



Beyond the Sticky Note: Bridging gaps in team communication

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CANADIAN COLLEGE OF HEALTH LEADERS



COLLÈGE CANADIEN DES LEADERS EN SANTÉ



Objectives



Utilize 2 communication tools



Apply active listening strategies

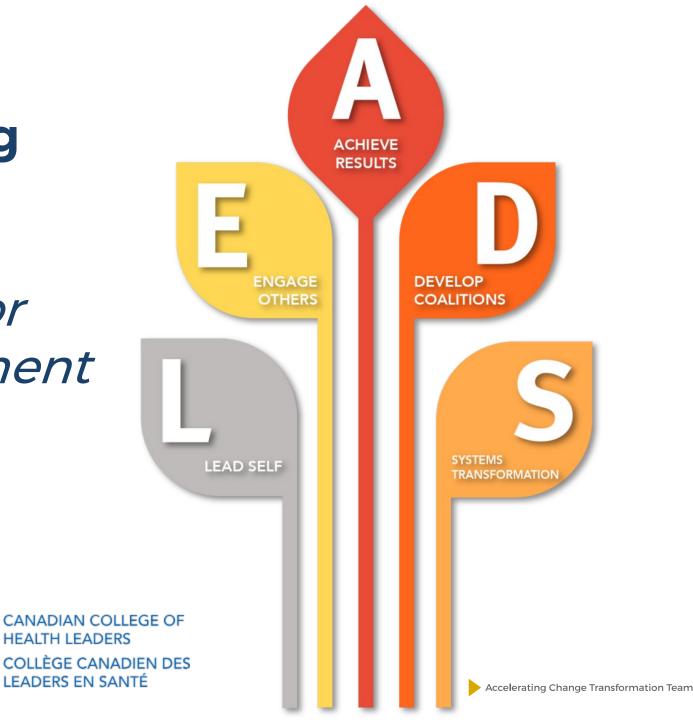


Cultivate curiosity & psychological safety

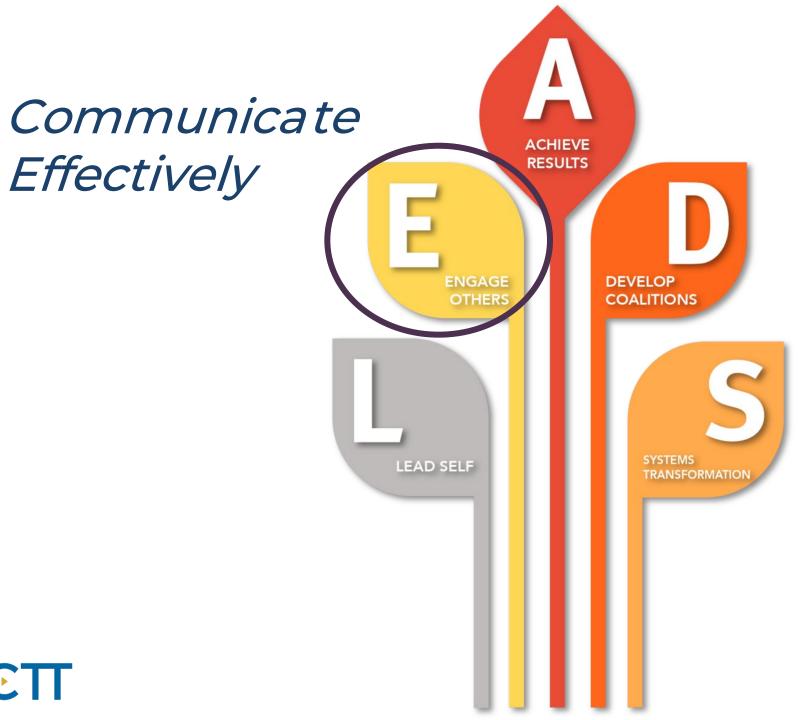


LEADS in a Caring Environment

Framework for leadership development in healthcare







ACTT



1. Introduce yourself

2. Think about one of your teams... Describe your team's communication in one word.





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ADAPTING



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FLEXIBLE



Accelerating Change Transformation Team

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Session Structure



Communication Tools

Active Listening & Strategies

Psychological Safety



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What went wrong? How does it show up on your team?









