

Teaching Tool description	Team working seminar
Title	Working in teams
Language	English
Audience	Final year medical students
Goals/educational objectives Link with Core curriculum	<p>By the end of the session students should be able to:</p> <ul style="list-style-type: none"> • Differentiate how working within a team varies between different clinical contexts • Analyse the challenges you will face from working within a team • Critique the importance of regular review of performance of team • Evaluate effective teamwork as an essential element of patient safety • Demonstrate the appropriate communication skills required to make an effective team • Employ good working relationships with other team members
Type of tool	Plan for workshop – tutor hand book, student handbook and powerpoint presentation for students
Brief description	Workshop with two main activities based around team working – first one is non medical second is medical
Practical resources	Tutor handbook, student handbook and powerpoint slides
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Working in Teams

**Medicine in the Community
Year 5 Workshop**



Intended learning outcomes

- Understand how working within a team varies between different clinical contexts & understand the challenges you will face from working within a team & the importance of regular review of performance of team
- Understand why effective teamwork is an essential element of patient safety
- Demonstrate the appropriate communication skills required to make communication within a team more effective & establish a good working relationship with other members of team

By the end of the session students should be able to:

- Differentiate how working within a team varies between different clinical contexts
- Analyse the challenges you will face from working within a team
- Critique the importance of regular review of performance of team
- Evaluate effective teamwork as an essential element of patient safety
- Demonstrate the appropriate communication skills required to make an effective team
- Employ good working relationships with other team members

“The duties of a doctor” (GMC)

6 of the 14 duties relate to communication:

- ✓ treat every patient politely and considerately;
- ✓ listen to patients and respect their views;
- ✓ give patients information in a way they can understand;
- ✓ respect the rights of patients to be fully involved in decisions about their care;
- ✓ make sure that your personal beliefs do not prejudice your patients' care;
- ✓ work with colleagues in the ways that best serve patients' interests.

What is teamwork?

A joint action by two or more people, in which each person contributes to achieve common goals



What are the advantages of team work?

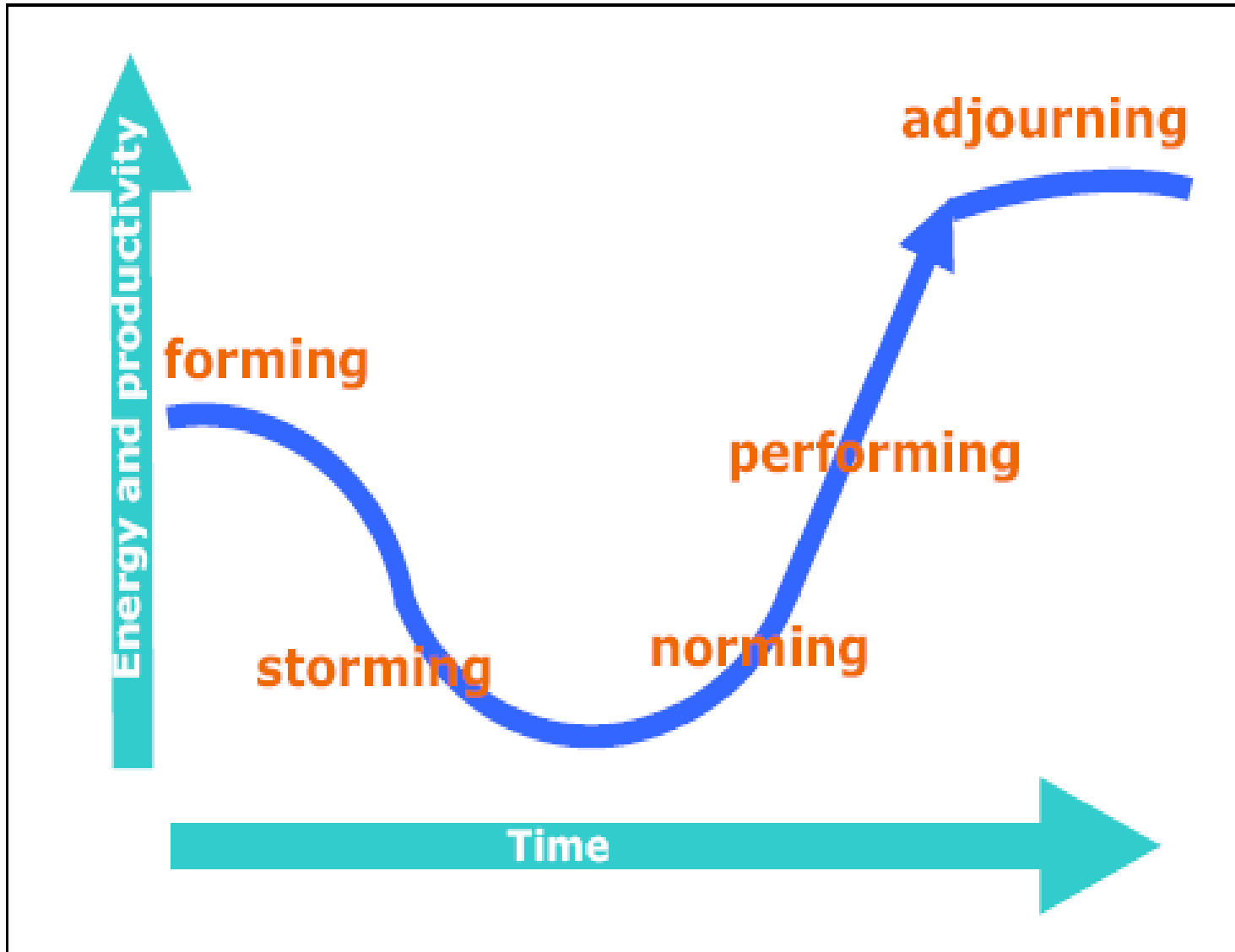
- general advantages of teamwork?
- specific advantages of teamwork in healthcare?
- What are the consequences of poor team work?

