

Hallmarks of Effective Teams

by Capella Healthcare



WHAT'S COVERED

In this lesson, you will identify the hallmarks of effective teams. Specifically, this lesson will cover:

1. Trademarks
2. Dimensions
3. Shared Mental Model
4. Expectations

1. Trademarks

Effective teams develop norms of conduct that lead to a common understanding that, in turn, anticipates needs and problems; and they use agreed-upon methods to manage situations—including those that involve conflict. Groups that are able to establish this will reflect a high degree of teamwork and robust communication.

Trademarks of a resilient team include working together to plan forward, reflect back, communicate clearly, and manage risk.



HINT

These apply to all types of teams in any setting.

- **Plan Forward:** Take time to outline next steps, talk about potential risks, and agree on a plan to manage risk, safety, and efficiency. This planning can take place in a safety briefing or surgical timeout or in a huddle in a medical office with the team. This approach involves proactively identifying issues or risks to prevent them.
- **Reflect Back:** Use debrief sessions to "reflect back" and analyze things that went well and opportunities for improvement. Robust teams evaluate not just operational and clinical activities, but also cultural ones. Did everyone know the plan? Did the group work cohesively? Did team members feel psychologically safe? This technique is also used in simulation and will help the team continue to develop.
- **Communicate Clearly:** High-functioning teams apply structured communication in which they consistently, succinctly, and respectfully share critical information. SBAR (Situation, Background, Assessment, Recommendation) is one method in which team members can rapidly relay a comprehensive set of facts for the team to make decisions. Readback/Callback is another structured communication tool used to validate the reception and transmission of information: in it, the person

receiving the message reads back what they heard to prevent miscommunication and encourage accuracy.

- **Manage Risk:** In some critical moments a team member may recognize a safety concern. For example, during resuscitation the team is focused on intubation, but they notice the patient's heart rate is dropping. At this point, there needs to be a designated word or phrase that indicates there is a perceived risk, such as "I have a concern" that tells everyone to stop and adjust the game plan to address the new risk.



BIG IDEA

All of these are proactive steps designed to identify and prevent adverse events to keep the patient safe. These steps are examples of how teams improve patient safety.

2. Dimensions

Salas, Sims, & Burke (2005) conducted an extensive review of the factors associated with team performance across a range of industries and proposed a model for five key dimensions of effective teams: team leadership, mutual performance monitoring, backup behaviors, adaptability, and team orientation. These five dimensions are founded on mutual trust, closed-loop communication, and shared mental models.

- **Leadership** involves task coordination and planning in addition to team development, motivation, and conflict management.
- **Mutual performance monitoring** requires awareness of the environment and surveillance of other team members to identify lapses or task overload.
- **Backup behaviors** require cross-training in order to redistribute the workload or provide support.
- **Adaptability** enables a team to respond to changes in the environment and modify the plan for patient management.
- **Team orientation** is the willingness to take others' ideas and perspectives into account and the belief that the team's goals are more important than an individual's goals.

To achieve these five dimensions of effective teams, members must respect and trust each other; be receptive to feedback on their performance as well as provide feedback to the team; have good communication skills to accurately convey information; and have a shared mental model.

3. Shared Mental Model

Shared mental models lead to a common understanding of the situation and of the plan for treatment and the roles and functions of the team members. This model is often described as being "on the same page" or "in the same movie." It enables anticipation of others' needs, identification of changes in a situation, and adaptation of the plan. Without a shared mental model, the team members cannot fully participate in problem solving and decision making. Fundamental to developing a shared mental model is sharing information between team members. The shared mental model has been identified as a critical factor for effective teamwork in healthcare and prevention of adverse events.

The following video illustrates what happens when people do not have a shared mental model.

Notice that when the lighthouse finally added critical information, the ship changed course and avoided a collision. This is an example of adaptability. Only after several exchanges did the lighthouse speak up, perhaps because its culture and hierarchy created a hesitancy to speak up. Additionally, the captain displayed tunnel vision and lacked situational awareness. In this situation, mutual performance monitoring would have aided communication, so that a team member would advise the team of the lighthouse (and the risk, safety concern it posed) to make them aware of the situation and facilitate decision-making.

4. Expectations

In a culture that promotes teamwork in the pursuit of safe, reliable, and effective care, team members are given permission to hold each other accountable across a flat hierarchy.

➦ **EXAMPLE** A healthcare system implemented a structured communication tool, AIDET (five communication behaviors: Acknowledge, Introduce, Duration, Explanation, and Thank You), to speak with patients in an effort to decrease anxiety and increase engagement in their care. Each interprofessional healthcare team, including administrative and support staff, agreed on a mutually acceptable word they would use if they saw someone not displaying the proper behaviors surrounding AIDET. When the word was used, staff and clinicians acting inappropriately said the reminder made them aware of what they were doing and made them change behavior. People were uncomfortable at first using the word, but then it became a norm of conduct and was mutually respected by the team. This example again shows the important role of establishing a just and safe culture with psychological safety.

Achieving this level of teamwork requires team members to be committed, competent, self-managing, and courageous. Teams achieve the aforementioned characteristics only after regular practice. Organizations need to set expectations, and senior leaders should periodically do rounds and ask questions about the progress and status of the team such as the following:

- How do you brief as a team? What's the process for knowing everyone is on the same page?
- When do you brief the team? How are handoffs conducted to the next shift or team?
- How do you debrief? What activities do you engage in to debrief? What has worked or not worked?

Ideally, you should observe an actual brief and debrief. It provides a chance to coach, mentor, reward, and recognize the managers and staff. It is also an opportunity to identify and spread best practices within the healthcare system.

Organizations need to also set the expectation that middle managers are responsible for establishing norms and adapting them to the work setting. Furthermore, they are responsible for providing psychological safety, ensuring the workload is evenly distributed, providing resources and support to the team, and managing any barriers or challenges that obstruct the team's ability to thrive and be effective.

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Support

If you are struggling with a concept or terminology in the course, you may contact **RiskManagementSupport@capella.edu** for assistance.

If you are having technical issues, please contact learningcoach@sophia.org.