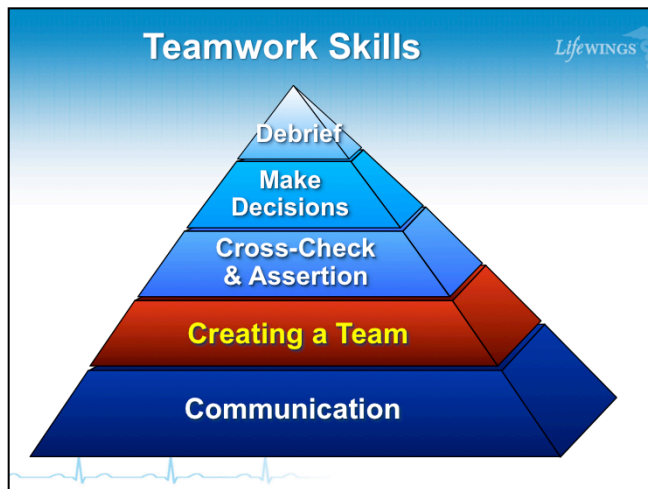




Main Point(s):

- 1. Welcome the class back from the break.**
- 2. Regain their attention. Depending on the crowd, this may take some considerable effort and raising of your voice! Take Charge!**

Welcome back from your break...<click>

**Main Point(s):**

1. Give brief introduction to “Creating a Team.”

Creating a Team Module Time: 50 minutes

When student completes this module they will understand:

1. Effective teams don't just happen - need to purposely create them.
2. Effective teams need two elements: shared mental model and open lines of communication
3. Expectations from Leaders and Team members to create an effective team.
4. The 5 Skills to create an effective Team with shared mental model and open lines of communication.
5. A briefing checklist with those 5 skills embedded will ensure all individuals use those skills, no matter who they are, and result in improved performance and better patient care.

Slide Time: 30 seconds

Define an effective team

Sample “script”/Facilitation:

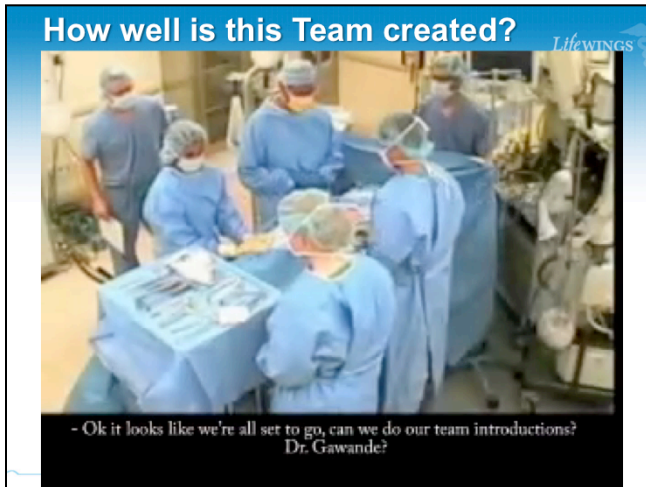
The next skill in the pyramid is Creating a Team - an effective team. An effective team is one that has a shared mental model of what is to occur and open lines of communication. If these two elements are established, team members will achieve higher reliability; they will improve their performance and provide better patient care. We'll discuss specifically what skills will create a shared mental and open lines of communication, and how to ensure everyone, no matter who they are, use those skills.

Technique:

Have you ever worked with a team where the team members just “click” and no matter what you are faced with, the team can handle it? (Look for audience members relating to this idea) And then there are other teams where it is just the opposite. What makes the difference? (take responses) Teams can use some simple but vital skills to reliably and repeatedly create an effective team regardless of personalities and experience levels.

Sample Transition: *Let's take a look at one healthcare team....<click>*

Note: Research shows that team members get their edification as a team member not from liking each other, but from working together effectively to achieve their team goals despite difficult and demanding circumstances. In order to achieve this idea of working together, the team must have 1) a shared mental model (shared expectations) and 2) open lines of communication where they are comfortable asking questions / speaking up.



- Main Point(s):**
1. Always introduce a video with: What they will see (short setup of situation) and what to look for.
 2. Show video of poor example of team creation.
 3. Practice Debrief questions when facilitating the video: What went well? What can be improved?
 4. Facilitate team creation, environment and how might affect patient care.

