



## AHA Team Training

# Building Strength in Teams Using TeamSTEPPS

February 10, 2021

Sponsored by:



AHA CENTER FOR HEALTH

# INNOVATION

# Rules of Engagement

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

# Upcoming Team Training Events

## ***Webinars***

**February 25, 2020 | 12:00 – 1:00 PM ET**

[Register](#) for the webinar *Antimicrobial Stewardship and HAI Infection Prevention: Insights from COVID-19*.

**March 10, 2020 | 1:00 – 2:00 PM ET**

[Register](#) for the webinar *Simple STEPPS for Engaging Physician Partners to Sustain Your Safety Culture*

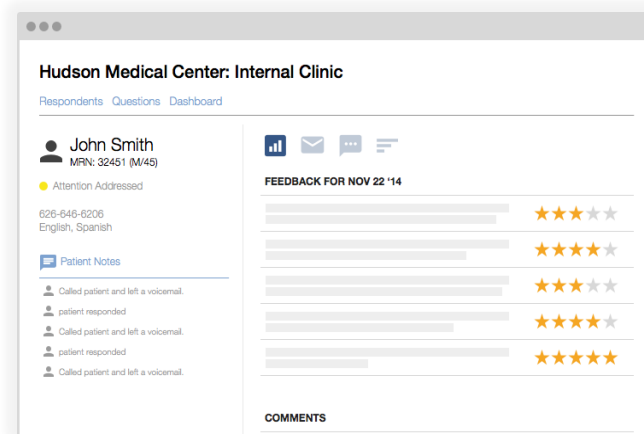
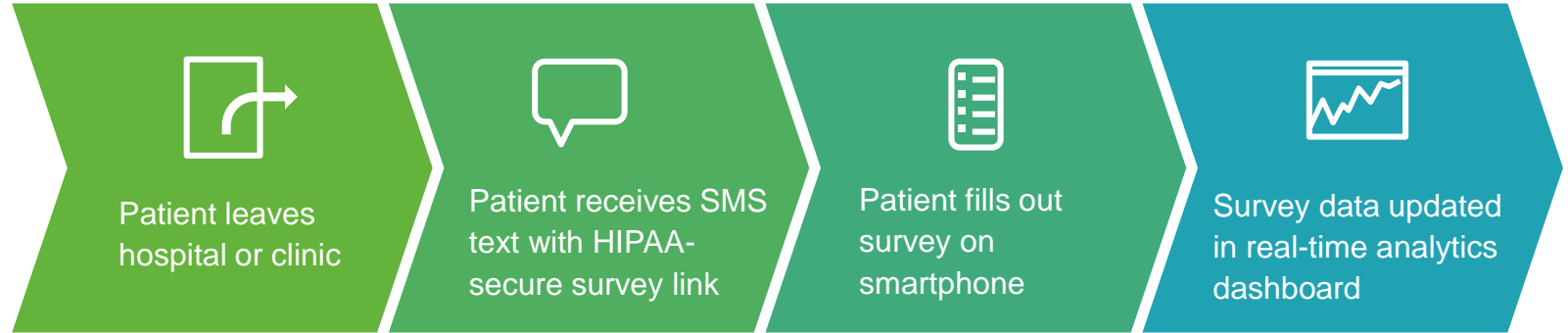
## ***Online Community Platform***

[Join Mighty Network](#) to access exclusive content and connect with your peers to share stories, tools, and content.

We help health systems  
improve their patients' &  
employee experience  
through real-time  
feedback and service  
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Quality  
Reviews

# How it Works



## Some Notable Clients



Memorial Sloan Kettering  
Cancer Center



Mount  
Sinai



VANDERBILT  HEALTH



ROCHESTER  
REGIONAL HEALTH



**Edward Shin, MD**  
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New York, NY 10001

# Today's Presenter



**Sanne Holbrook Henninger,  
MSW, LCSW, Ed D**

Patient Experience Director Duke  
Private Diagnostic Clinics

[Sanne.Henninger@duke.edu](mailto:Sanne.Henninger@duke.edu)



# Today's Objectives

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## Participants will..

1. Learn how to evaluate the dynamics of a highly stressed team and develop an action plan.
2. Review the key concepts and factors of a strong team.
3. Learn a sequence of events for how to evaluate a team, align co-leaders, create an intervention plan and for each concept identify the most appropriate activity.
4. Learn how to use the 1-2 provided activities with your team.
5. Understand sustainment planning guidelines in relation to developing long-range plans.



