Integrating Simulation into TeamSTEPPS: A Tool to Promote Collaborative Practice in a Clinic Setting

Pat Francis-Johnson, DNP, RN
Sharon Decker, PhD, RN, ANEF, FAAN
Kathryn Whitcomb, DNP, RN, CHSE
Sandra Caballero, RN, MSN, CHSE
Melissa S. Leal, MSN, RN, CHSE

June 15-18, 2016
Gaylord Texan Resort
Grapevine, TX
Continuing Nursing Education

INASCL is an accredited ANCC provider
Disclosures

Conflict of Interest

- Patricia G. Francis-Johnson, Sharon Decker, Kathryn Whitcomb, Sandra Caballero, and Melissa S. Leal report no conflict of interest

- Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest

- Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest

Successful Completion

- Attend 90% of session
- Complete online evaluation
Upon completion of this presentation, participants will be able to:

Describe how TeamSTEPPS training which included clinic specific simulations, improved the communication and team behaviors of a clinic’s interprofessional personnel
Overview
Overview

Federally funded
Underserved area

Area Map of Texas Showing TTUHSC and Combest Center Service Area
Overview: Interprofessional Collaborative Practice (IPCP) Program

Aims:

Promote cardiovascular risk reduction in Chronic Disease Management

Provide enabling services to enhance the quality of care to the most vulnerable and high risk populations

Provide opportunities for interprofessional teaching and learning experiences
Pre-Assessment

Team Performance Observation Tool: TeamSTEPPS

Observations

Recommendations:
  - Training of entire staff
  - Administrative support
Team Performance Observation Tool: TeamSTEPPS

- Pre-assessment
- 2 months after training
- Q 6 months to determine “booster timeframe”
Process

Selection and modification of TeamSTEPPS Course

Champions identified from clinic staff

Champions attend two day Train-the-Trainer course

Trainers developed change project to implement at clinic

Staff trained over two months by Trainers
Process

Training included pre and post surveys

Training consisted:

AM: TeamSTEPPS fundamentals course

PM: Simulation with scenarios related to clinic role and included standardized patients
Scenarios

Short 2 minute vignettes

All recorded – view by other

Followed by debrief

SP as patients or “obstructive” personnel

Designed

Around identified challenges

Specific to personnel attending
Scenario Development: Example

Assigned 2 participants to an office like setting to develop a program for the elderly on healthy nutrition

SP enters the office with out knocking and states "I just heard about the new endeavor related to promoting healthy nutrition for the elderly, Don’t you think this is a waste of money and time. We’ve tried this over and over again – so... what’s you plan?” (Pulls up a chair and sits down)
Scenario Development: Example

Assigned healthcare provider to obtain a health history of a client (SP). While obtaining the health history another SP comes into the room and states “Excuse me, I just put Mr. Joe Smith, your next patient who has a history of mental illness in room #6. He was acting inappropriately in the waiting room and the other patients were complaining about him.”
Demographics of attendees

**Age**
- Total: 50%
  - 18-29: 2%
  - 30-39: 16%
  - 40-49: 17%
  - 50-59: 7%
  - 60+: 8%

**Education**
- Total: 53
  - NA, 1
  - High School, 13
  - Associate or Diploma, 19
  - Bachelors, 5
  - Masters, 12
  - Doctorate, 3

**Gender**
- Total: 53
  - Male, 4
  - Female, 49

**Role**
- Total: 53
  - Admin, 11
  - CHW, 4
  - Health Provider, 2
  - Other, 11
  - Social Worker, 2
TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ)

Instructions: Please respond to the questions below by placing a check mark (✓) in the box that corresponds to your level of agreement from Strongly Agree to Strongly Disagree. Please select only one response for each question.

Team Structure

1. The skills of staff overlap sufficiently so that work can be shared when necessary.
2. Staff are held accountable for their actions.
3. Staff within my unit share information that enables timely decision making by the direct patient care team.
4. My unit makes efficient use of resources (e.g., staff supplies, equipment, information).
5. Staff understand their roles and responsibilities.
6. My unit has clearly articulated goals.
7. My unit operates at a high level of efficiency.

Leadership

8. My supervisor/manager considers staff input when making decisions about patient care.
9. My supervisor/manager provides opportunities to discuss the unit’s performance after an event.
10. My supervisor/manager takes time to meet with staff to develop a plan for patient care.
11. My supervisor/manager ensures that adequate resources (e.g., staff supplies, equipment, information) are available.
12. My supervisor/manager resolves conflicts successfully.
13. My supervisor/manager models appropriate team behavior.
14. My supervisor/manager ensures that staff are aware of any situations or changes that may affect patient care.