Time: 2 minutes

Sample “script”/Facilitation:

Play video and then ask class:

Practice Debrief Questions: *What went well? What can be improved?*

How well is this team created? What did they almost miss?

If you had one word to describe the tone / atmosphere with this team, what would it be?

Common answer is “tense.”

What is the surgeon focused on?

What is the team now focused on?

How effective would you rate this group’s functionality as a team?

How might this affect patient care? What if something unexpected happens? Are team members likely to speak up to this surgeon/leader?

Sample Transition: *What is it that makes a team effective?...<click>*



What makes a Team effective?

- Shared Mental Model
- Open Lines of Communication

An effective team doesn't just "happen," it must be created

Main Point(s):

To create an effective team you must build two essential elements:

- 1. Shared Mental Model - team members have same expectations of goals, roles, process, etc.**
- 2. Open lines of communication - team members must be comfortable speaking up to all team members, no matter of hierarchy, experience level, personality, etc.**

Time : 30 seconds

Sample "script"/Facilitation:

To create an effective team you must create /build / establish two essential elements:

- 1. Shared Mental Model - team members have same expectations of goals, roles, process, possible complications, contingencies, etc.*
- 2. Open lines of communication - team members must be comfortable and willing to speak up to all team members, no matter the hierarchy, experience level, personality, etc.*

Will these two elements naturally occur just because a group of highly educated, competent and intelligent individuals are brought together?

<click> *No, and we can't just hope it will happen or give the ambiguous direction to "work together."*

Effective teams have to be created purposely.

Sample Transition: *How do you create an effective team where there is a shared mental model and open lines of communication, in a relatively short amount of time?...<click>*

Note: Competency is a prerequisite not addressed here, except that there must be a standardized method of training to competency and a process to identify incompetency.

Team Leader		Team	
Things a leader should do	Things a team should not do	Things a team should do	Things a leader should not do
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
	The most important thing a team must do		The most important thing a leader must do
	1.		1.
Page 6		Page 7	

Use this slide if have time for 7 minute activity.

Main point – Set up team activity.

- Before assign page number, give directions.
- Be clear and precise in directions – 1. discussing and answering as a team at each table. 2. answering from perspective of either Leader or Team member. 3. Time allotted.
- Tell students to give very SPECIFIC, repeatable actions in their lists. Avoid generalities (e.g., “communicate” is too vague).
- Ensure each team has someone recording answers in book.
- Keep them on track time-wise – be sure to keep track of time yourself and when half-way through time, announce that and tell them they should be working on right-hand side of their page at that point.

Sample “script”/Facilitation:

... You will work together with your team at your table to determine what must be done to ensure an effective team is created.

Your table will be assigned to work on either page 6 or 7.

If your table is assigned to work together on page 6, you will discuss and identify, from the perspective of the Team Leader:

“What three things should a team leader do or say to create a team.?”

“What are three things should Staff Members NOT do or say?”

“What is the single MOST IMPORTANT thing for Team Members to do or say?”

If your table is assigned to work together on page7, you will discuss and identify, from the perspective of a TEAM MEMBER :

“What three things should a team member do or say to create a team.?”

“What three things should TEAM LEADERS NOT do or say?”

“What is the single MOST IMPORTANT thing for the TEAM Leader's to do or say?”

Your answers must be specific so you identify behaviors that individuals can immediately start repeating when they return to their unit. For example “communicate” isn't specific enough - that is not repeatable, it is too ambiguous as to how to do it well. Specify exactly what they should say or what they should specifically do when communicating.

At your table, assign a scribe to write your group's thoughts legibly on your assigned page.

Please note the time and take no more than 7 minutes to accomplish this task. There are 7 items – 1 minute per item.

Before I assign your page number, what questions do you have?

Next assign which tables work on page 6 and which work on page 7. Technique for least confusion is to align table assignments with slide – tables on right side of room (as you are looking at them from the front) are assigned page 6 (Team Leader) and tables on left side of the room are assigned page 7 (Team Member).

Tell them to start. Keep track of the time – announce when time is half way there – at that point they should be working on right side of their assigned page.

Ensure the groups have a scribe who is recording their team's answer in their books as appropriate for classroom setup and resources available.