YEARS

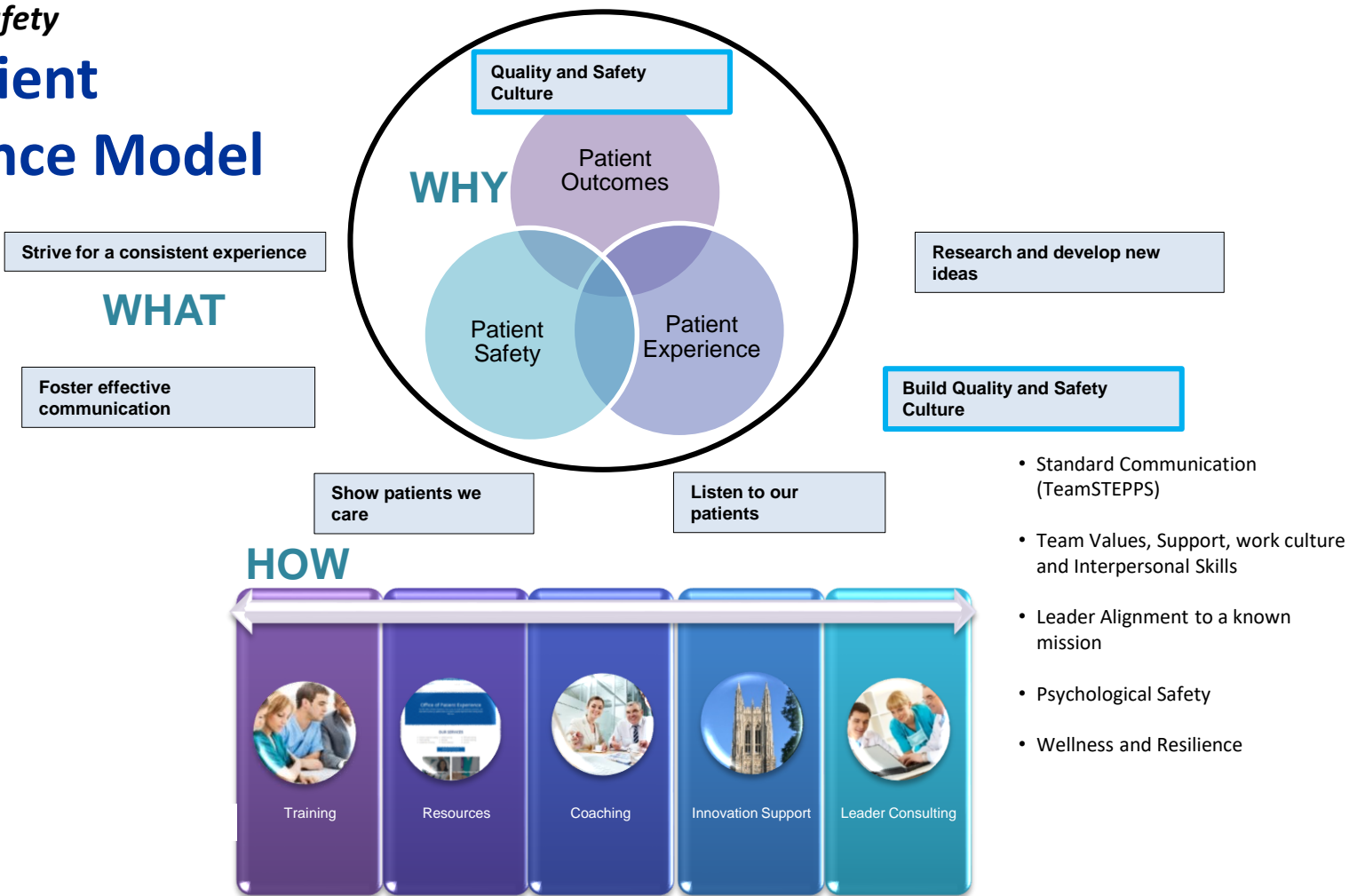
## **Building Strength in Teams Under Stress A Collection of Best Practices**

*Caring for Our Patients, Their Loved Ones, and Each Other*

Sanne Holbrook Henninger, MSW, LCSW, Ed D – Patient Experience Director

Quality and Safety

# PDC Patient Experience Model





# High Stress Teams and Safety Culture

The Joint Commission measures teamwork communication and resilience as related to sentinel events. Safety and quality of patient care is dependent on resilience, teamwork, communication, and a collaborative work environment.

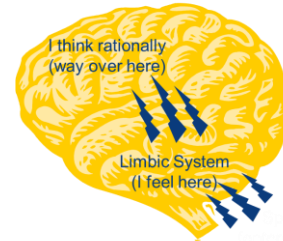


**Physician and Clinical staff relations=**

**#1 predictor of clinical outcomes**



**Difficulties Speaking Up=**



**Stress impairs our brains=**  
Poor responses to one another, reduced capacity for decision-making



**#1 source of conflict=**  
Disagreements around tasks and roles between nurse and provider

RESEARCH ARTICLE  
Workplace interpersonal conflicts among the healthcare workers: Retrospective exploration from the institutional incident reporting system of a university-affiliated medical center

Jin-Shan Jiang<sup>1</sup>, Guo-Pei Huang<sup>1</sup>, Hui-Wen Liang<sup>1</sup>, Li-Chin Chen<sup>1</sup>, Chia-Kuei Lin<sup>1</sup>, Hsiao-Feng Huang<sup>1</sup>, Wang-Yuan Shiao<sup>1</sup>, and Cheng-Shan<sup>1</sup>





# Common Teamwork Issues in Healthcare

*Stay tuned for upcoming programs to tackle complicated scenarios through AHA Silence Kills –*

