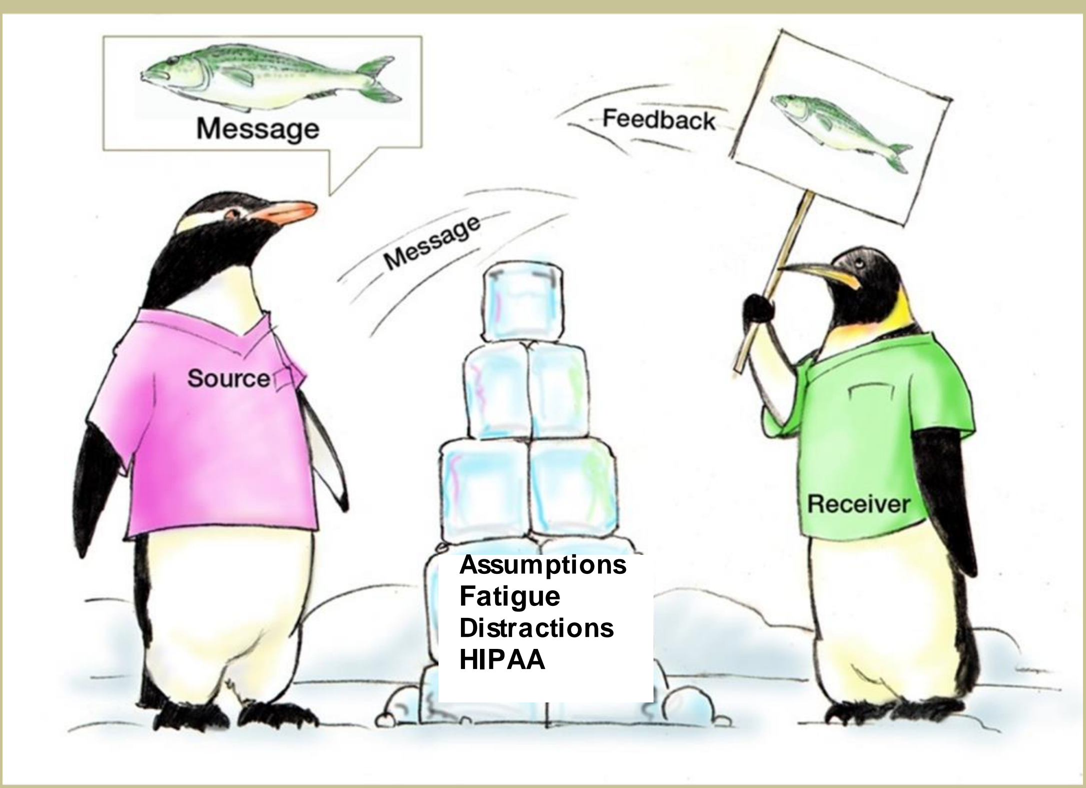
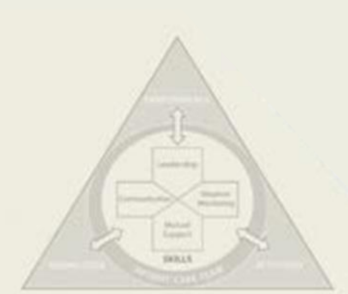


COMMUNICATION

(DRAFT)



SUBSECTIONS

- Importance of Communication
- Communication Definition, Standards, and Challenges
- Communication Challenges
- Information Exchange Strategies and Tools (e.g., SBAR, Check-Back, Call-Out, and Handoff)

TIME: 45 minutes

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INSTRUCTOR OUTLINE: COMMUNICATION

Instructor Note: In this module, you will present information about communication. It is important to convey the importance of communication and how effective information exchange strategies can improve resident safety.

The Communication 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 includes 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.	Introduction	5 - 6	3 mins
2.	Importance of Communication	7	2 mins
3.	Communication Failures	8 - 9	3 mins*
4.	Communication: Definition, Standards, Challenges	10 - 15	10 mins *(Challenges Examples*)*
5.	Information Exchange Strategies	16 - 27	30 mins
6.	Tools and Strategies Summary	28	2 mins
7.	Applying TeamSTEPPS Exercise	29	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.

