Welcome Back!

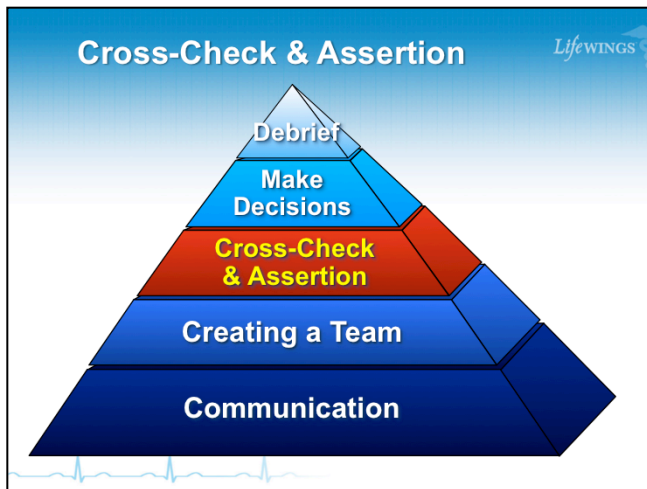**Main Point(s):**

1. Welcome the class back from the break.

2. Regain their attention. Depending on the crowd, this make take some considerable effort and raising of your voice! Take Charge!

Welcome back from your break… **<click>**

Main Point(s):

1. Briefly introduce "Cross-Check & Assertion."

Module time: 50 minutes

Facilitators objective:

When student completes the module they will:

• **Understand need for team members to conduct "Cross-Check & Assertion."**

• **Define the terms Cross-Check and Assertion.**

• **Know the four parts of the Cross-Check & Assertion process: Monitor (Cross-Check It), Recognize Warning Sign (See It), Communicate (Say It) and Resolve the Concern (Fix it).**

• **Be able to Identify a Red Flag – Familiar with 9 Red Flags.**

• **Understand need to act when recognize just one Red Flag – don't wait to see multiple Red Flags.**

• **Know how to appropriately communicate a red flag - how to Say it depending on criticality and time. (escalation process).**

• **Know how to make an effective assertive statement using all four parts, in order.**

• **Become familiar with some additional customized "Cross-Check & Assertion" Tools.**

Slide Time: 30 seconds

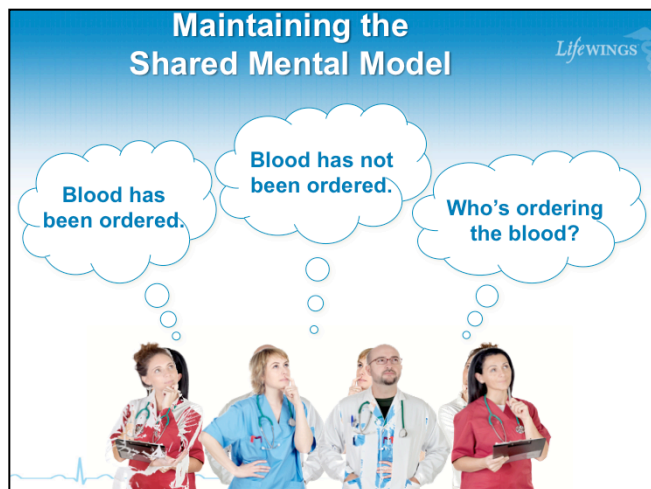**Sample "script"/Facilitation:**

Effective team formation and communication techniques set a solid foundation for safe and reliable care, but do not guarantee all will go perfectly once the activity begins (shift, procedure, etc.) - the situation can change – we are after all working in a dynamic environment and with humans.

With a solid briefing or report, we'll know better where to focus our attention most when looking for potential problems.

With established open lines of communication, we're all comfortable speaking up about those potential problems; with our communication techniques we can effectively speak up to ensure the problem is addressed.

To continue functioning at our highest performance level as a team, we'll need to identify potential problems through cross-checking, and then communicate that critical information in a timely and predictable manner.

Sample Transition: *If 4 different individuals are involved in a situation….<click>*

Maintaining the Shared Mental Model

Blood has been ordered.

Blood has not been ordered.

Who's ordering the blood?

Choose which slide/scenario you are going to use.

Main Point(s):

1. **Example of diverse mental models developing. Example of how team shared mental model can deviate once event (shift, procedure, etc.) starts.**

Only show one example – Choose relevant situation for your audience. Hide all other similar slides.

Multiple examples to choose from or you can create your own.

Time: 30 seconds

Sample "script"/Facilitation:
If 4 different individuals are involved in a situation, how many different views or mental models of that situation might there be? **Take responses.**

Yes, four – or however many individuals are involved. Instead of this, how do we keep everyone on a shared mental model.....

Sample Transition: ….*through the vital process of Cross-Checking & Assertion***…<click>**

Cross-Check & Assertion

*Life*WINGS

| Team members actively monitor situation for potential problems and concerns | Team members speak up with questions & concerns, and persist until there is a clear resolution |

Main Point(s): Define Cross-Check & Assertion

1. **Cross-check – not a self "Double Check" which is flawed – rather another source, the other team members, actively look throughout the event for potential problems developing.**

2. **Assertion – bringing concerns to leader, in persistent, but respectful/professional, manner until problem is safely addressed. Assertion addresses the problem and solution – it's about what's right, not who. This is NOT aggression, which focuses on who's right or wrong.**

Time: 30 seconds

Sample "script"/Facilitation:

*…Cross-Check & Assertion. Let's define each part of this process.*

•*Cross-Check - I have thrown this term around quite a few times today already. What does it mean to Cross-Check? Can anyone give me an example of where you do this already?* **(Take responses, examples - Nurses checking med calculations or blood products)**

The official definition is verification though another source or individual.

•*That's correct, Cross-Checking is the simple of act of more than one individual confirming / verifying data / situation. It is beyond a "Double-check" which is an individual re-checking their own work. Now we're expanding it to include another person because item is so critical. In a broader sense, TeamSTEPPS,* **…<click>** *requires team members actively monitor the situation for potential problems and concern, whether or not your specific area of responsibility.*

•*Just identifying these potential problems isn't enough - they have to be communicated effectively to the team / leader and then addressed. This is Assertion* **…<click>** *- Team members speak up with questions & concerns and persist until there is a clear resolution. They persist respectively but The focus here is What's right for the patient, not Who's right.*

•**Sample Transition:** *We are going to break this process down even further into some simple steps…. …<click>*
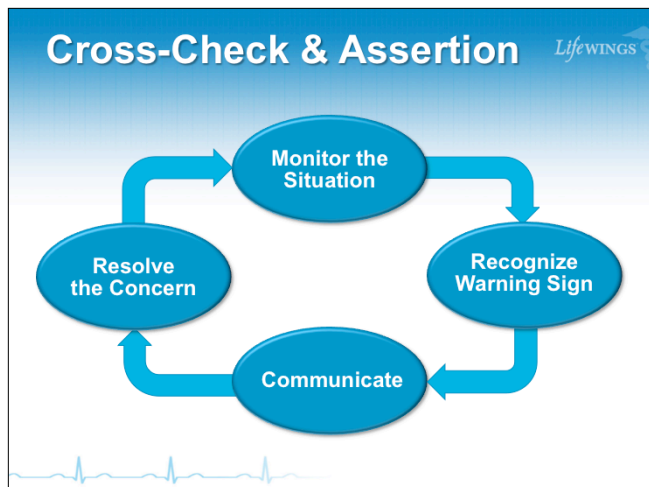
Main Point(s):

1. This is a pictorial definition of "Cross-Check and Assertion" - very brief introduction of steps - each will be covered in detail in remaining blocks/slides.
2. Team skills are necessary for this to work: SMM of expectations & open lines of communication.
3. Communication skills like precise, concise, standardized and acknowledgment are built into the process.
4. This is a continuous cycle – to ensure someone continues to speak up, response should always include a "Thank you" or "Good Catch."