Advantages of teamwork

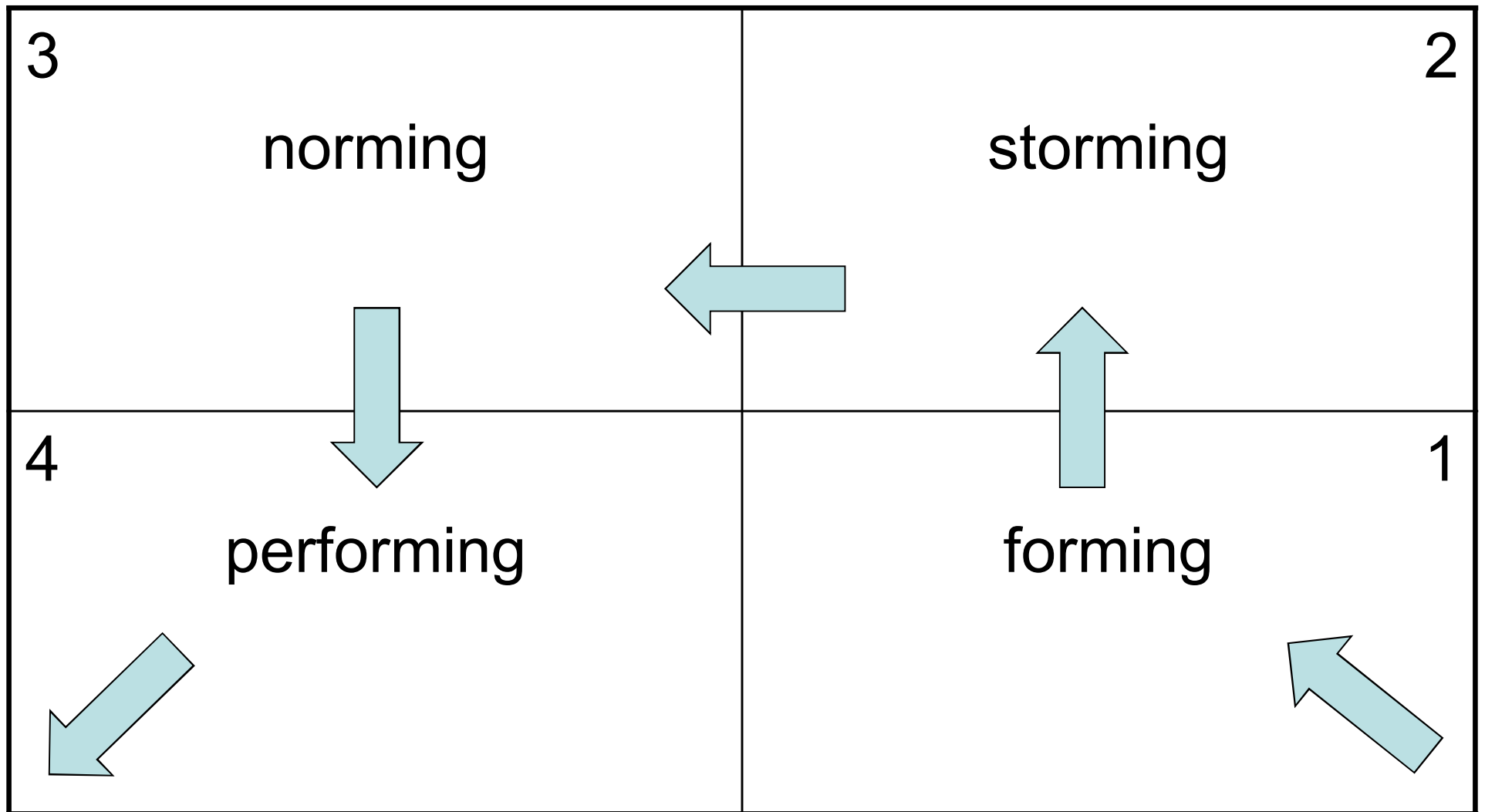
- Increased breadth & depth of subject knowledge
- Increased range of experience
- Increased learning through problem-solving, reflection and feedback
- Reduced error rates
- Increased efficiency
- Increased morale, job satisfaction, efficiency

How do teams form & develop?





Bruce Tuckman's 'Forming Storming' Team Development Stages Model 1969



Consequences of poor team work

- Medical error is the 8th most common cause of death in the USA 44 000-98 000 patients die each year from preventable errors.
- Poor teamwork within and between medical and other healthcare disciplines is known to contribute to error
- Poor teamwork and communication have been documented during:
 - trauma resuscitation
 - surgical procedures
 - treatment of patients in intensive care units



Accidents in other industries:

Three major teamwork failings have been identified as contributing to accidents, e.g. aviation industry:

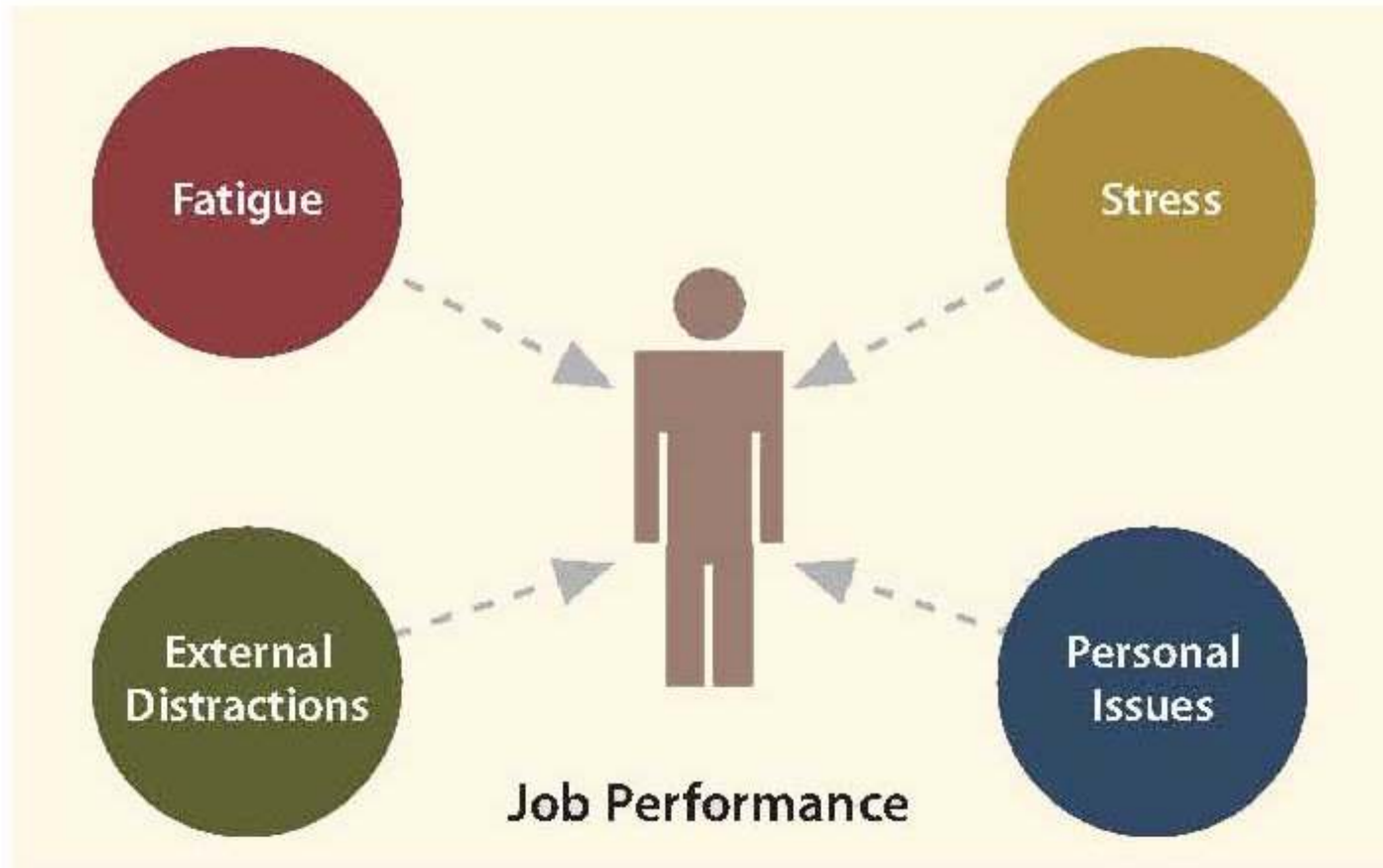
- Roles not being clearly defined
- Lack of explicit co-ordination
- miscommunication

Just a routine operation..

