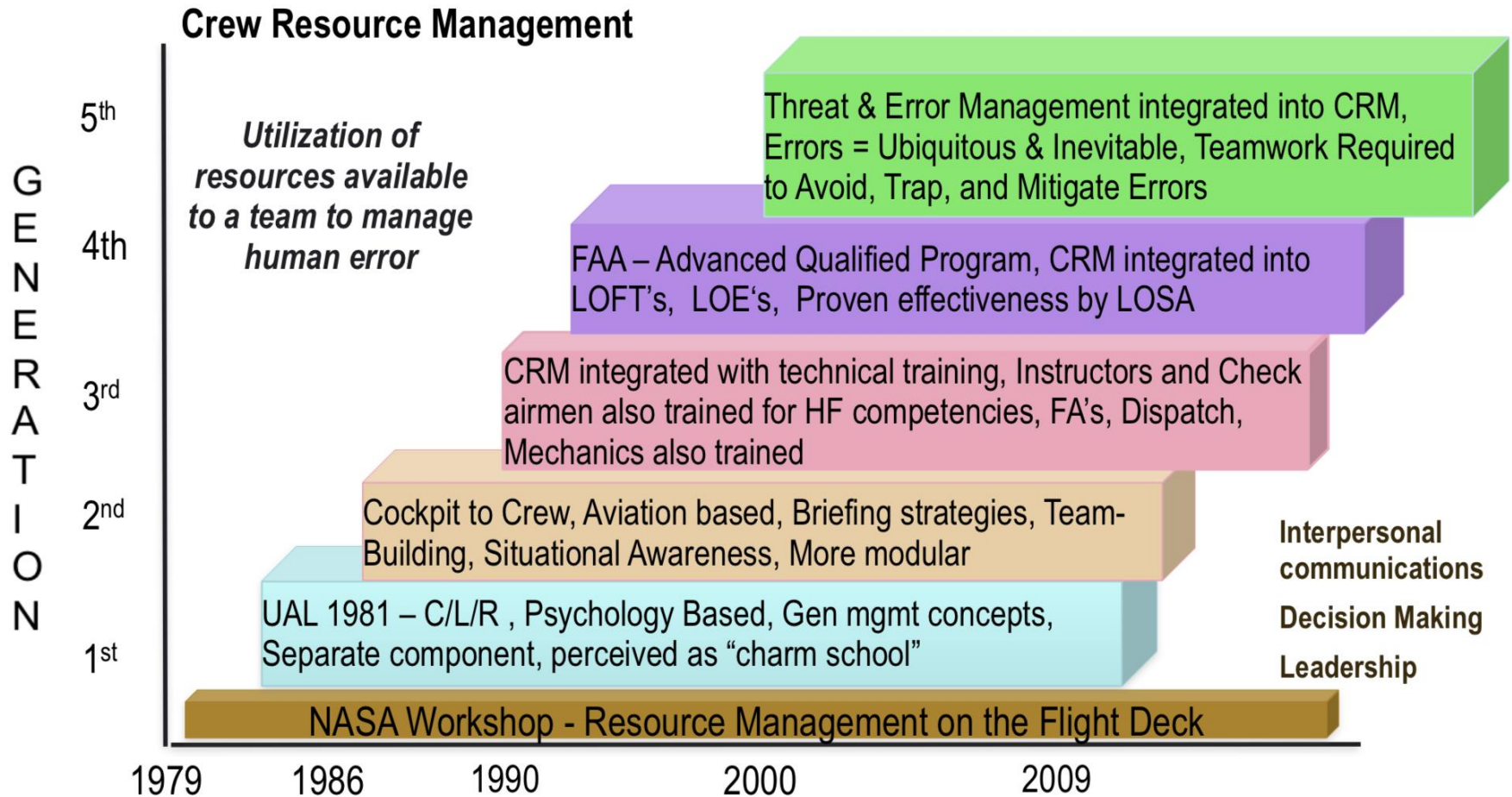
NEAR MISS REPORTING—SYSTEM FOR LEARNING FROM MISTAKES

- Flight Safety Awareness Program – Self-Reporting Mechanism
- Flight Operational Quality Control Assurance – Airplane Reports
- Flight Safety Inquiry Program
- LOSA – Line Oriented Safety Audits
- Flight Safety Department that disseminates safety bulletins, newsletters, and monitors airline's operations for trends with the potential to threaten safety
- SMS – Safety Management System required by FAA

ACCOUNTABILITY

- Captains' authority and responsibility established through FAA (Federal laws) for the safety of crew and aircraft
- Pilots accountable to company via expected compliance with Flight Operations Manual (which integrates FAA Regulations)
- Pilots accountable to their fellow pilots via a “Code of Ethics” managed by a Professional Standards Committee within
- Recurrent proficiency training and evaluations

WHERE IS HEALTH CARE?



