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TeamSTEPPS® Interprofessional Learning Activity

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In October 2014 I participated in a TeamSTEPPS® interprofessional (IP) Learning Activity that has already positively affected my performance in my first clinical fieldwork rotation. An IP team of professors from the nursing, occupational therapy, medicine, and pharmacy programs hosted the learning activity. Potential difficulty of cross-disciplinary interaction was noted from the beginning as students from each discipline sat in groups despite encouragement to split up. However, with direction from the professors, we formed small interdisciplinary groups and participated in a teamwork-focused icebreaker followed by a lecture about the origins and techniques of the TeamSTEPPS® system. After the lecture we broke into teams and completed two simulated patient encounters in which we were to practice using TeamSTEPPS® language. The Learning Activity ended with a final group session in which the simulation actors reflected upon our teamwork and how they felt during the encounters.

This activity was a learning experience in ways both personal and professional. Personally, I was surprised at the intensity of the simulated situations and my physical reaction including elevated heart rate and flushed cheeks. I was very reluctant to jump in and lay hands on either patient because I had such limited experience in a medical setting. Professionally, finding a role in a situation with multiple players was intimidating at first, but in both situations I focused on supportive and inquisitive interaction with the family member. The other students seemed to have similar difficulty finding their roles due to varying levels of clinical experience. Another takeaway from working with students from other disciplines was that all healthcare professionals, regardless of title, are fundamentally just regular people with strengths, fears, weaknesses, and the penchant for making mistakes just like everyone else. Because everyone in this situation was a student, we interacted free of the authority hierarchies that typically exist in healthcare settings. Overall, I enjoyed the experience of working on a team in these simulations, and the activity gave me a boost of confidence that I would be able to contribute meaningfully in a medical setting. The activity reinforced my preference for working in a team, and the benefits of having a team response in a crisis were evident.

The TeamSTEPPS® activity has increased my personal comfort and confidence with communicating in my current fieldwork placement at an acute care inpatient hospital by introducing me to specific communication techniques. I use the check back technique most frequently to clarify communication with my supervisor or with other members of the medical team. Most recently, I asked an orthopedic resident to clarify whether a patient status post an ORIF of her tibia still needed to wear the leg brace that she had on when admitted to the hospital. When he gave me the rundown on her brace-wearing regimen, I made certain to repeat it directly back to him to be sure I had it correct. Practicing and discussing the CUS statements in this activity, especially the idea that every member of the team should speak freely despite

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authority hierarchies, increased my confidence in stating concerns about patient conditions, needs, and safe discharge plans to my colleagues despite my lack of experience. Continuing to practice TeamSTEPPS® techniques in my fieldwork and future work settings will be a key to successful communication in my career.