Sample Transition: I need everyone’s attention. Time is up. I heard really good discussions. Now we’re going

Team Leader		Team	
Things a leader should do	Things a team should not do	Things a team should do	Things a leader should not do
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	
			The most important thing a leader must do
			1.

Hidden slide - notes
For debriefing team activity

Page 6 Page 7

Main Point – Take inputs from teams, gain buy-in for team skills.

1. Have each team give just one input for each question – can cut down even more if behind on time. (can do all verbally or you or your partner can record on board/flip chart)
2. Techniques for Facilitation as pulling their inputs for team activity:

Basic – Minimum Facilitation – just ask for clarification if needed, if their answer is vague. The you will facilitate in detail the following team skills slides while you refer back to their inputs.

Advanced - Facilitate the team skills (those listed on the follow-on slides) out of their inputs; get the words (from our team skills slides such as “eye contact” or “use names” to come out of their mouths! Then you can quickly show the next slides with very little facilitation.

Time: About 10 – 15 minutes for you to facilitate their answers. Length of facilitation depends on where you are going to do most of your facilitation - in the taking of inputs or in the presentation of the follow-on slides with the team skills.

Take inputs from each table. To limit time, take only 1 input from each table for each question.

One Technique: Compare and contrast (other techniques available)

- **Leader** – Things the Leader should do; **Team** – Things the leader should not do.
- **Team** – Things the team should do; **Leader** – Things the team should not do.
- **Leader** – Most important thing the team must do; **Team** – Most important thing the leader must do.

Be provocative, encourage discussion and try to play one group against the other or relate it back to site assessment. This is our opportunity to bring out the underlying issues within an organization's teams.

See Team skills Facilitation word document for advanced facilitation.

Give the groups plenty of time to discuss their issues, but don't let it drag. Be assertive in guiding the discussion.

If able, point out whether a leader or team member, the skills are very similar and complementary.

Sample Transition: *You've made some tremendous observations, ...How do your expectations compare with what team experts say is necessary for an effective team to be created ? ...<click>*



How do your expectations compare with what the experts say is necessary ?

Main Point(s):

1. Transition slide - transition from team exercise to textbook team skills acquired from researchers who observed effective teams and compared their team member and leader actions with ineffective teams.

Time: 15 seconds

Sample “script”/Facilitation:

Professional team experts have spent years researching and determining what skills are necessary to create effective teams.

They primarily did this by comparing the specific actions of teams that had positive outcomes, with the specific actions of teams that had less than favorable outcomes.

Sample Transition: *Compare this list with what you came up with and you'll see they are very similar ...*
<click>

Use Interpersonal Skills LifeWINGS

- Introduce yourself
- Make eye contact when communicating
- Learn and use names
- Be Respectful



Main Point(s):

- 1. Simple acts of interpersonal skills open the lines of communication, show respect, and give you the information you need to get someone's attention in a critical situation - their name!**

Time: 1 minute

Use inter-personal skills - opens the lines of communication.

Sample “script”/Facilitation:

Introduce yourself - make basic introductions. Immediately this begins to open the lines of communication and you appear approachable, shows respect and begins to establish accountability. If you think you know everyone's name, try it some day when there's an extra resident, extra fellow, student med tech, agency nurse, etc.

Make eye contact (where able - can't do that on the phone). If there is no eye contact, you are missing 50% of the meaning of the message (won't see body language).

Learn names - to whom are you communicating?

Typical example: The surgeon says to the room at large “I'm going to need a step”, and either multiple people respond to get the step or no one does! Inefficient communication.

Use names opens lines of communication - show's respect and makes individual comfortable communicating with you.

You'll also see later on that knowing names is a must to get someone's attention in a critical situation. Engages individuals to actively listen.

Creating this interpersonal bond is the beginning of generating the synergy that makes the team more than the collective abilities of the individuals. Most significantly, these interpersonal skills begin to open the lines of communication.

Sample Transition: *The next skill matches the need you identified...<click>*

Ensure Participation From the Team

LifeWINGS

- Safety Statement explicitly tasks team
 - “If any concerns, I expect you to speak up”
- Ask questions to verify understanding
 - “What questions do you have?”



Main Point(s):

Invite participation to open the lines of communication by:

1. **Explicitly (verbally) telling them that you expect them to speak up.**
2. **Asking “What questions do you have?”**

Time: 1 minute

Sample “script”/Facilitation:

...the need you identified for team members to speak up, ask the leader questions, etc. What can the leader do that would ensure all team members are aware that the leader wants/encourages this and in fact, expects it – it is part of your responsibilities as a team member?

