



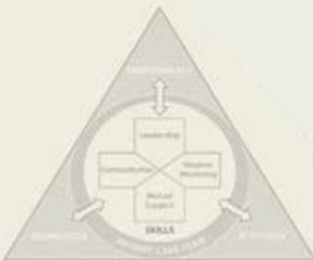
LEADING TEAMS

(DRAFT)




SUBSECTIONS

- Types of Team Leaders
- Effective Team Leaders
- Team Leader Strategies (Briefs, Huddles, and Debriefs)
- Conflict Resolution
- Promoting and Modeling Teamwork



TIME: 50 minutes

INSTRUCTOR OUTLINE: LEADING TEAMS

 **Instructor Note:** In this module, you will present information about leading teams. Participants will learn the characteristics of effective leaders, the importance of role modeling behaviors, and a leader's role in conflict resolution. Tools specific to leading teams will be presented.

The Leading Teams module includes the content provided in the outline below. More content is available than can be covered in the time provided; therefore, optional content and activities are noted. It is strongly recommended that instruction not focus solely on lecture, but also include exercises, videos, and other activities. As such, instructors should use the information below to plan how the module will be taught within the time available.

	Content	Page #	Approx. Time
1.	Leadership Exercise	5	15 mins*
2.	Introduction	6 - 7	3 mins
3.	Team Leaders	8 - 9	4 mins
4.	Defining the Plan and Assigning Tasks and Responsibilities	10 - 12	4 mins
5.	Sharing the Plan (Brief)	13 - 14	4 mins
6.	Briefing Exercise	15	15 mins*
7.	Monitoring and Modifying the Plan (Huddle)	16	2 mins
8.	Reviewing the Team's Performance (Debrief)	17 - 19	8 mins
9.	Facilitating Conflict Resolution and Modeling Teamwork	20 - 21	3 mins
10.	Team Formation Video	22 - 23	8 mins*
11.	Tools and Strategies Summary	24	2 mins
12.	Applying TeamSTEPPS Exercise	25	5 mins

*Although all instructional content and activities are recommended to ensure that participants achieve the learning objectives, these activities may be considered "optional" if time is constrained. Continued...



MODULE TIME:

75 minutes



MATERIALS:

- Leadership Exercise Sheet
- Brief LTC Video (Brief_LTC.mpg)
- Briefing Exercise Sheet
- Huddle LTC Video (Huddle_LTC.mpg)
- Debrief Subacute Video (Debrief_Subacute.mpg)
- TeamSTEPPS Success LTC Video (LTC_Success_Complete_Vignette.mpg)
- TeamSTEPPS Implementation Worksheet

INSTRUCTOR OUTLINE: LEADING TEAMS (Continued)

Additional Resources: Below are sources of additional information and videos you may want to use to customize this module to your participants.

- **TeamSTEPPS for Long-Term Care DVD:** The TeamSTEPPS for Long-Term Care DVD includes Specialty Scenarios and additional videos that can be used to customize your instruction.
- **TeamSTEPPS 2.0:** Includes videos specific to the use of the leadership tools and strategies in multiple hospital settings.
- <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/fundamentals/index.html>
- **TeamSTEPPS for Office-Based Care Version:** Includes videos specific to the use of the leadership tools and strategies in the primary care setting.
- <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/primarycare/>
- **DoD Patient Safety Program Briefs and Huddles Toolkit:**
 - <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/Toolkits/Briefs-and-Huddles-Toolkit>.
- **DoD Patient Safety Program Debriefs Toolkit:**
 - <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/Toolkits/Debriefs-Toolkit>.
- **Comprehensive Unit-Based Safety Program (CUSP) “Implement Teamwork and Communication”**

Module: Includes information on briefs, huddles, and debriefs and presents a video on briefs.

 - <http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/modules/implement/index.html>

(OPTIONAL) EXERCISE: LEADERSHIP

DO:

Have participants form groups and provide them with the instructions below.

