



TeamSTEPPS Course Management Guide

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Visit the following Web site to obtain needed updates to the TeamSTEPPS curriculum:
<http://www.health.mil/dodpatientsafety/>.

Attribution

Knowledge base for Culture Change derives from the work of John Kotter, Ph.D. Graphic design is inspired by the John Kotter (2006) book *.Our Iceberg Is Melting: Changing and Succeeding Under Adverse Conditions*. This book illustrates Kotter’s Eight Stages of Change, a proposed set of steps to initiate and sustain change in an organization, through the story of a penguin colony faced with a melting iceberg. User experience and feedback on this book sparked the graphic design concept for the Instructor Guide.



Course Management Guide

Introduction

This guide provides an overview of the TeamSTEPPS Initiative. A description of the course material, how to use it, and links to reference material on how to conduct the course, including training techniques and sample course planning tools, are provided.

Course Overview

Purpose

Upon review of the TeamSTEPPS Course Management Guide, the user will be prepared to:

- Establish a systematic approach to all aspects of team training—assessment and readiness, planning, training and implementation, coaching, and sustainment of teamwork behaviors.
- Possess the knowledge, tools, and strategies necessary to develop a customized pretraining, training, implementation, coaching, and sustainment and team improvement intervention and supporting Team Improvement Action Plan.
- Understand the use and linkages between the training designs and all associated curriculum and media.

Key Terms

To ensure understanding, a list of frequently used terms is provided and further defined.

- **Train-the-Trainer** – In most cases, Master Trainers provide training to a group of participants, who then conduct training of staff at the unit, department, or facility level. These participants are also trained in skills to coach and role-model the behaviors.
- **Train-the-Participant** – TeamSTEPPS trainers train participants of a particular workspace.
- **Master Trainer** – A trainer knowledgeable of resident safety and regulatory standards of performance who is able to: perform site assessments and determine performance gaps; coordinate implementing TeamSTEPPS initiatives across a number of organizations; and prepare, train, and provide process consultation to the unit, department, or organization implementing teamwork.



Key Elements and Available Tools

Assessment	Planning, Training, & Implementation	Sustainment
<ul style="list-style-type: none"> • Initial site assessment • Leadership support • Observations • Culture Survey • Create a Change Team • Select Instructor Cadre • Select Executive Sponsor • Establishment of Goals/Metrics • SWOT Analysis • Plan Training • Grand Rounds (multidisciplinary) • Communication Campaign • Pretraining (baseline) Survey • Set Aims 	<ul style="list-style-type: none"> • Train-the-Trainer <ul style="list-style-type: none"> – Fundamentals Course – Change Management – Coaching Workshop – Implementation Workshop – Practice Teaching Session – Train-the-Participant • Essentials Course • Onsite Support of Initial Training • Development of Team Improvement Action Plan • Test Intervention • Track Aims • Communicate Updates 	<ul style="list-style-type: none"> • Monitor Plan • Ongoing Leadership involvement <ul style="list-style-type: none"> – Executive Sponsor Updates • Continued Training <ul style="list-style-type: none"> – New Staff – Refresher – Inservice • Newcomers' Orientation • Coach • Integration of Team Tools • Team Performance Observations • Posttraining Assessment • Metric Results (reporting, analysis/reinforce) • Web-Based Updates • Continuous Improvement

TeamSTEPPS Overview

The TeamSTEPPS initiative was developed by the Department of Defense Patient Safety Program, in collaboration with the Agency for Healthcare Research and Quality (AHRQ). TeamSTEPPS is an evidence-based comprehensive teamwork training system designed to improve quality and safety in health care, and is rooted in over three decades of research in high-stress, high-risk industries, such as military aviation.

TeamSTEPPS with specific team-related knowledge, skills, and outcomes is delivered to an organization by way of a customizable course. The course is delivered to individuals using a Train-the-Trainer model, resulting in instructors who in turn train and coach staff in targeted work units.



TeamSTEPPS Course Options

Course Version & Description: Train-the-Trainer: TeamSTEPPS Fundamentals

Target Audience	Class Size/ Composition	Course Materials	Scheduling	Frequency
TEAMSTEPPS Train-the-Trainer is designed for the health care team training coaches and instructors who will deliver the TeamSTEPPS curriculum.	Ideal class size, to maximize learning and teaching effectiveness, is 25 participants per physician-nurse instructor pair. All classes should be interdisciplinary and cross-functional.	Instructors' Guide Associated Media and Pocket Guide. The Instructor Guide is composed of TeamSTEPPS Fundamentals, Change Management, Coaching, and Implementation Workshops. Supplemental materials include practical exercises, video vignettes, specialty scenarios, evidence base, bibliography, and glossary.	Classroom instruction for TeamSTEPPS is designed to be conducted in 2.5 consecutive days. However, the course should be scheduled in a way that meets your facility's needs. To preclude disruptions and scheduling problems, participants should be excused from all duties during class attendance.	An initial training is essential to create the instructor/coach cadre. Thereafter, the course is held as necessary to replace instructors. The TeamSTEPPS Train-the-Trainer Course is mandatory for the initial instructor and coaching team. Concessions can be and are made for individuals joining the team thereafter. Concessions are dependent upon the individual's experience with the material and with the process of coaching.

Course Version & Description: Train-the-Participant: TeamSTEPPS Fundamentals

Target Audience	Class Size/ Composition	Course Materials	Scheduling	Frequency
TEAMSTEPPS Fundamentals is designed for direct resident caregivers.	Ideal class size is 25 participants to maximize interaction, learning, and teaching effectiveness. All classes should be interdisciplinary and cross-functional to include physicians, nurses, nursing assistants, etc.	Facility members determine the course materials necessary to train staff onsite. If handouts are used, a common choice is to bind a set of course slides, printed three to a page, notes view. Supplemental materials can include the Pocket Guide, evidence base references, and tools such as I-Pass-the-Baton badge cards.	Classroom instruction for TeamSTEPPS Fundamentals is designed as a 4-6 hour block for all physician and nonphysician unit or department members. The time block variability is dependent upon the time allocated to practice and interact.	It is strongly recommended that TeamSTEPPS Fundamentals be mandatory for all direct resident caregivers. All new employees should receive this training as part of orientation. Coaching and reinforcement should be provided to all staff on a daily basis to maximize team functioning. Formal refresher training should be provided annually with ad hoc refresher training provided during inservices, etc.

Course Version & Description: Train-the-Participant: TeamSTEPPS Essentials

Target Audience	Class Size/ Composition	Course Materials	Scheduling	Frequency
TeamSTEPPS Essentials is designed for nonclinical staff who provide a supporting role in the planning and/or execution of resident care.	Class size should remain at a manageable number that allows for interaction and discussion.	The Pocket Guide is used to reinforce learning and support discussions.	Classroom instruction for TeamSTEPPS Essentials should be conducted in one 1.5-2 hour block for staff.	It is strongly recommended that TeamSTEPPS Essentials be mandatory for department staff who do not provide direct care but are vital to care planning or execution (e.g., housekeeping, laundry, dietary).