MODULE TIME:

45 minutes

MATERIALS:

- Flipchart or Whiteboard (Optional)
- Markers (Optional)
- SBAR LTC Video (SBAR_LTC.mpg)
- Call-Out Subacute Video (Call-Out_Subacute.mpg)
- Check-Back LTC Video (Check-Back_LTC.mpg)
- Handoff Subacute Video (Handoff_Subacute.mpg)
- I PASS the BATON LTC Video (I_PASS_the_BATON_LTC.mpg)
- TeamSTEPPS Implementation Worksheet

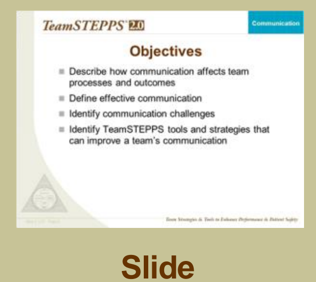
Continued…

INSTRUCTOR OUTLINE: COMMUNICATION (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 communication tools and strategies in multiple hospital settings.
  - http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/index.html
- ***TeamSTEPPS for Office-Based Care Version:*** Includes videos specific to the use of the communication tools and strategies in the primary care setting.
  - http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/primarycare/index.html
- ***TeamSTEPPS Rapid Response Systems Module (RRS):*** Includes videos specific to the use of the communication tools and strategies by Rapid Response Teams.
  - http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/rrs/index.html
- ***DoD Patient Safety Program SBAR 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/SBAR-Toolkit
- ***Comprehensive Unit-Based Safety Program (CUSP) "Implement Teamwork and Communication" Module:*** Includes information on some of the communication tools and strategies taught in TeamSTEPPS.
  - http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html

OBJECTIVES



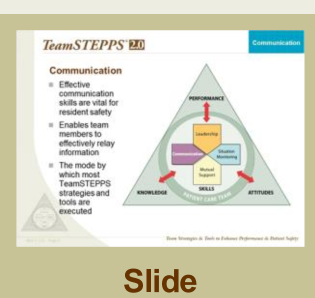
Slide

SAY:

Following this module, you will be able to:

- Describe how communication affects team processes and outcomes;
- Define effective communication;
- Identify communication challenges; and
- Identify TeamSTEPPS tools and strategies that can improve a team's communication.

TEAMSTEPPS TEAMWORK SKILLS



Slide

SAY:

So far, we have covered the following in the TeamSTEPPS 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.

In this module, we will cover Communication. Communication is the lifeline of a well-functioning team and serves as a coordinating mechanism for teamwork. Effective communication skills are vital for resident safety and interplay directly with the other components of the TeamSTEPPS framework. Further, communication is the mode by which most of the TeamSTEPPS tools and strategies are executed. Therefore, this module serves as the basis for the leading teams, situation monitoring, and mutual support modules that will follow.

This module will discuss the standards of effective communication and will present information exchange strategies and specific tools to enhance communication among team members.

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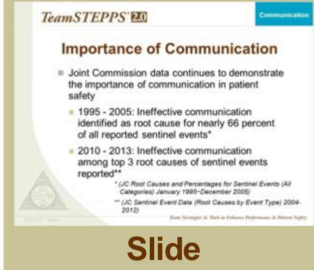
IMPORTANCE OF COMMUNICATION

SAY:

The continued importance of effective communication in care teams cannot be understated. According to sentinel event data compiled by the Joint Commission between 1995 and 2005, ineffective communication was identified as the root cause of 66 percent of reported errors. More recent Joint Commission data from 2010 to 2013 show that ineffective communication has remained among the top three root causes of sentinel events. As these data illustrate, failure to communicate effectively as a team significantly increases the risk of error.