Time: 30 seconds

Sample "script"/Facilitation:

…Cross-Check and Assertion process.

First step is to **<click>,** *monitor the situation for potential problems* **<click>,** *recognize adverse situations* *<click>* *communicate it with precise and standardized communication,* **<click>** *and, acknowledge with decision to resolve the problem.*

If an individual speaks up to you using this process, how can you be sure they will continue to do so in the future? What can you say to them for positive reinforcement? That's correct - *respond with a simple* *"thank you" or "Good Catch" to ensure this process is a continuous cycle.*

We are going to look at each step in more detail.

As we do, I would like you to keep in mind how the team skills that create open lines of communication and shared mental model of expectations lay the foundation for the success of this process, as well as the communication skills of being precise, concise, timely, standard, and requiring acknowledgment with feedback. Without those skills, this process will fail. With these skills, this process is proven to work.

Sample Transition: *It is important to understand that "cross-check and assertion" is* not*….<click>*

Cross-Check & Assertion is Not… *Life*WINGS

Doing someone else's job

A critique of your skills

Usurping the leader's authority

Main Point(s):

1. **The purpose of this slide is to** <u>allay the fears</u> **that these techniques are designed to have team members personally attack/confront & point blame, or even take over authority and responsibility of the leader.**

2. **Indeed, they are designed to reinforce the authority of the team lead by making them more informed of potential problems.**

Time: 30 seconds

Sample "script"/Facilitation:

Cross-Check and Assertion is NOT …

We need to emphasize that these are the reasons that most of us are reticent / reluctant to cross-check and speak up.

…<u>Doing someone else's job</u>

Once we get information to them, let them do their job (using their own techniques as protocol allows) to fix it.

…it is not <u>A critique of your skills</u>

The focus is communicating potential problems, <u>what </u>needs to be fixed, not to point out what someone is doing wrong, <u>who </u>needs to be blamed – focus is all for the benefit of the patient, not for pointing fingers at each other to lay blame. Information should be passed professionally and objectively, with no ridicule or blame involved.

…it is not <u>Usurping team leads authority</u>

The team leader is still the leader and in fact, if team members are backing each other up and speaking up appropriately, the leader's authority is actually strengthened because they now have all available information to make the best decision possible for the interest of the patient.

Technique: Great opportunity to use a / your story to demo this. Example: Two LifeWings instructors observing ED - nurse is just outside room filling out paperwork, LWP observers notice an accident victim has awoken and is ripping his numerous lines out - LWP observers look at each other - "that's not right, is it?"(use humor) They point it out to the nurse who rushes to the pt's side, subdues pt and replaces lines. LWP high five each other for "saving the pt!" (again, humor) But point out that clearly LWP observers weren't doing any of the above bullets. Their only goal was to inform the nurse of something she wasn't aware of and keep the pt from experiencing more harm.

Sample Transition: *Let's watch a short clip of an Intern conducting "Cross-Check & Assertion" with a resident***…<click>**

Cross-Check & Assertion in Action *Life*WINGS

Optional Slide/Video – do not have to show, especially if short on time.

Main Point(s):

1. Always introduce video with: What they will see (short setup of situation) and what to look for.
2. Short clip to reinforce previous slide - not a critique, doing someone's job or usurping authority.
3. If use – practice Debrief questions when facilitating the video: What went well? What can be improved
4. Create buy-in - appears to be fairly simple act with no hostility.

Time: 1 minute

Sample "script"/Facilitation:

Let's watch a short clip of an Intern conducting "Cross-Check & Assertion" with a resident and notice if any of the "NOTS" (taking over someone's job, critiquing, or usurping authority) are present.

Was there any critiquing, taking over someone's job or usurping of authority? **(take responses – answer is No).**

What did the resident say to the intern to ensure he continues to speak up in the future?

Sample Transition: *The "Cross-Check and Assertion" steps can be simplified into these terms……***<click>**

Cross-Check & Assertion
"See It. Say It. Fix It."

Cross-Check · See It · Say It · Fix It
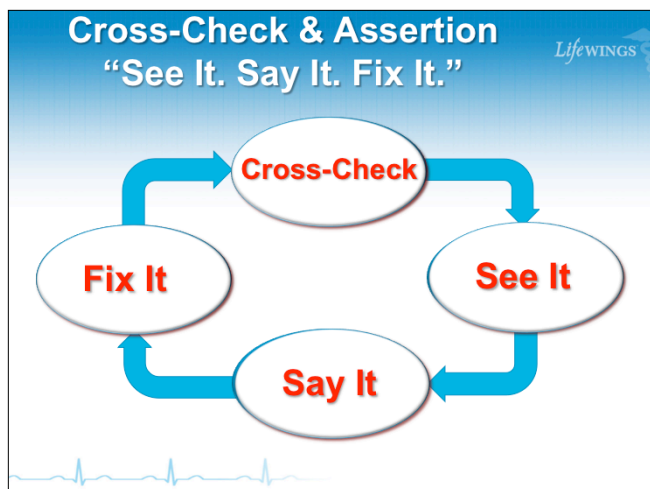
Choose which Slide – use this slide or next one.
Main Point(s):
1. **Simplified TeamSTEPPS terms – easy to remember.**
2. **This process is the heart of TeamSTEPPS to catch and mitigate a possible error at the point is about to occur.**
3. **Majority of remaining class time will focus on desired behaviors for each step – focus is on the "how."**

Time: 30 seconds

Simply replaced original verbiage for the cycle from "Monitor Situation, Recognize Warning Sign, Communicate, and Resolve Concern." to "Cross-Check, See It, Say It, Fix it."

Sample "script"/Facilitation:

…Cross,-Check, See It, Say It, Fix it.

This "Cross-Check and Assertion" process is the heart of TeamSTEPPS to catch and mitigate a possible error at the time it is about to occur – what we call the "pointy" or "sharp" end of a mishap.

Sample Transition: *Therefore, we'll spend the rest of the class looking at each of these steps closely and how to do each well…* **<click>**
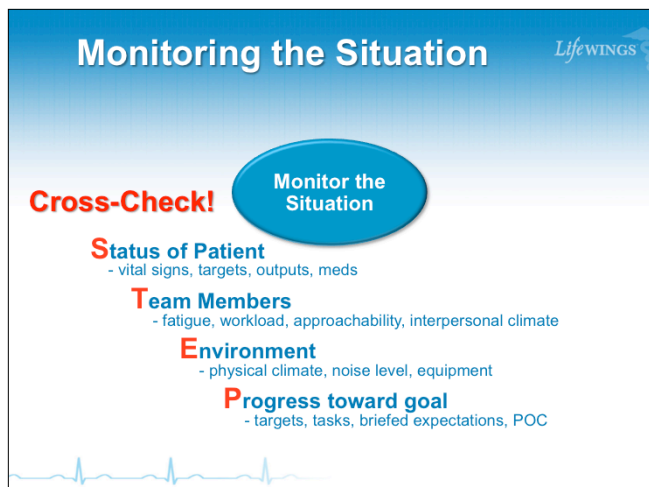
Main Point(s):

1. Break down "Monitor Situation" to help participants determine what they should monitor when scanning their surroundings.