SAY:

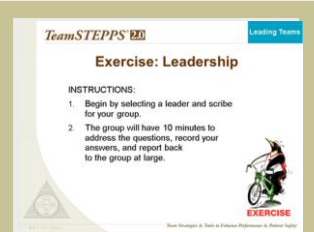
Within your group, please select a leader and a scribe. You will have 10 minutes to discuss four questions:

- What characteristics, attitudes, or skills made the leaders that you have known effective and successful?
- If there was room for improvement, what could they have done to be more effective?
- Does your group feel that leadership can be learned or taught, or is it an innate skill?
- What one characteristic is most important to the success of effective leaders?

Your group's scribe will document your responses, and we will reconvene as a group to discuss.

DO:

Following the 10 minute group discussion, reconvene the group and facilitate a discussion by allowing groups to report out on their responses.



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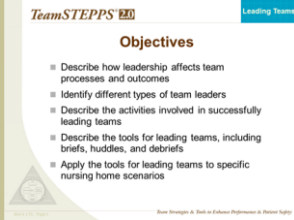
TIME:

15 minutes

MATERIALS:

- Leadership Exercise Sheet

OBJECTIVES



The slide thumbnail contains the following text:

TeamSTEPPS™ Leading Teams

Objectives

- Describe how leadership affects team processes and outcomes
- Identify different types of team leaders
- Describe the activities involved in successfully leading teams
- Describe the tools for leading teams, including briefs, huddles, and debriefs
- Apply the tools for leading teams to specific nursing home scenarios

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SAY:

After completing this module, you will be able to:

- Describe how leadership affects team processes and outcomes;
- Identify different types of team leaders;
- Describe the activities involved in successfully leading teams;
- Describe the tools for leading teams, including briefs, huddles, and debriefs; and
- Apply the tools for leading teams to specific nursing home scenarios.

SAY:

So far, we have covered the following in the TeamSTEPS framework:

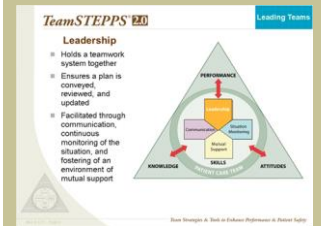
- **Team Structure**, which facilitates teamwork by identifying the individuals among which information must be communicated, a leader must be clearly designated, and mutual support must occur.
- **Communication**, which facilitates teamwork by enabling team members to effectively relay relevant information in a manner that is known and understood by all.

In this module, we will discuss **Leading Teams**.

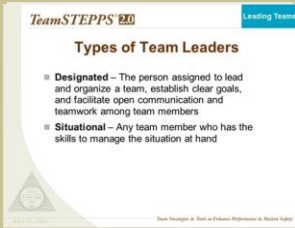
Leadership is the linchpin that holds a teamwork system together. Usually the physician is identified as the designated team leader; however, within teams the formal leader may not always be the one truly leading the team to address the situation at hand. Therefore, we have titled this module “Leading Teams,” because any team member may take on the leadership role depending on the situation and the current team membership.

When leading teams, a climate must be created that allows teamwork to flourish in support of resident safety and the delivery of high-quality care. Leading teams involves:

- Establishing a plan of care, identifying roles and responsibilities of team members, developing norms within the team for operating, and communicating the plan to all team members.
- Monitoring the plan of care and the surrounding situation to better anticipate residents’ needs, effectively managing the resources to meet those needs, and adjusting the plan when necessary.
- Modeling appropriate behavior and reinforcing and rewarding appropriate behavior when it is exhibited by team members.



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SAY:

Team leaders are well-informed team members who make decisions and take actions. Team leaders establish the goals of the team and help maintain its focus. There are two types of leaders.

The first type is the **designated** team leader. For a team to function successfully, a leader must be designated. This leader must have the knowledge, skills, and attitudes to achieve the established goals. In most clinical situations, the physician in charge is the designated team leader.

The second type is the **situational** leader. The responsibility of leading the team may change depending on the flow of the case. Situational leaders emerge at designated times, such as during anesthesia induction, and at spontaneous times, such as the first responder to a code.

In high-performance teams, any member of the team with the skills to best manage the situation can assume the role of situational leader. Once the situation has been resolved or the designated leader is ready to assume control, the situational leader again assumes the role of team member.