7 most common difficult healthcare conversations (VitalSmarts)

- Broken Rules
- Mistakes
- Lack of support
- Incompetence
- **Poor Teamwork**
- Disrespect
- Micromanagement

## Most common consulting requests

- **Employee conflict**
- **RN/Provider communication**
- **Teamwork coordination**
- **Team stress and support**

## Your Requests for today

- Problem-solving while overwhelmed staff
- Online training engagement
- Provider leaders not bought in to teambuilding
- Psychological safety when leaders don't display it
- Changing staff
- Training leaders on these skills



# Agenda



1. Psychological Safety for Building Strength in Teams Recap
2. Selection of best practices per section
3. Review of common healthcare teamwork barriers
4. Selection of Case Studies
5. Assessment and Solutions for case studies





# September Recap: Tools for Building Strength in Teams

Link: [Building Strength in Teams Full program Overview](#)

## 1. Leadership Foundations

- a) Leadership Alignment and Assessment
- b) Building Psychological Safety
- c) Rounding
- d) Leading Change

## 2. Team Strengtheners

- a) Structures for Communication
  - i. Coordination of professions/roles
  - ii. Meeting Structures
  - iii. Task Assistance

## b) Team Values and Support

- i. Team identified Values
- ii. Coaching and Education
- iii. Team Support
- iv. Conflict Management





# Related Recorded Modules

*These are difficult times*

## Purpose:

To support healthcare leaders in building team strength in the face of extreme stress by providing support, guidelines, activities and resources.

## Outline of the program:

First, listen to the

[Building Strength in Teams Full program Overview](#)

The Modules Detail the Overview Concepts:

Module #1 [Leadership Alignment](#)

Module #2 [Assessment and Planning here](#)

Module #3 [Psychological Safety and Rounding](#)

Module #4 [Change Management](#)

Module #5 [TeamSTEPPS and Team Values](#)

[Case Study here](#)





# The Case Story from Mary's (Clinic Manager) Perspective

## *The Full Story*

- **Mary manages** a busy clinical area that has undergone a tremendous amount of **stress**.
- In addition to COVID, their medical director left the state for another position and **Mary was asked to take on an additional clinic**.
- She also **lost her nurse manager and office staff manager** a month ago but has hired Joshua as the new nurse manager and temporarily as the office staff manager.
- Alena is the new medical director and new to this role.
- The clinic has experienced **low-staffing, changing staffing models, new employees, merged clinics** with different philosophies has lost the constant in-person presence of the manager and medical director.
- Staff have complained that they get different answers from the leaders depending on who they ask.



# The Case Story from Mary's (Clinic Manager) Perspective

## *Focus List*

1. High degree of stress related to changes and staffing
2. New leadership team, new to the organization and their roles



# Joshua (Nurse Manager) Perspective

## *The Full Story*

- Joshua (nurse manager) has noticed that the clinical staff are **divided** between new staff, old staff and between those of different clinics joined together.
- There is **negativity, blame and gossip** about one another amongst and between clinical staff and office staff.
- There was a hallway incident with **two nurses in conflict** related to **poor communication**.
- The clinical staff also think that the **providers are abrupt and unfriendly** in their requests and that the office staff just don't understand why they can't answer the phone as they would wish.
- There just hasn't been enough time to connect as a leadership team to discuss these issues.



# Joshua (Nurse Manager) Perspective

## *Focus List*

1. Clinic conflict
2. Clinical Staff Coordination



# Alena (Medical Director) Perspective

## Full Story

- Alena has heard from her providers that they are **frustrated with the clinical staff** not rooming patients appropriately and not following their preferences.
- The **providers are so stressed** and need clinical staff to do exactly what they need.
- Alena is aware of the clinical staff conflict and has tried to get involved.



# Alena's (Medical Director) Perspective

## *Focus List*

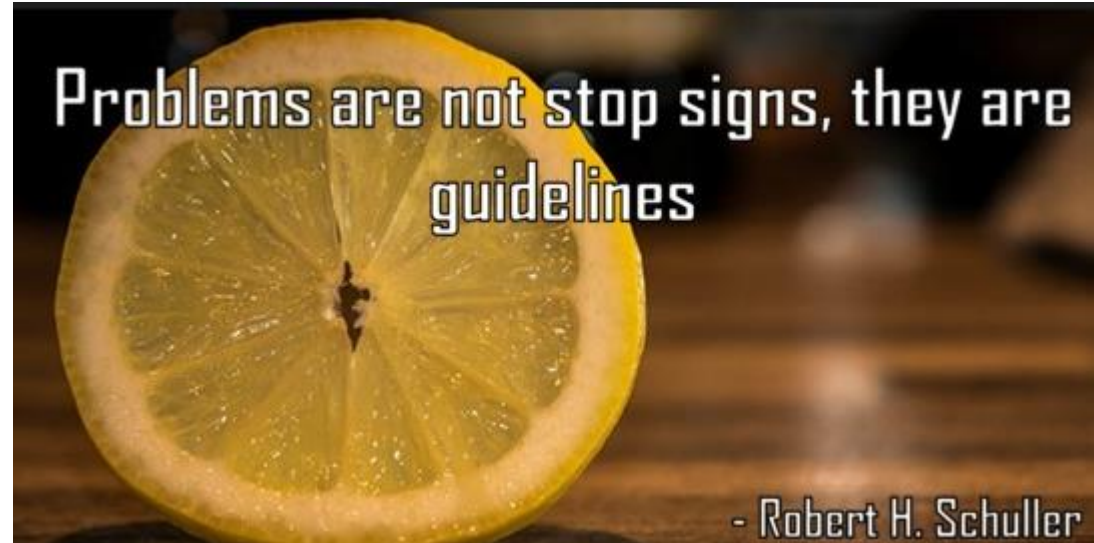
1. Provider Stress
2. Coordination between providers and clinical staff



