National Healthcare Communication Programme

Team-based working

A leaflet for healthcare staff

Making conversations easier

EACH International Association for Communication in Healthcare

HSE

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Key principles

Team-based healthcare is the provision of healthcare services to individuals, families, and/or their communities by at least two healthcare providers. These providers work collaboratively with patients and their caregivers – to accomplish shared goals within and across settings to achieve coordinated, high-quality care.

Safety and trust

Trust stems from psychological safety and the underlying belief that colleagues will be consistent in word and deed and will act with the best interests of the team in mind.

Common purpose

Team leaders can use shared goals and clear roles to create a context in which people (including the patient and, where appropriate, family members or other support persons), see the value in what they are doing and feel part of something more meaningful.

Effective communication

Preparation is critical for effective communication. Teams need agreed, structured processes by which information is clearly and accurately exchanged among team members.

Leadership

There is widespread agreement that effective teams require a clear leader, and that these teams recognise that leadership of a team in any particular task should be determined by the needs of the team and not by traditional hierarchy.

Safety and trust

Trust encourages and enables people to take risks and collaborate in pursuit of shared goals.

Strategies and tools for achieving a team with norms of mutual trust include:

1. Making connections

- Facilitating personal connections among team members (coffee mornings, celebrating birthdays, etc.)

2. Using shared values

- Embedding agreed organistaional values in all team related activities.

TRUST

CARE

COMPASSION

LEARNING

3. Giving feedback

In healthcare mistakes are inevitable. Even the best doctors, nurses and healthcare staff are going to occasionally make mistakes. When giving feedback:

- **Ask**, don't tell
- **Describe**, don't judge
- Focus on the behavior, not on the personality
- Be **Constructive**
- Be **Respectful**

4. Speaking up

The following protocols have been developed to help members of a team express their concern(s) in a graded manner:

a. Assertive loop

b. Two challenge rule

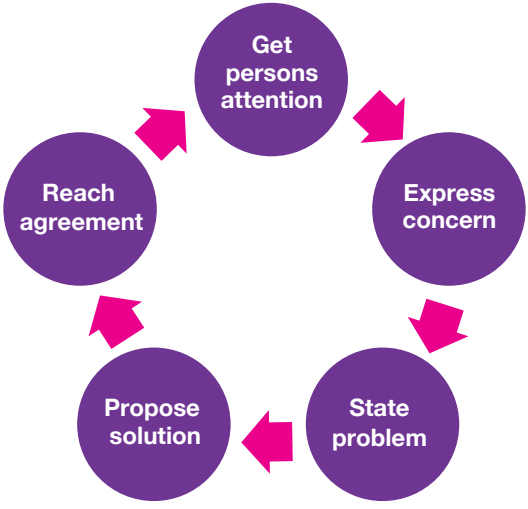
c. Learning to CUSS

d. DESC it

a. Assertive loop

Being assertive means:

- Taking responsibility for your own behaviours or emotions.
- Communicating the message you need to communicate.
- Persisting until you achieve your goal.



b. Two challenge rule

The two challenge rule is designed to empower all team members to “stop” an activity if they sense or discover an essential safety breach.

- The first challenge should be in the form of a question… “*Do you need a pair of gloves?*”
- This concern may be expressed a second time if needed… “*We are trying to stay as aseptic as possible during this procedure, please stop before you go any further and I will get you some gloves.*”
- It is your responsibility to assertively voice your concern at least two times to ensure that it has been heard.

c. Learning to CUSS

CUSS is a program of United Airlines which escalates communication from an expression of concern through a command to stop. CUSS is shorthand for a four-step process in assisting people in stopping the activity.

C – I am **C**oncerned

U – I am **U**ncomfortable

S – This is a **S**afety issue

S – **S**TOP

d. DESC it

Describes a constructive process for resolving conflicts.

D - Describe the specific situation or behavior

E - Express what your concerns are

S - Suggest other alternatives

C - Consequences should be stated in terms of impact on established team goals or patient safety.