Time: 1 minute

Sample "script"/Facilitation:

….The "Cross-check and Assertion" process is the heart of TeamSTEPPS; therefore, we are going to examine each step closely to break down exactly what is required to do it well.

First step, monitor the situation which simply means every so often pull your head up out of your <u>task</u>, and make it a point to re-assess your situational awareness.

What specifically can you cross-check? One technique is to follow **<click>** *"STEP"*
- ***S**tatus of Patient - vital signs, targets, outputs, meds - Monitor the critical items/targets, such as patient vitals or specific items identified in the time-out briefing*
- ***T**eam Members - fatigue, workload, tasks, experience level, are they approachable?*
- ***E**nvironment - unit situation, noise level, equipment examples: "puddle on floor" under IV, unplugged cord, fall dangers such as cords, temperature, noise, etc.*
- ***P**rogress toward goal - targets, briefed expectations, plan of care – to cross-check this must know the goal(s), this is why it is critical that teams brief expectations - what should or might happen, you have to have a baseline to compare the current situation to. Compare "what is" with "what is expected" from experience and Prebriefed picture / shared mental model.*

Just like in aviation where a pilot develops a routine instrument cross-check, healthcare team members should develop their own routine pattern of a cross-check depending on which unit you work in. Is there anyone here that has developed such a cross-check, can you describe it? **(expect technicians or anesthesiologistslikely be the ones to respond)** *Can those cross-checks be standardized and trained to give all experience levels of different positions a baseline pattern to start with?*

Leaders - In your pre-brief, Brief your team on specific items you want cross-checked based on situation, patient's condition.

Sample Transition: *As you are monitoring …***<click>**

Main Point(s):

1. **Participants must know what a developing adverse situation may look, sound and feel like so you can quickly recognize them without hesitation. Skill we will help them develop.**

2. **There are both clinical and Teamwork warning signs.**

Time: 30 seconds

Sample "script"/Facilitation:

….Recognize the warning signs when Adverse Situation developing.

- *This is the "SEE IT" step – You've got to know what a developing adverse situation may look, sound and feel like so you can quickly recognize them without hesitation. This is a skill that we are going to help you develop.*

- *There are both clinical warning signs and Teamwork warning signs. Can anyone give me an example where you already have defined warning signs for a clinical condition? (Deep Vein Thrombosis, Pre-eclampsia, Heart attack, stroke, appendicitis, sepsis, etc.)…*

Sample Transition: *Research shows that mishaps do not just have one***…<click>**

Warning Signs in Healthcare *Life WINGS*

4-9 human factors in every
"never event."

Thiels, et. al., 2015

Main Point(s):

1. **Mishaps don't just have one cause/error – cascading errors or issues develop, meaning opportunities available to stop the mishap, if we know what to look for.**

2. **Research shows a minimum of 4 human factors precede "never events."**

3. **Common human factors can be translated into warning signs.**

Time: 30 seconds

Sample "script"/Facilitation:

…error or warning sign preceding a mishap - there are often multiple or "cascading" errors or undesirable/ contributing factors, often referred to as an error chain or the "Swiss Cheese" model where the holes line up. Like a snowball gaining speed down a mountain, the adverse situation grows in complexity and danger.

Recent research at the Mayo Clinic in early 2015 showed there were 4-9 common human factors preceding every procedural/surgical "never" events – events that never should have happened, preventable events. 4 was the minimum number found in every mishap they studied. 2/3 of the mishaps occurred in minor events.
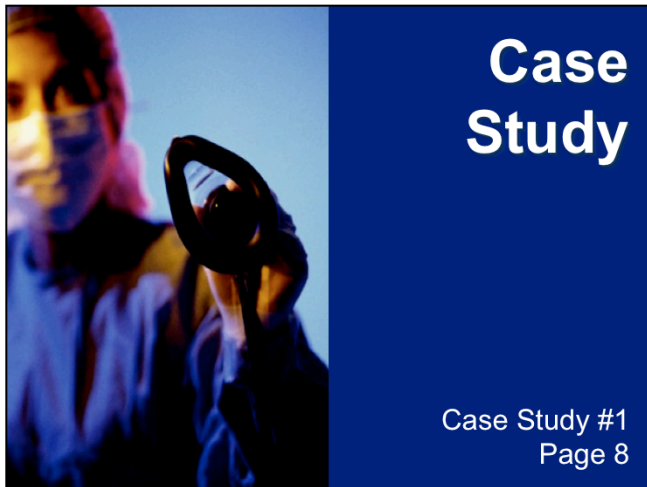
These numbers are the same we see in aviation.

The good news is these human factors can be translated into warning signs, so we can train to immediately recognize them as they are happening to us, and be able to break that error chain or stop that snowball, and prevent the mishap. We'll take a look at those 9 warning signs shortly.

Sample Transition: *First, let's look at a healthcare situation…*<click>

For more information on 2015 Mayo Study: See study in courseware folder. Also see links below.

http://newsnetwork.mayoclinic.org/discussion/how-does-human-behavior-lead-to-surgical-errors-mayo-clinic-researchers-count-the-ways/

Abstract **http://dx.doi.org/10.1016/j.surg.2015.03.053**

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Case Study

Case Study #1
Page 8

Main Point(s):
1. Participants read case study individually. As they read, they checkmark anything that makes them uncomfortable or perceive may be a warning sign.
2. Choose relevant case study from those located in the course book's appendix. Put the page # of the case study on the slide.
3. The organization may decide to use their own case study. In that case, they will have to print a handout for this exercise. In that case, be sure to replace the case study and page # with "handout."

Time: 4 minutes

Sample "script"/Facilitation:

I'd like you read a case study. As you read, put a check mark next to anything that makes you feel uncomfortable or makes the hair on the back of your next stand up. It is important that you mark them <u>as</u> you read, not after you have finished reading the whole case study. When you are finished, go back and count the total number of checks you have marked. Any questions? Turn to page _____ and begin reading case _____, **(Assign the case study based on which department in attendance, but be familiar with that case study & what red flags are in it! Make sure you can find enough examples to demonstrate the red flags!)**

Don't assign the case study or direct them to a page number until you have explained what they are suppose to do.

To determine when the class has read through the case study, watch for when most are looking up (some read quickly and others do not - give them enough time to actually do what you asked!) and then ask the overall class or a specific individual:

How many checks do you have? Anyone have more? Did everyone find at least 4 warning signs? What you have identified are the warning signs that were present prior to the adverse event. Warning signs, that if properly identified and acted upon when first present could have prevented the adverse outcome.

Sample Transition: *In aviation and now healthcare, we refer to these warning signs as Red Flags....<click>*

Red Flag

A warning sign to tell you that an adverse situation may be developing

Prepares team members to take action to prevent an unwanted outcome

Main Point(s):

1. **Define a red flag - warning sign that when recognized, tells you adverse situation may be developing and prepares you to take action <u>before</u> the unwanted outcome occurs.**

Time: 30 seconds

Sample "script"/Facilitation:

A "*Red Flag*" *is a warning sign that an adverse situation, potential broblem may be developing. If you know these warning signs and can recognize them, as they are ocurring to you and your team, you can help prevent adverse situations rather than waiting until it is too late to stop the error chain/snowball or mitigate the consequences. The key is to be proactive, rather than reactive after consequence or mishap already occurs. In order to do that you must know what specifically to look for....*

Sample Transition:

*Let's look at the specific Red Flags categories identified from research and real events: the human factors occuring in mishaps translated into warning signs.***….<click>**

Red Flags

Conflicting inputs   Failure to meet targets

Preoccupation

Not communicating   Not addressing discrepancies

Confusion
                                      Fatigue
Violating policy or procedures
                                      Stress

Main Point(s):

1. Present list as common red flags in events leading up to adverse event. Highlight any specific red flags common to their unit based on site assessment, class comments, LDI, etc.