Course Versions

The customizable TeamSTEPPS curriculum is composed of three major training products. Which product to use is determined by the training requirements:

- **Train-the-Trainer:** A 2.5-day course designed to educate trainers in the fundamentals content and the associated knowledge and training required to implement and coach the desired behaviors necessary to achieve positive results.
- **Train-the-Participant:** Is dependent on whether the participant is a direct provider of care or not. (The course version is not dependent on whether the workspace is trained by your own trainers or whether you choose to bring in outside trainers to train.)
 - If participant *is* a direct provider of care, then **TeamSTEPPS Fundamentals is used.** Fundamentals is the 4-6 hour TeamSTEPPS core platform, adaptable to any service or aspect of health care.
 - If the participant *is not* a provider of direct, hands-on care, then **TeamSTEPPS Essentials is used.** Essentials is a 2-hour course providing an abbreviated version of the Fundamentals content. This version is useful for staff who do not engage in the direct delivery of care, but who contribute essential information with an impact on the ongoing delivery of safe care. ***Important to note: TeamSTEPPS Essentials is not interchangeable with Fundamentals nor is Essentials a substitute for the basic education and skill practice offered through Fundamentals.***

Customizing Content

The TeamSTEPPS framework has been extensively researched, piloted, and validated; therefore, it is recommended that the model remain intact. However, all courses are customizable in order to target the focus of your audience. The materials provided can be:

- Used as is.
- Customized with supplemental and interchangeable TeamSTEPPS content and examples (provided).
- Customized with your own content and examples.

Important to note: It is incumbent upon those customizing presentations to scrub each example or case of its identifying details (e.g., without changing the impact of a case, a male can become a female, a child an adult, an adult a child). If those details are not able to be altered without an impact on the case, consider its use versus choosing another case. Consider the impact of open discussions on the caregivers involved in the case. If the decision is to keep the case, confidentiality and compliance with HIPAA regulations and protocol rule all discussions. All cases discussed should be closed cases. When in doubt regarding whether to use a case, discuss with facility management.



The customizable content icon is used in the Instructor Guide to assist you in identifying which sections of the modules have additional content (e.g., video vignettes or specialty scenarios) that can be used to customize the content. In all cases, the kit provides Word or PowerPoint documents that you can revise as needed. In all modifications or customization, please take the steps necessary to retain the TeamSTEPPS logo and the proper attributes or citations to all TeamSTEPPS contributors.

Information Detailing Course Versions

- **TeamSTEPPS Train-the-Trainer**

Using a Train-the-Trainer model, the Instructor Course is a 2.5-day composition of interactive classroom workshops designed to create a group of instructors for a department or facility. The Course provides instructor candidates with the skills needed to teach content, coach staff, and manage the Team Improvement Action Plan.

- **Day 1** – is designed to deliver TeamSTEPPS Fundamentals and the Course Management Guide.
- **Day 2** – is designed to provide the tools, strategies, and skill practice that address organizational change, change and resistance management; implementation planning, instructor and coaching skill development, and a 10-Step Team Improvement Action Plan. The Action Plan is designed to identify problems, establish goals and specific aims, determine team-sensitive metrics, and monitor and analyze data to determine the impact of behaviors on process and outcomes. Day 2 topics include: Change Management: Achieving a Culture of Safety, Coaching Workshop, and Implementation Workshop.
- **Day 3** – is designed to provide instructor candidates the opportunity to practice teach preassigned modules from TeamSTEPPS Fundamentals. Day 3 is monitored by an Instructor who provides coaching and consultation to each participant. The length of Day 3 is dependent upon the number of participants teaching. Candidates teach for 20 minutes and then receive 2 minutes of peer feedback and coaching and 2 minutes of coaching/consultation from the Instructor. Ideal class size for the practice teaching sessions is eight participants per assigned master trainer.

- **TeamSTEPPS Train-the-Participant**

The Train-the-Participant course is a 4-6 hour interactive workshop that introduces the participant to the Fundamentals content that includes tools and strategies specifically designed to improve communication and team-driven outcomes. Module topics include: Course Introduction, Team Structure, Leadership, Situation Monitoring, Mutual Support, Communication, and Summary.



Although little is known with regard to team training and alternate schedules or “dosing,” the concept is popular specifically where blocking large segments of time for education is a challenge or threat to the safe delivery of care. Below are two alternatives to one-time training:

- Delivering the seven modules in two separate sessions:
 - Session 1 provides course introduction, team structure, leadership, and communication.
 - Session 2 provides situation monitoring, mutual support, course summary, and skill practicum.
- Delivering one module a week for 7 consecutive weeks.

While not much is known about training and dosing, what is known is that the full effect of the team behaviors will not be appreciated until the team is trained on the full suite of team skills and behaviors and engaged in their day-to-day use. It is suspected, however, that improved teamwork as an end is more important than the means. The intent of this Guide is to provide a flexible curriculum package that can be adapted to fit the needs of your facility and caregivers.

Important to note: To preclude disruptions and scheduling problems and to maximize learning, participants should be excused from all duties during class attendance.

- **TeamSTEPPS Essentials Course**

The Essentials course is a condensed, modified version of TeamSTEPPS Fundamentals. Essentials delivers, in a 1-2 hour interactive workshop, the core teamwork concepts and specific tools and strategies known to improve communication and teamwork and reduce the chance of medical error. To achieve the full safety effect of teamwork, TeamSTEPPS Essentials ***is not interchangeable*** with Fundamentals ***nor is it designed to serve as a substitute*** for the basic education and skill practice offered through Fundamentals.

Important to note: To preclude disruptions and scheduling problems and to maximize learning participants should be excused from all duties during class attendance.

Course Preparation and Execution

Selecting Instructors

The role of selected instructors is not restricted to classroom teaching. Teamwork success cannot be guaranteed through classroom training alone. As is the case with any change effort, the introduction of a teamwork system requires champions in everyday practice to reinforce, monitor, and role-model teamwork principles; Instructors serve as the change agents for the teamwork initiative.



Due to the complexity of the instructor role, it is imperative that selected candidates are:

- Viewed as advocates of teamwork. Instructors are the champions of teamwork within the department and the facility. They must believe in the principles of teamwork and be the model for implementing teamwork actions during day-to-day operations, setting the example.
- Dynamic presenters; individuals with a desire and talent to teach, and make a point. (When choosing candidates, envision yourself in their classroom for 4 hours; what is your reaction?) Candidates should possess strong oral communication skills. Seek volunteers if your process allows. The act of volunteering carries with it an internal commitment to succeed.
- Members of an interdisciplinary training team. To reinforce the team focus and interdisciplinary nature of this program, the teamwork curriculum should always be taught by a two-person team representing nursing and one other discipline and augmented by additional interdisciplinary team members when possible, or as appropriate.
- Viewed as leaders among their peers and administrators. Instructors do not have to hold a position of legitimate authority in the department, but should be highly respected members of the department who are able to influence a systemwide change.
- In positions that allow flexibility in scheduling. Instructors must be able to assume an active teaching role during periods of course delivery. In addition, they must be highly visible, accessible, and available for teamwork coaching throughout the change effort.

An effective training session does not just happen. There is a lot of work involved in preparing for class, delivering the material, and reviewing results of the presentation. Instructor responsibilities leading up to, including, and following course delivery are discussed below.

Selecting Coaches

Learning does not stop after the completion of the course. Instructor/coaching candidates, as an aspect of their change team responsibilities, work to adopt and adapt the coaching plan to fit the unit or department. The number of coaches per staff member is higher than that for instruction. For coaching to be effective, one coach is required for every 10 staff members. To that end, the change team may decide to identify additional staff members to serve as coaches. New coaches require education on the coaching techniques discussed during the TeamSTEPPS Fundamentals Course, and a brief orientation to the coaching role. Additional tips and techniques on coaching can be found in the Instructor Guide – Module 9 - Coaching Workshop.

Course Materials

The TeamSTEPPS curriculum is rooted in research in military aviation and a robust evidence base of behavioral methods, human factors, and cultural change in health care. Additionally, inspiration for the TeamSTEPPS curriculum was derived from John Kotter's book *Our Iceberg Is Melting, Changing and Succeeding Under Adverse Conditions*. This book provides a proposed set of steps to initiate and sustain change in an organization through the story of a penguin colony faced with a melting iceberg. This book provided the design concept for the Instructor Guide and presentation slides.