BUILDING A TEAM OF HRO—HIGHLY RELIABLE TEAMS

- Implement principles of High Reliable Organizations
- HRST discipline leads—surgical, perinatal, procedural
- Interdisciplinary teams at every medical center—implement safety science and monitor TeamSTEPPS
- Initial and recurring training of TeamSTEPPS--maintenance of skills
- Sharing of best practices across all 14 medical centers facilitated by regional physician and risk management leaders

MAXIMIZE TEAM EVENTS: FROM “TIME OUTS” TO BRIEFINGS

- From just a pre-incision “pause” to a full pre-procedural briefing
- Initially RN led but focus to empowering the surgeon to lead
- Surgeons trained to acknowledge the role of each team and acknowledge and ask specific questions

DEFINE SURGEON SPECIFIC TEAMSTEPPS SKILLS

- Focus on team building during the **briefing**
 - Team introductions (**team building**)
 - Acknowledge with active questioning and listening
 - Empowering team members to **inquire and advocate**

Provide equal focus during the **debriefing**—**CLOSE THE LOOP**

Understanding inquiry language by team: **CUS**, "safety check"

STANDARDIZE TEAM FUNCTION



PROCEDURE SAFETY CHECKLIST--OR

BRIEFING: Surgeon initiates and concludes in procedure room

ENTIRE TEAM

- Name, MRN, DOB
- Consent matches patient & procedure
- Site/laterality/implants verified w/ consent by all team members
- Involve patient when possible

CIRCULATOR/PRIMARY NURSE

- Verifies patient armband

SCRUB TECHNICIAN

- Sterility & Medication labels confirmed
- Fire/Burn assessment (confirmed with anesthesia provider)

ANESTHETIC PROVIDER

- Fire Risk Confirmation
- Address potential critical events

ENTIRE TEAM

- Psychological safety addressed by surgeon (" please speak up anytime for any safety concerns")

TIME OUT: Surgeon calls out prior to procedure start

ENTIRE TEAM

- Final verification of patient, procedure, and applicable laterality & site marking visible
- Antibiotics administration confirmed
- SURGEON:** " Are we all ready to begin? If at any time you have any concerns don't hesitate to share them."

INTRAPROCEDURAL TIME OUT:

To be performed for secondary procedure, specimen and implant/graft verification

DEBRIEF: Surgeon and CST initiate together prior to final closure

ENTIRE TEAM

- Verify completed procedure(s)
- Instrument, sponge, & needle or other objects are counted & verified
- RF SCAN before skin closure verified
- Specimen Verification
- Acknowledge highlights and address opportunities for improvement



NEW PARADIGM FOR SURGEON: FROM CLINICAL LEADER TO TEAM LEADER

Surgeon sets stage for advocacy and assertion

Surgeon partners with team at Debrief—empowering team at end

- ❑ **SURGEON:** *“ Are we all ready to begin? If at any time you have any concerns don’t hesitate to share them. ”*

DEBRIEF: Surgeon and CST initiate together prior to final closure

KEEPING THE CHECKLIST...AND THE TEAM HONEST!