<http://www.youtube.com/watch?v=JzlvgtPIof4>

(14 minute video clip)

Patient safety & human factors



Team Management

- Planning, preparing & anticipation
- Prioritising, maintaining standards
- Identifying resources
- Checklists- proven to reduce medical errors

A successful team needs....

- **Common purpose & measurable goals**
- **Effective leadership & communication**
- **Listen to & acknowledge others' contributions & ability to give and receive feedback**
- **Support group decisions**
- **Mutual trust & respect & an ability to ask for help if needed**






WORKING IN TEAMS

Year 5 Workshop
Tutor Book 2011/12

Cardiff University
School of Medicine

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About this book and staff contacts

This course book aims to provide tutors with all the information they require to undertake teaching of this new Year 5 workshop. The teaching is with small groups of medical students (approximately 14 per group) and we are very grateful for the tutors' enthusiasm and willingness to help. We aim to make the teaching enjoyable for both tutors and students. The teaching guide has been developed by Dr Liz Metcalf, Prof. Paul Kinnersley, Dr Paul Frost, Dr Alison Thomas and Dr Stephen Usher. Material in this booklet & the supporting workshop material (Powerpoint etc) have also been developed from material shared through the UK Communication Skills Council & Drs Sarah Ross and Jennifer Cleland, University of Aberdeen.

If at any time you need to change a teaching commitment please contact in good time either Paul Kinnersley (kinnersley@cf.ac.uk), Liz Metcalf (metcalfep@cf.ac.uk), or Jo Sloan (sloanjm@cf.ac.uk (tel: 20687167)). We will try to make alternative arrangements although this is not always possible. We are keen to get feedback from all tutors so please feel free to pass your comments to us either during the teaching sessions or at the end of the course.

The main challenge that we are trying to address in this workshop is for the students to consolidate their experiences of working within a variety of medical teams, across a variety of specialities, during their clinical years. Furthermore, we are aiming to prepare the students for taking active roles within medical teams, during their Foundation Training, understanding the guidance from the GMC Good Medical Practice: Working in Teams.

Thank you again for your participation.

Liz Metcalf

Intended learning outcomes

By the end of the session students should be able to:

1. Understand how working within a team varies between different clinical contexts & understand the challenges they face from working within a team
2. Understand the importance of regular review of performance of team, including an evaluation of their own performance within a team exercise
3. Demonstrate the appropriate communication skills required to make communication within a team more effective & establish a good working relationship with other members of team
4. Understand how group dynamics might vary over time.

Good Medical Practice: Working in teams

41.

Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues.

You must:

- a. respect the skills and contributions of your colleagues
- b. communicate effectively with colleagues within and outside the team
- c. make sure that your patients and colleagues understand your role and responsibilities in the team, and who is responsible for each aspect of patient care
- d. participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies
- e. support colleagues who have problems with performance, conduct or health.

42.

If you are responsible for leading a team, you must follow the guidance in *Management for doctors*.

http://www.gmc-uk.org/guidance/good_medical_practice/working_with_colleagues_working_in_teams.asp

Workshop overview (1½ hours)

Introduction: aims of workshop 5 mins

Group discussion & powerpoint presentation 15 mins

Exercise 1: non clinical team task 15 mins

Exercise 2: clinical team scenarios 45 mins (15min x 3 mini scenarios)

Conclusion 10 mins

Introduction: (5 minutes)

Spend a few moments introducing the purpose of the workshop. We hope to elicit their experiences by asking students to focus their thinking upon what it means to work within a team, what specific skills they will need to develop in order to function effectively, and then to reflect upon their own skills during a series of brief clinical and non clinical team tasks.

Explain to the students the format of the workshop (see timings above) and that this is a relatively new teaching session, as such their feedback would be helpful to develop it further for future cohorts of students.

Group discussion & PowerPoint presentation: (15 minutes)

In order to start the students thinking about what it means to work in a team and what responsibilities being a team member entails, pose the following questions to the group. Depending on the level of engagement of the students, you may opt to hold the discussion as one large group, or you may prefer to divide the students into 2s or 3s- such that each student has to contribute, before feeding back each mini-groups thoughts to the workshop as a whole.

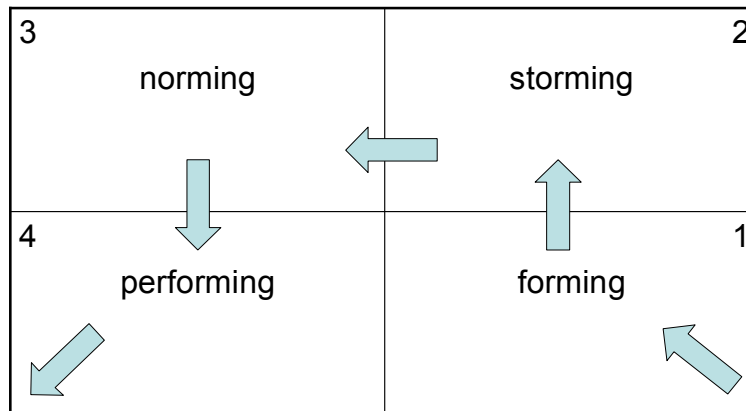
- **What challenges do we face when working in a team?**
- **How does working in a team vary between different medical contexts and at various levels within the typical medical team hierarchy?**
- **What makes an effective team?**
- **What communication skills are useful in making communicating in a team more effective?**
- **What are the consequences of poor team work? (consider at various levels- for doctor/ patients/ society etc)**

Encourage students to give specific examples from their own experiences to illustrate the points they contribute. These examples might be based upon clinical experience or might equally come from their non medical experiences, for example sports teams, societies or even housemates.

Group Dynamics:

You might find it helpful to draw the following diagrams on a flip chart to illustrate a brief discussion of how group dynamics might vary over time.

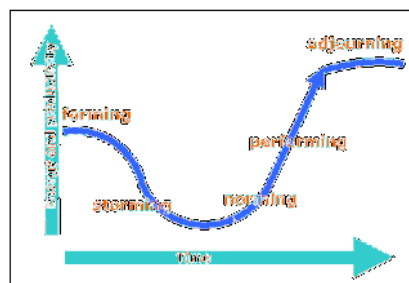
Bruce Tuckman's 'Forming Storming' Team Development Stages Model 1969



We can relate the stages above to almost any group/ team working situation

Characteristics of each stage:

- **FORMING: Dependency and Inclusion** - new groups often begin relationships in a state marked by high anxiety, uncertainty, and politeness.
- **STORMING: Counter dependency and Fight** - in this stage each member seeks to identify and define individual roles more clearly.
- **NORMING: Trust and Structure** - communication becomes more oriented to the task and people become comfortable giving and receiving feedback. Members of the group know what to expect from each other.
- **PERFORMING: Work** - group members share information with each other and know where different kinds of knowledge and expertise lie within the group.
- **ADJOURNING: Termination** - general awareness of an impending loss of group stability, which can create anxiety and even conflict



Multidisciplinary teams

Working as a doctor normally requires an individual to work within a multi-disciplinary and multi-professional team.