Additional information about sentinel events and root causes can be found on the Joint Commission website:

http://www.jointcommission.org/sentinel_event.aspx



Slide

(OPTIONAL) COMMUNICATION FAILURES

Instructor Note: Create a slide showing your organizational data related to the top causal factors for inadequate information sharing using local, state, regional, or other benchmark data as appropriate. Discuss findings with the group regarding root cause analyses from events that occur in your nursing home or are noted on your slide.

Examples of contributing factors can be found at: http://www.jointcommission.org/sentinel_event.aspx

ASK:

- Can you describe an example in which a communication breakdown was the major contributing factor of an error in care?

Instructor Note: The following examples can be read aloud for discussion, using the questions listed below each example.

Example 1:

- Jack, a newly admitted resident to the subacute unit, is at the nursing home for rehabilitation following hospitalization for an acute episode of congestive heart failure. The dietitian orders a low salt diet and speaks with Jack and his wife about the importance of eating low sodium foods and not adding salt to any foods. They agree and say they have been following those recommendations as given by their doctor. Jack says that he misses foods such as ham, but is thankful he can still eat bacon.

ASK:

- What might the dietician have said to cause confusion?
- What information should be included and communicated to the resident so he is fully informed of potential outcomes?

Example 2:

- Christine, a resident who takes warfarin, is noted to have a bloody nose, bleeding gums, and a large bruise on her arm. The nurse reports these findings to her physician. The physician orders a CBC and INR and assumes the nurse understands his intent to have these labs drawn stat. The nurse orders the labs to be drawn on the next lab day, 2 days from now.

ASK:

- How could the physician more effectively communicate to the nurse what is needed?

(OPTIONAL) COMMUNICATION FAILURES (Continued)

SAY:

Lack of communication among department staff can lead to failure to:

- Share information with the team;
- Request information from others;
- Direct information to specific team members; and
- Include residents and their families in communication involving their care.

Examples of missed communication opportunities include:

- Unavailable or underutilized status board;
- Inconsistencies in the utilization of automated systems;
- Poor documentation—not timed, nonspecific, illegible, and incomplete; and
- Failure to seek input from the resident.

In this module, we will discuss approaches to promote effective communication.

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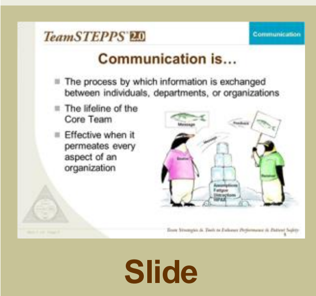
COMMUNICATION IS…



Slide

SAY:

Communication is defined as the transfer or exchange of information from a sender to a receiver. More specifically, communication is a process whereby information is clearly and accurately conveyed to another person using a method that is known and recognized by all involved. It includes the ability to ask questions, seek clarification, and acknowledge the message was received and understood. One critical result of effective communication is a shared understanding, between the sender and receiver(s) of the information conveyed.

Two considerations in communication are whom you are communicating with and how you are communicating information.

- *Whom* you are communicating with, or the audience, will influence how information is conveyed. For example, an information exchange with a nurse aide may differ from an exchange with a physician.
- In terms of *how* you communicate, there are two modes of communication: verbal and nonverbal.

We will cover standards of effective communication shortly. These relate primarily to verbal communication.

Nonverbal communication can take several forms. Written communication is common in health care. This form of nonverbal communication should adhere to many of the same standards we will discuss shortly. In addition, one should be mindful of standards associated with written communication, such as the Joint Commission's "Do Not Use" list of abbreviations.

More information about the "Do Not Use" List of Abbreviations can be found on the Joint Commission website: http://www.jointcommission.org/facts_about_do_not_use_list/

Continued…

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COMMUNICATION IS… (Continued)

SAY:

Another form of nonverbal communication is body language. The way you make eye contact and the way you hold your body during a conversation are signals that can be picked up by the person with whom you are communicating. Body language plays a significant role in communication. In a face-to-face communication, words account for 7 percent of the meaning, tone of voice accounts for 38 percent of the meaning, and body language accounts for the remaining 55 percent. Although powerful, this mode of communication does not provide an acceptable mode to verify or validate (acknowledge) information.