2. Ask participants to read through this list and identify which red flags were present in the case study they just read – ask them to correlate that red flag with specific line/description from case study.

3. Technique – asks them to identify which of these they see/experience more often in their unit – perhaps define even further, such as specific parameter, for their unit.

Time: 2 minutes

Sample "script"/Facilitation:

These are the 9 red flags commonly found in events leading up to a mishap. Read through these and tell me which of these you saw in the case study you just read. **(Give participants some time to read the slide and refer back to their books/case study – may t***ake them 30 seconds to a minute for them to answer).* *Where specifically did you see that red flag, what specifically did they do or say? (give me line number or explain specifically the situation).*

These red flags are on your toolkit. The developing red flag(s) can be insidious unless you are keenly tuned into identifying these. It is a skill to see them as they are occurring to you. Practice identifying them. Maybe practice one a week until a normal part of your personal practice. Also, brief these before event if concerned of any particular red flag for situation.

Sample Transition: *If you are working in your unit and you recognize***…<click>**

For your information, here is explanation of each red flag (you do not need to define each of these to class unless you think a particular one needs further explanation for your audience):

1. <u>Conflicting Inputs</u>: Sources of information disagree (i.e. Yourself, equipment, sensor, team member, agency, etc.)

2. <u>Preoccupation:</u> Fixation or channelization on one task or problem – to the point priorities like "flying the airplane" or "ensuring a pt is breathing", etc. - are not being accomplished.

3. <u>Not communicating</u>: No communicating or communicating is ineffective/inappropriate. For example: Team members not asking / offering inputs. No acknowledgment, or response to communication is inappropriate. "Hinting & Hoping" or ambiguous rather than getting to the point with precise / concise comm. Unapproachable individual/provider that individuals don't/can't communicate directly with.

4. <u>Confusion</u>: There is doubt as to what is really going on – may actually be voiced but no one is responding. Team member may be thinking and even voicing things like "What is going on?" or "I'm puzzled." or "This doesn't make sense"

5. <u>Violating policy or procedure:</u> This one may need further explaination/facilitation. Exceeding and/or disregarding established limits or procedures. Any indication in this case study that policies, protocols or standard procedures are not being followed. Normalization of Deviation occurs when one or more individuals start to ignore SOP, no one corrects/realigns – then others start to follow suit, "must be okay". Sometimes individual(s) not aware of the SOP, or don't understand it/know how to do. Is it ever okay to not follow a procedure? Yes, if following that procedure actually endangers the patient's safety/best outcome. This is for the decision maker to determine – if they do decide to not follow SOP, it is incumbent upon them to inform the team not only that not following the SOP, but also why, and then direction to be even more alert for further problems since "going off the reservation" – deviating from what is outlined to be safest/best, higher risk situation.

6. <u>Failure to set/meet targets</u>: Lack of planning, scheduling and prioritizing. Team is behind or ahead of expected timeline, for no apparent or discussed reason.

7. <u>Not addressing discrepancies</u>: Unresolved confusion, doubts, concerns, and unmet targets –the team has any concerns or recognized any red flags and no one is bringing this to the team's attention, or even when brought to the attention, it is not being fixed.

8. <u>Fatigue</u>: Range from mental warning signs (apathy, forgetful, irritable, confused, poor judgment, not responding, etc.) to physical warning signs (yawning, nodding off, looking "beat.",etc.) - Also consider what point of the day it is (is it a natural circadium trough - 12-3pm or 11-3 am) or how long an individual has been on shift, (beyond 12 hrs.), etc.

9. <u>Stress</u>: High Stress degrades performance and increases the chance of errors four fold. What do you look for to identify stress in team members? One way is a change in normal behavior but you will have to know that individual well enough to see the change. Also, Individuals will react differently to stress - some may freeze up or start yelling or change the tone of their voice or get very quiet. Sometimes what you need to identify is the presence of situations that cause high stress such as increased workload, schedule changes, behind schedule or hierarchal pressure.

Red Flags tell you…

Red Flag   **Heads-up**

Red Flags   **Probable Adverse Situation**

How many Red Flags before you act?

Main Point(s):

1. Take action – See It, Say It, Fix it - when recognize one red flag – don't wait for more.

Time: 30 seconds

How many Red Flags need to identify before do something?

Sample "script"/Facilitation:

<click>

…. one red flag, what does that mean? (take responses)

 <click>

Yes, "heads up", probably more out there - it could be an indicator that an error chain or the cascade/ snowball is building.

<click>

 *If you see 4 red flags, remember the research sited earlier, **<click>** you have a high probability for an adverse situation which is an incident or accident.*

*With that in mind, **<click>** how many Red Flags do you need to identify before you act?*

*(take responses) That's right, when you identify any **one** red flag - how do you know the red flag you are seeing isn't really the second, thrid, fourth or fifth red flag?*

Let's look back at the case study you just reviewed. How far did you get into the scenario before you identified four Red Flags? **Majority will say not too far – usually first few lines***. If individuals in your scenario had taken some sort of action when any of the red flags occurred would the negative outcome have been avoided?* **Majority will agree.**

Sample Transition:

"Now that we know exactly what to look for to See It, we will move into how to Say It, but first…" **<click>**

What questions do you have about Red Flags?

A Short Quiz

Main Point(s):

1. Ask with exact phrase "What questions do you have…." (You're setting the example for one of the key Team Skills.)

2. Take questions.

3. Set them up for the Red Flag "Quiz."

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

Sample "script"/Facilitation:

What questions do you have about Red Flags?

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

Sample Transition: *I have a short quiz for you…the next slide may or may not contain a red flag, see if you can identify it.* **…<click>**

Main Point(s):
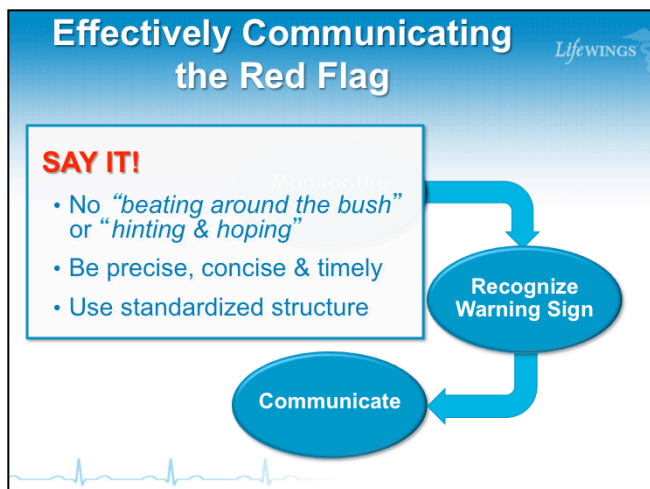
1. **Simply a humor break!**

Time: 10 seconds.

Sample "script"/Facilitation:

What questions do you have about Red Flags?

Give the class time to notice their airplane in the windscreen. Then flow right into the "Say It" portion of this block.

Sample Transition: *Just some aviation humor for your entertainment!…* **<click>**

Main Point(s):

1. **Introduce the third step of the Cross-Check and Assertion process, effectively communicating the Red Flag using critical communication skills.**

Time: 1 minute

Sample "script"/Facilitation:

With the introduction of the Cross-Check & Assertion process we have discussed the first two steps, understanding how to monitor and recognize the red flags - how to see it, Now we move on to the third, how to say it.