# Create One Focus List



1. New leadership team
2. Employees stress
3. Communication in a new clinical team
4. Conflict
5. Provider and Clinical Staff Coordination





# Ask the right questions





- How does our absence impact our team?
- Does the team foster an atmosphere of open communication with behaviors towards one another and comfort in speaking up?
- Do we have the right kind of meetings?
- Are there other communication breakdowns that need addressing?
- Do team members know how to manage conflict?
- Do we as a leadership team show a united front?
- Are team members clear on their roles with one another?






# Get Organized





Focus List 	Leader perspectives of causes and impact 	Goals	Team STEPPS TOOLS or Activities *Build your action plan
1. New Leadership Team	Turnover caused increased stress and confusion		SEE NEXT SLIDE
2. Stressors of change	Related to COVID, constant change and not enough time to process, learn and grow		
3. Communication in a newly forming team	Communication breakdowns due to new processes		
4. Conflict	Stress contributing to poor behaviors, interpersonal skills are lacking and there is not conflict management protocol		
5. Provider Clinical Staff Coordination	Changed processes, no debriefs or collaboration to review changes		

**Each focus area could be organized separately with A3 or SBAR**

# Get Organized

Focus List 	Leader perspectives of causes and impact 	Goals 	TeamSTEPPS TOOLS or Activities *Build your action plan
<b>1. New Leadership Team</b>	Turnover caused increased stress and confusion	Leadership more available but in creative ways. Leaders aligned in responses and mission.	
<b>2. Stressors of change</b>	Related to COVID, constant change and not enough time to process, learn and grow	Resilient team with coping strategies as individuals and as a team. Offer resources, encourage team support, ask for ideas on efficiency	
<b>3. Communication in a newly forming team</b>	Communication breakdowns due to new processes	Streamlined communication with relevant tools and the right meetings	
<b>4. Conflict</b>	Stress contributing to poor behaviors, interpersonal skills are lacking and there is not conflict management protocol	Conflict often prevented, strong interpersonal skills, conflict protocol and values	
<b>5. Provider Clinical Staff Coordination</b>	Changed processes, no debriefs or collaboration to review changes	Team is clear on roles and helpful to one another, team understands the stressors and needs of other professions	

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# \*Build your action plan

*(expansion of Tools column on previous slide)*

Focus List	Tools	Who
1. New Leadership Team	Leadership alignment activity.	All Leaders
2. Stressors of change	Cross Understanding for Team Empathy Can and Can't control activity Three questions for 3 professions	Mary
3. Communication in a newly forming team	Team Values Task Assistance	Joshua
4. Conflict	Team Values Psychologically Safe Communication EQ Conflict Education	Joshua
5. Provider Clinical Staff Coordination	Three questions for 3 professions Briefs/Debriefs	Alena





# Focus: New Leadership Team

Focus List	Tools	Who	When
New Leadership Team	<b>Leadership alignment activity</b>	Mary, Joshua and Alena	



# Leadership Alignment Activity

**The Goal:**

To be and be seen as a **United front** and offer consistent, positive approaches to patient and staff care.

**To answer as an individual first:**

- How aligned am I with recent changes I am supposed to lead?
- In what ways am i aligned/not aligned with my clinic and senior leaders?



Leadership Alignment Questions	
How do we prefer to communicate with each other and in the clinic?	
Are our roles as leaders clear to each other and to our staff?	
Do we appear as a united front?	
How will we manage performance issues?	
What patterns in issues do we observe that we can plan better for?	
What is our united approach for dealing with clinic conflict?	
Where do we agree we need to focus for teamwork?	

# What do you think?



*Where do they need to focus first?*

Chat some ideas in the chat box.