Explicitly task Team members to provide information, express their concerns, and speak up when necessary – this would sound like “If you have any concerns, I expect you to speak up.”

If team members are going to bring concerns / questions forward, they have to be actively and directly invited by the leader to participate

Is it really necessary to do this? Everybody knows you're a nice person. Won't they speak up anyway? Probably not.

Why not? Learned behavior from past experiences, suffered the ire of a team leader that was determined to do it his way.

What happens the first time a team member provides input and that input is ignored, purposely brushed aside, belittled or responded to with anger / sarcasm? (Probably the last time input will be made by them)

If you ask for input and mean it, questions asked by the team are a good way to verify their understanding.

Also, Encourage the Team to ask questions to verify their understanding.


If team members are comfortable asking questions, they will be more likely to do so when/if things look like they are going wrong.

Leaders should use the wording of “What questions do you have?”

Sample Transition: *You may be used to hearing “Do you have any questions?” but notice the wording identified here “What questions do you have?”<click>*

Ask Questions to Begin Two-Way Communication & Check Understanding LifeWINGS

- Set up “pattern of response”
- Ask questions that require more than “Yes” or “No” response
- Instills accountability



Main Point(s): Use open ended questions to open the lines of communication & verify Shared Mental Model understanding:

1. Establishes a pattern of response or a verbal “volleyball” back and forth so individuals are comfortable speaking to you!
2. Leader asks team members questions that require more than a yes or no answer.
3. Establishes personal responsibility/accountability when they have to provide answers that are more than yes/no.
4. Shows that leader values inputs beyond yes and no - team members more apt to speak up in the future with concerns and provide solutions.

Time: 1 minute

Sample “script”/Facilitation:

.... *This format of asking questions requiring more than a yes or no, significantly promotes open lines of communication by setting up a pattern of response which leads to 2-way communication. The individual becomes comfortable having or even initiating a conversation with the leader.*

Designed to start the communication flow before the flow becomes critical.

If you've never really spoken with an individual before (especially if they are in charge) how well will you communicate with them if a problem is developing, if there is “bad news?” Not well, if you even communicate with them at all!

In social situations this we commonly call this “breaking the ice” right? We're trying to break down the enormous chasm called silence in order to facilitate the unfettered flow of information among team members.

To set up a pattern of response, ask team members for information they should know - ask questions that require more than a YES or NO response and do not settle for a yes or no answer.

YES and NO responses reveal very little. If you ask a team member to describe a particular procedure, you will ultimately know much more about what THEY know than if you simply just ask if they understand.

For example, if you ask “Do you have the lab report?”, what are the two possible (logical) answers? Yes or No. How much does that really reveal? If instead you direct them with “Brief me on the lab report.” or ask “What are the glucose and HGB levels?...What does that tell us about the patient?... Etc.” Now you get the team member really talking and you can gain knowledge about their capabilities. They also get more comfortable with critical thinking; becoming an even more valuable team member.

Get individuals saying more than yes or no, and asking them for inputs beyond yes and no, will instill accountability as team members realize they are an active / viable member of team, leader values and expects their inputs.

Team members know you are going to hold them accountable for certain information. Do this early on, so the first time you are seeking information from a team member is not during a critical event.”

Sample Transition: *What about skills to create a shared mental model....<click>*

Brief to Create Shared Mental Model

LifeWINGS

- Outline situation / shift / procedure
 - Introduce team members & specify duties
 - Critical points & targets
 - Anticipated outcomes

- Discuss:
 - Complications / Issues
 - Contingencies
 - Concerns



Main Point(s):

- 1. To establish Shared Mental Model brief with your team before an event, shift or procedure so all team members have the same picture / expectation of what is going to happen and what to expect - shared mental model.**

- 2. Include in the briefing: introduction of names & roles, critical points/targets, anticipated outcomes, likely complications, contingency plans for those complications, concerns, etc.**

Time: 1 minute

Sample “script”/Facilitation:

...What about skills to create a shared mental model...Many of you said the leader needs to share and the team members need to know the goal, big picture, delegated roles, etc.