It is imperative that we incorporate the communication skills into this step. First, no beating around the bush or hinting and hoping. Get to the point - be precise, concise & timely. To ensure this happens, we will look at a standardized & structured protocol to appropriately say it, depending on the criticality of the situation.

Sample Transition: *That protocol starts at the lowest level, simply relaying the information….***<click>**
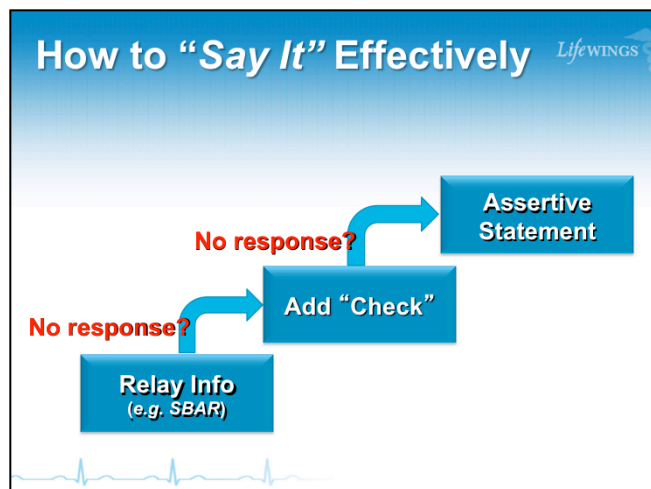
Main Point(s):

1. How to effectively communicate a Red Flag - standardized approach that requires acknowledgment - if none, "escalate" to next level.

Facilitators: You must use a healthcare example as you introduce this process - you must state exactly what each level would sound like for that case study. Do not use the same scenario you will use in the case study for the upcoming practice your skills exercise. One effective technique is to use Rebecca and the Red Flag she saw: Latex Allergy in the Jane Story.

Time: 1-2 minutes

How to Communicate a Red Flag

Facilitators: You <u>must</u> use a healthcare example as you introduce this process - you must state exactly what each level would sound like for that case study. One Technique is to use Rebecca/Red Flag of Latex Allergy from the Jane Story. Do not describe the same case study you will use in the practice your skills exercise

Sample "script"/Facilitation:

That protocol starts at the lowest level, simply relaying the information

Let's go back to Rebecca, remember she noticed a Red Flag when she walked into the OR where they were prepping for Jane's emergency surgery. What was that Red Flag? **Answer: Latex Allergy but setting up with Latex.**

The first thing Rebecca needs to do is simply relay her information. For some situations, SBAR works well for relaying the information. For Rebecca's situation she can be even more concise – what would you expect her to say in order to be direct and precise as soon as she walks in and detects the latex? **Take inputs: Yes, *"Patient has a latex allergy."***

What if the OR team does not respond? – they are very focused on prepping for the surgery. Now we need Rebecca to escalate to get their attention by adding the word "check" – "Check" is a directive without usurping any authority, we find "Check" raises our antennas – we naturally normally react, even when our attention is focused elsewhere. So Rebecca says, ***"Team, Check patient's allergies. Jane has a latex allergy and we are set up with latex."*** *But in this case, they are still not addressing the problem – maybe they just don't recognize Rebecca as a "trusted agent." since she is new.*

Most of the time, one of these first 2 steps will take care of the problem, especially if the communication is preceise, concise & timely – and standard. Let's say now the trauma surgeon walks in and says "No time for a timeout." Now the situation is high criticality and no time to wait. It's time for Rebecca to become assertive. How? - by making an assertive statement.

Sample Transition: *An assertive statement …***<click>**

Main Point(s):

1. **Introduce and facilitate/demonstrate the reasoning for the fours parts of an assertive statement.**

Facilitators: Continue to use same example you began on the last slide. You must restate at the end what the complete assertive statement would actually sound like.

Time: 1 to 1.5 minutes

Sample "script"/Facilitation:

…..is standardized format if communication that requires acknowledgment. It is composed of four components.

*The first necessary part of an assertive statement is to **Get attention**. <click>*

*"_____, (**Call first name of a student**), what is the best way to get someone's attention?*

*Exactly, <click> call them by their name - which means you need to know their name! Rebecca knows the Trauma Surgeon is **Dr. Smith.***

*Next, **Express concern using an I statement** <click> Why not say "Dr Smith, you're team is making a mistake."? That's right, that will just incite defensiveness and literally stopping them from listening any further. What if instead Rebecca says, **"Dr., Smith. I'm concerned."** Now how would you expect Dr. Smith to react? Yes, he/she wants to know why Rebecca is concerned – naturally creates curiosity so individual will turn their ears on – they will listen closely to what comes next. This avoids defensiveness from other team member. Also, by making this the standardized language for Red Flags & assertive statements, the words "I am concerned" become a cue, identifiable and predictable, for others to pay attention and listen because critical information is about to be passed. Also, no one can argue with you about being concerned. They can't logically respond with "No, you're not!" where if you said "You're making a mistake" they can say "No I'm not!" Finally, it breaks down hierarchal barriers without being disrespectful. A lot can be accomplished with "I'm concerned."*

*Next, <click> **State the problem**. Be <click> precise, concise & objective. Provide the facts of what the problem is. Be precise. Do not "hint and hope" or "beat around the bush". Do not place blame - remain objective. This should take 10 secs or less. Not a dissertation.*

*So for Rebecca this part would sound like **"Patient has a latex allergy; we're set up with latex."***

*Finally, <click> **Propose a solution usng "We" or" Let's".** – assertion is not complete if you haven't proposed a solution. This is what fundamentally makes this an assertive statement. "The purpose is to get the team back on track during a critical situation. . Your recommendation can mean the difference between action and inaction.*

*Your proposed solution should reflect a team effort <click> by using" We" or "Let's." I have a concern but WE can correct it. For Rebecca this may sound like **"Let's stop and re-glove."** or **"We need to move the patient to the latex-free room.***

Notice that this is not an assertive question – it is a statement. Especially avoid asking a yes/no question. This is not the time for that – proposed solution in statement format is the best practice shown to be most effective for critical situations. Questions and discussions to address the problem can occur after the assertive statement has been made.

*What solution you propose will be highly dependent upon your expertise / experience level. At the very basic level you may simply propose **"Let's discuss as a team."** Keep in mind that you do not need to offer the perfect solution. The final decision will be up to the individual you are addressing. That's why you are bringing this to them – they have the authority to make that final decision.*

It is the <click> (highlights text in yellow) proposed solution that drives the ultimate goal of the assertive statement - a decision to fix the issue or red flag. The proposed solution engages the individual you are addressing to take action, to make a decision.

*If we put all the components together, an effective assertive statement would sound like **"Dr. Smith, I'm concerned, patient has a latex allergy. Let's stop and re-glove."***

This statement can be developed and transmitted quickly once it becomes a practiced skill set.

Sample Transition: Let's look at another example…. <click>

Nurse Danner in the cardiac cath lab received a patient named Morris, but patient named Morrison is on the schedule. She realizes they may have the wrong patient just as the cardiologist is about to insert the needle:

Nurse Danner: "Doctor, we don't have a patient named Morris on the schedule. I'm concerned there might be a mix-up."

Doctor: "This is our patient."

Nurse Danner: "Doctor Smith, I'm concerned we have the wrong patient. Let's stop and verify the Pt's ID band.

Main Point(s):

1. **Demonstrate why each component of the assertive statement, particularly the "propose a solution" component, are necessary.**

To read full version of this real case study - see Chapter 1 "The Wrong Patient," in the book titled *Internal Bleeding* by Robert Wachter, M.D. and Kaveh Shojani, M.D.