Health professionals tend to train separately and work according to different sets of rules and assumptions. It is essential therefore that the individual members of that team consider these varying backgrounds and use the breadth of expertise and experience to optimise patient care.

Working in a medical team in an emergency

Many staff, particularly doctors, find it difficult to admit uncertainty, to patients, colleagues, seniors (and themselves?). This undoubtedly has contributed to many instances of patient harm over the years. The admission of uncertainty is strength, not weakness.

It is easy to dismiss the importance of communication between staff in the acute situation. When a patient needs things done and done quickly, practical measures should and do take priority. However the way we communicate around these measures can become crucial when dealing with very ill patients, where a misunderstanding can cause crucial delays in treatment or worse. Consequently effective and efficient communication is of particular importance in an emergency.

Important aspects of communication within a team in an emergency situation:

Take control If a situation arises where you are required to be the lead person it is important to take charge and clarify the roles of those involved. You might want to check the names of other staff and say “OK Eileen, can you check the BP and set up for an IV infusion”. Using people’s names or making it clear to whom you are speaking by using eye contact will ensure that person knows you want them to act on your instruction and will enable all to work more efficiently.

Keep it simple Time is of the essence so take your time and get your instructions right first time. Don’t rush so much that you fail to provide all the necessary detail. Nursing staff are likely to be more familiar with the acute situation than a junior doctor but they aren’t psychic.

Check that the message is understood. In the acute situation a few seconds taken to check, will save unnecessary delays caused by confusion or misunderstandings, which commonly occur when people are under pressure.

Repeat the request if necessary. Remember when people are stressed they don't absorb information as well so repetition may be necessary, again this may save time later.

Watch your body language Remember your anxiety can come across as aggression. When we are anxious we function at a more primitive level, this means that non-verbal communication becomes more critical. Anxiety misinterpreted as aggression can result in disagreements which can waste precious time. Equally remember that the same is true for your colleagues, they may appear irritated or difficult but are probably just anxious too. Think about people you know that are good in emergencies, they often look calm and relaxed, this tends to have a calming effect on those around them and helps everyone to work more efficiently. Acting calmly even when you don't feel it can also help you feel more in control

Involving Senior Staff

Getting the help you want can sometimes be a difficult business. Senior colleagues may be busy and distracted. You may not know them very well and feel quite intimidated. They may not know you.

There are several useful principles to remember when requesting senior help:

Be assertive

Say what you want and why you want it. Assertiveness is about being direct, appropriate, and taking responsibility. If you are not happy with the response you get, say so – diplomatically!

First say what assistance you want

If you wish the senior colleague to come and see the patient, say so at the beginning

Have all the information to hand

Have the notes, charts and results in front of you – don't have to go away back to the bedside to get the vital signs chart!

Be concise

Think about what you are going to say before you pick up the phone – a coherent, concise request is much more likely to get you what you want.

Repeat the request if necessary

None of us take in every part of what we are told – the same goes for senior colleagues – repeat the request if necessary.

DON'T DELAY If you think you maybe should get senior help – you should, NOW.

Exercise 1: working in a non medical team (15 minutes)

5 minutes for exercise + 5-10 minutes for feedback of answers and group discussion

In order to focus upon the communication skills that will help students to function effectively within a team, we are using a non medical scenario. By doing this, we are removing discrepancies between their medical knowledge and giving them the opportunity to have a bit of fun and step out of a medical environment, if only virtually!

As the exercise facilitator, the tutor is asked initially to take the role of observer, watching for individual traits, and these observations can then be reflected back at the students. Give the students the laminated instructions, and watch to see how the group dynamics evolve.

As time for this exercise is limited, and we wish to draw out the individual 'team' behaviours when put on the spot, unless the group is very quiet and difficult to engage, conduct the first exercise as one large group.



Exercise: Survival on the Moon

Scenario:

You are a member of a space crew originally scheduled to rendezvous with a mother ship on the lighted surface of the moon. However, due to mechanical difficulties, your ship was forced to land at a spot some 200 miles from the rendezvous point. During re-entry and landing, much of the equipment aboard was damaged and, since survival depends on reaching the mother ship, the most critical items available must be chosen for the 200-mile trip. Below are listed the 15 items left intact and undamaged after landing. Your task is to rank order them in terms of their importance for your crew in allowing them to reach the rendezvous point. Place the number **1** by the most important item, the number **2** by the second most important, and so on through number **15** for the least important.

- _____ Box of matches
- _____ Food concentrate
- _____ 50 feet of nylon rope
- _____ Parachute silk
- _____ Portable heating unit
- _____ Two .45 calibre pistols
- _____ One case of dehydrated milk
- _____ Two 100 lb. tanks of oxygen
- _____ Stellar map
- _____ Self-inflating life raft
- _____ Magnetic compass
- _____ 20 litres of water
- _____ Signal flares
- _____ First aid kit, including injection needle
- _____ Solar-powered FM receiver-transmitter

Answers: Item Ranking NASA's Reasoning

Box of matches **15**

Virtually worthless -- there's no oxygen on the moon to sustain combustion

Food concentrate **4**

Efficient means of supplying energy requirements

50 feet of nylon rope **6**

Useful in scaling cliffs and tying injured together

Parachute silk **8**

Protection from the sun's rays

Portable heating unit **13**

Not needed unless on the dark side

Two .45 calibre pistols **11**

Possible means of self-propulsion

One case of dehydrated milk **12**

Bulkier duplication of food concentrate

Two 100 lb. tanks of oxygen **1**

Most pressing survival need (weight is not a factor since gravity is one-sixth of the Earth's -- each tank would weigh only about 17 lbs. on the moon)

Stellar map **3**

Primary means of navigation – star patterns appear essentially identical on the moon as on Earth

Self-inflating life raft **9**

CO2 bottle in military raft may be used for propulsion

Magnetic compass **14**

The magnetic field on the moon is not polarized, so it's worthless for navigation

20 litres of water **2**

Needed for replacement of tremendous liquid loss on the light side

Signal flares **10**

Use as distress signal when the mother ship is sighted

First aid kit, including injection needle **7**

Needles connected to vials of vitamins, medicines, etc. will fit special aperture in NASA space suit

Solar-powered FM receiver-transmitter **5**

For communication with mother ship (but FM requires line-of-sight transmission and can only be used over short ranges)

Scoring:

For each item, mark the number of points that your score differs from the NASA ranking, then add up all the points. Disregard plus or minus differences. The lower the total, the better your score.

0 - 25 excellent

46 - 55 fair

26 - 32 good

56 - 70 poor -- suggests use of Earth-bound logic

33 - 45 average

71 - 112 very poor – you're one of the casualties of the space program!

... published in the July 1999 issue of the *Night Times*

<http://www.csd.abdn.ac.uk/~jmasthof/teaching/CS3021/practicals/MoonExercise.pdf>

Exercise 2: working in a medical team

"It is not enough for a clinician to act as a practitioner in their own discipline. They must act as partners to their colleagues, accepting shared accountability for the service provided to their patients. They are also expected to offer leadership and to work with others to change systems when it is necessary for the benefit of patients."
Tomorrow's Doctors, 2009

Time allowed: 45 minutes

Instructions:

3 x 15 minute scenarios (for full roles see appendix at end of workbook)

Each exercise half students participate and half observe group dynamics (if numbers permit) There will be 3 clinical scenarios to run through and discuss with the students.