Clearly providing / understanding the big picture in a “Brief”

Take the time necessary to ensure a shared mental model exists between team members - where the entire team is singing from the same sheet of music, that may take 30 seconds, or up to several minutes depending upon the complexity of the case. If the case is that complex, isn't it even more important that everyone has a clear understanding of the goals, their role, etc.?

Providing the big picture is probably the most important thing the Team Leader can do. This is your opportunity as a leader to focus your team as necessary to best support you as you strive to provide the best possible patient care.

You cannot afford NOT to take the time to do this. We know what happens when we assume team knows what your plan is, needs are, concerns are, etc. “Slower is Faster” Time invested results in better performance and greater efficiencies.

Remember to include the patient / family where you can - they're important - include them so they can be more effective / prepared / able to speak up / contribute appropriately.

•Outline the procedure / situation

Who's on the team, specify duties (Don't just assume all know their respective duties), what is procedure, expectations, etc.

•Discuss critical points

If you need to shift emphasis at a certain point in the procedure, where are the transition points... e.g., when can I transition from stopping the bleeding to getting the patient a bed?

•Anticipated outcome

How about talking about the outcome expected and how long you expect that to take? What do you expect of the patient following the procedure? Will we put him/her in the ICU, or will we send them home?

•Plan / discuss complications, contingencies, and concerns

What is the most likely thing that can go wrong? Are we prepared for that? Do I know what is expected of me if that happens?

Research show that teams that plan for 1 or 2 of most likely thing that might go wrong, they perform well to any undesirable event, even if not the one they contingency planned for. First, they know are looking for problems and expect them, and they generally know how to react, based on initial plan briefed, no matter the actual problem that occurs.

Significant positive paradigm shift occurs when teams anticipating that a problem can occur and how might handle, rather than assume all will go perfectly and then are shocked by unplanned event, often to the point they don't identify early and/or react well.

What are the concerns? - all team member need to bring concerns / questions forward. This focuses your team's attention to where they should consistently be cross-checking or backing you up (being your second set of eyes) throughout the shift/ procedure/event.

Can relate back to Capt. Sully “Miracle on the Hudson” – he briefed2 contingencies before the takeoff – what they'd do if bird strike and what to do if lost an engine. What happened? Major bird strike and lost 2 engines. Team was prepared for worst case situation.

Sample Transition: *Another key to creating a shared mental model....<click>*

Standardize Team Processes LifeWINGS

- Establish and follow standard roles & processes
- Embed Best Practice
- Train to standards

AAG Pre-OP Checklist

Case/Procedure Identifiers
 Contact Precautions
 NPO
 Consent - Surgical & Anesthesia
 Anticoagulants
 Pre-Op Procedure (Block/CVL/A-Line)
 Blood sugar/Labs/UPT
 Blood Product Status
 Allergies/ABx
 Meds Given
 IV access
 Miscellaneous (PONV/Aspiration/Devices)
 Concerns/Questions
 Remember 3M'S

Version 1.0 Dr. Lallos

Choose which slide/ standardized process you want to show or put in your own.

Main Point(s):

1. Standardization establishes a shared mental model of expectations of processes, roles, duties and communication, Embeds Best Practices, and provides basis for standardization in training.
2. It makes you predictable, more comfortable to communicate with and more reliable - you know what is expected of you. All of this equates to virtual roster stability.
3. This is a key to making team members “plug and play” - creating a highly reliable team, repeatedly, no matter who is on the team.

Time: 1 minute

Sample “script”/Facilitation:

Is standardizing team processes. There are a lot of good reasons to perform tasks or communicate in a standard manner.

There is a direct relationship between the level of standardization and the level of effective communications among the crew and team. We have already looked at the benefits of standardized communication in the last block. We are now talking about standardizing other processes / tasks.

The more standard you are, the more predictable you are, and the easier it is to create a shared mental model of expectations - what is expected of you and what you can expect of others.

The less standard you are, the more confusion and stress you will cause.

To reduce the chance of accident and incident when you are working with someone for the first time, or working with someone for the 100th time (complacency), you must communicate well and perform the same expected actions. How? By establishing standards, training to standards and holding each other accountable to standards.