# Leadership Alignment Activity

# Case Study

Leadership Alignment Agreements	
<b>1. How do we prefer to communicate and meet with each other and in the clinic?</b>	<p>We will meet regularly as a leadership team and start with a one-hour meeting to further detail logistics and plans. We will have a daily brief for 5 minutes with a set agenda.</p> <ul style="list-style-type: none"><li>○ Safety concerns</li><li>○ Clarity for staff communication of issues</li><li>○ Observations of communication issues</li><li>○ Needs of one another</li></ul>
<b>2. Do we appear as a united front and are we consistent with our responses?</b>	<p>We will jointly present at staff meetings or have contributed to the agenda in support of attending leaders.</p> <p>We will not respond to staff questions that involve the whole clinic without consulting one another first.</p>
<b>3. What is our united approach for dealing with clinic conflict?</b>	<p>We will ensure that conflict is managed by clinic manager and nurse manager unless a provider is involved. All leaders will participate in resolution plans but primarily Mary (as opposed to the medical director Alena).</p>





# Focus: Stressors of change

Focus List	Tools	Who	When
Stressors of change	<b>Cross Understanding for Team Empathy</b> <b>Can and Can't control activity</b> <b>Three questions for 3 professions</b>	Mary Clinic Manager	

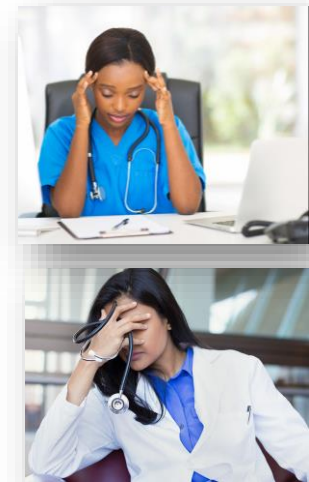


# Cross “understanding”

## *Team Empathy for Stress*

### Cross Understanding Activities

1. Ask one employee per profession to learn about the “life in the day of” the other professions
2. Employees can do employee rounding with these two questions and report back:
  - a) What is the most difficult stressor for you during the day?
  - b) What part of your job might surprise other professions?
3. This is about understanding and not about problem-solving. Keep the questions focused on **empathetic learning**.



## Case Study

### Empathetic Learning that Occurred

- Office staff realized why clinical staff did not always answer the phone quickly
- Clinical staff learned about the provider collective and personal stressors
- Providers began to understand the stress they cause clinical staff

# Bridging Communication Tool Role Clarity



My Profession _____	Other Profession _____	Other Profession _____
What do they need from us? (how can we contribute better to the team)		
What do we need from them?		
What do we appreciate in them?		



# Bridging Role Clarity for Clinical Staff



## What we need

## Case Study

- Providers: please be clear, timely and open to questions. We want to support you!
- **Please Brief with us** for a few minutes each morning
- Some appreciation at times helps us
- Please use the **flags on the doors**
- **Please direct your needs to the nurse supporting you** that day as best you can



## What we could do better

- Collaborate more as a team when a day changes and gets hectic.
- **Notify the front desk** as often as we can about delays
- Coordinate our mornings to help each other **room the first patients more quickly** for the providers to help their schedule
- Avoid being negative about change. This impacts everyone negatively.
- Be accepting of change and remember the focus - the patient.
- Getting overwhelmed and supporting each other in those moments

# Managing Change

Change is **scary** to our brains. It represents lack of stability and safety.

Brains Ask these 3 questions (so answer these questions in your messaging):

- **Why should I?** (I need buy-in!!)
- **Can I do this?** (I am anxious!!)
- **Do I have any control here?** (Give me a plan)



**FOCUS HERE**

Change causes us to go through all the stages of grief.

Teams go through stages Too – help move them along with acknowledgment

<b>Shock*</b>	• Initial paralysis at hearing the bad news.
<b>Denial</b>	• Trying to avoid the inevitable.
<b>Anger</b>	• Frustrated outpouring of bottled-up emotion.
<b>Bargaining</b>	• Seeking in vain for a way out.
<b>Depression</b>	• Final realization of the inevitable.
<b>Testing*</b>	• Seeking realistic solutions.
<b>Acceptance</b>	• Finally finding the way forward.

# Gaining a Sense of Control with Plans

## Activity with Staff

# Case Study

What can we control? What can't we control and what will we do about it?

Degree of Control	Events	What we will do
<b>Can Control</b>	<ul style="list-style-type: none"><li>• How we treat each other</li><li>• How we communicate</li><li>• Our safety protocols</li><li>• <b>New efficiency ideas with providers</b></li></ul>	<ul style="list-style-type: none"><li>• Follow protocols</li><li>• Watch our responses to one another when under stress.</li></ul>
<b>Cant Control</b>	<p><b>is what we can't control:</b></p> <ul style="list-style-type: none"><li>• COVID related changes</li><li>• <b>Constant staff change</b></li><li>• <b>New questions now required to ask patients</b></li><li>• <b>No time to solve problems!</b></li></ul>	<ul style="list-style-type: none"><li>• Support one another with appreciation and concern</li><li>• <b>Develop scripting</b></li><li>• <b>More Briefs and Debriefs with new staff</b></li><li>• Use problem-solving techniques in <b>short increments and via email</b></li></ul>



# Build your action plan

Focus List	Tools	Who	When
Communication in a newly forming team	<b>Team Values</b> <b>Task Assistance</b> <b>Debriefs</b>	Joshua	





# The Power of Team Values

## Activity OUR VALUES!

1. Ask the Team: “What is important to our team?” and “What behaviors do we expect from one another?”
2. Turn those answers into Statements that guide their work together.