A third form of nonverbal communication is visual cues. For example, the use of color coding for assignments, charts, scrubs, orders, and so on can help team members identify the information they need quickly.

To avoid making assumptions that can lead to error, you should verify in writing or orally any nonverbal communication, such as body language or visual cues, to ensure resident safety. The simple rule is, “When in doubt, check it out, offer information, or ask a question.”

ASK:

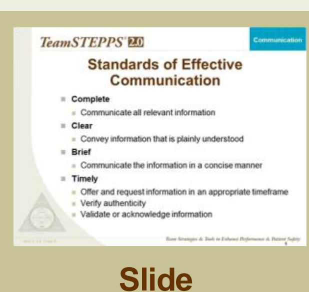
- Can you provide examples from your work setting when nonverbal communication produced a breakdown in teamwork?
- Did you know the actual intent of the person?

Instructor Note: If responses to the questions above do not provide sufficient examples, the one below may be read aloud to participants.

Example:

- The nonverbal cues a doctor gives when looking at an ECG would quickly tell the nurse the severity of the situation and might lead to proactive action. Likewise, the nonverbal cues from the nurse’s face might communicate the urgency of the situation and need for interruption to a doctor who is with a resident’s family members.

STANDARDS OF EFFECTIVE COMMUNICATION



Slide

SAY:

When sharing information with the team, which can include other providers, residents, or family members, communication must meet four standards to be effective.

Effective communication is:

- **Complete**
  - Communicate all relevant information while avoiding unnecessary details that may lead to confusion
  - Leave enough time for questions, and answer questions completely
- **Clear**
  - Use information that is plainly understood (lay terminology with residents and their families)
  - Use common or standard terminology when communicating with members of the team
- **Brief**
  - Be concise
- **Timely**
  - Be dependable about offering and requesting information
  - Avoid delays in relaying information that could compromise a resident's situation
  - Note times of observations and interventions in the resident's record
  - Update residents and families frequently
  - Verify authenticity, which requires checking that the information received was the intended message of the sender
  - Validate or acknowledge information

Example:

A well-written discharge prescription is:

- Complete—It includes medication, dosage, frequency, and caregiver instructions
- Clear—It is clearly written and legible
- Brief—It contains only the necessary information
- Timely—It is written before discharge

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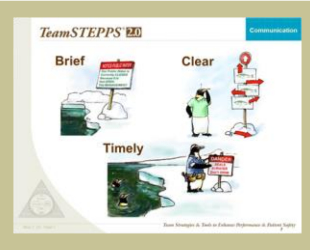
BRIEF, CLEAR, AND TIMELY



Slide

SAY:

Provide information that is brief, yet as complete as possible. Do not overexplain the situation; be concise.

Be clear—Plainly understood.

Timely—Looks like it may be a little too late for these penguins!

MATERIALS:

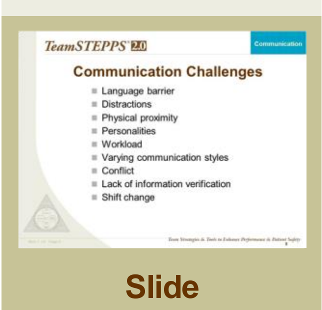
- Flipchart or Whiteboard (Optional)
- Markers (Optional)

Instructor Note: (Time Permitting) Ask the question below before proceeding to the next slide, which will list communication challenges. You may wish to create a list of answers to the question on a flipchart and then compare those to the challenges listed on the next slide.

ASK:

- What could affect communication among team members?