Time: 1 minute

You can read / paraphrase the situation or let them read it.

Sample "script"/Facilitation:

This is a real case, there had been confusion hours earlier about this case. They had woken the patient up to get ready for her cath – she said "I don't think I'm supposed to have any procedure today." but they insisted. In fact, the cardiologist called her on the phone and convinced her she was supposed to have this. Eventually, despite a lot of unanswered concerns, they have the patient in the procedure room. The Timeout was not done properly. Just as the cardiologist is about to insert the needle, the nurse (she just then puts all the confusing pieces together) realizes this is a possible case of wrong patient. This is what the nurse said…

<Click> Read Nurse Danner's statement or let them read.

 Ask: *Is this an effective assertive statement?* **(many will say yes)** *Let's look at it closer. Does it…*

- *Did Nurse Danner get the attention by calling the name? No, doctor not a name and what if more than one doctor in room. Know and use the name – most expeditious and effective way to get a specific persons attention. Remember Dr. is very focused at this point.*
- *Express personal concern?Yes but after said something about the problem. Remember the format is important, has functionality. I statement of concern should come right after the name, before the problem.*
- *Precisely & concisely state the problem?" No – she described the problem in confusing way. What's really the problem here, what is she most concerned about? That's right, that they "have the wrong patient."*
- *Proposed a solution? No. No proposed solution.*
- *Exactly, there is no proposed solution and it was very easy **<click>** for the doctor, who is trying to keep on schedule and focused on the procedure, to just restate that it is their patient. They ended up performing a heart catheterization on the wrong patient, an elderly woman, 85 years old, who was in the hospital for a brain aneurism. The good news is she was not harmed, had good results for the Cath Lab and she did not sue. In fact she said "At least I know my heart is okay." But we all know it could have turned out very differently.*

What if Nurse Danner had instead made this statement?…

<Click> Assertive Statement on the right appears. Read or let them read.

 Ask: *Is this an appropriate assertive statement? Does it…*

- *Get the attention of the appropriate individual ? Yes, by name.*
- *Express personal concern? Yes, right after the name to follow structure - identifiable and predictable language, open the ears and prevent defensiveness.*
- *Clearly state the problem? Yes, just the facts, precise & concise.*
- *Propose a solution? Yes, using the language of "Let's"*

Ask: *Does this sound like it would have driven towards a fix to the problem? What would you expect the physician's response to be? Yes, we would expect the physician to respond by making the decision to stop and confirm the patient ID before going forward with the procedure.*

Sample Transition: *Let's review the process for communicating a red flag…***<click>**
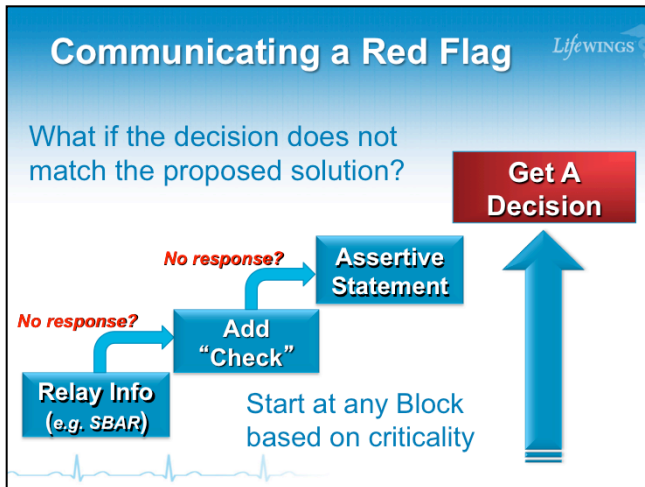
Main Point(s):
1. Discuss the goal of communicating a red flag - to get a decision that will fix the concern.
2. Discuss what if decision is not proposed solution – okay as long as safely addresses the problem.
3. Start at any block based on criticality of situation.

Time: 30 seconds

Review the step-by step process covered so far

Sample "script"/Facilitation:

When you see a Red Flag you simply relay the information precisely, concisely and timely, direct and to the point;, if no response, add "check," if still no response; make an assertive statement using all 4 components. What is your goal throughout this process? What are you looking for from the individual you are communicating the red flag to? **(wait for response)** *Yes, you are looking for a* **<click>** *decision that safely addresses the Red Flag.*

Decisions should come in the form of a verbal acknowledgment of problem, followed by the announcement of the directed action to to fix it.

<click> *Does the decision have to match your solution? No, as long as the problem is safely addressed. That is your litmus test. It may not be the solution you proposed – the goal of the assertive statement is not necessarily to have your solution enacted but the real goal is to hav the problem safely addressed, even if different than what you proposed. Remember the authority of the leader remains with them, and they will make the final decision. Rebecca might have proposed stopping and re-gloving, but what if trauma surgeon acknowledges problem but decides no time to re-glove or move to latex free room – Jane is bleeding out, instead must stay and asks the anesthesiologists what he/she can do to counter the latex allergy? Acceptable decision – problem acknowledged and addressed with alternate solution. Surgeon's call at that point. Loyal opposition – bring up problem, point out your concerns but then support leader's reasonable alternative solutions, even if not your first choice/initial preference.*

What if the problem is not safely addressed? Yes, than you must escalate up your chain-of-command. You should always know exactly who it is you would contact – and how to contact them. (phone number or location).

Also, **<click>** *You should start anywhere in this process based on criticality and time available.*

If there is time, use the process - don't just start all the time with an assertive statement or others will no longer respond appropriately (like the boy who cried wolf).

On the other hand, do not go through each level if the situation is already requiring immediate action when you first notice the red flag - in that case, you may need an assertive statement immediately.

The great thing about this process is that it can be used between all hierarchal levels - whether between peers, coworkers, subordinate to leader, etc. It is a standardized, precise, concise, defined and professional means of communicating critical information that requires acknowledgment, leading to a decision to address the Red Flag/ Concern.

Sample Transition: *Because this is a skill that takes practice...* **<click>**

Practice Your Skills

1. Pair Up – switch roles
2. Practice Assertive Statement for each scenario
3. Debrief:
   - *What went well?*
   - *What & How to improve?*

Page 19

Main Point(s):
1. Critical Opportunity for students to practice and create muscle memory for the skill of making an assertive statement (reinforces skill and confirms transfer).
2. Set up class to go through at least 2 scenarios on slides – follow instructions on this slide.
3. If short on time, use only one scenario - have both in pair write an assertive statement for that one scenario, then they share and debrief each other.

Time: 30 seconds

Sample "script"/Facilitation:

Let's practice the critical skill of making an assertive statement.

First, I need you to pair up, just as we did earlier for the SBAR exercise.. **(Technique is to have them pair up with a different discipline if possible or at least pair up more experienced with a new/less experienced individual)**.

I'll be showing you several scenarios on the following slides. For the first scenario, one of you will be composing and then making the assertive statement to your paired partner. You can write your assertive statement on page 20 as you are composing it. When you are finished, then verbally share your assertive statement with your partner. Your partner will listen, evaluate and then debrief your assertive statement by asking: What went well? What and How can they Improve? And then provide their observations/comments.

I'll give you five minutes for the first scenario, then we will move to the next scenario at which point you will switch roles within your pairing. You'll then have five minutes for that scenario.

I'll be walking around listening and helping as needed. Let me know what questions you have as we go through this exercise.