### Examples (Providers/Staff):

- We will watch our stress levels and be careful how we respond to one another.
- We will manage disagreements early and with care so that relationships stay strong.
- We will look for ways to help each other.
- We need to manage appropriately without talking about others or responding poorly.
- We will not be passive or aggressive, only assertive.

- Interview (round) on employees for key themes related to Team Values
- Share key themes in a meeting and have small groups report-out for clarification and choice of non-negotiables
- Post in breakrooms
- Put on the back of team meeting agendas
- Use in coaching discussions
- Have teams or individuals do a self-evaluation related to the non-negotiables
- Review with the team quarterly







# Task Assistance or “Helpfulness”

## Two Different Philosophies:

*“I shouldn’t have to ask for help, staff should notice and help me.”  
(It’s hard to ask for help but important for patient safety. Also, be sure you are not asking for help because you were disorganized)*

*“I shouldn’t have to offer help, staff should ask.” (Yes, but if you have a spare moment, find some way to be helpful.)*

## The Truth (in this order):

*#1. If you need help, ask for it.*

*#2. If you can, offer help.*



# Case Study

## Our Team Values for Helping Each Other

- If you need help, it is your responsibility to ask for help and not wait to be noticed.
- If you see someone in need of help, offer assistance “I have 5 minutes.”
- If you cannot help and are asked, be gracious about it and include a “yes”. “Yes, I can’t help now but I could in a few minutes.”
- Collaborate on “help”: “I have an idea, if you can do this... I can do this..” (particularly between providers and clinical staff).
- If you are assigned to assist someone, work to your fullest so that you do not have to be asked.

# Debriefs Clinical Staff and Providers

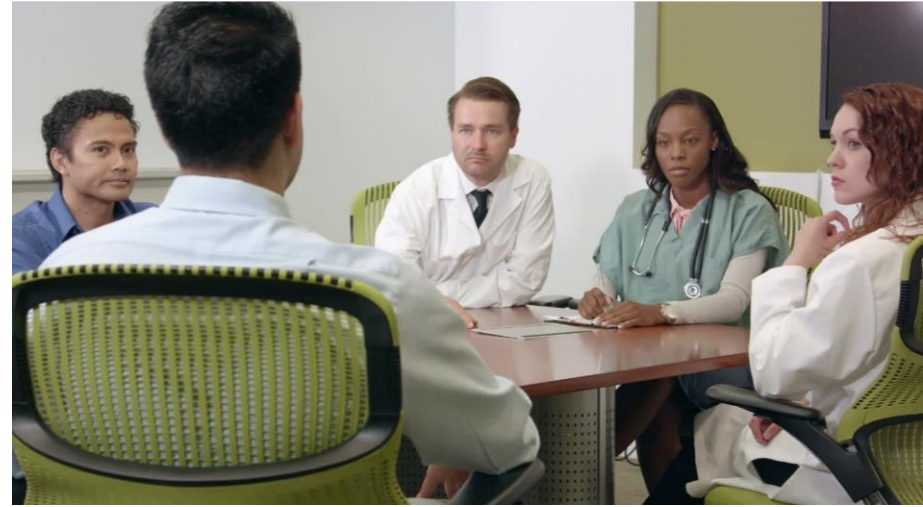
## Debrief Outcomes:

- Review of new ideas tried
- Opportunity to share concerns in a learning environment
- Resolutions
- Appreciations and positivity

Each provider was paired with a clinical staff.

## Weekly 5 minute Debrief:

- What went well that I appreciate
- What did you need from me
- What I could have done better



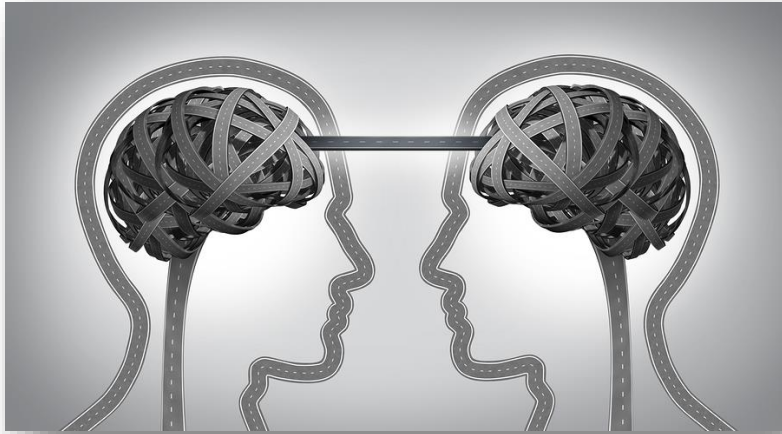
## Case Study

- Providers not giving instructions to patients
- Inconsistent use of whiteboard and rooming flags, some do and some don't
- Everyone needs to attend huddle (if not, read electronic huddle)



# Build your action plan

Focus List	Tools	Who	When
<b>Conflict</b>	<b>Psychologically Safe Communication</b> <b>Team Values for Psychological Safety</b> <b>EQ Conflict Education</b>	<b>Joshua</b>	