COMMUNICATION CHALLENGES



Slide

SAY:

Challenges may include:

- Language barriers—Non-English speaking residents/staff pose particular challenges*
- Distractions—Emergencies can take your attention away from the current task at hand
- Physical proximity
- Personalities—Sometimes it is difficult to communicate with particular individuals
- Workload—During heavy workload times, all of the necessary details may not be communicated, or they may be communicated but not verified
- Varying communication styles—Health care workers have historically been trained with different communication styles
- Conflict—Disagreements may disrupt the flow of information between communicating individuals
- Lack of verification of information—Verify and acknowledge information exchanged
- Shift change—Transitions in care are the most significant time when communication breakdowns occur

ASK:

- Have you experienced a situation involving a breakdown of communication?
- What are some examples?

**A TeamSTEPPS Limited English Proficiency Module is available at* http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/lep/index.html.

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(OPTIONAL) COMMUNICATION CHALLENGES EXAMPLES

Instructor Note: The following examples can be read aloud to the class and used to facilitate discussion about communication challenges.

SAY:

Let's spend a few minutes reviewing an example or two of scenarios in which communication challenges are present.

Example 1:

A resident is experiencing a new problem with her eye. This problem requires two different types of drops to be instilled into the eyes, with a waiting period in between to prevent the medication from overflowing. The nurse administers the first medication. When the nurse later returns to administer the second medication, the resident balks, telling the nurse that she already has had her drops.

DISCUSSION:

- How would you communicate the treatment protocol to the resident?
- How would you ensure that the resident understands the importance of the method of medication delivery?

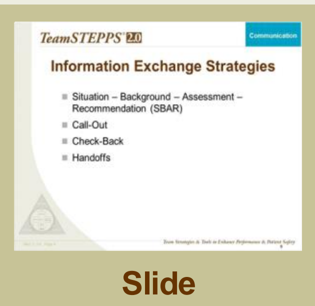
Example 2:

An 89-year-old resident and her daughter inform the social worker that they want to change the resident's advance directive, as they no longer want aggressive medical treatments taken. The social worker places a DNR note in the chart, but does not notify the nurse on duty or prepare a revised advance directive.

DISCUSSION:

- Where might miscommunication occur in this situation?
- What are the possible outcomes?

INFORMATION EXCHANGE STRATEGIES



Slide

SAY:

A number of tools and strategies to potentially reduce errors associated with miscommunication or lack of information are listed. The following four strategies are simple to integrate into daily practice and have been shown to improve team performance:

- Situation−Background−Assessment–Recommendation (SBAR)
- Call-Outs
- Check-Backs
- Handoffs

Of these strategies, handoffs in particular can take many forms. In this course, we will describe the I PASS the BATON handoff tool in the most detail; however, it is only one tool among many that have been created to standardize the handoff process. Examples of additional handoff resources will also be presented.

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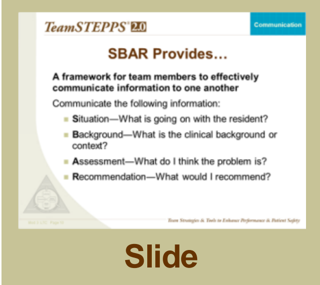
SBAR PROVIDES…



Slide

SAY:

The SBAR technique provides a standardized framework for members of the health care team to communicate about a resident's condition. You may also refer to this as the ISBAR, where "I" stands for "Introductions."

In phrasing a conversation with another member of the team, consider the following:

- Situation—What is happening with the resident?
- Background—What is the clinical background?
- Assessment—What do I think the problem is?
- Recommendation—What would I recommend?

ASK:

- Have you used SBAR in your nursing home? If so, how was it used? What was the result of its use?
- What were the challenges to implement the use of SBAR and how were these challenges overcome?

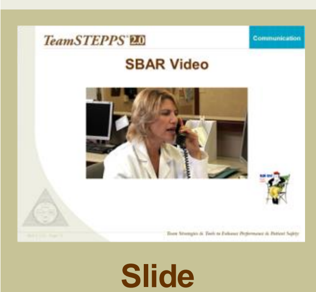
SAY:

Although SBAR is typically used as a communication tool between care team staff, it can also be modified for use by the resident to communicate with the care team. For example, your facility could provide residents with a version of SBAR to enable them to share information about their own situation, background, assessment, and recommendations, or to ask the care team about their care.