- *Creates highly reliable teams, no matter who is on that day or event, and begins to establish a broad shared mental model.*
- *Team members are predictable and know expectations.*
- *Improves communication between team members.*
- *Decreases stress, confusion, delays, etc.*

Caution: You may push a hot button with some providers which can be captured in the phrase **“Cookbook Medicine.”** This is anathema to them. One successful technique *“To be clear, I'm talking about standardizing of the non-variable elements of the case or procedure so that you can devote your cognitive energies to the elements that are variable and require close attention. You have many examples of this already in healthcare, such as preference cards, standard order sets, etc. Why not apply the same principles to forming your teams, communication formats, handoffs, room and procedure setups, etc.?”*

Standard processes will not negate the need for a team briefing – each patient/event/leader is going to have some differences to discuss, but standardized process will provide a basis to start from, and ultimately reduce the time necessary for those briefings.

Sample Transition: *Based on your inputs from the exercise and how well they align with the textbook skills, we all can agree these skills are necessary to create an effective team.....<click>*

....<click>



How can you ensure that all team members, no matter who they are, will use these skills in the clinical setting?

Main Point(s):

1. **Transition / Facilitation Question: How to get everyone to use these skills - Introduction to why they should brief as a team using a standard checklist.**

Time: 30 seconds

Sample “script”/Facilitation:

Based on your inputs from the exercise and how well they align with the textbook skills, we all can agree these skills are necessary to create an effective team.


How can we be sure that all team members, no matter their experience level or personality, will use these skills in the clinical setting?

Sample Transition: *How can we truly make these skills repeatable and reliable for the good of the patient? ...<click>*

Implement a Briefing Conducted With a Checklist LifeWINGS

Why? Better Performance and Care

- Kaiser Permanente reported 50% cut in unexpected delays, RN turnover from 19% to zero, elimination of wrong surgeries *(Defontes, 2004)*
- "...effective tool in promoting teamwork among surgery staff members..." *(Makary et al, 2007)*
- Interprofessional checklist briefings reduced the number of communication failures and promoted proactive and collaborative team communication *(Lingard et al, 2008)*



Main Point(s):

1. To ensure these team skills are used in the clinical setting no matter who we are working with (reliable & repeatable), units can implement a Brief (before procedure, shift or event) with a checklist - hardwires the skills.
2. This "prescription" is evidence based - recent studies show Briefs with checklist improve performance and patient care.

Time: 30 seconds to 1 minute

Facilitators - in this slide you are bridging the gap of how to take these skills identified in the academic classroom to real usefulness - reliable & repeatable, in the clinical setting - you are creating buy-in so later on when the unit builds a standard Brief / report / shift team report team briefing checklist in the skills workshop and then implements it, individuals understand why they are being asked to use it and will therefore be more likely to do it!

Note - you do not need to address each study separately - you may want to point out the stats in the first one from Kaiser Permanente, but the research bullets are just up there to support your statements - if you get questions, you have the research to refer to on the spot, it is also printed in their books.

Remember - all audiences are not OR's - Brief for them may be a shift team report, or an ED incoming trauma briefing, patient transfer event, etc.

Sample "script"/Facilitation:

How can we ensure that all team members will do these things, no matter who they are or what their personality is? <click>

Hardwire them into the system - implement a pre-procedure Briefing following a checklist where team members are required to do these skills we all agreed are necessary.

This simple innovation incorporates standardization and the team skills you all just identified to open the lines of communication and develop a shared mental model. <click>

Why Brief with a checklist? - it ensures it is done correctly every time which results in better performance and care, as found by recent research.

Sample Transition: *What might a customized briefing checklist look like....<click>*

Implement a Briefing Conducted With a Checklist

23.6% Overall Adverse Events rate reduced to:

- 15.9% with only Team Training
- 8.2% with Team Training + Checklist Use

Bliss, et al
J Am Coll Surg
6 December 2012

Main Point(s):

1. To ensure these team skills are used in the clinical setting no matter who we are working with (reliable & repeatable), units can implement a Brief (before procedure, shift or event) with a checklist - hardwires the skills.
2. This “prescription” is evidence based - recent studies show Briefs with checklist improve performance and patient care.

Time: 30 seconds

More recent study you may want to use to replace another study on previous slide or show only this study on this slide.

Facilitators - in this slide you are bridging the gap of how to take these skills identified in the academic classroom to real usefulness - reliable & repeatable, in the clinical setting - you are creating buy-in so later on when the unit builds a standard Brief / report / shift team report team briefing checklist in the skills workshop and then implements it, individuals understand why they are being asked to use it and will therefore be more likely to do it!