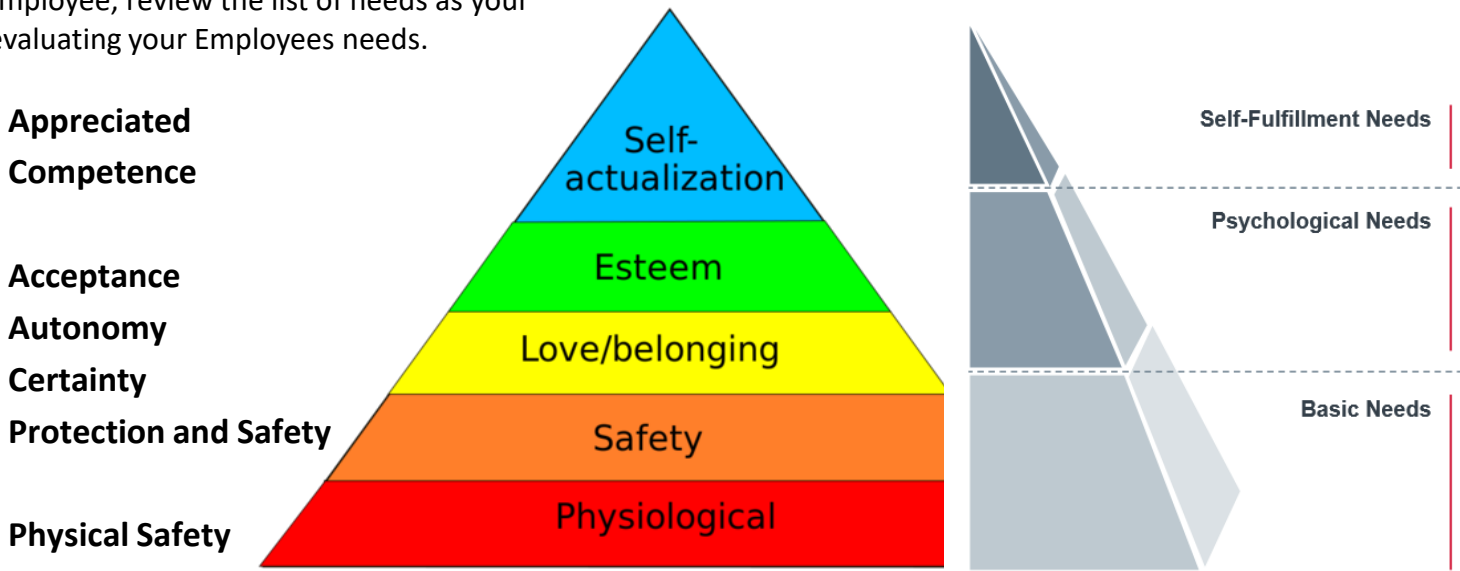


# Psychological Safety

*Help other to manage ANXIETY at 5 levels*

**Psychological safety** is a shared belief that the team is **safe** for interpersonal risk taking. It can be **defined as** "being able to show and employ one's self without fear of negative consequences of self-image, status or career" (Kahn 1990, p. 708).

For each employee, review the list of needs as your guide for evaluating your Employees needs.





# Team Value Our Language for Helping

## Ask for help as a team member:

“Is this a good moment? I have a small task that would help me. I hope I can assist you later today.”

Say no with care. “I really apologize, I can’t right now but will be able to in about 15 minutes.”

“I have a quick question if you have time.”

## Check-in with others before making a request.

“Is this a good moment?”

“Is this a good time for me to ask you a question?”

## Approach it from a learning perspective:

“Can you help me learn about ...?”

“I saw and wondered...”

“I have a question if you have time...”



## Case Study:

- Reviewed at clinical staff meetings
- Joshua used this list in his monthly rounding with employees to ask about team progress



# Team Value for Conflict Management



- We will make every effort to speak with each other directly.
- If that is not possible, we can speak with a leader. If we were not comfortable going to one another first, we will explain that if a meeting with our leader needs to take place.
- Our leader will give us perspective and encourage us to speak to one another directly.
- If that is unsuccessful, we may return to our leader who will then invite the other employee to join us.
- If we get “called in” we will remember that this was to protect us from being talked about without a voice.