To Err is Human

44,000 - 98,000 deaths per year in the US due **1 jumbo jet per day** to **medical error**





What causes communication errors?

Human errors

Interpersonal dynamics

Hierarchical structures

Differences in: Culture, Gender, Disciplines

Team functioning & clinical environment



Trentham, B. et al. (2010). SBAR: A shared structure for effective team communication. An implementation toolkit.



Communication in Healthcare



Patient safety & quality care



Coordination across disciplines



Staff morale & retention

副

Continuous learning & improvement



Tools for Team Communication







HUDDLES

- Brief!
- Consistent (timing & location)
- All relevant team members
- What's happening today?
- What do we need to know?
- What's our back-up plan?
- Who needs support?
- What are our actions? How & who?

Team Huddles Guide

Huddle Checklist

This sample checklist can be adapted to suit the specific needs of your clinic.

n Check-in	Notes			
ow is everyone feeling today?				
re there any external team members here today?				
e.g. PCN team, residents, etc.)				
s anyone away? How will we manage that?				
s anyone leaving early? How will we manage that?				
s there anything else we should know today?				
ther clinic-specific items				
2dule Review				
Vho is coming in today? Cancellations? Squeeze-ins?				
s there anything that the team should know about?				
e.g., patient grieving, will be receiving a difficult diagnosis, often late or no shows, etc.)				
Can we offer opportunistic care while they're here?				
(e.g., screening due, requisitions, prescription renewal, care plan update, etc.)				
Can we get anything ready in advance? e.g., Netcare results, print requisitions, administer screen/self-assessment, pap prep, etc.)				
reg, wetcure results, print requisitions, duminister screen/self-assessment, pop prep, etc.) we we doing any PDSAs today? What's the plan?				
Dther clinic-specific items				
ERNOON HUDDLE (before 1st patient of the afternoon) OPTIONAL				
ny change in team status? (e.g. leaving early, gone home sick, etc.)				
ny change in the schedule? (e.g. running late, new cancellations, squeeze-ins, etc.)				
Does anyone need help?				
DSA update (if applicable)				
Other clinic-specific items				
OF DAY HUDDLE OPTIONAL				
rief review of incident(s)				
Vhat went well?				
Vhat could we have handled differently?				
actions required?				
Other clinic-specific items				

Communication

Coordination





Impromptu hallway huddle?

Consider using **SBAR**!















When to use SBAR





During phone calls to physicians or other team members



During transitions of care



During hand-offs





Trentham, B. et al. (2010). SBAR: A shared structure for effective team communication. An implementation toolkit.



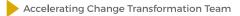


Team Tool

/am Concerned /am Uncomfortable This is a Safety issue (Stop!)



TeamSTEPPS, Agency for Healthcare Research and Quality



Activity: SBAR

Instructions

• Read the scenario on your worksheet.

In your table group, discuss:

- How could the SBAR tool be used by the surgical department manager to more concisely escalate the issues to the hospital manager?
- Optional: Incorporate the CUS(S) tool



Highlights?



'Aha's?





Session Structure



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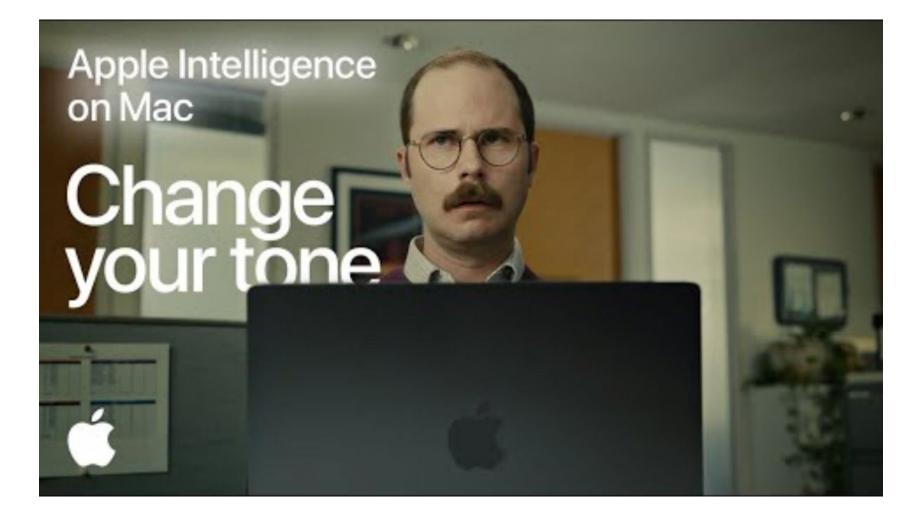
Psychological Safety