Instructor Guide

The Instructor Guide should be used as: (a) a course planning tool, and (b) a reference guide for teaching the course. It is very important to use the Instructor Guide as a course preparation tool since advance planning (such as identification of customizable content and practical exercises) is required for course delivery.

The Instructor Guide includes icons throughout the modules to notify the instructor or identify different actions that should be taken by the instructor and/or participant. The icons and their corresponding actions are shown below.

 Time	 Play Video
 Materials	 Video Time
 Key Points	 Customizable Content
 Discussion	 Instructor Note
 Exercise	

Supplemental Materials

- Practical Exercise Handouts
- Video Vignettes
- Specialty Scenarios
- Evidence Base for Each Module
- Measurement Tools
- Bibliography
- Glossary
- Sample Fundamentals Course Agenda (go to Appendix A)
- Sample Evaluation Forms (go to Appendix B)

Preparing for Instruction: Prior to the Course

Several actions should be taken prior to class to ensure an effective training session. Review the goals of each learning module and practical exercise. Know and practice teaching the material to be presented. A multidisciplinary training team should teach the course and, to the degree possible, scheduled instructors should be present for the entire session. (Instructors informally



educate participants as to the value of the training when they themselves jump in and out of the sessions.)

There are a number of operational activities that must be completed prior to the day of the course. Completion of these tasks is essential for a smooth start.

- Select and coordinate dates with the appropriate decisionmakers.
- Schedule classrooms (as far in advance as possible).
- Develop and publish the class schedule.
- Coordinate meal and refreshment support as appropriate.
- Schedule participants.
- Submit for and coordinate the process to obtain continuing education credits through your local provider.
- Distribute advance information - Make sure students have enough time to review information prior to the course (e.g., course agenda).
- Obtain or print participant materials (e.g., pocket guides or presentation note pages).
- Review all course materials:
 - Objectives.
 - Multimedia.
 - Handouts.
- Meet with your training partner(s) in advance (training teams should be interdisciplinary):
 - Assign modules.
 - Assign or delegate roles and responsibilities for the class (e.g., a secretary or scheduling professional may be much more effective at obtaining classrooms and scheduling personnel than a physician or nurse). In short, identify the required training tasks, and take on the actions best matched to your skill base; share the tasks, share the training, celebrate the outcomes.
- Practice:
 - Review the material.
 - Use the equipment.
 - Present a practice class. After a training session, many change teams determine the need for additional coaches. An excellent opportunity for a “first” or “practice” class is the opportunity to teach to early adopters, off-shift leaders, and new coaches. The new instructors benefit from growth in confidence and core capabilities and the unit or department benefits by the addition of enthusiastic champions who will serve as coaches and problem solvers.
 - Involve your training partner(s) and determine how best to support the course, the participant, and each other. Keep the course fun.



Preparing for Instruction: On the Day of the Course

Several actions should be taken to ensure training sessions go smoothly:

- Arrive early. Ensure that everything is available and operational.
- Ensure all necessary support:
 - Classroom setup.
 - Availability of training aids and handouts.
 - Availability and operation of multimedia equipment.
 - Availability of training partner(s).
- Check setup for refreshments if appropriate.
- If continuing education credits are being granted:
 - Bring certificates for distribution.
 - Make sure information is complete on the attendance roster.
- Distribute an attendance roster for signatures.
- Provide participant materials.
- Conduct last minute review.

A classroom that is set up poorly can adversely affect the presentation, while a room that is conducive to the adult learner will enhance the presentation. Two room setups are suggested. They are both designed to focus the students' attention on the instructor while providing an environment for interaction and discussion.

- Horseshoe – This configuration works well when each participant will be seated at a desk or small table. Attention is focused to the front, but interaction with others is not impaired. Instructors are able to move freely about the room.
- Table layout – This configuration is effective around a solid conference table or tables arranged in a "U" with an open center. The layout somewhat restricts the instructors' ability to move about the room and maintain eye contact. However, participant interactions are maximized.

Delivering the Course

The following operational activities should be completed in the order presented:

- While they are being greeted at the door, ask participants to sign an attendance roster.
 - Consider using first name only nametags (stick on). This aids to flatten the hierarchy among participants.
 - If continuing education units (CEUs) are being granted, read the disclosure statement informing students that the class will be conducted in an environment of nonattribution.



- Deliver instruction using all of the available training aids and multimedia equipment to enhance the presentation.
- Gather baseline data: distribute and collect Teamwork Assessment Questionnaires, AHRQ Patient Safety Culture Surveys, and Patient and Staff Satisfaction Surveys. (If done prior to course, results can be incorporated into the presentation.)
- Distribute and collect course evaluations at the completion of the course. Student feedback is important for assessing the effectiveness of the training session. It is also essential for gathering data used to modify the course.
- Distribute CEU certificates.

After the Course

Final actions that need to be completed include:

- Maintain an accurate and complete file of course information.
 - Participants (i.e., attendance rosters).
 - Course evaluations.



Appendixes

Appendix A: Sample Course Agendas

Appendix B: Sample Course Evaluation Form

Appendix C: Team Performance Observation Tool

Appendix D: Team Assessment Questionnaire

Appendix E: Training Techniques

Appendix F: Learning Benchmarks

Appendix G: Video Matrix



TeamSTEPPS Training Agenda for Train-the-Trainer Course

[Training Location]

[Training Dates]

DAY MM/DD	<i>TeamSTEPPS Fundamentals Course</i>	Instructor
8:00 – 8:15	Welcome	
8:15 – 9:05	Module 1 - Introduction	
9:05 – 9:20	Break	
9:20 – 10:10	Module 2 - Team Structure	
10:10 – 10:50	Module 3 - Leadership	
10:50 – 11:05	Break	
11:05 – 11:50	Module 4 - Situation Monitoring	
12:00 – 1:00	Lunch	
1:00 – 1:50	Module 5 - Mutual Support	
1:50 – 2:05	Break	
2:05 – 2:50	Module 6 - Communication	
2:50 – 3:05	Break	
3:05 – 3:50	Module 7 - Summary—Putting It All Together	
3:50 – 4:15	Practice Teaching Planning Session	
4:15 – 4:30	Daily Wrap-up/Evaluations	
DAY MM/DD	<i>Change Management: How To Achieve A Culture Of Safety</i>	Instructor
8:00 – 8:15	Welcome	
8:15 – 10:30	Change Management: How to Achieve a Culture of Safety	
10:30 – 10:45	Break	
10:45 – 11:50	Coaching Workshop	
12:00 – 1:00	Lunch	
1:00 – 4:00	Implementation Workshop	
4:00 – 4:15	Practice Teaching Planning Session	
4:15 – 4:30	Daily Wrap-Up and Evaluations	
DAY MM/DD		Instructor
8:00 – 12:00	Practice Teaching Sessions	
12:00 – 1:00	Lunch	
1:00 – 3:00	Practice Teaching Sessions	



TeamSTEPPS Training Agenda for Train-the-Participant Course

[Training Location]

[Training Dates]

DAY MM/DD	TeamSTEPPS Fundamentals Course	Instructor
8:00 – 8:15	Welcome and sign-in	
8:15 – 8:45	Module 1 - Introduction (30 minutes)	
8:45 – 9:45	Module 2 - Team Structure (60 minutes)	
9:45 – 10:00	Break	
10:00 – 11:00	Module 3 - Leadership (60 minutes)	
11:00 – 12:00	Module 4 - Situation Monitoring (60 minutes)	
12:00 – 1:00	Lunch	
1:00 – 2:00	Module 5 - Mutual Support (60 minutes)	
2:00 – 3:00	Module 6 - Communication (60 minutes)	
3:00 – 3:15	Break	
3:15 – 3:45	Module 7 - Summary—Putting It All Together (30 minutes)	
3:45 – 4:00	Daily Wrap-up/Evaluations (15 minutes)	