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This simple innovation incorporates standardization and the team skills you all just identified to open the lines of communication and develop a shared mental model. <click>

Why Brief with a checklist? - it ensures it is done correctly every time which results in better performance and care, as found by recent research.

Sample Transition: *What might a customized briefing checklist look like....<click>*

Study: Statistically significant reduction in overall adverse event rates from 23.60% [to] 15.90% in cases with only team training, [and] 8.20% in cases with checklist use.

Background

Thirty-day postoperative complications from unintended harm adversely affect patients and their families and increase institutional health care costs. A surgical checklist is an inexpensive tool that will facilitate effective communication and teamwork. Surgical team training has demonstrated the opportunity for stakeholders to professionally engage one another through leveling of the authority gradient to prevent patient harm. The American College of Surgeons National Surgical Quality Improvement Program database is an outcomes reporting tool capable of validating the use of surgical checklists.

Study Design

Three 60-minute team training sessions were conducted and participants were oriented to the use of a comprehensive surgical checklist. The surgical team used the checklist for high-risk procedures selected from those analyzed for the American College of Surgeons National Surgical Quality Improvement Program. Trained observers assessed the checklist completion and collected data about perioperative communication and safety-compromising events.

Results

Data from the American College of Surgeons National Surgical Quality Improvement Program were compared for 2,079 historical control cases, 246 cases without checklist use, and 73 cases with checklist use. Overall completion of the checklist sections was 97.26%. Comparison of 30-day morbidity demonstrated a statistically significant (p = 0.000) reduction in overall adverse event rates from 23.60% for historical control cases and 15.90% in cases with only team training, to 8.20% in cases with checklist use.

Conclusions

Use of a comprehensive surgical safety checklist and implementation of a structured team training curriculum produced a statistically significant decrease in 30-day morbidity. Adoption of a comprehensive checklist is feasible with team training intervention and can produce measurable improvements in patient outcomes.

Surgical Safety Checklist		
Sign In Led by Anesthesia, w/Circ, Scrub, Pt Team Verification - Identity / Consent - Site / Procedure - Arm Bands Anesthesia - Airway / Allergies - Blood / Concerns Circulator / Scrub - DVT - Implants / Rep - Special Concerns Move Pt to Table	Time Out Led by Surgeon / Team Ready Introductions Team Verification - Pt ID / Procedure - Visualize Site Marking Surgeon Plan/Needs - Implants / Imaging / Insts Anesthesia Review - ABX / Allergies - Blood / Concerns Circulator Review - Position / Fire Scrub Review - Medications * Any Concerns Surgeon: "If anyone has a concern or sees anything that is not in the patient's best interest, I expect you to speak up. Is everyone ready?"	Closing "I am closing" Team Verification - Surgical Counts TEAM Sign Out Led by Surgeon before leaving Verify - Procedure - Wound Class - Specimen / Drains - Post Op Team Debrief - Safety Report *Op Notes & Post Op orders done prior to leaving the OR

Version 1

Choose which slide/Briefing Checklist you want to show relevant for your audience.

Main Point(s):

1. This is the Piedmont Surgical Safety Checklist.
2. Show your hospital's own effective briefing checklist if able.

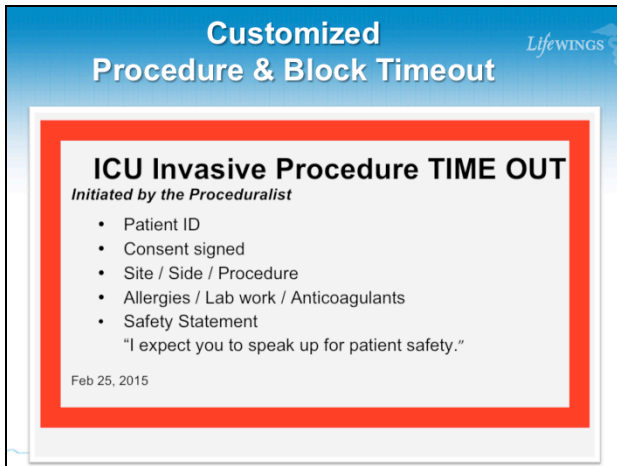
Time: 30 seconds

Sample "script"/Facilitation:

...here is a the Surgical Safety Checklist utilized in the Main OR. Based on the differences in procedures in the Cath and EP labs, this can be modified to better suit those environments.