Additional information about partnering with residents and families can be found at the Department of Defense (DoD) website: http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/TEAM-UP

Communication

SBAR VIDEO EXAMPLE



Slide

VIDEO TIME:

1:10 minutes

MATERIALS:

- SBAR LTC Video (SBAR_LTC.mpg)

SAY:

Let's review how to properly use the SBAR technique. In this video, a resident's condition has worsened, resulting in a call to the attending physician. Watch the video to see the transfer of information using the SBAR technique.

DO:

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

DISCUSSION:

- How did the SBAR technique improve communication between the nurse and physician?
  - The nurse identified herself and the reason she was calling
  - The physician was quickly made aware of Mrs. Smith's deteriorating situation
  - The nurse provided the background about the resident's condition, behavior, and current vitals
  - The recent assessment of the resident has led the nurse to call the physician with her concerns
  - The recommendation was initiated by the nurse for additional testing and lab work
    - ❖ Some find recommendation difficult as they attempt not to diagnose but give broader indirect suggestions that may not provide clear or concise resident information

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Communication

EXERCISE: SBAR

SAY:

Take the next few minutes to create an SBAR example based on your specific role.

Instructor Note: You may want to write the following on a flipchart to remind participants of the SBAR acronym:

- Situation:
- Background:
- Assessment:
- Recommendation:

DO:

After a few minutes, ask for a few volunteers to share their examples. You may want to write out some of the examples shared by participants.

Slide

TIME:

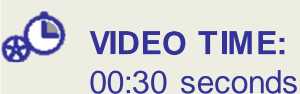
10 Minutes

MATERIALS:

- Flipchart or Whiteboard (Optional)
- Markers (Optional)

CALL-OUT IS…

Slide



VIDEO TIME:
00:30 seconds

MATERIALS:

- Call-Out Subacute Video (Call-Out_Subacute.mpg)

SAY:

A call-out is a tactic used to communicate critical information during an emergent event. Critical information called out in these situations helps the team anticipate and prepare for vital next steps in resident care. It also benefits a recorder when present during a code or emergent event. One important aspect of a call-out is directing the information to a specific individual.

ASK:

- What information would you want called out?

  Example:

  Vital signs for a resident with hemodynamic instability

DO:

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

DISCUSSION:

- How did the call-outs of the vital signs assist in the care of Mr. Larkin?
  - The nurse manager could focus on her assessment and prepare for his transfer to the emergency department.
  - Mr. Larkin's vital signs were accurately recorded into his medical record.
  - The team (including Mr. Larkin) could hear Mr. Larkin's vitals in real time, keeping them informed of the changing situation and preparing them for any other needed interventions.

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CHECK-BACK IS…

SAY:

A check-back is a closed-loop communication strategy used to verify and validate information exchanged. This strategy involves the sender initiating a message, the receiver accepting the message and confirming what was communicated, and the sender verifying that the message was received.

Here is an example of the use of a check-back:

- A nurse is accepting a telephone order from a physician: “Give amoxicillin 875 mg every 12 hours for 7 days.” The nurse verifies and validates the order by recording it directly into the chart and reading it back to the physician, “Okay, that was amoxicillin 875 mg every 12 hours for 7 days?” The physician closes the loop by saying, “Correct.”

A check-back is an effective tool for all members of the team, including residents and their family members. For example, residents and families can use the check-back to verify the receipt of care instructions or confirm understanding of symptoms to monitor.

Now let’s watch a short example.