Instructions for tutors on running clinical scenarios

- Split group into 2
- Give group scenario laminate
- The groups should assign tasks, including observer roles, themselves. (If there are additional students, these may act as additional observers). Even this stage of the process might give interesting insight into their function as a team & can be fed back to them later.
- Ask group to discuss the scenario and then step back and observe
- After a few minutes, ask the groups to act out their scenarios
- Discuss the outcome with the whole group, including such issues as what worked, why they worked, what problems arose, how they might work in future to avoid such problems. Aim to compare the discussion phase with the actual 'acting out' of the scenario. Did the twists in the roles through their careful plans at all or were they able to adapt well to the unexpected, as a team?
- Explore: effective communication strategies to identify, prioritise and achieve goals: For example: use of names/ nominate tasks /checking competence and role /repeating commands/non- verbal communication/etc

Scenario 1: collapsed patient in a non clinical setting

Goal:

To work as a team to provide first response action for an acute medical scenario, in non clinical setting

Personnel:

FY1

Medical student

First aider

Store manager

(observer)

You are a newly qualified FY1 doctor shopping in Tesco with a friend who is a 5th year medical student. In the cold section there is a woman who appears to be having a seizure. There is milk spilt on the floor, she has hit her head which is bleeding.

She is accompanied by her partner who is shouting at a member of staff accusing them of negligence. He argues that his partner has fallen and hit her head as a result of the spilt milk.

The lady is wearing a medical alert bracelet that informs you she is epileptic. You are informed by the pharmacy assistant she handed in a prescription for her sodium valproate, which she ran out of two days ago.

A member of the first aid team is in attendance and the store manager. Another customer stops to offer help, stating she is a district nurse.

Scenario 2 - critically ill ward patient/angry relative

Goals:

1. to work as a team to manage an acute clinical scenario, in a clinical setting
2. Manage evolving clinical situation.

Personnel:

FY1

Junior nurse

Physiotherapist

Charge nurse

Mother

(observer)

An 18-year-old woman is admitted onto a busy general medical ward following an overdose. The patient is accompanied by her mother who is very angry about the long delay that occurred before her daughter was seen in the accident and emergency department.

On admission to the ward the patient is drowsy but rousable and her vital signs are all stable. Over the next two hours the patient becomes increasingly drowsy but a junior nurse reassures the mother that this is 'nothing to worry about.'

A physiotherapist alerts an FY1 doctor to the fact that the patient appears 'blue.'

On review the FY1 doctor finds the patient to be barely breathing and asks the junior nurse to call the arrest team. At this point the mother faints.

Scenario 3- collapsed patient in primary care

Goals:

1. to work as a team to manage an acute clinical scenario, in a clinical setting
2. Manage evolving clinical situation.

Personnel:

Year 5 medical student on MIC placement in GP surgery

Junior practice nurse

Receptionist

GP

Collapsed patient (and observer)

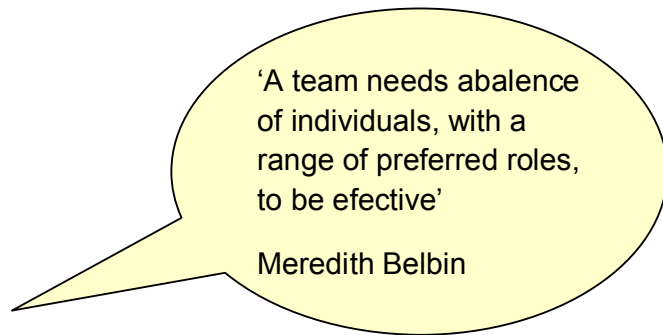
The medical student is in the reception area of the surgery when there is a call for help from some of the patients. An elderly gentleman has fallen to the floor and appears to have suffered a cardiac arrest.

The medical student calls the receptionist to help, who rings the practice nurse to bring the arrest bag and dials 999. Meanwhile, the student initiates CPR, with the receptionist providing chest compressions.

The practice nurse, who is new to the surgery arrives with basic resuscitation equipment (automatic defibrillator, IV access kit, oxygen cylinder with bag & mask).

After around 5 minutes the GP arrives who tells you to stop what you are doing. He states that the patient has an advanced directive stating that should he experience a cardiac arrest, he does not wish to be resuscitated as he was diagnosed with lung cancer 6 months previously.

Conclusion



There is no best role as most teams need members from each type of team role. This gives a balance of approaches to problems, tasks, and so on.

People have some team roles that are very unnatural to them, and if they are push into operating in these ways they will feel uncomfortable and will not do a good job.

Attitudes for effective teamwork:

Attitude to self	Attitude to others	Other factors required for an effective team
Independent	Understand team members' role and skills	Clear purpose
Confident	Respect team members' skills and expertise	Appropriate culture
Self-aware	Belief in the team	Specified task
Professional	Accommodate different values	Distinct roles
Trusting	Be receptive to team members' ideas	Suitable leadership
Committed		Relevant members
Flexible		Adequate resources

Further reading material:

GMC guidance on working in teams http://www.gmc-uk.org/guidance/good_medical_practice/working_with_colleagues_working_in_teams.asp

Association Between Implementation of a Medical Team Training Program and Surgical Mortality *JAMA*. 2010;304(15):1693-1700. doi:10.1001/jama.2010.1506
(This study demonstrated that participation in a Team Training Program reduced surgical mortality)

Recent BMJ Careers article on working in teams

http://careers.bmj.com/careers/advice/view-article.html?id=20001627&q=w_bmj

RCP statement on development of out of hours medical teams

http://www.rcplondon.ac.uk/news/statements/ewtd_developOOOmt.asp

Acute care undergraduate teaching initiative:

<http://www.resus.org.uk/acute/projrept.pdf> (see below)

Team-working, organisation and communication

The trainee:

- Describes / demonstrates how to recognize one's own limitations and when to call for help
- Describes / demonstrates the principles of breaking bad news
- Describes appropriate coping strategies for managing personal stress
- Describes / demonstrates the principles of good communication skills
- Demonstrates the ability to work as part of a multi-professional team
- Demonstrates the ability to extract and critically appraise literature
- Describes the role of early warning scoring systems and / or ICU outreach
- Demonstrates good time keeping, punctuality

There was a recent BJA which was all about patient safety. *Br. J. Anaesth.* (2010) Vol 105(1)

The (more) interesting articles are:

1-3 To err is human. J.G. Hardman, I.K. Moppett.

3-6 Crisis resource management and teamwork in anaesthesia. D.M. Gaba

6-8 Risk management, NASA and the National Health Service: lessons we should learn. K.J. Fong

21-25 Human factors in anaesthesia: lessons from aviation. N.S. Toff

83-90 Beyond monitoring: distributed situational awareness in anaesthesia. E. Fioratou, R. Flin, R. Glavin, R. Patey.

<http://www.belbin.com/rte.asp?id=8>

Appendix 1 Scenario 1: collapsed patient in a non clinical setting

Goal:

To work as a team to provide first response action for an acute medical scenario, in non clinical setting

Personnel:

FY1

Medical student

First aider

Store manager

(observer)

You are a newly qualified FY1 doctor shopping in Tesco with a friend who is a 5th year medical student. In the cold section there is a woman who appears to be having a seizure. There is milk spilt on the floor, she has hit her head which is bleeding.