TeamSTEPPS Training Agenda for Essentials Course

[Training Location]

[Training Dates]

DAY MM/DD	TeamSTEPPS Essentials Course	Instructor
9:00 – 9:15	Welcome and sign-in	
9:15 – 9:30	Module 1 - Introduction (15 minutes)	
9:30 – 9:45	Module 2 - Team Structure (15 minutes)	
9:45 – 10:00	Module 3 - Leadership (15 minutes)	
10:00 – 10:15	Module 4 - Situation Monitoring (15 minutes)	
10:15 – 10:30	Break	
10:30 – 10:45	Module 5 - Mutual Support (15 minutes)	
10:45 – 11:00	Module 6 - Communication (15 minutes)	
11:00 – 11:15	Module 7 - Summary—Putting It All Together (15 minutes)	
11:15 – 11:30	Daily Wrap-up/Evaluations	



Appendixes

Appendix A: Sample Course Agenda

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COURSE EVALUATION

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)

Location: _____

Rating Scale
 1 = Poor, inadequate, did not meet, ineffective
 2 = Good, adequate, met, satisfactory, effective
 (circle) 3 = Excellent, more than adequate, exceeded, very effective

Date: _____

Session 001 Module I: Introduction – 50 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Describe the TeamSTEPPS training initiative.	1	2	3
Explain your nursing home’s resident safety program.	1	2	3
Describe the impact of errors and why they occur.	1	2	3
Describe the TeamSTEPPS framework.	1	2	3
State the outcomes of the TeamSTEPPS framework.	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3

Comments:

Session 002 Module II: Team Structure – 50 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Identify the characteristics of high-performing teams.	1	2	3
Discuss benefits of teamwork and structure.	1	2	3
Describe components and composition of a multi-team system (e.g., Core Team, Coordinating Team, Contingency Team, Ancillary Services, and Administration).	1	2	3
Understand what defines a team.	1	2	3
Define the roles and effectiveness of team members.	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3

Comments:



Rating Scale (circle)
 1 = Poor, inadequate, did not meet, ineffective
 2 = Good, adequate, met, satisfactory, effective
 3 = Excellent, more than adequate, exceeded, very effective

Session 003 Module III: Leadership – 40 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Describe different types of team leaders.	1	2	3
Describe roles and responsibilities of an effective team leader.....	1	2	3
Describe the leader’s role in resource management.....	1	2	3
Describe the delegation process.....	1	2	3
Describe strategies for team leaders to include team huddles and debriefs.....	1	2	3
Describe how effective team leaders facilitate conflict resolution.....	1	2	3
Identify the barriers, tools, strategies, and outcomes of leadership.....	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3
Comments:			

Session 004 Module IV: Situation Monitoring – 45 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Define situation monitoring.	1	2	3
Define cross-monitoring.	1	2	3
Discuss the components of the STEP process.....	1	2	3
Define situation awareness (SA) and identify conditions that undermine SA.....	1	2	3
Discuss the importance of a shared mental model.	1	2	3
Discuss when to share information.	1	2	3
Recognize the barriers, tools, strategies, and outcomes of situation monitoring.....	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3
Comments:			



Rating Scale (circle)
 1 = Poor, inadequate, did not meet, ineffective
 2 = Good, adequate, met, satisfactory, effective
 3 = Excellent, more than adequate, exceeded, very effective

Session 005 Module V: Mutual Support – 50 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Define mutual support.	1	2	3
Describe task assistance and the types of feedback.	1	2	3
Describe advocacy, assertion, and the Two-Challenge rule.	1	2	3
Discuss the “CUS” and “DESC script” techniques.	1	2	3
Discuss common approaches to conflict resolution.	1	2	3
List barriers, tools, strategies, and outcomes of mutual support.	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3
Comments:			

Session 006 Module VI Communication – 45 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Describe the importance of communication.	1	2	3
Recognize the connection between communication and medical error.	1	2	3
Define communication and discuss the standards of effective communication.	1	2	3
Describe strategies for information exchange.	1	2	3
Identify barriers, tools, strategies, and outcomes to communication.	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3
Comments:			



Rating Scale (circle)
 1 = Poor, inadequate, did not meet, ineffective
 2 = Good, adequate, met, satisfactory, effective
 3 = Excellent, more than adequate, exceeded, very effective

Session 007 Module VII: Summary—Putting It All Together – 45 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Discuss how to use the tools and strategies presented in this training.	1	2	3
Demonstrate how to appropriately apply the tools and strategies to real-life situations.	1	2	3
Practice using tools and strategies for overcoming barriers to team effectiveness.	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3
Comments:			

Session 008 Change Management: How to Achieve a Culture of Safety – 135 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Identify and discuss the Eight Steps of Change.	1	2	3
Describe the actions required to set the stage for change in the nursing home.	1	2	3
Identify ways to empower team members to change.	1	2	3
Discuss what is involved in creating a new culture.....	1	2	3
Begin planning for the change in the nursing home.....	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3
Comments:			



Rating Scale (circle)
 1 = Poor, inadequate, did not meet, ineffective
 2 = Good, adequate, met, satisfactory, effective
 3 = Excellent, more than adequate, exceeded, very effective

Session 009 Coaching Workshop – 65 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
State how team members' knowledge, skills, and attitudes are developed.	1	2	3
Describe the characteristics of an effective coach.....	1	2	3
Assess coaching strengths and areas for improvement.	1	2	3
Identify the results of good coaching.	1	2	3
Demonstrate and evaluate coaching competencies.	1	2	3
Describe how to implement a coaching strategy.....	1	2	3
Demonstrate effective coaching in a role-play scenario.....	1	2	3
Define the basic coaching process.	1	2	3
Discuss the characteristics of an effective coach.	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3

Comments:

Session 010 Implementation Workshop– 180 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Discuss our facility or department's implementation plan.....	1	2	3
Identify at least two additional members for the change team.	1	2	3
Discuss additional resources needed for implementation.....	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3

Comments:



Rating 1 = Poor, inadequate, did not meet, ineffective
Scale 2 = Good, adequate, met, satisfactory, effective
(circle) 3 = Excellent, more than adequate, exceeded, very effective

Session 011 Practice Teaching Session – 330 minutes

Instructor Name:	Poor	Good	Excellent
To what extent was the speaker knowledgeable, organized, & effective in his/her presentation?	1	2	3
<i>To what extent did you achieve the objective(s) of this session?</i>			
Demonstrate teaching one module from the TeamSTEPPS Training Course.	1	2	3
Discuss areas to improve the delivery of the content.	1	2	3
To what extent were the teaching methods and aids used effectively?	1	2	3

Comments:

Rate the following:

The activity:

- Was well organized, using the scheduled time efficiently. Agree Neutral Disagree
- Provided practical, useful information. Agree Neutral Disagree
- Kept my interest and made it easy to learn. Agree Neutral Disagree
- Was up to date in terms of current practice and issues. Agree Neutral Disagree

Please respond to the following questions regarding disclosure of commercial support:

Were you provided disclosure of significant support or substantial financial relationships between faculty and commercial entities? Yes Neutral No

Was bias in favor of a product present to the extent that the presentation was unbalanced or represented commercial promotion? Yes Neutral No

If you feel any of the presentations were unbalanced, please elaborate.

What changes will you make in your practice as a result of this activity?



How can the educational aspects of this activity be improved?

What recommendations do you have for future speakers or topics?

Additional Comments:



COURSE EVALUATION for TeamSTEPPS Fundamentals and Essentials Courses

Location: _____

Date: _____

Please provide feedback on the TeamSTEPPS training course

Were the instructors knowledgeable, organized, & effective in their presentations?	Yes	No	Don't Know
--	-----	----	------------

Comments on Instructors:

Now that you've completed this TeamSTEPPS course, please circle the number that best describes your ability to do the following tasks on a scale of 1 to 5 with 1 meaning "not able" and 5 meaning "very able and confident."

