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TeamSTEPPS Pilot Course

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A new and exciting course on TeamSTEPPS was introduced at Jefferson last Spring. JCIPE has embraced the concept of TeamSTEPPS, a program developed by the Department of Defense and now sponsored by AHRQ to train healthcare professionals to work together effectively as a team to ensure patient safety. The following team skills are emphasized: leadership, situational awareness, team support and communication skills. To introduce this to the campus JCIPE sponsored a pilot project in May, 2013 to train a cadre of students in the techniques of TeamSTEPPS.

A planning group included at least one faculty member from each of the following professional groups: nursing, physical therapy, occupational therapy, radiologic science and medicine. The group decided on a model of a brief didactic introduction and a simulation-based experience. The four hour program consisted of a general introduction and a 30 minute orientation to TeamSTEPPS. Then each student participated in one case as a team member and in one case as an observer. Each case was followed by a debriefing that was twice the length of the case management. The debriefing is where students and faculty have an opportunity to reflect on their team skills, how well the team managed the patient’s care and how well they interacted as team members. Although the medical aspects of the case were discussed, the emphasis was on team interaction.

Cases were designed specifically to include each of the professions. One case was a patient with a CVA in the rehab gym who fell and seized. This case required attention to the cervical spine to avoid further injury, attention to the brain to R/O subdural hematoma and to manage seizure activity plus involvement of a family member as part of the team. Students learned the role of each profession in managing the case and gained an appreciation for the skill set that each professional student contributed. Each case provided an opportunity to rely on the problem solving skills that each member used to benefit the patient and the team. The second case involved a patient who had a cardiac arrest in the MRI suite. This case involved situational awareness of the restrictions to access in the MRI suite and high-stakes interaction of team members in a cardiac resuscitation.

On the evaluations, students were asked 20 questions about the quality of the simulation training, whether there was enough information, about the support during simulation, whether the simulation was designed properly and whether the feedback was timely and constructive. Almost half of all questions were rated as either "agree" or "strongly agree" by greater than 70% of all students. Students’ evaluations showed that the greatest room for improvement was in providing enough information before and during the simulation, so that they could understand the purpose and objectives, to provide direction and encouragement and to problem solve.
questions with the highest rating were those about the quality and realism of the simulation scenarios and the quality of the feedback. One ultimate question asked, "Would you participate in this program if it were offered again?" 100% of students said that they would.

The TeamSTEPPS pilot was a success in that it provided realistic simulation scenarios to a group of interprofessional students so they could learn and practice the concepts and skills of teamwork in health care and its essential role in patient safety. In future simulations it will be important to provide more information so students could better understand the purpose and objectives and to provide direction and encouragement and to problem solve. As with all IP offerings scheduling has been a challenge. The next course will be offered in Spring 2014.

By offering these simulations in a TeamSTEPPS format, we hope to provide students the opportunity to work with their colleagues in other professions so that it will be second nature to work in teams in a constructive manner conducive to patient safety.