She is accompanied by her partner who is shouting at a member of staff accusing them of negligence. He argues that his partner has fallen and hit her head as a result of the spilt milk.

The lady is wearing a medical alert bracelet that informs you she is epileptic. You are informed by the pharmacy assistant she handed in a prescription for her sodium valproate, which she ran out of two days ago.

A member of the first aid team is in attendance and the store manager. Another customer stops to offer help, stating she is a district nurse.

Scenario 1: **FY1**

You are a newly qualified FY1 doctor shopping in Tesco with a friend who is a 5th year medical student. In the cold section there is a woman who appears to be having a seizure. There is milk spilt on the floor, she has hit her head which is bleeding.

A member of the first aid team is in attendance and the store manager. Another customer stops to offer help, stating she is a district nurse.

Your priority is to make a clinical assessment of the situation and organise those around you as team leader. You are confident in your abilities, having recently passed finals.

Scenario 1: **Medical student**

You are shopping with your friend who is a newly qualified FY1. You are a final year medical student. In the cold section there is a woman who appears to be having a seizure. There is milk spilt on the floor, she has hit her head which is bleeding.

The notice that the lady is wearing a medical alert bracelet that informs you she is epileptic. You are informed by the pharmacy assistant she handed in a prescription for her sodium valproate, which she ran out of two days ago.

Your task is to assist your friend as they require.

Scenario 1: **First aider**

It is your first day as store first aider. You have been called over the store radio system to attend to a patient who has collapsed. In the cold section there is a woman who appears to be having a seizure. There is milk spilt on the floor, she has hit her head which is bleeding.

Your training has taught you to prioritise your own safety, then making a brief assessment of the situation and calling for an ambulance should you consider it necessary. You are otherwise reluctant to make decisions about how to manage the situation and are relieved that there appears to be a doctor in the store.

Scenario 1: **Store manager**

You are in the cold section of the store where there is a woman who appears to be having a seizure. There is milk spilt on the floor, she has hit her head which is bleeding.

She is accompanied by her partner who is shouting at you accusing them of negligence. He argues that his partner has fallen and hit her head as a result of the spilt milk.

Your priority is to diffuse the situation so as to avoid disruption to other customers and to avoid a spectacle.

Scenario 1: **observer**

Your task is to observe the dynamics of the group as the scenario evolves. Make notes if necessary as you will be asked to feedback your observations to the group.

Pay particular attention to

How the group organises itself in working out what the task involves

Whether anyone assumes roles in the organisation phase or whether roles are delegated by the team as a whole

Do the roles change as the scenario evolves, if so how?

Is this an effective team?

How might they improve the function as a team?

Appendix 2: Scenario 2 - critically ill ward patient/angry relative

Goals:

1. to work as a team to manage an acute clinical scenario, in a clinical setting
2. Manage evolving clinical situation.

Personnel:

FY1

Junior nurse

Physiotherapist

Charge nurse

Mother

(observer)

An 18-year-old woman is admitted onto a busy general medical ward following an overdose. The patient is accompanied by her mother who is very angry about the long delay that occurred before her daughter was seen in the accident and emergency department.

On admission to the ward the patient is drowsy but rousable and her vital signs are all stable. Over the next two hours the patient becomes increasingly drowsy but a junior nurse reassures the mother that this is 'nothing to worry about.'

A physiotherapist alerts an FY1 doctor to the fact that the patient appears 'blue.'

On review the FY1 doctor finds the patient to be barely breathing and asks the junior nurse to call the arrest team. At this point the mother faints.

FY1

An 18-year-old woman is admitted onto a busy general medical ward following an overdose. The patient is accompanied by her mother who is very angry about the long delay that occurred before her daughter was seen in the accident and emergency department.

On admission to the ward the patient is drowsy but rousable and her vital signs are all stable. You are working on some discharge summaries when a physiotherapist runs over and tells you that the patient has turned blue.

Your priority is to make an assessment of the scene and lead anyone you feel is involved through the management of the critically ill patient. You are confident in your abilities to run the situation.

Junior nurse

An 18-year-old woman is admitted onto a busy general medical ward following an overdose. The patient is accompanied by her mother who is very angry about the long delay that occurred before her daughter was seen in the accident and emergency department.

On admission to the ward the patient is drowsy but rousable and her vital signs are all stable. Over the next two hours the patient becomes increasingly drowsy you reassure the mother that this is 'nothing to worry about.' You think she is probably just exhausted from waiting in A&E for so long.

Only if asked for the information by the FY1, the patient's observations are as follows: BP is 70/40, PaO₂ on air is 82%, pulse is 120bpm and her temperature is 36.8 °C. Her pupils are symmetrical and sluggish to light.

Physiotherapist

An 18-year-old woman is admitted onto a busy general medical ward following an overdose. The patient is accompanied by her mother who is very angry about the long delay that occurred before her daughter was seen in the accident and emergency department.

On admission to the ward the patient is drowsy but rousable and her vital signs are all stable. Over the next two hours the patient becomes increasingly drowsy but a junior nurse reassures the mother that this is 'nothing to worry about.'

You are attending the patient in the next bed when you notice that the 18year old woman has turned blue. You grab the FY1 on the other side of the ward and tell them a patient is looking very unwell and they should attend straight away.

You should cooperate with any requests made to you by the FY1, but should also keep suggesting that a senior doctor is called if they don't volunteer it after a few minutes.

Charge nurse

An 18-year-old woman is admitted onto a busy general medical ward following an overdose. The patient is accompanied by her mother who is very angry about the long delay that occurred before her daughter was seen in the accident and emergency department.

On admission to the ward the patient is drowsy but rousable and her vital signs are all stable. Over the next two hours the patient becomes increasingly drowsy but a junior nurse reassures the mother that this is 'nothing to worry about.'

You hear a commotion and go to investigate- there you find a collapsed patient, attended by an FY1 who you don't think is actually that good at their job and an angry relative. A junior nurse appears to be hovering also.

You should take a back seat to the orders being given, cooperate when necessary but try to persuade the FY1 they need more help.

Mother

You are accompanying your 18-year-old daughter who is admitted onto a busy general medical ward following an overdose. You are very angry about the long delay that occurred before your daughter was seen in the accident and emergency department. You seemed to be waiting for hours. You aren't sure what she has taken but think it may involve sleeping tablets and alcohol.

On admission to the ward your daughter is drowsy but rousable. Over the next two hours she becomes increasingly drowsy but a junior nurse reassures you that this is 'nothing to worry about.'

You decide to rest your eyes for a few minutes as you are exhausted from the stress. You haven't eaten for a few hours and are diabetic (on metformin). You wake up to find a commotion and your daughter is floppy and blue. There seem to be lots of people around but none explain what is going on. On standing you collapse and are unrousable- none of the other members of the group will expect this, so keep it secret.

Scenario 2: **observer**

Your task is to observe the dynamics of the group as the scenario evolves. Make notes if necessary as you will be asked to feedback your observations to the group.