Remember:

- Work on win-win
- Frame problem in terms of your own experience
- Choose a private location
- Use “I” statements; avoid blaming statements
- Critique is not criticism
- Focus on **what** is right, not **who** is right

NOTE: Psychological safety

Leaders make it easier for employees to trust them and one another by establishing psychological safety – the feeling that people can offer constructive criticism or a new idea in a group setting without risking disapproval or rejection. This safe space can enable individuals to speak up, suggest new ideas, and take risks. Consider how you can build trust in your team?

Create an environment where the following are not only welcomed but expected:

- **Asking questions**
- **Seeking feedback**
- **Suggesting innovations**

Common purpose – shared goals

Team leaders can use shared goals to highlight the why of the work on the team so that team members know why their actions matter.

Strategies and tools include:

1. Pre-briefing

A pre-briefing is a short session at the beginning of a (clinic, ward round, surgery, etc.) to allow the team to connect, share the plan, discuss team formation, assign roles and responsibilities, establish expectations and climate, anticipate outcomes, identify any risk points and plan for contingencies.

2. Huddle

A huddle is an ad hoc meeting to re-establish situational awareness, reinforce plans already in place, and assess the need to adjust the plan.
A **safety pause** is an example of a huddle.

3. Debriefing

Debriefings are intended to focus on the team communication, allow reflection for learning and an opportunity for connection and support.

Common purpose – shared goals

1. Pre-briefing

Clarify process and purpose

- Ask one team member to take notes for the group.
- "*Thank you for gathering to talk. The focus here is to check in with everybody, share updates, any new ideas or concerns, and prepare for our clinical situation today*".

Introductions

- Pre-briefing leader says their name and role and asks each participant to do the same: "*Hello, my name is…*"

Check in

- Check if everyone is ok. "*How is everybody today?*"

Note: If someone is not okay and you need to explore further or offer more support either make note of it and check in with them after or ask:

- "*Do you mind talking with me for a couple of minutes when we're finished the prebrief?*"

Common purpose – shared goals

Workload and resources

- Review patient list, procedures, staffing.
- "*So who do we have and how are we going to share this workload today?*".

Thoughts or concerns

- Surface any concerns.
- *"What's on your mind? What challenges do you anticipate?".*

Share best practices and ideas

- Encourage contributions.
- "*Any ideas or strategies for the team or for patient care today?*".

Plan for training or problem solving

- Decide if additional steps or training is needed for a specific task. Assign and ask for report back.
- "*Denise, can you please check if…*"

Final comment and commitment

- Summarise key points.
- Reaffirm commitment to patients and to ourselves.

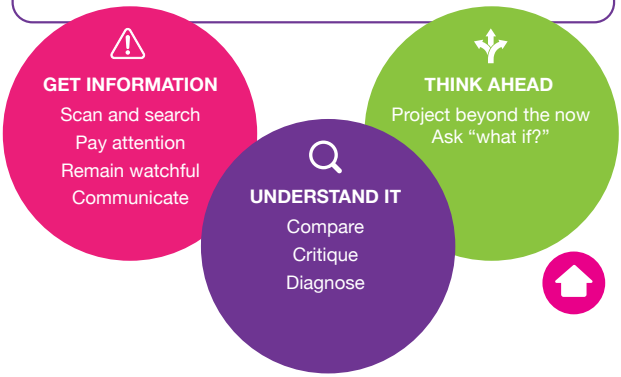
- (In your own style)
  "*Let's take care of our patients and let's look out for each other today. If you see something unsafe or if you need a break, please let each other know.*"

Plan afternoon debrief

- Thinking ahead.
- "*We will meet again at end of shift for 10 minutes to debrief the day. If you want to check in at any time for support or to share an idea or concern, please find me or one of the other team leaders/senior staff members.*"

NOTE: Situation monitoring

- **Situation monitoring** is the process of continually scanning and assessing a situation to gain and maintain an understanding of what's going on around you.
- **Situation awareness** is the state of "*knowing what's going on around you.*"
- Increasingly it is believed that poor situational awareness or a loss of situational awareness is a significant contributor to adverse events as evidence shows that it is the most important and least understood human factor in healthcare.
- **A shared mental model** results from each team member maintaining situation awareness and ensures that all team members are 'on the same page.'



