What works for teamwork training

A case is getting ready to start. The radio is playing. The surgeon is helping position the patient. The anesthesiologist is giving the antibiotic. Someone is hooking up the suction. The circulating nurse is calling for the time-out to verify the surgical site, but no one is paying much attention.

Switch scenarios. The room is quiet. The surgeon has marked the surgical site. The anesthesiologist has completed the induction and is standing by. The circulating nurse calls for everyone’s attention, and the team looks up. She reviews the time-out checklist, and the surgeon and anesthesiologist acknowledge each item.

These scenarios from a skit are one method 570-bed Abington Memorial Hospital in Abington, Pennsylvania, is using to introduce OR personnel to TeamSTEPPS. Developed by the Department of Defense, TeamSTEPPS is an evidence-based team training program available through the Agency for Healthcare Research and Quality. A multimedia tool-kit is available at no cost.

Abington began introducing TeamSTEPPS as a nursing initiative last year. “We were looking for a method to teach nurses so they would be more comfortable with patient safety and know what their responsibilities were,” says Sue Wendell, RN, BS, CPHQ, patient safety and quality specialist. The hospital adapted the program by incorporating some of its own stories, good and bad.

“That really seemed to turn the tide, so it’s not just another flavor of the month,” she says.

By mid-2007, 1,200 nurses and other staff had been through the 4-hour initial training. She says there is anecdotal evidence the culture is changing. A formal postassessment was planned.

TeamSTEPPS in the OR

When they were ready to take the training to the OR, leaders realized they needed a different approach. The 4-hour session used for the rest of the nursing staff wouldn’t work in the OR, which has 17 rooms. Initially, leaders tried 4 1-hour in-services, but that seemed choppy, and some staff members missed some of the sessions. There was also consensus that more members of the OR team needed to be involved and that the training wouldn’t work with just OR nurses, says Terri Bachman, RN, BSN, perioperative educator.

The OR assembled its own multidisciplinary team to help plan the training and adapt the content to surgery. They decided to involve the whole division in the instruction, including surgeons, residents, nurses, central supply personnel, preop and postop staff, and other hospital workers.

They got the administration’s approval to delay OR starts on 2 days so they could present 2 1/2-hour sessions.

Joining Bachman and Wendell in the planning were a surgeon, an anesthesiologist, and an OB-GYN physician. They came up with real examples they could use to make their points, while protecting identities and making sure the scenarios wouldn’t be hurtful. They got creative. They also developed their own time-out skit. They found funny videos on YouTube to illustrate key points, including one by Steve Martin on communication and another on leadership by FedEx.

“The skit is one of the things that really caught everybody’s attention,” says Bachman. “I respect these doctors so much for taking the time to practice with us.”
About 211 people attended the training sessions, held in late 2007, including all of the orthopedic and neurosurgeons and three-fourths of the general surgeons.

There was a mandate for surgeons to attend from the chief of surgery. The program was also promoted by the chief of staff, who serves as the patient safety officer. Carrots were offered—CME units were awarded (physicians in Pennsylvania are required to earn a certain number of CMEs in patient safety). Also, “we had a really good breakfast, paid for by the Department of Nursing,” says Wendell.

Evaluations were by and large excellent, she says, particularly from the surgeons. The leaders are now discussing the next steps for keeping the momentum up.

**Tips for launching TeamSTEPPS**

Here are a few strategies Wendell and Bachman think made their TeamSTEPPS training in the OR successful:

• Delaying the OR schedule on 2 days so everyone could attend. “That sends a message that this is important,” Bachman says.

• Having some presenters from the medical staff “made an incredible difference,” she says.

• Using real-life examples from their own OR and hospital. “Telling stories helps drive the point home,” Bachman notes. The humorous videos and skit also helped.

• Feeding the group. In addition, morning sessions seem to work better because the energy is higher.

• Emphasizing that “we are already a good team, but there is always room for improvement,” Bachman says. “This wasn’t presented as, ‘This is something to fix you.’ Instead, we said, ‘This is something that will contribute to better outcomes for your patients, will help you work better, and help you enjoy being here.’”

• Making clear that the training was only the beginning, and more initiatives will follow.

• Providing plenty of publicity.

• Giving everyone who participated an ID holder with “OR Team” printed on it.

“I think TeamSTEPPS is an excellent approach,” Wendell says. “It sets a benchmark for where everyone should be with their communication.”

More information on TeamSTEPPS is at www.ahrq.gov/qual/teamstepps.