Use of Media









\triangleright	То	Physicians	
Send	Cc		
	Bcc		
	Subject	RESPONSE REQUESTED: Critical X situation Clear subject lin	e (Response, Info, Action, etc)
Hello everyo	one! Hope you	r're all keeping well. We really value your input on this situation. Here are the details:	Brief, personal greeting
RESPONSE R	REQUESTED by	March 31, 2021	What is needed, by when
Situation			
	•	les a high level orientation to the situation	
• 2-3 ł Background	bullet points		Details (SBAR?, bullets, highlights)
 If the 	ere's any relev	ant background information that will be important for the reader to know, it goes here	

What has happened or is planned, etc. •

Assessment

- Why is this important? ٠
- What could it potentially mean for this group? •

Request/Recommendation

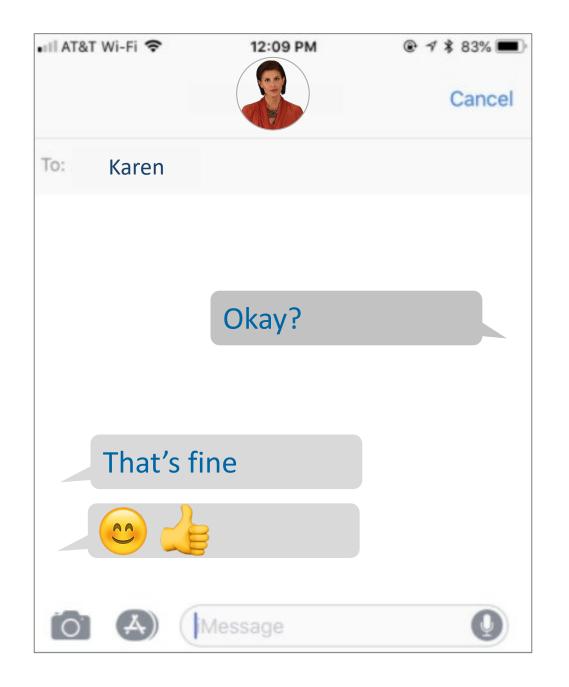
- THIS IS WHAT I/WE NEED FROM YOU
- These are the details ٠

Please know that your tireless efforts in this work are valued and appreciated. Thank you!



(Signature sign off)





ACTT



What do you 'hear'?





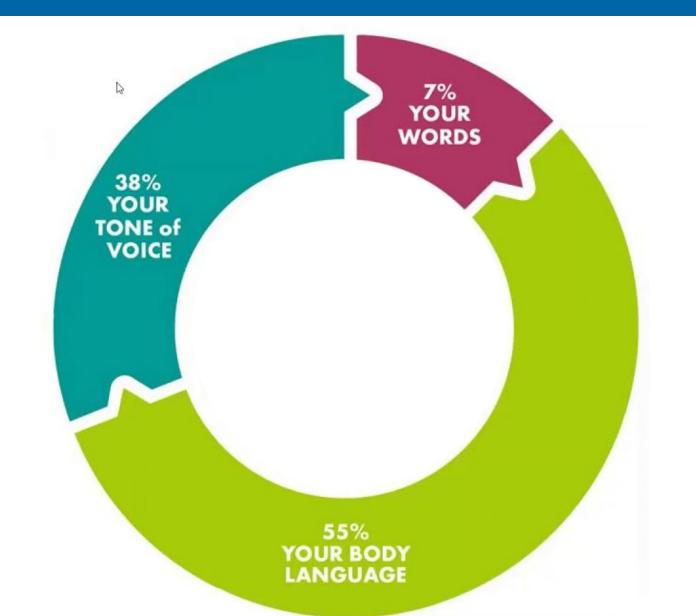
When words and non-verbal messages are conflicting, people tend to believe the non-verbal.