- | | | | | | |
|---|---|---|---|---|---|
| 1. Describe the TeamSTEPPS program..... | 1 | 2 | 3 | 4 | 5 |
| 2. Describe how medical errors affect residents and why they occur..... | 1 | 2 | 3 | 4 | 5 |
| 3. Explain what makes a good team..... | 1 | 2 | 3 | 4 | 5 |
| 4. Explain how teamwork benefits the residents..... | 1 | 2 | 3 | 4 | 5 |
| 5. Describe different types of leaders and what makes a leader effective..... | 1 | 2 | 3 | 4 | 5 |
| 6. Describe situation monitoring..... | 1 | 2 | 3 | 4 | 5 |
| 7. Explain mutual support..... | 1 | 2 | 3 | 4 | 5 |
| 8. Describe the Two-Challenge rule..... | 1 | 2 | 3 | 4 | 5 |
| 9. Define CUS and when you would use it..... | 1 | 2 | 3 | 4 | 5 |
| 10. Name two challenges to good communication..... | 1 | 2 | 3 | 4 | 5 |
| 11. Name two TeamSTEPPS techniques that improve communication..... | 1 | 2 | 3 | 4 | 5 |
| 12. Use TeamSTEPPS in your daily practice..... | 1 | 2 | 3 | 4 | 5 |

Comments and Ideas for Future Courses



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Team Performance Observation Tool

Date: _____
 Unit: _____
 Team: _____
 Shift: _____

**Rating Scale
 (circle)**
*Please comment
 if 1 or 2*

1 = Very Poor
 2 = Poor
 3 = Acceptable
 4 = Good
 5 = Excellent

1. Team Structure	Rating
a. Assembles a team.	
b. Establishes a leader.	
c. Identifies team goals and vision.	
d. Assigns roles and responsibilities.	
e. Holds team members accountable.	
f. Actively shares information among team members.	
Comments:	
Overall Rating – Team Structure	
2. Leadership	Rating
a. Utilizes resources efficiently to maximize team performance.	
b. Balances workload within the team.	
c. Delegates tasks or assignments, as appropriate.	
d. Conducts briefs, huddles, and debriefs.	
e. Empowers team members to speak freely and ask questions.	
Comments:	
Overall Rating – Leadership	
3. Situation Monitoring	Rating
a. Includes resident/family in communication.	
b. Cross-monitors fellow team members.	
c. Applies the STEP process when monitoring the situation.	
d. Fosters communication to ensure that team members have a shared mental model.	
Comments:	
Overall Rating – Situation Monitoring	
4. Mutual Support	Rating
a. Provides task-related support.	
b. Provides timely and constructive feedback to team members.	
c. Effectively advocates for the resident.	
d. Uses the Two-Challenge rule, CUS, and DESC script to resolve conflict.	
e. Collaborates with team members.	
Comments:	
Overall Rating – Mutual Support	
5. Communication	Rating
a. Coaching feedback routinely provided to team members, when appropriate.	
b. Provides brief, clear, specific, and timely information to team members.	
c. Seeks information from all available sources.	
d. Verifies information that is communicated.	
e. Uses SBAR, call-outs, check-backs, and handoff techniques to communicate effectively with team members.	
Comments:	
Overall Rating – Communication	
TEAM PERFORMANCE RATING	



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Team Assessment Questionnaire

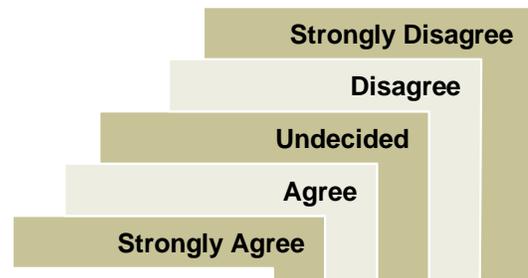
INSTRUCTIONS:

This assessment is a statistical measurement of your impressions of your department or unit's team behavior as it relates to resident care in your current work setting. Please answer all 55 questions so an overall score may be calculated.

Facility

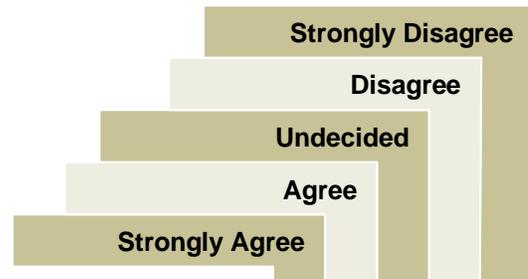
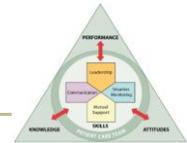
Unit

Date



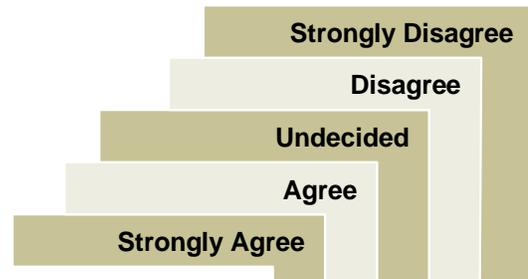
Team Foundation					
1. The team has a clear vision of what it is supposed to do.					
2. The team's activities are guided by a clear Mission Statement					
3. The team's goals are closely aligned with the goals of the nursing home.					
4. The team has adequate skills and member resources to achieve its goals.					
5. Everyone on the team has a clear and vital role.					
6. The team has adequate meeting time, space, and resources to achieve all objectives.					
7. Team meetings are well attended by all team members.					
8. The team can measure its performance effectively.					
9. The team understands its customer requirements (internal and/or external).					
10. This team is promptly informed of changes in policy or new developments.					
11. The department or unit has clear expectations of this team.					
12. The team receives adequate training to function effectively.					
Team Functioning					
13. Team meetings are run efficiently.					
14. Everyone on the team participates at an acceptable level.					
15. This team works well together.					
16. This team works well with other teams/departments in the nursing home.					
17. The goals and objectives of this team will have a positive impact on the nursing home.					
18. The team is on a continuous improvement curve.					

Please continue on next page



Team Performance					
19. The team uses an effective short- and long-term strategic planning process.					
20. The team meets its (internal and/or external) customer requirements.					
21. The team is productive.					
22. Team functioning doesn't interfere with getting my own job done.					
Team Skills					
23. The team members communicate well with one another.					
24. Constructive feedback is given by the team.					
25. Team members are familiar with each other's job responsibilities.					
26. The team uses effective decisionmaking processes and problem-solving skills.					
27. The team monitors and progresses the plan of care.					
28. The team can change or improve the way it goes about working on its tasks.					
Team Leadership					
29. My boss/supervisor promotes participation by the team in key decisions.					
30. My boss/supervisor shares responsibilities with team members.					
31. My boss/supervisor is an effective leader.					
32. I share my ideas/suggestions whether or not my boss/supervisor agrees with my input.					
33. My boss/supervisor focuses on building team's technical and interpersonal skills.					
34. My boss/supervisor coaches and supports individual team members.					
35. My boss/supervisor promotes individual problem solving and intelligent risk taking.					
36. My boss/supervisor leads by example.					
Team Climate and Atmosphere					
37. Team members trust each other.					
38. Morale on this team is high.					
39. Team members support each other.					
40. There are no feelings among team members that might pull this team apart.					
41. The team resolves conflicts soon after they occur.					
42. I feel free to express my opinions.					
43. I have an influence on team decisions.					
44. Team members can openly discuss their own problems and issues.					
45. Team members show consideration for needs and feelings of other team members.					
46. Team members receive recognition for individual performance.					