Techniques: You can either pull an assertive statement from the class (if you do, make sure you have already found someone with a good assertive statement as they are doing the exercise) or show a follow-on slide showing an "possible statement.

Debrief Techniques: You can either just give them all directions up front and have them go through all on their own through the debrief, or you can tightly control the flow as a group – first have them write the assertive statement while whole class is quiet, then have them share their assertive statement with their partner (gets noisy but good discussions), then pull or show the "possible statement," and finally then direct them to conduct the debrief of their partner's debrief, comparing it with the "approved solution.

Show the Debriefing slide when they are debriefing.

Sample Transition: *Before I show you the first scenario, let's look closer at evaluating and debriefing the assertive statements……* **<click>**

Evaluating Assertive Statements *Life*WINGS

- Omitting elements of an effective Assertive Statement?
- Beating around the bush, hinting and hoping?
- Long, drawn out dissertation?
- Personal / provocative rather than issue focused?
- Asking a Yes/No question rather than proposing a solution using "We" or "Let's"?

Main Point(s):

1. Explain these bullets to group before you start the exercise.

2. Key questions to ask/answer when evaluating and then debriefing an assertive statement.

Time: 30 seconds
Sample "script"/Facilitation:
When you are playing the role of the evaluator and debriefer, here are some key questions to ask and answer to ensure your partner is on target with an effective assertive statement.

Review bullets with class as prep for when they play the role of assessing and debriefing their paired partner's assertive statement.

What questions do you have before we begin? Are you clear what your roles are for the first scenario? Who are those who will be making the assertive statement? Who are my evaluators?

Sample Transition: *Here's your first scenario*…**<click>**

OR Situation #1

*Life*WINGS

During the procedure, the RN and tech discover a lap sponge is missing. The RN announces this to the team, but gets no response, and the surgeon, Dr. Good Cutter, and assistant continue to close. They are nearly done.

Draft an Assertive Statement to Dr. Cutter:

Get Attention	
Express Concern	
State the problem	
Propose Solution	

Main Point(s):

1. **Present the scenario**

2. **Provide a few minutes for class to draft their assertive statement.**

3. **Multiple scenarios in following slides for multiple departments. Choose most relevant for you audience. You may also create unique scenario for your organization, depending on their needs, site assessment, event, etc.**

Time: 5 minutes

Sample "script"/facilitation:

…here is your first scenario (or second depending on which scenario you've chosen and in what order).

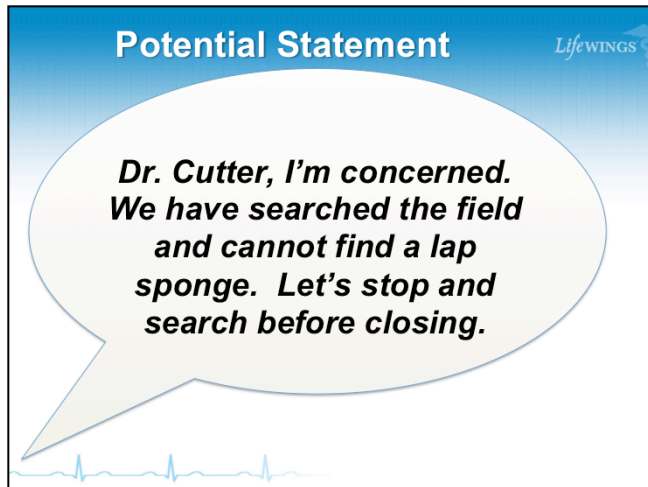**Give pairs about 5 minutes to work through exercise. There will be a lot of discussions going on.**

When it looks like all are finished with the exercise or 5 mins are up :

Techniques for "debriefing" the assertive statement exercise:

1. **Show/read a "potential statement" on next slide. Discuss the attributes of the statement including the 4 parts, no yes/no question, no placement of blame, etc. Be advised not all scenarios in current slide deck have a "potential statement"– you may have to create your own if you decide to use this technique. Then have the pairs debrief their partner's assertive statement.**

    - Or –

2. **Take an assertive statement from the class and have the class debrief the statement as a group by asking Did they get attention using the name? Did they make an I statement of concern? Did they precisely, concisely state the problem? Did they propose a solution using "We" or "Let's" without asking a yes/no question?**

Sample Transition: *Now that you've heard your partner's assertive statement, it is time for you to debrief it. ….<click>*

Potential Statement

> *Dr. Cutter, I'm concerned. We have searched the field and cannot find a lap sponge. Let's stop and search before closing.*

Main Point(s):

1. Potential Statements – for class to compare with theirs.

2. Don't let them get to stuck down in the weeds arguing for right or wrong, as long as follow the format, don't use a question, keep it short, are precise about the problem and don't hint & hope, propose a solution using We or Let's, etc.

Time: 5 minutes

Sample "script"/facilitation:

Here is a potential statement. **Read the statement, briefly point out attributes.**

Sample Transition: *Using this statement as a guide, those of you who just received the assertive statement from you partner, you will now become their evaluator and debrief their assertive statement***…<click>**

Debrief the Assertive Statement *Life*WINGS

What went Well?   What & How to Improve?

- Omitted any of the four parts?
- Direct & Precise or beat around the bush, hinted and hoped?
- Concise or long, drawn out dissertation?
- Objective & Pt focused or personal / provocative?
- Proposed solution "We" or "Let's" or asked a Yes / No question?

Main Point(s):

1. **Slide to have up while class is debriefing their assertive statement.**

Time: 2 minutes or so – depends how long takes class to debrief their assertive statements.

Time for evaluators to debrief your partner's assertive statement.

Let's switch roles for the second scenario.

Sample Transition: *Here's your second scenario…*<click>

L&D Situation   *Life*WINGS

The labor and delivery charge nurse calls Dr. Ina Minut and reports ruptured membranes, meconium [fetal feces] on vaginal exam, a breech baby on ultrasound, and a fetal heart pattern that shows minimal variability and variable decelerations.

Dr. Minut tells the charge nurse, "I have another hour in my office and I will be there for a C-Section at 12:15 p.m."

Draft an Assertive Statement to Dr. Minut:

Get Attention	
Express Concern	
State the problem	
Propose Solution	

Main Point(s):

1. **Present the scenario**

2. **Provide a few minutes for class to draft their assertive statement.**

3. **Multiple scenarios in following slides for multiple departments. Choose most relevant for you audience. You may also create unique scenario for your organization, depending on their needs, site assessment, event, etc.**

Time: 5 minutes

Sample "script"/facilitation:

...here is your first scenario (or second depending on which scenario you've chosen and in what order).

Give pairs about 5 minutes to work through exercise. There will be a lot of discussions going on.

When it looks like all are finished with the exercise or 5 mins are up :

Techniques for "debriefing" the assertive statement exercise:

1. **Show/read a "potential statement" on next slide. Discuss the attributes of the statement including the 4 parts, no yes/no question, no placement of blame, etc. Be advised not all scenarios in current slide deck have a "potential statement"– you may have to create your own if you decide to use this technique. Then have the pairs debrief their partner's assertive statement.**

    - Or –

2. **Take an assertive statement from the class and have the class debrief the statement as a group by asking Did they get attention using the name? Did they make an I statement of concern? Did they precisely, concisely state the problem? Did they propose a solution using "We" or "Let's" without asking a yes/no question?**

Sample Transition: *Now that you've heard your partner's assertive statement, it is time for you to debrief it. ....<click>*

Potential Statement

> *Dr. Minut, I'm concerned that this situation is deteriorating and the patient cannot wait another hour. We need to take action now.*

Main Point(s):

1. Potential Statements – for class to compare with theirs.

2. Don't let them get to stuck down in the weeds arguing for right or wrong, as long as follow the format, keep it short, are precise about the problem and don't hint & hope, propose a solution using We or Let's, don't use yes/no question, etc.