ASK:

- Who are the designated team leaders in your unit, department, or work area?
- Is the role of the designated team leader acknowledged and understood by team members?
- Can you describe a case in which someone assumed the role of the situational team leader?
- Can the roles of the designated leader and situational leader be better defined in your unit, department, or work area?

EFFECTIVE TEAM LEADERS

SAY:

When leading teams, both designated and situational team leaders must have a set of effective skills regardless of the type of team they are leading or the situation in which they are leading it. At its core, leading teams involves the following activities:

- Identifying a goal and defining a plan to achieve the goal;
- Assigning tasks and responsibilities;
- Sharing the plan;
- Monitoring the plan and progress toward the goal;
- Modifying the plan and communicating changes to all team members; and
- Reviewing the team's performance.

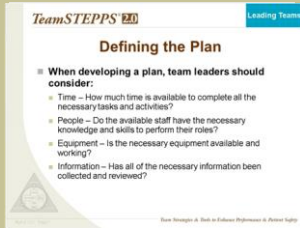
It is critical that when leading teams, designated and situational leaders also:

- Establish “rules of engagement” under which team members will operate and perform their roles;
- Manage and allocate resources effectively to ensure that team members have what they need to be successful;
- Provide feedback to team members regarding their assigned responsibilities and progress toward the team's goal;
- Facilitate information sharing among team members;
- Encourage team members to assist one another when needed;
- Facilitate conflict resolution; and
- Model effective teamwork.



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DEFINING THE PLAN



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SAY:

Leading teams involves identifying a goal (or goals) for the team’s performance and developing and clearly articulating a plan to achieve the team’s goal. In health care, the team leader (whether designated or situational) must develop a plan of care for the resident in order to achieve a specific health outcome—the identified goal. As part of gathering information needed to develop the plan, the team leader should seek input from staff to ensure that the plan makes use of all known information.

Developing a plan of care also involves considering the available resources with respect to time, people, equipment, and information relative to the resident’s needs. The goal is to formulate a plan that makes effective use of the available resources, while maintaining the highest standards with respect to resident care and safety.

ASK:

- How do your team leaders communicate a plan of care to the care team?
- Which strategies have been effective and which have not been effective?
- How do your team leaders communicate changes to the plan of care to the care team?

DEFINING THE PLAN: CASE EXAMPLE

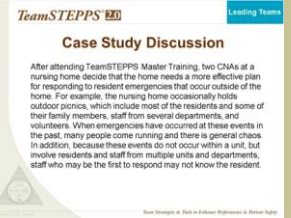
SAY:

Let's look at an example.

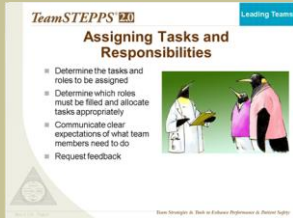
After attending TeamSTEPS Master Training, two CNAs at a nursing home decide that the home needs a more effective plan for responding to resident emergencies that occur outside of the home. For example, the nursing home occasionally holds outdoor picnics, which include most of the residents and some of their family members, staff from several departments, and volunteers. When emergencies have occurred at these events in the past, many people come running and there is general chaos. In addition, because these events do not occur within a unit, but involve residents and staff from multiple units and departments, staff who may be the first to respond may not know the resident.

DISCUSSION:

- What changes would you recommend to improve performance in emergencies that occur outside of the unit?



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SAY:

When leading teams, it is typically the responsibility of the designated leader to assign roles and tasks to other team members. In some cases, a situational leader may also make such assignments. When leading the team, you should:

- Determine the tasks and roles to be assigned
 - Consider priorities, work requirements, and availability of resources
- Determine which roles must be filled and allocate tasks appropriately
 - Consider the knowledge, experience, skill, availability, and scope of practice of each member of the team
- Communicate clear expectations of what team members need to do
 - Communicate the plan, team member roles, and task responsibilities
- Request feedback about the plan and about progress toward achieving the plan’s goals

ASK:

- How do team leaders assign tasks in your units, once a plan has been established?
- What approaches to assigning tasks and responsibilities are effective and what has not been effective?