Pay particular attention to

How the group organises itself in working out what the task involves

Whether anyone assumes roles in the organisation phase or whether roles are delegated by the team as a whole

Do the roles change as the scenario evolves, if so how?

Is this an effective team?

How might they improve the function as a team?

Appendix 3: Scenario 3- collapsed patient in primary care

Goals:

1. to work as a team to manage an acute clinical scenario, in a clinical setting
2. Manage evolving clinical situation.

Personnel:

Year 5 medical student on MIC placement in GP surgery

Junior practice nurse

Receptionist

GP

Collapsed patient (and observer)

The medical student is in the reception area of the surgery when there is a call for help from some of the patients. An elderly gentleman has fallen to the floor and appears to have suffered a cardiac arrest.

The medical student calls the receptionist to help, who rings the practice nurse to bring the arrest bag and dials 999. Meanwhile, the student initiates CPR, with the receptionist providing chest compressions.

The practice nurse, who is new to the surgery arrives with basic resuscitation equipment (automatic defibrillator, IV access kit, oxygen cylinder with bag & mask).

After around 5 minutes the GP arrives who tells you to stop what you are doing. He states that the patient has an advanced directive stating that should he experience a cardiac arrest, he does not wish to be resuscitated as he was diagnosed with lung cancer 6 months previously.

Year 5 medical student on MIC placement in GP surgery

You are in the reception area of the surgery when there is a call for help from some of the patients. An elderly gentleman has fallen to the floor and appears to have suffered a cardiac arrest.

The receptionist is nearby.

Junior practice nurse

The medical student is in the reception area of the surgery when there is a call for help from some of the patients. An elderly gentleman has fallen to the floor and appears to have suffered a cardiac arrest.

The medical student calls the receptionist to help, who rings you to bring the arrest bag. Meanwhile, the student initiates CPR, with the receptionist providing chest compressions.

You are new to the surgery. You arrives with basic resuscitation equipment (automatic defibrillator, IV access kit, oxygen cylinder with bag & mask) and await instructions.

Receptionist

The medical student is in the reception area of the surgery when there is a call for help from some of the patients. An elderly gentleman has fallen to the floor and appears to have suffered a cardiac arrest.

The medical student calls you to help, & you ring the practice nurse to bring the arrest bag and dials 999. Meanwhile, the student initiates CPR.

The practice nurse, who is new to the surgery arrives with basic resuscitation equipment (automatic defibrillator, IV access kit, oxygen cylinder with bag & mask).

You know the patient quite well and know they had told you recently they had a change of heart about some paperwork in their notes that requested no resuscitation. This doesn't immediately occur to you as you are carried away in the stress of the situation. This information should be withheld until the GP asks you to stop helping the patient, this triggers you to remember.

GP

The medical student is in the reception area of the surgery when there is a call for help from some of the patients. An elderly gentleman has fallen to the floor and appears to have suffered a cardiac arrest.

The medical student calls the receptionist to help, who rings you- you are half way through taking a smear in the far end of the building, so take a couple of minutes to arrive.

When you arrive you realise the patient is known to you and has an advanced directive stating that should he experience a cardiac arrest, he does not wish to be resuscitated as he was diagnosed with lung cancer 6 months previously. You ask the medical student to stop the resuscitation attempt.

Collapsed patient (and observer)

The medical student is in the reception area of the surgery when there is a call for help from some of the patients. An elderly gentleman has fallen to the floor and appears to have suffered a cardiac arrest.

The medical student calls the receptionist to help, who rings the practice nurse to bring the arrest bag and dials 999. Meanwhile, the student initiates CPR, with the receptionist providing chest compressions.

The practice nurse, who is new to the surgery arrives with basic resuscitation equipment (automatic defibrillator, IV access kit, oxygen cylinder with bag & mask).

After around 5 minutes the GP arrives who tells everyone to stop what they are doing. He states that the patient has an advanced directive stating that should he experience a cardiac arrest, he does not wish to be resuscitated as he was diagnosed with lung cancer 6 months previously.

Scenario 3: observer

Your task is to observe the dynamics of the group as the scenario evolves. Make notes if necessary as you will be asked to feedback your observations to the group.

Pay particular attention to

How the group organises itself in working out what the task involves

Whether anyone assumes roles in the organisation phase or whether roles are delegated by the team as a whole

Do the roles change as the scenario evolves, if so how?

Is this an effective team?

How might they improve the function as a team?

Appendix 4: Belbin's Team roles (1981)

	Team role	strengths	Allowable weaknesses
Action orientated roles	Shaper	Challenging, dynamic, thrives on pressure The drive & challenge to overcome obstacles	Prone to provocation Offends people's feelings
	Implementer (company worker)	Disciplined, reliable, conservative & efficient Turns ideas into practical actions	Somewhat inflexible Slow to respond to new possibilities
	Completer finisher	Painstaking, conscientious, anxious Searches out errors & omissions Delivers on time	Inclined to worry unduly Reluctant to delegate
People orientated roles	Co-ordinator (chairman)	Mature, confident, a good chairperson Clarifies roles, promotes decision-making, delegates well	Can often be seen as manipulative Offloads personal work
	Team worker	Co-operative, mild, perceptive & diplomatic Listens, builds, averts friction	Indecisive in crunch situations
	Resource investigator	Extrovert, enthusiastic, communicative Explores opportunities Develops contacts	Over-optimistic Loses interest once initial enthusiasm has passed
Cerebral roles	plant	Creative, imaginative, unorthodox Solves difficult problems	Ignores incidentals Too pre-occupied to communicate effectively
	Monitor evaluator	Sober, strategic & discerning Sees all opinions Judges accurately	Lacks drive & ability to inspire others
	specialist	Single-minded, self-starting, dedicated Provides knowledge & skills in rare supply	Contributes only on a narrow front Dwells on technicalities



Working in Teams Year 5 Communication Skills Workshop 2012/13

Student Handout

By the end of the session students should be able to:

- Differentiate how working within a team varies between different clinical contexts
- Analyse the challenges you will face from working within a team
- Critique the importance of regular review of performance of team
- Evaluate effective teamwork as an essential element of patient safety
- Demonstrate the appropriate communication skills required to make an effective team
- Employ good working relationships with other team members

See also the guidance from the GMC at.....

http://www.gmc.uk.org/guidance/good_medical_practice/working_with_colleagues_working_in_teams.asp

Teamwork: A joint action by two or more people, in which each person contributes to achieve common goals

Advantages of good teamwork:

- Increased breadth & depth of subject knowledge
- Increased range of experience
- Increased learning through problem-solving, reflection and feedback
- Reduced error rates
- Increased efficiency
- Increased morale, job satisfaction, efficiency

Why do we need effective teamwork?

Medical error is the 8th most common cause of death in the USA 44 000-98 000 patients die each year from preventable errors.