DO:

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

DISCUSSION:

- Who was the sender? Who was the receiver?
  - The physician was the sender
  - The nurse was the receiver
- How did the sender and receiver “close the loop”?
  - The physician acknowledged that the nurse correctly recorded his orders
- What communication errors were avoided?
  - The nurse did not rely on memory to record orders
  - Medication dose and instruction errors are avoided

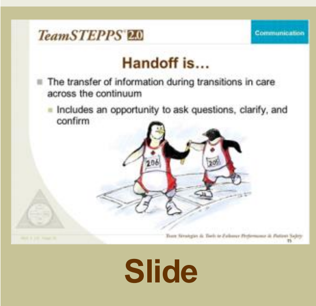
Slide

VIDEO TIME:
00:36 seconds

MATERIALS:

- Check-Back LTC Video (Check-Back_LTC.mpg

HANDOFF IS…



Slide

SAY:

When a team member is temporarily or permanently relieved of duty, there is a risk that necessary information about the resident might not be communicated. The handoff strategy is designed to enhance information exchange at critical times such as transitions in care. More important, it maintains continuity of care despite changing caregivers.

According to the Joint Commission: “The primary objective of a handoff is to provide accurate information about a patient’s/client's/resident's care, treatment and services, current condition, and any recent or anticipated changes. The information communicated during a handoff must be accurate to meet safety goals.”

The Joint Commission National Patient Safety Goals (NPSG 2E) mandate implementing the use of handoffs within each institution. In addition, a *standardized* approach to handoff communications, including an opportunity to ask and respond to questions, is required.

For more information about Joint Commission handoff solutions, visit their website:
http://www.jointcommission.org/

ASK:

- When do you typically use handoffs?
- What do you think makes an effective handoff?

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HANDOFF CONSISTS OF…

SAY:

A proper handoff includes the following:

- **Transfer of responsibility and accountability**—When handing off, it is your responsibility to know that the person who must accept responsibility is aware of assuming responsibility. Similarly, you are accountable until both parties are aware of the transfer of responsibility.
- **Clarity of information**—When uncertainty exists, it is your responsibility to clear up all ambiguity of responsibility before the transfer is completed.
- **Verbal communication of information**—You cannot assume that the person obtaining responsibility will read or understand written or nonverbal communications.
- **Acknowledgment by receiver**—Until it is acknowledged that the handoff is understood and accepted, you cannot relinquish your responsibility.
- **Opportunity to review**—Handoffs are a good time to review and have a new pair of eyes evaluate the situation for both safety and quality.

In addition, handoffs include the transfer of knowledge and information about:

- The degree of certainty and uncertainty regarding a resident, such as whether a diagnosis has been confirmed;
- The resident's response to treatment;
- Recent changes in condition and circumstances; and
- The plan of care, including contingencies.

It is important to highlight that both authority and responsibility are transferred in a handoff. As identified in root cause analyses of sentinel events and poor outcomes, lack of clarity about who is responsible for care and decisionmaking has often been a major contributor to medical error.

Let's watch an example of a handoff.

DO:

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

DISCUSSION: Go to next page >

Continued…

Slide

VIDEO TIME:
0:23 seconds

MATERIALS:

- Handoff_ Subacute Video (Handoff_ Subacute.mpg)

HANDOFF CONSISTS OF… (Continued)

DISCUSSION:

- What went well in the handoff in this video?
  - Continuity of care was maintained
  - Presenting symptoms and current assessment were communicated
  - Actions taken so far were reviewed
  - The face to face handoff allowed the sender to see the nonverbal communication from the receiver that confirmed the message had been received
- Was there anything about the handoff that could have been improved?
  - Verbal communication that the message had been properly received would have further confirmed that the receiver had the needed information and did not have any questions

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I PASS THE BATON

SAY:

Your nursing home should determine a standard protocol for delivering handoffs and make it known to everyone. "I PASS the BATON" is a TeamSTEPPS tool that provides one option for conducting a structured handoff.

I **Introduction**—Introduce yourself and your role/job (include resident)

P **Patient/Resident**—Name, identifiers, age, sex, location

A **Assessment**—Presenting chief complaint, vital signs, symptoms, and diagnosis

S **Situation**—Current status/circumstances, including code status, level of uncertainty, recent changes, response to treatment

S **Safety Concerns**—Critical lab values/reports, socioeconomic factors, allergies, alerts (falls, isolation, etc.)