Please continue on next page



Team Identity				
47. I know why I am on a team.				
48. I am pleased to be on a team.				
49. The team subscribes to a clear set of values.				
50. This team is fun to work with.				
51. No individual, group, or gender dominates team activities.				
52. The team has a positive self-image.				
53. The team recognizes the resident and his or her family as critical team members.				
54. The team is a safety net for residents.				
55. I am a member of a team in which the leader promotes teamwork.				

THANK YOU FOR FILLING OUT THIS FORM

Quality Values Research and Consulting Services
<http://www.qvresearch.com>



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Training Techniques

Presentation Skills

Presenting effective classes takes a combination of technical competence, knowledge of the material, and practice. Being an effective presenter is a learned skill. Even when the presenter has an in-depth knowledge of the material, it is important to practice the delivery for maximum impact.

Speaker Attributes

- Speech – Speak naturally, using the same mannerisms as during a personal conversation.
- Vocabulary – Use terms the audience will understand. Bear in mind that the nursing home is staffed with individuals of varying levels of education and that for many, English is not their primary language. Adapt the language of the “Say” sections to your audience to ensure that the materials are understood.
- Enthusiasm – Demonstrate enthusiasm for teamwork. Enthusiasm is infectious and will help to overcome obstacles to learning.
- Sincerity – Course content has serious implications for the staff. That said, it is possible to be serious and still have fun.
- Knowledge and experience – Use your understanding of the subject matter and applied experience to guide the students through the learning process.
- Credibility – As a leader in the department, sharing your personal commitment to teamwork will lend credibility to the course.
- Attitude/self-confidence – A positive attitude about the importance of the subject matter and confidence in your ability to present the material will ensure an effective class session.
- Eye contact – Maintain eye contact with the audience, referring to your teaching guide and audiovisual aids as necessary to ensure accuracy.
- Dress – Dress in a manner that is appropriate to your instructor role and establishes an environment conducive to learning.
- Gestures/Mannerisms – Natural is better. Avoid behaviors that create a distraction to learning, such as putting your hands in your pockets and jingling your change.
- Movement – The best way to move around the class is to walk naturally and keep the pace slow. Too much movement can become a distraction for students.

Presentation Aids

Several aids are available to assist with the delivery of the TeamSTEPPS Course. These include:

- Slides – These require a computer and a projection device.
- TeamSTEPPS Course Videos – These are accessible from the slides.
- White board or flipchart – These training aids provide the user with the ability to jot down ideas and thoughts from participants during the presentation.



Managing Difficult Situations

A number of situations may arise in the classroom that can derail the training session. It is important that the instructor be prepared to manage these when they occur.

- Noncommunicative group/individual:
 - Ask direct questions.
 - Ask “yes/no” questions, then ask for an explanation.
 - Call individuals by name.
 - Restate or rephrase or reword questions to focus attention.
- Controlling, persistent talker:
 - Ask direct “yes/no” questions, thank the trainee, and move back to your presentation.
 - Offer to follow up with the trainee after the presentation.
 - Take the trainee aside during a break and discuss the effect he or she is having on the class. Be tactful, but firm.
 - Interrupt with: “That’s an interesting point...let’s see what others in the group think about it.”
- You lose control of the presentation:
 - Re-establish eye contact.
 - Change your position.
 - Redirect the group to the visual aids.
 - Ask direct questions to the more disruptive group members.
 - Change the tone or volume of your voice.
 - Call a break.
- The group gets off topic:
 - Restate your objective.
 - Summarize.
 - Ask “yes/no” questions, then ask for an explanation that relates to the topic.
 - Refer to your visual aids.
- People engage in side conversations:
 - Call individual(s) by name and ask an easy question.
 - If you are in the habit of moving around the room, stand casually behind the members who are talking. This should not be made obvious to the group.



Adult Learning Model

One of the keys to being an effective instructor is to tailor the presentation to the audience. TeamSTEPPS classes will include a mix of students from different positions and educational backgrounds (e.g., medical technicians, nurses, physicians, and clerks). However, there is one constant in this mixture; all of the students are adults. Research has shown that certain teaching techniques enhance training provided to adults. Adults learn best when they are involved in the learning process. The following characteristics are common to adult students.

- Adult learners are self-directed.
- The adult's orientation to learning tends to be task or problem centered.
- Adult learners are motivated by internal incentives.
- Adults learn best in a climate that is relaxed, collaborative, and mutually respectful.
- Adults learn best through experiential activities that have immediate application to life tasks.

The CPR Approach (Pike, 1994)

Training expert Bob Pike uses the abbreviation CPR to address the importance of **content** relevancy, learner **participation**, and **reinforcement** in classroom training. This approach meets the needs of the adult learner and ensures the transfer of training.

Content

- Link goals of the TeamSTEPPS Course to local problems. (This answers the question, "What's in it for me?")
- Introduce locally defined and fully endorsed internal support structures at appropriate points during teamwork training.
- Use personal vignettes to exemplify teaching points.
- All vignettes and examples should be from events that actually happened.

Participation

- Foster interaction through appropriate classroom layout.
- Encourage learners to share their personal experiences.
- Engage learners in practical exercises.
- Allow time for questions and discussion.

Reinforcement

- Instruct participants to mark central concepts in their notes.
- Reinforce key teamwork actions at the end of each module.
- Clarify the objectives of each practical exercise during facilitation.
- Reinforce behaviors depicted in the videos.



Facilitation Skills

Facilitation is a method of instruction that uses the principles of the adult learning model. Unlike didactic instruction in which the instructor leads the discussion step by step and summarizes each topic, a facilitation approach promotes student learning through a process of inquiry in which the instructor asks questions that generate discussion relative to principles taught in the course.

Facilitation Basics

An effective presentation applies the facilitation basics listed below:

- Encourage student participation. The adult learning model is built around the concept of self-learning. One way to ensure that students are involved in the learning process is to encourage participation in the discussions.
- Adapt the level of facilitation to the students. It is important to know the audience. Depending upon the subject and the students' experiences, it is possible to use varying degrees of facilitation during a training session.
- Ensure that all critical topics are covered. Keep in mind the objectives of the class; if the discussion goes off on a tangent, guide it back on track.
- Integrate instructional points as needed. Make sure the discussions stay focused on the subject. Use questions and statements to emphasize instructional points.

Facilitation Techniques

A skilled facilitator encourages student participation through:

- Nonverbal feedback – Body language provides instant feedback to the speaker. Use it to your advantage; show the speaker that you are receptive to his/her opinion/idea.
- Short interjections – Use short statements to affirm discussion points or guide the discussion toward a learning objective.
- Echoing – Restate the point to ensure that other class members were able to hear.
- Reflecting – Direct the point back to the student or class.
- Expanding – Expound upon the student's point.

Asking Questions

Questions are one of the most important tools available to the facilitator. Used correctly, questions provide immediate feedback about training effectiveness, are a means of assessing students' knowledge, and can be used to guide discussions. When used incorrectly, questions can stifle student participation and the learning process.



Questioning techniques:

- Direct question – In this questioning technique, the facilitator identifies the person who will answer the question before it is stated. This action may create anxiety unless a supportive and trusting environment has been firmly established.
- General address question – When using this questioning technique, the facilitator will first state the question, pause, and then call upon an individual to answer the question. This technique is better than the direct question because it tends to create less anxiety and students have time to formulate a response.
- Return question – This technique is similar to the reflecting technique discussed in the previous section. Instead of answering a student’s question, the facilitator returns the question to the student for an answer.
- Relay – Instead of answering a student’s question, the facilitator chooses another student to answer. This is most effective when combined with the general address questioning technique.

Questions should focus students’ attention on the training objective and involve them in the learning process. The following question set is one method of doing this.

- What has happened up to this point?
- What do you think about what happened?
- What would you do differently, if anything?