- *"One cannot forget that organizations tend to obtain the behaviors, cognitions, and attitudes that they measure and reinforce."*
—*Eduardo Salas et al J. Commission Qual Patient Safety 2011*

ACCOUNTABILITY—TEAMWORK AUDIT

Define expectations

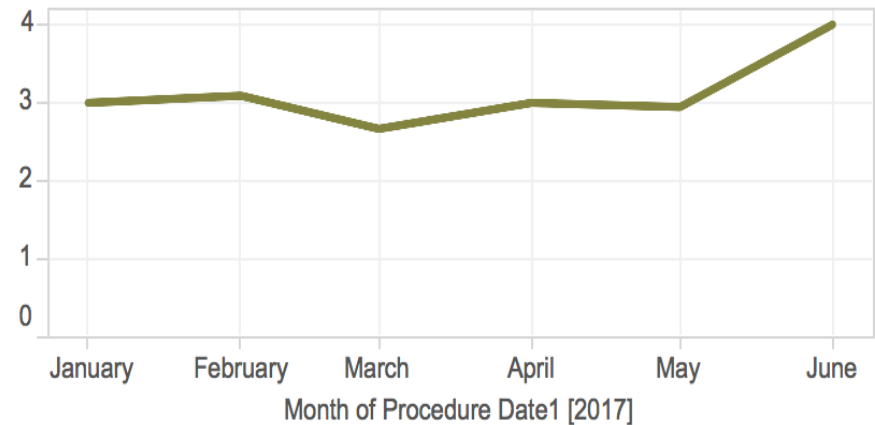
1. LEADERSHIP:

(Briefing) Team Member
Announces Time Out

- 1-No formal announcement that briefing is to start
- 2-Announced but leader does not assure that others have stopped other activities
- 3-PHYSICIAN announces the time out and calls for undistracted attention
- 4-All of metric 3 and team members introduce themselves to patient and/or team

Tracking compliance

1. Leadership: (Briefing) Team Member Announces Time Out



SUSTAINABILITY— PRUDENT TRAINING AND RETRAINING

- Safety onboarding for new staff and employees
- Baby STEPPS (focused on a few but critical tools)—**team events, SBAR/Checkback; inquiry/CUS**
- Simulation based interprofessional/interdisciplinary experiences—one hour quarterly session; 4 hours mandatory training
- Enlist the “star” surgeons to “show how it's done”

SURGEONS MODELING LEADERSHIP— RESPONDING TO INQUIRY/CUS



- Explains why
- Accepts feedback
- Acknowledges team member

BUILD THE OUTER LAYER SIMULTANEOUSLY: ORGANIZATIONAL LEADERSHIP DEFINES THE CULTURE

Vision Statement | *Kaiser Permanente is the safest system in which to receive and provide health care*

KP Safety Management System



KAISER PERMANENTE[®] SAFETY

Kaiser Permanente's approach is based upon safety that is systematic and uniformly applied across the entire organization and its processes. This Safety Management System focuses on accountability, reliability, and resilience in order to eliminate preventable injuries. It is grounded in a Just Culture, which acknowledges that most preventable harm is multifactorial, involving both the system and multiple individuals. These patient safety principles also apply to employee safety, as detailed in the Kaiser Permanente Comprehensive Workplace Safety Strategy.

ACCOUNTABILITY

The obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose results in a transparent manner; demonstrable commitment to safety is achieved with tactics in the following three categories:

1. Professionalism
2. Leadership
3. Oversight and Metrics



RELIABILITY

The ability of the healthcare system to consistently perform its intended function or mission, in spite of complexity and risk, without diminished performance or failure is achieved with tactics in three core domains:

1. People
2. Systems
3. Safety Science

RESILIENCE

The ability of physicians, other clinicians and employees, and the organization, to recover from setbacks, adapt well to change, and make improvements in the face of adverse events, while continuing to function, requires tactics for both:

1. Individuals
2. Organization



INSTITUTIONAL INFRASTRUCTURE TO SUPPORT LEADERSHIP AT ALL LEVELS

- Biweekly national safety huddles
 - Share reportable events, CSAs
 - All leaders invited to share
 - Emphasis on systems analysis and cause maps
 - Focus is **on Just Culture algorithm**—balance system and the individual to provide proper context of accountability
 - Focus on Second Victim
- Emphasize reporting of near misses—multiyear IHI partnership
- Resilience: Good catch awards



Leaders who transparently share data on deficits as well as accomplishments build good will and trust, signal seriousness about results, shape a culture of openness and inquiry, and encourage connection across boundaries.

QUESTIONS?

Stay in touch! Email teamtraining@aha.org or
visit www.aha.org/teamtraining



AHA TEAM TRAINING
TeamSTEPPS® available from AHA Team Training

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AHA Education