THE

B **Background**—Comorbidities, previous episodes, current medications, family history

A **Actions**—What actions were taken or are required? Provide brief rationale

T **Timing**—Level of urgency and explicit timing and prioritization of actions

O **Ownership**—Who is responsible (nurse/doctor/team)? Include resident/family responsibilities

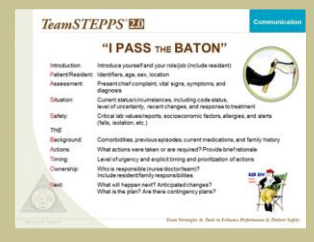
N **Next**—What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

DO:

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

DISCUSSION: Go to next page >

Continued…



Slide

VIDEO TIME:
1:26 minutes

MATERIALS:

- I PASS the BATON LTC Video (I_PASS_the_BATON_LTC.mpg)

I PASS THE BATON (Continued)

DISCUSSION:

- How was I PASS the BATON used in this nurse to nurse example?
  - Nurse shift change report focused on an unstable resident
  - Incoming nurse is given a comprehensive update covering the period since she last saw the resident

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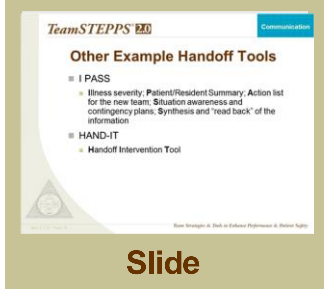
ADDITIONAL HANDOFF TOOLS AND RESOURCES



Slide

SAY:

Numerous tools and resources are available to facilitate effective handoffs. Each nursing home should adopt the tool that best meets its needs. In addition to I PASS the BATON, other handoff tools and resources include:

- **I PASS:**
  - Stands for - **I**llness severity; **P**atient Summary; **A**ction list for the new team; **S**ituation awareness and contingency plans; and **S**ynthesis and “read back” of the information.
  - http://www.ipasshandoffstudy.com/
- **HAND-IT:**
  - Stands for the **Hand**off **I**ntervention **T**ool.
  - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3540511/
- **Patient Hand-Off Tool Kit:**
  - This resource includes 10 examples of handoff tools.
  - https://www2.aorn.org/guidelines/clinical-resources/tool-kits/patient-hand-off-tool-kit
- **Safer Sign Out Form:**
  - This tool was developed to standardize the sign-out process.
  - http://safersignout.com/resources/

ASK:

- Can you describe an example of the handoff method used in your facility?
- Is the same handoff method used in every situation, or do they vary?

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TOOLS AND STRATEGIES SUMMARY

Slide

SAY:

Communication skills interact directly with leadership, situation monitoring, and mutual support:

- Team leaders require effective communication skills to convey clear information, provide awareness of roles and responsibilities, and provide feedback.
- Team members monitor situations by communicating any changes to keep the team informed and the resident protected.
- Communication facilitates a culture of mutual support when team members request or offer assistance and verbally advocate for the resident.
- Communication tools that can enhance teamwork include the SBAR, call-out, check-back, and handoff. These tools facilitate effective and efficient communication within and across teams. Good communication facilitates the development of shared mental models, adaptability, mutual trust, and resident safety.

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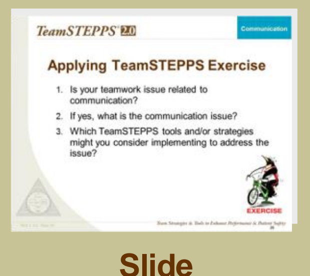
EXERCISE: APPLYING TEAMSTEPPS



Slide

SAY:

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:

Now return to your TeamSTEPPS Implementation Worksheet. Think about the teamwork issue you previously identified. Then, review and answer the questions for Module 3.

Think about:

- Whether your teamwork issue relates to problems with communication; and
- Whether any of the tools and strategies covered in this module could be used to address your issue.

DO:

Ask a few individuals to report on their communication issue and which TeamSTEPPS tools or strategies they will consider implementing to address the issue.

MATERIALS:

- TeamSTEPPS Implementation Worksheet

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