What does the instructor do if there is no response to a question? The answer depends upon the level of facilitation being employed.

- High-level facilitation – Use silence or pauses to elicit responses. It will normally take only a short period of time before the participants will feel obligated to speak.
- Intermediate-level facilitation – Reword the question to ensure understanding, prompt the participants with bits of information, and try to avoid answering the question.
- Low-level facilitation – Answer the question, but confirm that the class understands and agrees with the answer.



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TeamSTEPPS Learning Benchmarks

INSTRUCTIONS: These questions focus on medical teamwork and communication and their effect on quality and safety in resident care. For each of the following questions, please **circle the letter next to the one best answer**.

1. A nurse is called to the phone to receive a telephone order from the doctor about a resident she is taking care of today. After clearly establishing the resident and physician identities, the BEST procedure for the nurse would be:
 - a. Listening to the order, calling the pharmacist, writing the details on the order sheet, and bringing the drug to the bedside.
 - b. Refusing to take this telephone order and indicating that she can't be sure of the physician's thought process.
 - c. Listening to the order, repeating back what the doctor said, and then writing it down in the resident's medical record.
 - d. Listening to the order, asking the charge nurse how to spell the drug's name, asking the family member if that was in the plan for today, and carrying out the order.
 - e. Listening to the order, writing it on the order page, reading the order back to the physician, and seeking his verification of the order's accuracy.

2. A nurse is very concerned about a resident he is taking care of and feels it would be best to have the attending APRN (Advanced Practice Registered Nurse) come to the bedside immediately to evaluate. Checking around the unit, he locates the APRN but she is busy dictating her notes. The nurse's BEST action is to:
 - a. Wait quietly, but tap his foot rhythmically to indicate urgency.
 - b. Quickly explain the resident's worrisome appearance and state, "I need you right now!"
 - c. Walk away, planning to check back in a few minutes.
 - d. Interrupt, shake her shoulder, and pull her quickly toward the room.
 - e. Leave his extension number with the clerk with instructions to have her call.

3. A loud crash is heard inside a resident's room. The charge nurse, nursing assistant, and physical therapist come running. The resident has fallen in the bathroom and is crying in pain. The charge nurse, as team leader, should:
 - a. Tell the nursing assistant to find a few more strong nursing assistants to lift the resident.
 - b. Reassure the new team that she's had plenty of experience with falls like this one and not to worry, and say, "I'll tell you what to do."
 - c. Introduce herself, briefly describe the resident's diagnosis and history, explain the plan for assessing the resident, and ask for input from the team members.
 - d. Explain the need for extra speed getting the resident off the floor before family members arrive.
 - e. Pull out the resident's medical record and check for recent vital signs and lab results.



Questions 4, 5, 6, and 7 are linked

4. The unit charge nurse receives an order for a medication that is clearly a dangerous mistake as the dose is 10 times the usual dose! Very concerned, she asks the doctor if he's sure that this is what he wants. Giving her a nasty look, he growls, "Well, that's what I ordered, isn't it?" Confident that the dose is way off base, her next action should be to:
 - a. Walk away and indicate discouragement at being treated so rudely.
 - b. Say loudly, "That's a huge mistake, doctor; nobody uses a dose like that!"
 - c. Not say anything for fear of making the doctor even angrier.
 - d. Stat page the nursing supervisor.
 - e. Say, "I'm very concerned about the safety of that dose, doctor; it's much higher than I've ever seen given."
5. For the real-life situation in question 4 above, a nurse in the same circumstances, but NOT confident and NOT positive that the dose is too high, but still very concerned about the resident's safety, should take the following course of action:
 - a. Walk away and indicate discouragement at being treated so rudely.
 - b. Say loudly, "that's a huge mistake, doctor; nobody uses a dose like that!"
 - c. Not say anything for fear of making the doctor even angrier.
 - d. Stat page the nursing supervisor
 - e. Say, "I'm very concerned about the safety of that dose, doctor; it's much higher than I've ever seen given."
6. The doctor (questions 4 and 5), upon being challenged by the nurse about the potentially dangerous medication dose, and realizing she is right, should respond by:
 - a. Demanding that this nurse be replaced immediately.
 - b. Saying, "You're right. Thanks for watching my back; it's been a bad day."
 - c. Saying, "I'm the doctor, do what I say."
 - d. Calling his partner on his cell phone and discussing the case.
 - e. Tell the worried nurse, "Sometimes these dosages are confusing."
7. If the doctor, in fact, is correct in his dosage (question 4) and the nurse was incorrect in her memory of the proper medication dosage, when this is suspected, the doctor's BEST action would be to:
 - a. Call the pharmacist and ask her to send a package insert to review.
 - b. Let the nurse know, in no uncertain terms, how it is inappropriate to challenge a physician.
 - c. Request that the nurse be sent for retraining and put a notation in her file.
 - d. Stop action, verify the correct dose, and thank the nurse for her concern regarding resident safety.
 - e. Call the team together afterwards and have the nurse explain her mistake.



8. A night nurse is concerned about the changing circumstances for a resident and knows it will be necessary to call and awaken the covering physician. Getting his thoughts and information together, he plans to structure the phone call using a proven structured communication technique, SBAR. He plans to introduce himself, identify the resident, and describe:
 - a. Situation, Background, Assessment, Recommendations.
 - b. Sleep, Bathroom Activities, Results.
 - c. Systems, Background, Alimentary, Respiratory.
 - d. His pleasant memories of summer vacation at the S-BAR Ranch.
 - e. Social Background, Assurance, Reassurance.
9. The medical director is evaluating a resident who likely will need an urgent transfer to the hospital emergency department. Continuity of care and resident safety are usually enhanced by all of the following EXCEPT:
 - a. Considering the hospital ED physician to be part of the treatment team and sharing information.
 - b. Withholding the reason for referral from the resident to decrease fear.
 - c. Using a structured and detailed handoff document.
 - d. Creating a reminder to forward any pending lab and x ray results.
 - e. Requesting that the hospital call if the resident hasn't been seen in a certain timeframe.
10. After a resident fall with injury requiring a trip to the emergency department (ED). the most helpful pathway toward team performance improvement involves:
 - a. The leader telling everyone what they did wrong.
 - b. Meeting as a team to debrief the events.
 - c. Explaining the protocol deviations.
 - d. Blaming the people who made mistakes.
 - e. Visiting the resident in the ED.
11. A housekeeper notices that a resident who is usually alert and oriented is confused and lethargic. She communicates this to the nursing assistant caring for the resident, but the nursing assistant dismisses her concern. The BEST action for the concerned housekeeper would be to:
 - a. Express her concern to the nursing assistant again, saying she was concerned and uncomfortable and that there may be a safety issue with this resident.
 - b. Tell the housekeeping supervisor.
 - c. Tell the nursing supervisor.
 - d. Walk away and forget about it because the resident is the nursing assistant's responsibility.
 - e. Check back later to see if the resident is any better.



12. The new nurse working on the rehab unit is having real difficulties interacting with the unit nurse manager (who has been working there for a decade). The unit manager continually is telling her what to do, in front of the residents and other staff. The BEST course of action for the new nurse is to:
 - a. Tell the unit manager to stop undercutting her.
 - b. Ask the unit manager for a quick meeting to discuss the problem of criticizing staff in front of residents and other staff.
 - c. Tell the nursing supervisor to have a talk with the unit manager.
 - d. Complain to the director of nursing that the unit manager is hypercritical and ineffective.
 - e. Just let everyone know that the unit manager is having a bad day.