PLEASE CONTINUE TO THE NEXT PAGE
TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ)

Instructions: Please respond to the questions below by placing a check mark (✓) in the box that corresponds to your level of agreement from Strongly Disagree to Strongly Agree. Please select only one response for each question.

### Team Structure

1. It is important to ask patients and their families for feedback regarding patient care.
2. Patients are a critical component of the care team.
3. This facility's administration influences the success of direct care teams.
4. A team's mission is of greater value than the goals of individual team members.
5. Effective team members can anticipate the needs of other team members.
6. High performing teams in health care share common characteristics with high performing teams in other industries.

### Leadership

7. It is important for leaders to share information with team members.
8. Leaders should create informal opportunities for team members to share information.
9. Effective leaders view honest mistakes as meaningful learning opportunities.
10. It is a leader's responsibility to model appropriate team behavior.
11. It is important for leaders to take time to discuss with their team members plans for each patient.
12. Team leaders should ensure that team members help each other out when necessary.

PLEASE CONTINUE TO THE NEXT PAGE
Collaborative Practice Assessment Tool (CPAT)

Collaborative Practice Tool

The content in the following statements contain items relevant to collaborative practice. Please respond to each statement from the perspective of the specific patient care team you work with most often.

<table>
<thead>
<tr>
<th>Mission, Meaningful Purpose, Goals</th>
<th>Strongly Disagree</th>
<th>Mostly Disagree</th>
<th>Somewhat Disagree</th>
<th>Mostly Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our team mission embodies an interprofessional collaborative approach to patient/client care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Our team's primary purpose is to assist patients/clients in achieving treatment goals.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Our team's goals are clear, useful and appropriate to my practice.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Our team's mission and goals are supported by sufficient resources (skills, funding, time, space).</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. All team members are committed to collaborative practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Members of our team have a good understanding of patient/client care plans and treatment goals.</td>
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<tr>
<td>8. There is a real desire among team members to work collaboratively.</td>
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<td></td>
</tr>
</tbody>
</table>

General Relationships

| 9. Respect among team members improves with our ability to work together.                      |                   |                 |                   |             |                |
| 10. Team members care about one another's personal well being.                                |                   |                 |                   |             |                |
| 11. Socializing together enhances team work effectiveness.                                    |                   |                 |                   |             |                |
| 12. It is enjoyable to work with other team members.                                          |                   |                 |                   |             |                |
| 13. Team members respect each other's roles and expertise.                                     |                   |                 |                   |             |                |
| 14. Working collaboratively keeps most team members enthusiastic and interested in their job.  |                   |                 |                   |             |                |
| 15. Team members trust each other's work and contributions.                                   |                   |                 |                   |             |                |
### TeamSTEPPS Teamwork Perceptions Questionnaire-T-TPQ

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Mean</th>
<th>SE</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3.54</td>
<td>0.21</td>
<td>0.13</td>
<td>0.1133</td>
</tr>
<tr>
<td>team structure</td>
<td>3.51</td>
<td>0.3</td>
<td>0.16</td>
<td>0.063</td>
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<tr>
<td>Leadership</td>
<td>3.74</td>
<td>-0.01</td>
<td>0.18</td>
<td>0.9379</td>
</tr>
<tr>
<td>Situation Monitoring</td>
<td>3.46</td>
<td>0.19</td>
<td>0.15</td>
<td>0.2015</td>
</tr>
<tr>
<td>Mutual Support</td>
<td>3.47</td>
<td>0.29</td>
<td>0.16</td>
<td>0.0832</td>
</tr>
<tr>
<td>Communication</td>
<td>3.53</td>
<td>0.29</td>
<td>0.11</td>
<td><strong>0.0109</strong></td>
</tr>
</tbody>
</table>
TeamSTEPPS
Teamwork
Attitudes
Questionnaire-
T-TAQ

Improvements on T-TAQ Overall and Subscales

- Communication: 3.75, Improvement: 0.4
- Situation Monitoring: 4.16, Improvement: 0.4
- Leadership: 4.4, Improvement: 0.32
- Team Structure: 4.12, Improvement: 0.54
- Overall: 3.71, Improvement: 0.36
Collaborative Practice Assessment Tool (CPAT)

Improvements on CPAT Overall and Subscales

- Community Linkages and Coordination of Care: 5.41, 0.45
- General Role Responsibilities, Autonomy: 4.76, 0.56
- Team Leadership: 4.78, 0.44
- General Relationship: 5.15, 0.56
- Overall: 5.05, 0.32
### Summary of Statistics

