Simulation and TeamSTEPPS: A New Approach to Mastering Teamwork Skills

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Level: Intermediate

Content Description

The use of high fidelity (or "lifelike") human patient simulators can be a powerful teaching tool for clinicians to develop critical thinking and hands-on skills. This technology can also be used to teach participants how to work together as a team, emphasizing the importance of skilled communication and true collaboration. The concepts of simulation and the wide variety of technological applications beyond human patient simulators, such as virtual reality and social gaming, will be discussed. In addition to the healthy work environment standards, the Agency for Healthcare Research and Quality (AHRQ) and Department of Defense program called "Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)" will be analyzed. This session will offer strategies on how to implement a simulation program for the ultimate benefit of patient safety and decreasing medical errors.

Learning Outcomes

At the end of this session the attendee will be able to:

1. Discuss the use of simulation technologies to teach team training in healthcare settings
2. Analyze the TeamSTEPPS model and ways to apply it to simulation scenarios
3. Discuss applications of team training to promote patient safety

Summary of Key Points

1. **Description and discussion of simulation techniques including: high fidelity human patient simulators, lower fidelity task trainers (such as IV arms), virtual reality programs, social/web-based computer gaming, standardized patients (specially trained medical actors/educators),and blended techniques that use more than one of these listed.**

2. **Benefits and challenges of taping simulations for use of debriefing and guided reflection for the participants.**

3. **Specific TeamSTEPPS terms and how to incorporate them into simulation and ultimately into practice, including assertive communication, closed loop communication, situation awareness, mutual support, shared mental model, check-back, handoff, debriefing, task assistance, and SBAR (Situation, Background, Assessment, Recommendation).**

4. **Effective team leadership and team membership.**

5. **Positive team communication terms, including "I need clarity," "I am concerned," and "This is a patient safety issue."**

6. **Translating simulation learning into actual clinical practice.**

Bibliography/Webliography

Jeffries, P. R., ed. (2007). Simulation in Nursing Education: From Conceptualization to Evaluation. New York: National League for Nursing.

Loyd, G.E., Lake, C.L., Greenberg, R.B. ed. (2004). Practical Health Care Simulations. Philadelphia, PA: Elsevier Mosby.

Society for Simulation in Healthcare (www.ssih.org)

International Association of Clinical Simulation and Learning (www.inacsl.org)

Agency for Healthcare Research and Quality (www.ahrq.gov)

Association of Standardized Patient Educators (www.aspeducators.org)