2. Huddle (Safety Pause)

Patients

- Are there two patients with similar names; patients with challenging behaviours; wandering patients; fall risks; self-harm risks; or deteriorating patients?

Professionals

- Are there agency, locum or new staff who may not be familiar with the environment or procedures?

Processes

- Is there new equipment or new medicinal products? Are all staff familiar with these? Are there missing charts? Are isolation procedures required, or care bundles for the prevention and control of medical device-related infections needed?

Patterns

- Are we aware of any recent near misses or recently identified safety issues that affected patients or staff?

3. Debriefing

Clarify process and purpose

- Ask one team member to take notes for the group
- **Note:** You will know that you have achieved an important level of psychological safety and engagement when you hear input from the healthcare assistants, housekeeping, or other members of the team traditionally least likely to speak up.
- "*Thank you for taking the time to talk for a few minutes. We're here to reflect, think about how the teamwork went today, any ideas or concerns you have, and to offer support. This conversation is confidential. Participation is voluntary and we would love to hear everyone's perspective.*"

Introductions

- Debriefing leader says their name and their role and asks each participant to do the same. "*Hello, my name is…*"

Common purpose – shared goals

Check-in

- "*Thoughts about today?*"
- *"What's on your mind?"*
- *"How are you?"*

Learning

- The opening questions may be enough to trigger a conversation most relevant and helpful to the team. If more encouragement to talk is helpful then consider these.
- *"What went well today? What helped your team work well together? How could it be **1% better**? Any safety issues for clinicians or staff? Anything that could have improved the patient or family experience?*"

Summary

- Summarise key points and follow-up plan.
- (In your own style)
  "*We have given a lot of ourselves today. Take a couple of deep breaths. Thank you for taking care of our patients and for looking out for each other today*".

Common purpose – clear roles

Each team member's functions, responsibilities, and accountabilities should be clearly defined and understood by everyone. This optimises the team's efficiency and allows the team to safely challenge the boundaries of traditional roles and responsibilities.

Strategies and tools include:

1. Agree roles and responsibilities

- Work together to develop an understanding of and respect for discipline-specific roles. Consider how these can be maximised to support the team to achieve shared goals.

2. Communicate roles clearly

- All team members should introduce themselves to colleagues, patients and families by name & then describe how they contribute to the team in clear language.

3. Anticipate and embrace flexibility

- Foster a climate where seamless coverage (to the greatest extent possible) of the responsibilities of other team members is provided when necessary.

4. Identify individual versus team roles

- Discuss and agree roles and responsibilities that fall to individual team members and those that are better accomplished collaboratively.

Effective communication

Teams need consistent channels for effective, structured and complete communication, which are accessed and used by all team members across all settings.

Strategies and tools include:

1. **Self-awareness**
2. **Closed-loop communication**
3. **Handover ($ISBAR_3$)**
4. **Common language**
5. **Active listening**

1. Self-awareness

a. Understanding self

The foundation of team-based communication is self-awareness. The first step is to understand yourself, how you like to communicate and be communicated with and to begin to have an appreciation of how others may perceive you.

b. Different perspectives

Perception is not only what one sees but also a mental activity. The image can be seen in two ways - a vase or two people looking at each other!

You may see the world differently from the way other people see it

c. Understanding others

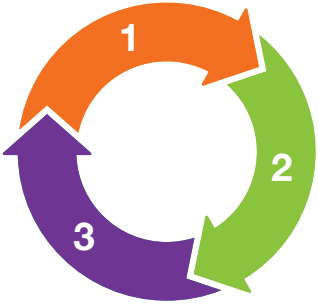
We are all unique. This is what drives the dynamics of a group or team of people – the diversity of communication styles, skills, expertise and perspectives. Strengthening our team involves understanding and appreciating that this diversity exists and ensuring that each team member's unique style, perspective and voice is taken into account.