SHARING THE PLAN

SAY:

Briefs are a strategy for sharing the plan when leading a team. During a brief, which is sometimes referred to as a team meeting, the following information should be discussed:

- Team membership and roles—who is on the team and who is the designated team leader;
- Clinical status of the team’s residents—the current condition, diagnosis, and status of each resident assigned to the team;
- The plan of care for each of the team’s residents—what is to be accomplished, what are the expected outcomes, and who is to do it; and
- Issues affecting team operations—resources normally available that may be restricted during the current shift.

Defining clear goals and a plan to achieve those goals is an important part of the brief as well as establishing clear roles and expectations for each team member. Successful teams measure their effectiveness in terms of how well they are performing against the established plan. The designated team leader usually conducts the brief, and team members actively participate.

DO:



Play the video by clicking the director icon on the slide.



DISCUSSION:

- Who is the designated team leader?
 - Gayle, the nurse manager. She reviewed the activities of the day and highlighted the clinical status of one resident who was found wandering during the night, which was a change for this resident.
- Did the team develop a comprehensive plan for Mrs. Smith?
 - Yes. The nurse manager instructs the nursing assistant in the plan of care for Mrs. Smith. The nursing assistant is asked to watch Mrs. Smith and encourage rest periods.
- Did the team address contingencies?
 - Yes, the nurse manager explained that the resident may be developing an infection and that staff should encourage fluids.



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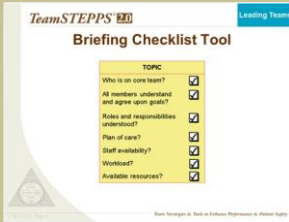
VIDEO TIME:

0:45 seconds



MATERIALS:

- Brief LTC Video (Brief_LTC.mpg)



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SAY:

Similar to a preflight checklist used in aviation, the team leader should cover the items on this (or a similar) checklist. Conducting a brief at the beginning of a shift or prior to a case provides an ideal forum for communicating with other team members about the goals for each resident and the plan of care to ensure resident safety.

For example, in the hospital setting, the World Health Organization (WHO) advocates the use of checklists to promote surgical safety. They have created the WHO Safe Surgery Checklist. The checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work: (1) before the induction of anesthesia (“sign in”), (2) before the incision of the skin (“time out”), and (3) before the patient leaves the operating room (“sign out”). In each phase, a checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the next phase.

ASK:

- Have you participated in a brief? Did the items on this checklist occur? If not, what was not done?
- If you were designing a briefing checklist, what items would you include? When would the briefing occur? Who would be expected to attend?

(OPTIONAL) EXERCISE: BRIEFING

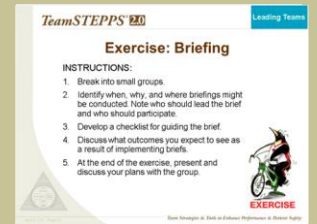
SAY:

As a TeamSTEPPS Master Trainer, you may choose to implement briefings as a strategy to improve coordination of care. You may also choose to develop a checklist as a tool to guide these briefs. The purpose of this exercise is to develop a checklist to facilitate briefings in your unit, department, or work area.

1. First, break into small groups with others from your unit, department, or work area.
2. Next, identify when, why, and where briefings might be conducted. Also note who should lead the brief and who should participate.
3. Then, develop a checklist for guiding the brief.
4. Discuss what outcomes you expect to see as a result of implementing briefs.
5. At the end of the exercise, you'll be asked to present and discuss your plans with the group.

DO:

Give participants approximately 10 minutes to work on their briefing checklists. Then, reconvene the group and ask the small groups to report on what they developed and their expected outcomes.



Slide



TIME:

15 minutes



MATERIALS:

- Briefing Exercise Sheet



Slide



VIDEO TIME:

0:25 seconds



MATERIALS:

- Huddle LTC Video (Huddle_LTC.mpg)

SAY:

Huddle is a tool for communicating adjustments to a plan of care that is already in place. When a plan changes as a result of changes in the resident or team membership, or aspects of the current plan are not working, a huddle should be convened by either the designated or situational leader. When leading teams, it is important that such changes are quickly and effectively communicated so the team members all know the plan for providing the best care to the resident.