Note: Very Briefly discuss how each section of the checklist is conducted.

Sample Transition: *Let's watch a video of a team briefing with a similar checklist. Look for the team skills and evaluate how well they create a team.....<click>*



Choose which slide/Briefing Checklist you want to show relevant for your audience.

Main Point(s):

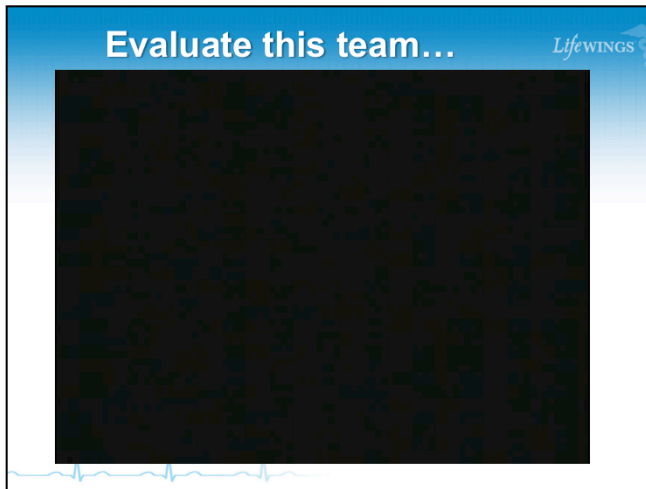
1. Show the Time Out as modified for use in Pre-Op and the ICU.
2. For shorter procedures such as a block or line insertion, the entire Surgical Safety Checklist can be modified to better fit the needs of the team..

Time: 30 seconds

Sample “script”/Facilitation:

Another option of a customized Time Out, this one developed for the ICU for shorter procedures conducted there.

Sample Transition: *Let’s watch a video of a team briefing with a similar checklist. Look for the team skills and evaluate how well they create a team.....<click>*



- Main Point(s): Vanderbilt Cath Lab**
- 1. Always introduce a video with: What they will see (short setup of situation) and what to look for.**
 - 2. Have class watch and identify what team skills have been hardwired into the Brief.**
 - 3. Practice Debrief questions when facilitating the video: What went well? What can be improved?**
 - 4. Gain buy-in that a Brief similar to this would likely be a useful Tool in their unit. Choose which timeout/briefing most relevant.**

Time: 2 - 3 minutes

Determine which briefing video best suits your audience. Also asks project lead if they have a preference or if the hospital has their own video to show.

Sample “script”/Facilitation:

This is their training video of their time-out and pre-procedure briefing.

Watch the video and look for the specific team skills that have been hardwired into their Brief...<click> play video

When video is done debrief the video on next slide.

Sample Transition: *Let’s debrief the video<click>*

What do you think?

- What went well?
- What can be improved?
- Which skills did they hardwire?



Main Point(s):

1. Debrief the videos using questions “What went well?” and “What can be improved?”
2. Facilitate from participants which specific team skills were used during this briefing.

Time: 2 minutes

Facilitate Discussion using questions on the slide

Sample “script”/Facilitation:

What went well?

What can be improved?

Which team skills did you see this team employing?

Depending on which video you choose to show, may want to highlight additional points – some ideas below(list is not all inclusive) :

- **Who's in charge?**
- **What effect does this briefing have on leader's authority? (Diminish or strengthen?)**
- **Does this team briefing encourage mutual support? Accountability? How?**
- **What information is extraneous or unnecessary?**
- **Are Team members likely to speak up? Why?**
- **What ensures all teams brief in this same manner? (Checklist on the wall).**

Take their inputs.

Sample Transition: *When might a similar team briefing be beneficial in your unit...<click>*



Main Point(s):

1. Ask specifically “What questions do you have...”
2. Take questions.

Time: 15 seconds, or more, depending on questions.

Sample “script”/Facilitation:

What questions do you have about creating an effective team?

Answer any questions the class might have....<click>



Take a Break!

Main Point(s):

- 1. Release attendees for a five minute break and be sure to tell them what time they need to be back.**

...Take a break for 5 minutes. Remember our contract and please be back by ____.