13. The director of nursing services (DNS) and the medical director are making rounds on the rehab unit. The nursing assistant overhears the DNS tell the medical director that her resident has been ambulating every day in the hallway without pain. The nursing assistant knows that the resident has been complaining of severe pain for the past 2 days. The DNS is very short tempered because she is having family issues. The BEST action for the nursing assistant is to:
 - a. Call for the administrator to come into the room.
 - b. Quietly observe and hope that the doctor notices.
 - c. Hope the resident speaks up about the pain.
 - d. Interrupt the DNS and medical director and respectfully state her knowledge about the resident's pain.
 - e. Wait until after rounds are over and speak with the DNS privately.

14. A physical therapist working on the subacute unit overhears the doctor on the team make a misstatement about a sick resident, a comment that could result in a medical error and poor outcome. The therapist's correction of the misstatement is BEST interpreted as:
 - a. A HIPAA violation on the subacute unit.
 - b. An interference in the doctor's business.
 - c. An action of cross-monitoring that makes teamwork safer.
 - d. An action the doctor will likely get defensive about.
 - e. A wrong-headed approach to teamwork.

15. In the interest of resident care quality and safety, it is expected and mandatory that:
 - a. Conflict be avoided at all cost.
 - b. Leaders not make mistakes.
 - c. Members speak up if they are concerned.
 - d. People always do the right thing.
 - e. Everyone agree with the plan.



INSTRUCTIONS: For each series of questions, based on your knowledge of communication, teamwork, and resident care quality and safety, select the one BEST answer.

B-1. The attribute **LEAST likely** to be found in a team that is functioning in a **HIGHLY EFFECTIVE** manner is:

- a. Adaptability
- b. Complacency
- c. Trust
- d. Respect
- e. Information sharing

B-2. Recent research about the *causes of errors* in health care delivery focuses increasingly on:

- a. Outdated equipment
- b. Incompetent providers
- c. System problems
- d. Lack of caring
- e. Stupidity

B-3. Who is *the leader* in medical teams?

- a. Doctor
- b. Nurse
- c. Supervisor
- d. It depends on circumstances
- e. Resident

B-4. The best *communication tool* or method to get critical information to the whole team during an emergency or complex procedure is:

- a. Call-out
- b. Check-back
- c. Write it on the 24-hour report
- d. Write it in the orders
- e. Time-out-Write an extensive and thorough nursing note

B-5 The main reason *hierarchy* can be a problem in a team setting is that:

- a. The team leader may be obnoxious.
- b. Members having important information may not speak up or be heard.
- c. Staff of different levels or departments may disagree.
- d. Residents may be upset at the team being bossed around.
- e. Some staff may not feel respected.



B-6 A *shared mental model* is key for team members primarily because:

- a. They need to have vision.
- b. They all need to have the same understanding of the plan.
- c. A mind is a terrible thing to waste.
- d. Otherwise, leaders may go adrift.
- e. Otherwise, residents will be confused.

B-7 The following are *human factor problems* that research has identified as contributing to medical error *EXCEPT*:

- a. High workload
- b. Fatigue
- c. Distractions
- d. Friendship in the workplace
- e. Conflict and anger

B-8 The BEST method of *conflict resolution* for teams in the workplace is:

- a. Compromise
- b. Accommodation
- c. Avoidance
- d. Collaboration using the DESC script
- e. Dominance



TeamSTEPPS Learning Benchmarks – Answer Key

This matrix presents the BEST ANSWER and relates the question to specific TeamSTEPPS Curriculum, including tools and strategies.

Q	A	Tools, Strategies, or Concepts Covered
1	E	<ul style="list-style-type: none"> • Check-back • Communication accuracy • Correct sequence
2	B	<ul style="list-style-type: none"> • Express version of SBAR • Explicit communication • Action oriented • Team priorities
3	C	<ul style="list-style-type: none"> • Team brief • Create a shared mental model • Respect for the input from all • Sharing the right information
4	E	<ul style="list-style-type: none"> • Two-Challenge rule • CUS (Concerned-Resident Safety) • Error reduction strategy • Maybe cross-monitoring
5	E	<ul style="list-style-type: none"> • Ditto above • Tries to emphasize that the nurse didn't have to know for sure that it was wrong...needs to speak up anyway if concerned • Team dynamics
6	B	<ul style="list-style-type: none"> • Response to two challenges by the nurse • Team dynamics • Acknowledgment • Respect for team input • Focus on the resident and safety
7	D	<ul style="list-style-type: none"> • Proper response to the question and concern for resident safety • Stop the line; resolve the confusion • Respect the input • Team dynamic • Focus on the safety, not the error • A debrief would be good, but not to have the nurse "explain her mistakes"
8	A	<ul style="list-style-type: none"> • SBAR
9	B	<ul style="list-style-type: none"> • Nursing home – hospital referral • Handoff • Considering strategies to avoid likely errors in care, such as followup • Resident as part of the team
10	B	<ul style="list-style-type: none"> • Debrief—the word more than the concept • Deals with issues of blame and error
11	A	<ul style="list-style-type: none"> • Conflict • Unreasonable behavior • Solve it within the team if possible • Could DESC-IT, but probably not necessary • CUS

Q	A	Tools, Strategies, or Concepts Covered
12	B	<ul style="list-style-type: none"> • Conflict resolution • Solve it at the team level • Power differential • Knowledge differential • Criticism undermining resident relationship • Action: meet to discuss (in private)
13	D	<ul style="list-style-type: none"> • Team dynamics • Speaking up despite the hierarchy and difficult director of nursing • Anyone can call for clarification
14	C	<ul style="list-style-type: none"> • Cross-monitoring • Protecting the resident
15	C	<ul style="list-style-type: none"> • Speak up about any resident concerns (mandatory) • The other choices speak to reality issues for teams, differences from the ideal
B-1	B	<ul style="list-style-type: none"> • Complacency is not an attribute of highly effective teams; the others generally are seen in high-performing teams
B-2	C	<ul style="list-style-type: none"> • System problems and complexity
B-3	D	<ul style="list-style-type: none"> • It depends: the nurse may be the team leader in some instances. The physician/nurse practitioner/physician's assistant may be the team leader in other situations. All disciplines have the opportunity to lead depending on the situation or issue. . . The resident could be the team leader in the home or rehab setting.
B-4	A	<ul style="list-style-type: none"> • Call-out
B-5	B	<ul style="list-style-type: none"> • Hierarchy • Speak up • Be heard • Leadership, decisionmaking needs input from the whole team
B-6	B	<ul style="list-style-type: none"> • Need to have the same understanding of the plan and situation • Shared mental model
B-7	D	<ul style="list-style-type: none"> • Human factors • High workload • Distractions • Conflict • Anger
B-8	D	<ul style="list-style-type: none"> • Conflict resolution • DESC script • Collaboration



Appendixes

Appendix A: Sample Course Agenda

Appendix B: Sample Course Evaluation Form

Appendix C: Team Performance Observation Tool

Appendix D: Team Assessment Questionnaire

Appendix E: Training Techniques

Appendix F: Learning Benchmarks

Appendix G: Video Matrix



Video Matrix

TeamSTEPPS Skill		VIDEO	
		Vignette 1 Nursing Home Long-Term Care	Vignette 2 Nursing Home Subacute Care
LEADERSHIP	• Brief	✓	
	• Huddle	✓	✓
	• Debrief		✓
SITUATION MONITORING	• Cross-Monitoring		✓
	• STEP		✓
	• Situation Awareness	✓	✓
MUTUAL SUPPORT	• CUS		✓
	• Two-Challenge Rule	✓	
	• Feedback	✓	
	• DESC Script	✓	
	• Task Assistance		✓
	• Collaboration (Engaging the Resident)		✓
COMMUNICATION	• SBAR	✓	✓
	• Handoff	✓	✓
	• Call-out		✓
	• Check-back	✓	✓
	• I PASS THE BATON	✓	

DIRECTIONS

Checkmarks indicate where the TeamSTEPPS tools are applied in the vignettes. Please reference the DVD for specific file names and video clips.