In addition, information updates within the team should occur as often as necessary. Many times, the designated team leader (i.e., physician) is managing multiple residents simultaneously and is relying on other team members to provide vital information about the resident's status and how the established plan of care is working. Such important updates can be provided during huddles.

DO:



Play the video by clicking the director icon on the slide.



DISCUSSION:

- What event necessitated the need for the huddle?
 - Mrs. Smith did not accept the drinks offered and ate only a small portion of her breakfast. She is not acting like herself.
- What key information was shared in the huddle?
 - Most recent resident history and current status
 - Distribution of tasks
 - Emergent plan of care

REVIEWING THE TEAM'S PERFORMANCE

SAY:

Research has shown that teams that effectively debrief their own performance can improve their teamwork in real time. Although it is often difficult to find time for such reviews in health care, TeamSTEPPS advocates that after action reviews occur and that, as new Master Trainers, you try to include opportunities to **debrief** critical team events. These events are excellent learning opportunities for team members and can help sustain the implementation of TeamSTEPPS.

Debriefs include:

- Accurate recounting and documentation of key events;
- Analysis of why the event occurred, what worked, and what did not work;
- Discussion of lessons learned and how the team can alter the plan for the next time;
- Reinforcement of what went well and how the team can repeat the behavior or plan the next time; and
- Establishment of a method to formally change the existing plan to incorporate lessons learned.

Debriefs are most effective when conducted in an environment where honest mistakes are viewed as learning opportunities. Debriefs can be a brief (about 3 minutes or less) team event, typically initiated and facilitated by the team leader. Debriefs are most useful when they relate to specific team goals or address particular issues related to recent team actions. Debriefs should focus on performance improvement. It is important to reinforce what went well and avoid assigning blame or failure to any individual regarding what did not go well.



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DEBRIEF CHECKLIST



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SAY:

Here are two guidelines for conducting debriefs:

- Facilitate the discussion as a leader by asking questions related to team performance. For example, questions might include: *What did we do well? What did not go well that we can improve?*
- Recap the situation, background, and key events that occurred. Similar to the brief, the team leader should cover the items on this (or a similar) debrief checklist. The team can use this checklist during a debriefing to ensure that all information is discussed. The team leader should then summarize lessons learned and set goals for improvement.

DEBRIEF VIDEO

SAY:

Now we will watch the physical therapist lead the debrief immediately following the situation with Mr. Larkin.

DO:


 Play the video by clicking the director icon on the slide.


DISCUSSION:

- What were some of the positive effects from this debrief?
 - Team members provided feedback on other team members' actions that were most helpful
 - One team member offered a suggestion for future training to further improve performance
 - All team members were encouraged to participate
 - It reinforced that teamwork skills produce good outcomes
- Describe the tone set for the debrief.
 - Set a positive tone for open communication
 - Encouraged feedback
 - Facilitated lessons learned
 - Reinforced team behaviors and successes with the team



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 **VIDEO TIME:**
0:49 seconds

 **MATERIALS:**

- Debrief Subacute Video (Debrief_Subacute.mpg)




Slide

SAY:

Next we will turn our attention to a leader's role in facilitating conflict resolution. Conflict is inevitable and can be caused by differences in clinical knowledge, work approaches, values, opinions, or personality. Resolution of conflict is necessary in the delivery of safe, quality care. Leadership skill in conflict resolution can enhance team effectiveness and performance. An effective team leader does not allow interpersonal or irrelevant issues to negatively affect the team.

In addition to conflict, other disruptive behaviors can affect the effectiveness of teams. The Department of Defense (DoD) has developed the *Professional Conduct Toolkit* to help address such behaviors.

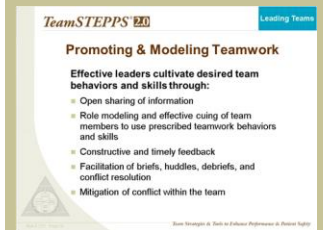
For more information, find the *Professional Conduct Toolkit* at: <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/Toolkits/Professional-Conduct-Toolkit>

 **Instructor Note:** The Mutual Support module provides specific strategies for resolving conflict: (1) the Two-Challenge Rule and (2) DESC script.