Research from the aviation industry has identified 3 common teamwork failings as contributing to accidents:

- Roles not being clearly defined
- Lack of explicit co-ordination
- miscommunication

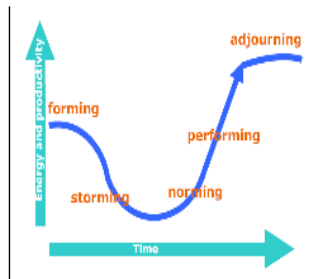
& it is recognised that parallels may be drawn in complex medical systems. Effective teamwork is essential for minimising adverse events caused by miscommunication & misunderstandings of the individual's roles & responsibilities

A successful team requires:

- Common purpose & measurable goals
- Effective leadership & communication
- Listen to & acknowledge others' contributions & ability to give and receive feedback
- Support group decisions
- Mutual trust & respect & an ability to ask for help if needed

Group dynamics

We can relate these stages to almost any group/ team working situation



Characteristics of each stage:

- **FORMING: Dependency and Inclusion** - new groups often begin relationships in a state marked by high anxiety, uncertainty, and politeness.
- **STORMING: Counter dependency and Fight** - in this stage each member seeks to identify and define individual roles more clearly.
- **NORMING: Trust and Structure** - communication becomes more oriented to the task and people become comfortable giving and receiving feedback. Members of the group know what to expect from each other.
- **PERFORMING: Work** - group members share information with each other and know where different kinds of knowledge and expertise lie within the group.
- **ADJOURNING: Termination** - general awareness of an impending loss of group stability, which can create anxiety and even conflict

Belbin's Team Roles (1981)

	Team role	strengths	Allowable weaknesses
Action orientated roles	Shaper	Challenging, dynamic, thrives on pressure The drive & challenge to overcome obstacles	Prone to provocation Offends people's feelings
	Implementer (company worker)	Disciplined, reliable, conservative & efficient Turns ideas into practical actions	Somewhat inflexible Slow to respond to new possibilities
	Completer finisher	Painstaking, conscientious, anxious Searches out errors & omissions Delivers on time	Inclined to worry unduly Reluctant to delegate
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	Monitor evaluator	Sober, strategic & discerning Sees all opinions Judges accurately	Lacks drive & ability to inspire others
	specialist	Single-minded, self-starting, dedicated Provides knowledge & skills in rare supply	Contributes only on a narrow front Dwells on technicalities

Multidisciplinary teams

Working as a doctor normally requires an individual to work within a multi-disciplinary and multi-professional team.

Health professionals tend to train separately and work according to different sets of rules and assumptions. It is essential therefore that the individual members of that team consider these varying backgrounds and use the breadth of expertise and experience to optimise patient care.

Working in a medical team in an emergency

Many staff, particularly doctors, find it difficult to admit uncertainty, to patients, colleagues, seniors (and themselves?). This undoubtedly has contributed to many instances of patient harm over the years. The admission of uncertainty is strength, not weakness.

It is easy to dismiss the importance of communication between staff in the acute situation. When a patient needs things done and done quickly, practical measures should and do take priority. However the way we communicate around these measures can become crucial when dealing with very ill patients, where a misunderstanding can cause crucial delays in treatment or worse. Consequently effective and efficient communication is of particular importance in an emergency.

Important aspects of communication within a team

in an emergency situation

Take control If a situation arises where you are required to be the lead person it is important to take charge and clarify the roles of those involved. You might want to check the names of other staff and say "OK Eileen, can you check the BP and set up for an IV infusion". Using people's names or making it clear to whom you are speaking by using eye contact will ensure that person knows you want them to act on your instruction and will enable all to work more efficiently.

Keep it simple Time is of the essence so take your time and get your instructions right first time. Don't rush so much that you fail to provide all the necessary detail. Nursing staff are likely to be more familiar with the acute situation than a junior doctor but they aren't psychic.

Check that the message is understood. In the acute situation a few seconds taken to check, will save unnecessary delays caused by confusion or misunderstandings, which commonly occur when people are under pressure.

Repeat the request if necessary. Remember when people are stressed they don't absorb information as well so repetition may be necessary, again this may save time later.

Watch your body language Remember your anxiety can come across as aggression. When we are anxious we function at a more primitive level, this means that non-verbal communication becomes more critical. Anxiety misinterpreted as aggression can result in disagreements which can waste precious time. Equally remember that the same is true for your colleagues, they may appear irritated or difficult but are probably just anxious too. Think about people you know that are good in emergencies, they often look calm and relaxed, this tends to have a calming effect on those around them and helps everyone to work more efficiently. Acting calmly even when you don't feel it can also help you feel more in control

Involving Senior Staff

Getting the help you want can sometimes be a difficult business. Senior colleagues may be busy and distracted. You may not know them very well and feel quite intimidated. They may not know you.

There are several useful principles to remember when requesting senior help:

Be assertive

Say what you want and why you want it. Assertiveness is about being direct, appropriate, and taking responsibility. If you are not happy with the response you get, say so – diplomatically!

First say what assistance you want

If you wish the senior colleague to come and see the patient, say so at the beginning

Have all the information to hand

Have the notes, charts and results in front of you – don't have to go away back to the bedside to get the vital signs chart!

Be concise

Think about what you are going to say before you pick up the phone – a coherent, concise request is much more likely to get you what you want.

Repeat the request if necessary

None of us take in every part of what we are told – the same goes for senior colleagues – repeat the request if necessary.

DON'T DELAY If you think you maybe should get senior help – you should, NOW.

Further reading

GMC guidance on working in teams http://www.gmc-uk.org/guidance/good_medical_practice/working_with_colleagues_working_in_teams.asp

Recent BMJ Careers article on working in teams http://careers.bmj.com/careers/advice/view-article.html?id=20001627&q=w_bmj

There was a recent BJA which was all about patient safety. Br. J. Anaesth. (2010) Vol 105(1) The (more) interesting articles are:
1-3 To err is human. J.G. Hardman, I.K. Moppett.
3-6 Crisis resource management and teamwork in anaesthesia. D.M. Gaba
6-8 Risk management, NASA and the National Health Service: lessons we should learn. K.J. Fong
21-25 Human factors in anaesthesia: lessons from aviation. N.S. Toff
83-90 Beyond monitoring: distributed situational awareness in anaesthesia. E. Fioratou, R. Flin, R. Glavin, R. Patey.

<http://www.belbin.com/rte.asp?id=8>

<http://www.youtube.com/watch?v=JzlvgtPlOf4>

Effective Communication for improving safe patient care using ISBAR

Introduction:

- Introduce yourself and your role in the patient's care
- State the unit you are calling from when speaking with a physician over the phone

Situation:

- Specify the patient's name and current condition or situation
- Explain what has happened to trigger this conversation

Background:

- State the admission date of the patient, his or her diagnosis, and pertinent medical history
- Give a brief synopsis of what's been done so far (e.g., lab test)

Assessment:

- Give a summary of the patient's condition or situation
- Explain what you think the problem is or say, "I'm not sure what the problem is, but the patient is deteriorating"
- Expand upon your statement with specific signs and symptoms

Recommendation:

- Explain what you would like to see done (e.g., lab tests, treatments, or "I need you to see the patient now")
- State any new treatments or changes ordered (e.g., monitoring and frequency or when to renotify the physician if there is no improvement in the patient)

I: Hello I am Dr Jones an F1 doctor on call on the medical admission ward

S: Mrs Brown is having difficulty breathing

B: She is a 50 year old woman with chronic lung disease she is now acutely worse

A: I don't hear any breath sounds on the right. I think she has a pneumothorax

R: I need you to come **now** and see her, I think she needs a chest drain