<table>
<thead>
<tr>
<th>T-TPQ</th>
<th>T-TAQ</th>
<th>CPAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveys</td>
<td>Surveys</td>
<td>Surveys</td>
</tr>
<tr>
<td>Pre - 43</td>
<td>Pre - 44</td>
<td>Pre - 43</td>
</tr>
<tr>
<td>Post - 33</td>
<td>Post - 33</td>
<td>Post - 32</td>
</tr>
</tbody>
</table>
Significance of Statistics

- Significant improvement in communication
- TeamSTEPPS Training with simulation results in improvement in Team performance
Pulling staff away from their jobs

Providing time for training that is not perceived as having an impact the quality of patient care

Convincing skeptical staff member that this is an ongoing process and the commitment to change process
Outcomes: Challenges

Maintaining an environment of excitement and of ongoing training, improvement and positive change

Assuring that all training and activities are appropriate for staff job role and level of understanding

Integration of teamwork behaviors at the point of care
Outcomes: Achievements

Nonclinical staff felt empowered having tools and strategies to use to facilitate communication of patient’s needs to clinical staff.

Use of interprofessional teams from all role to facilitate change provides and value of input and ideas.
Outcomes: Achievements

Increased awareness of need for environment for patient safety.

Provided powerful communication tools that are easy to understand. Combest staff utilize these tools in communication with patients and staff.

Developed posters as reminders of TeamSTEPPS strategies.
Outcomes: Achievements

Emails to encourage staff to submit TeamSTEPPS “win” stories.
Monthly drawing for those with a winning story.
Daily morning Combest Huddles to improve communication and understanding of the daily plan for clinical and nonclinical staff.
Interprofessional TeamSTEPPS scheduling team to maximize scheduling while providing patient care.
Situation Monitoring, Cross Monitoring, Mutual Support - Advocacy and Assertion, DESC, Leadership, SBAR

Patient was here approximately 2 weeks for a clinic appt. and here to pick up her Rx.PAP meds.

Patient recently started a new job in a call center and became ill and stated that she was not able to go in to work on that Mon. or Tues. due to her symptoms.

The patient had been given a return to work note that did not excuse the Mon. and Tues. that she was at home sick. Upon receiving this note the patient requested to have Mon. and Tues. added due to being out sick, she proceeded to state that she needed to have those days excused as well because she just started her new job and got sick w/Strep Throat and does not want to be fired.

The Patient Services Specialist explained to the patient that she was not authorized to give an excuse for those dates. The patient began to plead & explain her current employment situation and that her present illness was the reason she was unable to go to work on those days. Patient explained that she was not able to even get out of bed because she felt so bad but at the same time stating that she does not want to lose her job because she had been seeking employment for quite some time since moving here from New York. She stated that she really needs her job and that she could not afford to be fired.

Therefore after listening & observing what was unfolding before me, I told the patient that we would go ahead and include the Monday & Tuesday and that I would talk to her Provider about it. As an Advocate for the Patient I authorized the Patient Services Specialist to give the patient a return to work note excusing the patient for her absence on Monday and Tuesday. The patient requested that Strep Throat be indicated on the return to work note so that she does not have any issues when she returns to work.

I spoke with the patient’s Provider afterwards and explained the patient's situation and informed her of the dates that were given on the return to work note and the Provider stated that those dates were fine.

The Patient came into the clinic yesterday for her clinic follow up appointment and stated that she wanted me to know that she was so “Grateful” and “Appreciative” for everything that We had done for her when she was sick. She expressed her gratitude and said “Thank You”. She stated that We were a "Blessing" to her and that it was her off day and that she still has her job. She also stated that she felt "Good".

I shared this wonderful update with the Provider, the Patient Services Specialist and the Patient Services Supervisor.

Thanks Team – We are Compassionate and Dedicated to the Care and Safety of OUR PATIENTS!!

Have a Blessed Day!!
Initiated prior to beginning of clinic day - at 8 AM

Brief, Timely, & Address important concerns

Lasted < 10 minutes

Initiated by team leader with overview of staffing and patient updates

Contingency plan developed for unexpected changes in staffing or patient volume during the day

Allowed for open communication

Interprofessional in nature

Outcomes: Daily Huddles
Outcomes: Weekly Interprofessional Team Conferences

Initiated weekly and lasts for 90 minutes

Brief, Timely, & Addresses important patient treatment information

Initiated by team leader with overview of patient treatment plan

Contingency plan developed for unexpected changes in treatment plan for a group of patients

Allows for open communication

Interprofessional in nature----Integration of interprofessional team members and students
Next Steps

Boosters:

How often

Course (Modified essentials)

Ongoing training – new team members, all students/residents

Implementation of interprofessional teaching with patient groups


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