SAY:

Designated team leaders must model, value, and reinforce effective team behaviors. This helps team members understand the performance expectations and cultivate desired team behaviors within the team. Designated team leaders should:

- Openly share information;
- Role model and effectively cue team members to use prescribed teamwork behaviors and skills;
- Provide constructive and timely feedback;
- Facilitate briefs, huddles, and debriefs; and
- Mitigate conflict within the team.



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(OPTIONAL) TEAM FORMATION VIDEO



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VIDEO TIME:

8:43 minutes



MATERIALS:

- TeamSTEPPS Success LTC Video (LTC_Success_Complete_Vignette.mpg)

SAY:

Now that we've discussed how to effectively lead teams to produce positive teamwork outcomes, let's watch the entire case of Mrs. Smith under the care of a team that uses effective and timely leadership strategies, including:

- Briefs;
- Huddles;
- Briefing checklists;
- Conflict resolution; and
- Debriefs.

DO:



Play the video by clicking the director icon on the slide.



DISCUSSION: Go to next page >

Continued...



DISCUSSION:

- What leadership tools and strategies did Gayle Patel, the nurse manager, use?
 - Briefed team about concerns and current status of residents
 - Verbalized the current plan of care
 - Conducted a huddle with the nursing assistant due to the emergent need to address Mrs. Smith's concerning status
 - Conducted debrief to recap events and share lessons learned
- What leadership tools and strategies did other team members use?
 - Liz James, the nurse supervisor, role modeled the use of teamwork skills such as SBAR and handoff. She also indicated that she would speak to Carmen about her interaction with the recreation therapist.
 - Jennifer Anderson, the recreation therapist, used the Two-Challenge Rule and the DESC Script to facilitate conflict resolution.

TeamSTEPS  Leading Teams

Tools & Strategies Summary

BARRIERS	TOOLS and STRATEGIES	OUTCOMES
<ul style="list-style-type: none"> • Inconsistency in Team Membership • Lack of Time • Lack of Information Sharing • Hierarchy • Conventional Thinking • Complacency • Varying Communication Styles • Conflicts • Lack of Coordination and Follow-up with Colleagues • Fatigue • Workload • Misrepresentation of Data • Lack of Role Clarity 	<ul style="list-style-type: none"> • Communication <ul style="list-style-type: none"> - SBAR - Call Out - Check-Back - Handoff • Leading Teams <ul style="list-style-type: none"> - Brief - Huddle - Debrief 	<ul style="list-style-type: none"> • Shared Mental Model • Adaptability • Team Orientation • Mutual Trust • Team Performance • Resilient Safety!


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SAY:

Team leaders must ensure that information is being shared, all team members have the resources they need to do their job, the situation within the work environment is continually monitored, and appropriate behaviors are modeled and reinforced across the team.

Tools for leaders to use with their team include the Brief, Huddle, and Debrief. Use of these tools leads to gaining a shared model or understanding of a situation or event (i.e., shared mental model), adaptability, and mutual trust.

EXERCISE: APPLYING TEAMSTEPS

 **Instructor Note:** This slide is intended for the Master Training course only. The previous slide should be the last one shown to staff participants at your nursing home.

SAY:

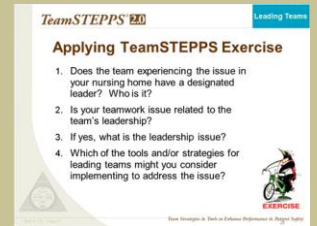
Return to your TeamSTEPS Implementation Worksheet. Answer the questions related to Leading Teams as you think about your identified teamwork issue.

Think about:

- Who is the designated leader on the team your TeamSTEPS implementation will target?
- Is your teamwork issue related to this team's leadership?
- If so, what is the issue and can any of the tools or strategies learned in this module be used to address the issue?

DO:

Ask a few individuals to report on any identified leadership issue and which TeamSTEPS tools or strategies they might consider implementing to address the issue.



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MATERIALS:

- TeamSTEPS Implementation Worksheet