~Albert Mehrubian, PhD



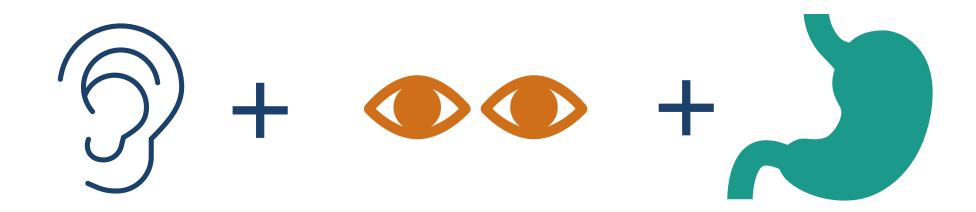


The Mehrabian Communication Formula





Deep Listening







Pairs Coaching Activity

Instructions

- Think of something that is a challenge for you personally something you'd like to change but haven't
- Importance level of \leq 7 out of 10
- Use a 'real issue' (but maintain comfort level)
- Ensure that the conversations are kept completely confidential



Activity: Pairs Coaching

Instructions

- Take turns being the Coach
- Ask **ONLY** the questions listed, in the order listed
- <u>Do not give any advice or feedback</u> no matter how tempted you may be!
- Try to paraphrase back at least once
- Summarize the conversation at the end



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Team culture is everyone's responsibility.



Where there's a team, there's a culture.



Team Culture

ACTT



Psychological Safety

"The belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, and the team is safe for interpersonal risk taking."

Amy Edmondson, PhD

Harvard Business School





ACTT



Harvard Business School



HOW to foster psychological safety





HOW to foster psychological safety







Make it okay to speak up

2 Steps:

1. Model the behaviour

2. Reward speaking up





Beware the HiPPO Effect







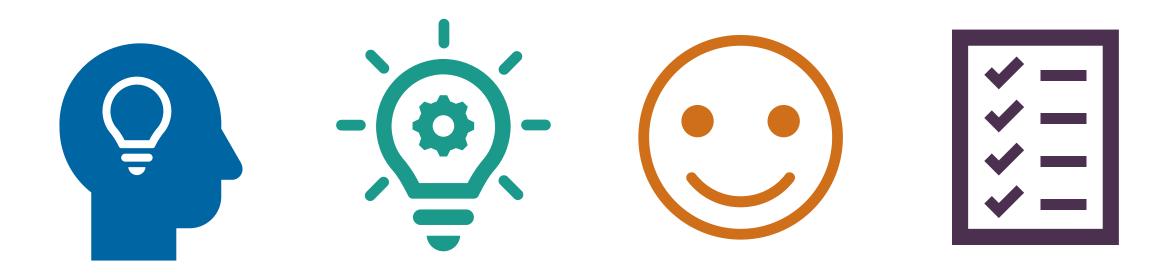
HOW to foster psychological safety







Value of Asking Questions



Culture of Curiosity!





Practice active inquiry



What concerns do you have about this approach? What questions do you have?



Positive reinforcement

Thanks for sharing your thoughts.

I hadn't thought of that – great point!

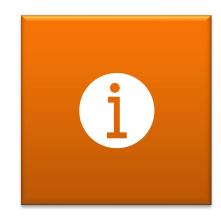
l appreciate your input.



Accelerating Change Transformation Team

HOW to foster psychological safety









Make it okay to speak up

Practice active inquiry

Establish norms

Learn from failure





Sample Team Agreement

Our Shared Purpose

We are committed to providing exceptional patient care through open communication, mutual respect, and continuous learning as a team.