AGREEMENTS

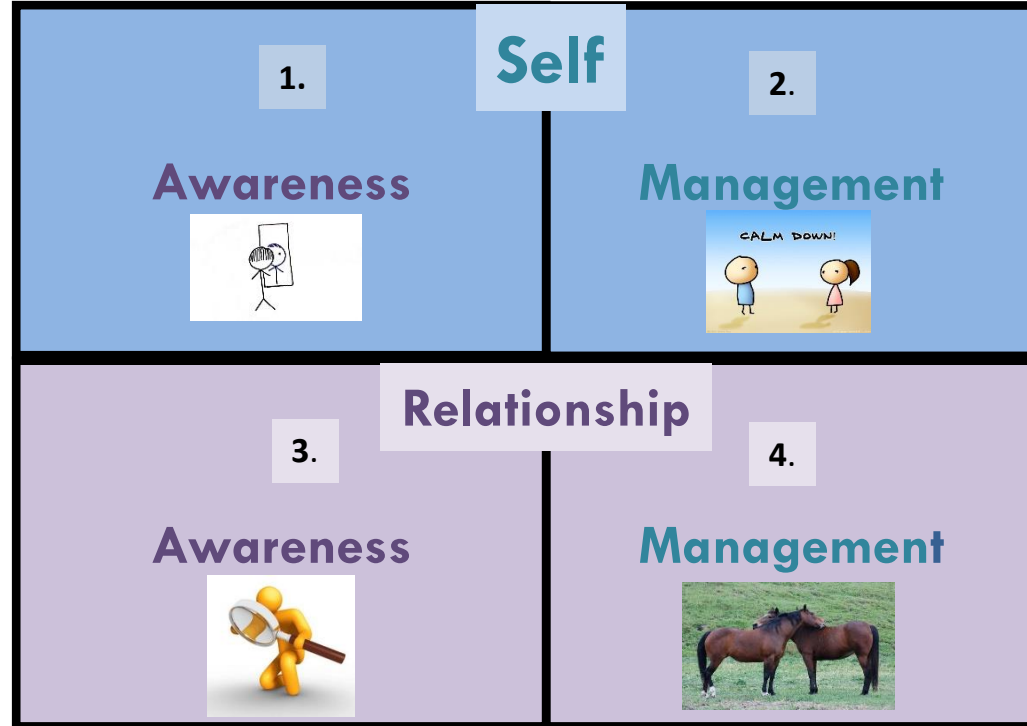






# Education for Staff on Emotional Intelligence

1. 15 minute online program at their convenience
2. Live/zoom facilitation with breakout rooms in 30 minute staff meeting
3. Learning incorporated into Huddles and Team Values



# Education for Staff: EQ Conflict Worksheet



<b>Self Awareness</b> What part do I play? How do (did) I come across? What needs did I have?	<b>Self-Management</b> How well do I manage my emotions and stay focused on the relationship? What can I do in the future to ensure I manage my stress/emotions in advance of a difficult interaction?
<b>Self</b>	
<b>Relationship Awareness</b> Where are they coming from? What real needs do they have that my not have been expressed? What needs do they have of me?	<b>Relationship Management</b> Have I kept the relationship as the primary goal over anything else? How can I better show that? What patterns can I predict and prepare for now?

**Relationship**







# Build your action plan

Focus List	Tools	Who	When
Provider Clinical Staff Coordination	<b>SBAR</b> <b>Briefs/Debriefs</b>	<b>Alena</b>	



# SBAR

A framework for team members to effectively communicate information to one another under all circumstances (even when stressed).

## Situation

*What is going on?*

## Background

*What is the clinical background or content?*

## Assessment

*What do I think the problem is?*

## Recommendation and Request

*What would I need to do?* [SBAR Video](#)  
(2 min 25 sec)

# Case Study:

Clinical staff used an SBAR checklist as part of communication with providers in Briefs and as a nursing Triage template







# Debrief Provider and Clinical Staff Example

Question	Clinical Staff member	Provider
Needs of you	Follow my lead	Keep me organized ☺ Just let me know what the overall plan is
I Can ...	Place paper work in the order that I need them on your desk	Follow your lead
Appreciation	Thank you for your passion and willingness to coordinate with me	Thank you for helping me so much through the day. I know I am disorganized.





# \*Build your action plan

*(expansion of Tools column on previous slide)*

Focus List	Tools	Who
1. New Leadership Team	Leadership alignment activity.	All Leaders
2. Stressors of change	Cross Understanding for Team Empathy Can and Can't control activity Three questions for 3 professions	Mary
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4. Conflict	Team Values Psychologically Safe Communication EQ Conflict Education	Joshua
5. Provider Clinical Staff Coordination	Three questions for 3 professions Briefs/Debriefs	Alena



# A Stronger Team



[Click here to view the AHA website with information, resources and evidence based research related to building stronger teams](#)



Private Diagnostic Clinic, PLLC





# THANK YOU

## Building Strength in Teams

*Caring for Our Patients, Their Loved Ones, and Each Other*

Sanne H. Henninger, MSW, LCSW, EdD – Patient Experience Director

# Facilitating a Conflict Conversation



1. Ask employees to complete the worksheet in advance of the meeting.
2. Review it with them individually in advance of joint meeting. Share how you will conduct the meeting.
3. Schedule a time to meet and facilitate the conversation.
  - a) Establish a goal
  - b) Have each employee share the self awareness and self management sections.
  - c) Each shares their perspective from the relationship awareness sections.
  - d) Help to clarify perspectives. Search for tangible, tactical changes related to roles, operations.
  - e) End with very specific changes and next steps. Be sure to schedule a follow-up meeting before departing.
4. Have a follow-up meeting.
5. Review progress on the agreements and next steps.







**Questions? Stay in Touch!**

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