2. Closed-loop communication

Call-outs and **check backs** are forms of closed-loop communication that can clarify information to ensure that the sender–receiver pair is on the same page or have a shared-mental model. This simple technique ensures that information conveyed by the sender is understood by the receiver, as intended.

1: Sender initiates communication

"BP is falling, 85/40 down from 90/60"



2: Receiver confirms that the communication has been heard and repeats the content

"Got it; BP is falling and at 85/40, down from 90/60"

3: Sender verifies the accuracy of that content

"Correct"

3. Handover ($ISBAR_3$)

$ISBAR_3$ is a tool to facilitate communication handover at multiple points within the healthcare delivery system. It helps with sharing concise and important information in a short amount of time. It limits jargon, keeps the message clear, and removes the influence of hierarchy and personality.

I — **Identification**
Introductions

S — **Situation**
What is happening with the patient?

B — **Background**
What is the clinical background?

A — **Assessment**
What do I think the problem is?

R — **Recommendation**
What would I recommend?

R — **Read-back/Risk**
Restate information for clarity.
Identify any risks.

(refer to Module 4 $ISBAR_3$ leaflet)

4. Common language

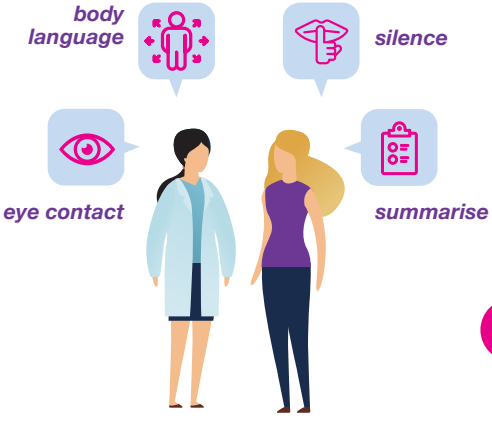
Common (or critical) language refers to standardised communication which is agreed by all staff in a particular setting to describe critical issues or observations, e.g. **'can't intubate'** or **'stand clear'**. This improves clarity of communication and reduces teamwork errors by facilitating a shared mental model.

To be effective common language should be:

- simple
- precise
- memorable
- easy to articulate: *and*
- consistently used by all team members.

5. Active listening

A critical component of communication is active listening. The communication skills involved include maintaining a comfortable level of **eye contact**, monitoring **body language**, listening in **silence** and **summarising** or **clarifying** information to confirm understanding. Effective communicators are deep listeners – actively listening to the contributions of others on the team, including the patient and family. Patients and families often participate more as listeners on the team; their contributions may need to be facilitated through the active listening of other team members.



Leadership

The best leaders are not micro-managers; instead, they are collaborators who do not exercise authority to over-ride decisions best made by other team members with particular expertise, whether in nursing, physiotherapy, or social work etc.

Strategies and tools include:

1. Flatten the hierarchy

- Leaders can help to flatten the hierarchy by taking adequate time to listen to those that they lead, by motivating staff to bring their best selves to work, by helping them to solve problems and ensuring that others on the team feel cared about.

2. Nurture and shape the culture

- Consider what you/your leaders focus on (e.g., patient safety, staff engagement). This is important, because what every leader focuses on, nurtures the culture of the organisation, every interaction by every leader, everyday within our healthcare organisations, nurtures and shapes the culture.

3. Reinforce values

- Leadership is also about reinforcing values, because culture is about values. If values are robust enough, they should provide a foundation for all decision making on the team.

4. Support clinical leaders

- Clinical leaders influence the culture of teams that in turn contribute to defining the culture of the organisation. So it is important to support our clinicians to develop and enhance their leadership skills.

5. Collective leadership

- Collective leadership means is that leadership is the responsibility of everybody in the organisation. In effective teams, any member of the team with the skills to best manage a particular situation can assume a leadership role.

This Guide is the work of Paul Kinnersley (EACH & Cardiff University), Peter Gillen & Eva Doherty (EACH & RCSI) and Winifred Ryan (HSE) with the help and support of Michael West (The King's Fund) and Laura Rock (Harvard Medical School).