Communication Agreements

Speaking Up:

- We will voice concerns about patient safety without fear of judgment Questions are welcomed and encouraged at all levels If you see something, say something - patient safety comes first Listening: We listen to understand, not to judge Everyone's perspective has value, regardless of role or experience level We pause before responding when emotions are high Feedback: We give and receive feedback with the intent to improve patient care
- Feedback focuses on actions and outcomes, not personal characteristics U We address issues directly with each other before escalating

Learning Culture

Mistakes & Near Misses:

- We report errors and near misses openly to prevent future occurrences Learning comes before blame We support each other through difficult situations Knowledge Sharing: We share expertise freely across all team members
- No question is too basic or too complex
- We celebrate learning opportunities and new insights

Mutual Support

Workload:

- We help each other during busy periods without being asked
- We communicate our capacity honestly
- We recognize when colleagues need support

Respect:

- We treat each team member with dignity, regardless of role
- We acknowledge different working styles and perspectives
- U We maintain professionalism even during stressful situations

Decision Making

- Clinical decisions prioritize patient safety and best outcomes
- U We involve relevant team members in decisions that affect their work
- When disagreements arise, we focus on what's best for the patient

TIPS

- Co-creation
 - Regular review and updatesTraining and education

 - Leadership role



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Accountability

- We hold ourselves and each other accountable to these agreements
- We address violations directly and respectfully
- We regularly check in on how we're doing as a team

Team Commitment: By signing below, we agree to uphold these standards and support each other in creating a psychologically safe environment for our team and our patients.

Signatures:

Date: ____

Review Date:_____(Quarterly review recommended)



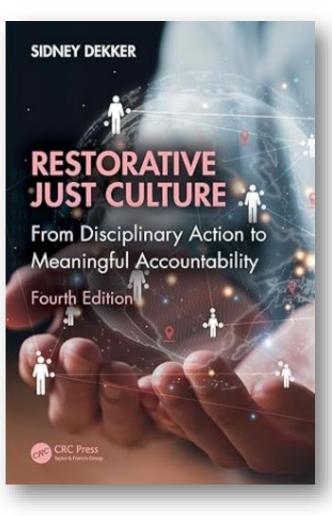
HOW to foster psychological safety







Learn from failure



'Just Culture'

Is it:

- Human error?
- At-risk behaviour?
- Reckless conduct?



RESOURCE: *Canadian Medical*

Protective Association (CMPA) Psychological Safety Checklist

ACT



Checklist: Building a Culture of Psychological Safety

One of the strongest predictors of clinical excellence is a psychologically safe culture that encourages speaking up.

Date:

Creating a Psychologically Safe Culture

To create a psychologically safe culture, have you:

Encouraged team members to support one another?

Implemented pre-procedure briefings?

Implemented start-of-shift huddles?

Implemented debriefs following episodes of care or procedures?

□ Implemented the use of critical communication tools, e.g. SBAR, CUS?

Created organizational policies to promote speaking up?

Established a listening up culture?

Established methods for resolving conflict, whether informational or interpersonal?

Addressed barriers to effective team performance?

Promoting Speaking Up

To promote speaking up on your team, have you:

Discussed the role and importance of speaking up with your team?

Empowered your team members to speak up?

Specifically included patients and their families (with patient consent) as team members?

□ Made the expectation for speaking up explicit?

Led by example?

Responded in a supportive, thankful manner when people have spoken up to you in the past?

From The Canadian Medical Protective Association (https://www.cmpa-acpm.ca/en/educationevents/good-practices/physician-team/psychological-safety)

Activity: Psychological Safety

Instructions

• Review the checklist questions on the worksheet.

In your **table group**, discuss:

- Did you answer 'No' to any of the questions?
- What could you or your team do differently to increase psychological safety?



Highlights?



'Aha's?





Key Takeaways





Apply Active Listening Strategies



Cultivate Curiosity & Psychological Safety





ACCELERATING Change Transformation Team

Thank you for joining us!