Sample "script"/facilitation:

Here is a potential statement. **Read the statement, briefly point out attributes.**

Sample Transition: *Using this statement as a guide, those of you who just received the assertive statement from you partner, you will now become their evaluator and debrief their assertive statement***…<click>**

Responding to Concerns / Assertive Statements

LifeWINGS

- *"Thank You, Good Catch"*
- *"I agree, Let's…"*
- *"We'll do this instead…. and here's why…"* or *"We'll discuss why after."*
- *"Let's discuss as a team…"*(Team Decision)
- Debrief the process after concern / problem resolved and event / procedure complete.

Main Point(s):
1. **Those who are on receiving end of an Assertive Statement need to be prepared to respond appropriately.**

Time: 1 minute

Sample "script"/Facilitation:

What if you are the one on the receiving end of an assertive statement? How do you respond?

Take inputs. Then show list of possible responses – not all inclusive – others may have other ideas.

Sample Transition:… Other organization's have other techniques to handle these situations**…<click>**

Main Point(s):

1. Humor break.

2. This is not acceptable behavior for Cross-check & Assertion and in no way do we advocate similar behavior.

Time: 1.5 minutes

High and Mighty video…

Sample "script"/Facilitation:

Other organizations have different techniques for handling these situations. Watch closely – there is a point that the team goes from assertion to aggression. It's very subtle – see if you can catch when it happens. **…<click>**

Do not tell them it is a "John Wayne" movie - will give it away and lose the "surprise"/ reaction.

Let the class laugh - main purpose is some comic relief but also reminds them what Cross-check and Assertion is <u>not.</u>

Assertion focuses on the problem, Aggression focuses on the individuals.

Technique - *Did everyone get that technique?, back hand, then forehand? Obviously, we do not advocate this approach. It is exactly what should <u>not </u>be done! Please use the cross-check and communication process, with the assertive statement if necessary and you'll find the results will be much more effective…. And you can continue to work together as a cohesive team.*

Sample Transition:… Let's translate "cross-check & assertion" into your daily workplace**…<click>**
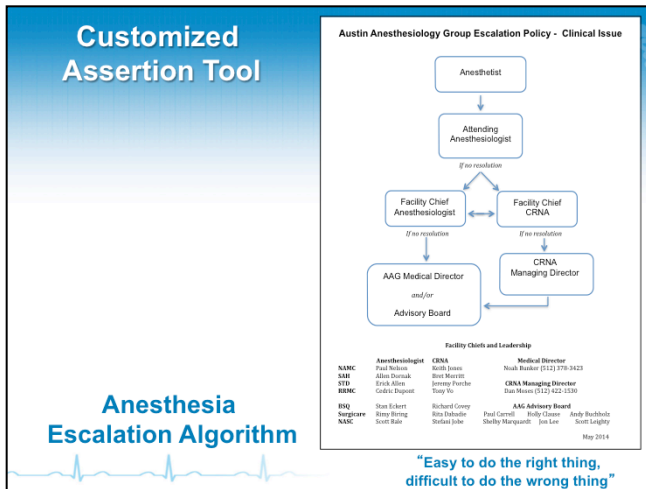
Main Point(s):

1. **Show other examples of Tools for Cross-Check & Assertion.**
2. **Choose tool(s) relevant to audience.**
3. **Don't have to show any of these tools unless relevant. Red Flags, "See it, Say it, Fix it" and Assertive Statement are tools in and of themselves.**
4. **If showing tools, only choose 1 or 2. Hide the other slides.**

Time: 30 seconds

Sample "script"/Facilitation:

Example of Surgical Services Escalation Algorithm – Chain of Command. Clear who to contact if can't get issue addressed safely.

Facilitators: You do not need to show all of these Tool examples. Choose one or two, or insert another Tool that may fit your class / unit type better. Participants like to see what other like-units have developed. This is your chance to customize the course for your audience. To get an idea of what Tools to show, look at the Site Assessment report, see if can find examples of Tools recommended. Check with project lead to see if they there is a standard for what Tools must be shown for upcoming classes.

If the hospital already has some Tools in place (developed from previous project's HST), consider inserting those Tools in some of the course.

Sample Transition: *What questions do you have about these Tools?* **…<click>**

Using these skills in your unit

- See it! Say it! Fix it!
- Brief & cross-check concerns
- Know and look for Red Flags
- Speak up! Your responsibility
- Use assertive statement when necessary
- Leadership will back you up
- Hospital's policy: Chain of Command

Main Point(s):

1. **Summarize the module by reminding the audience what is expected of them in their clinical setting with respect to cross-check & assertion.**

Time: 30 seconds

Sample "script"/Facilitation:

…in your clinical setting, your leadership expects you to:

• See it! Say it! Fix it!

•As the leader brief your targets / concerns / critical items so your team can know exactly what to look for and cross-check.

• Know and look for Red Flags

•Speak up! –Remember it is <u>*your responsibility*</u> *to speak up - no matter who you are working with. If you don't, the critical information may never be passed! Use the skills we just discussed and the focus will appropriately stay on the patient's well being.*

• Use assertive statement if necessary. Stay practiced – should be able to voice the 4 component assertive statement at any moment might be needed. Can use in any critical situation, no matter the hierarchy involved. One warning, do not mock or ridicule or sarcastically use the assertive statement or you will be permanently destroying a primary avenue for critical information to be brought forward.

• Leadership will back you up if following the process, use standard language and skills sppropriate for the situaiton. They will immediately address situations where individuals withhold information or others intimidate and shut down the lines of communication.

• Hospital's policy: escalation clause or "stop the line" – know hospital's policy, or if they are working on one.

The Red Flags and knowing how to communicate them, including the Assertive Statement, are Tools you can take and use right away.

If not showing related Tool(s) – Sample Transition: *What questions do you have about…***<click>**

If showing related Tool(s) - Sample Transition: *What are some other related Hardwired Safety Tools? …* **<click>**

Main Point(s):
1. Show other examples of Tools for Cross-Check & Assertion.
2. Choose tool(s) relevant to audience.
3. Don't have to show any of these tools unless relevant. Red Flags, "See it, Say it, Fix it" and Assertive Statement are tools in and of themselves.
4. If showing tools, only choose 1 or 2. Hide the other slides.

Time: 30 seconds

Sample "script"/Facilitation:

This is an Expectations badge: used to affirm expectation to speak up and leadership's promise to stand behind them.

1. *Negate the fear from staff that they will get in trouble if they speak up.*

2. *This is managements way of saying "hold us accountable."*

3. *This is also managements way of saying, we expect you to comply with these concepts.*

Facilitators: You do not need to show all of these Tool examples. Choose one or two, or insert another Tool that may fit your class / unit type better. Participants like to see what other like-units have developed. This is your chance to customize the course for your audience. To get an idea of what Tools to show, look at the Site Assessment report, see if can find examples of Tools recommended. Check with project lead to see if they there is a standard for what Tools must be shown for upcoming classes.

If the hospital already has some Tools in place (developed from previous project's HST), consider inserting those Tools in some of the course.

Sample Transition: *What questions do you have about these Tools? ...<click>*

What questions do you have about Cross-Check & Assertion?

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 Cross-Check & Assertion?

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

Take a Break!

Main Point(s):

1. **Give students a five minute break.**

2. **Give them a time to return.**

Take a break for 5 minutes. Please be back at _____ .