# HOW DOES YOUR TEAM COMMUNICATE?

In health care, communication breakdowns often seem small and go unnoticed, when they can greatly influence the outcome of patient safety and quality of care.[i] Shifting to a healthier workplace culture is not an easy task but it starts with the question: "How well does my team communicate?"

Communication, both verbal and nonverbal, is complex and subject to misunderstanding and misinterpretation. How we work as a team and communicate with each other are essential parts of a healthy culture. If you want to shift culture, then teamwork and communication are key components to consider.

Dysfunction in teamwork and communication is often "the elephant in the room". We are so pleased to share with you our newly released video to help start talking about your own elephants and how your team communicates![ii] We purposefully left it symbolic with no statistics or facts, and hope it generates discussion.

This guide aims to help you facilitate a debriefing conversation with your team after seeing this video. By engaging teams with a creative and non-clinical example, we hope to provide an opportunity to hone your observation skills and work to develop and improve how your team communicates.
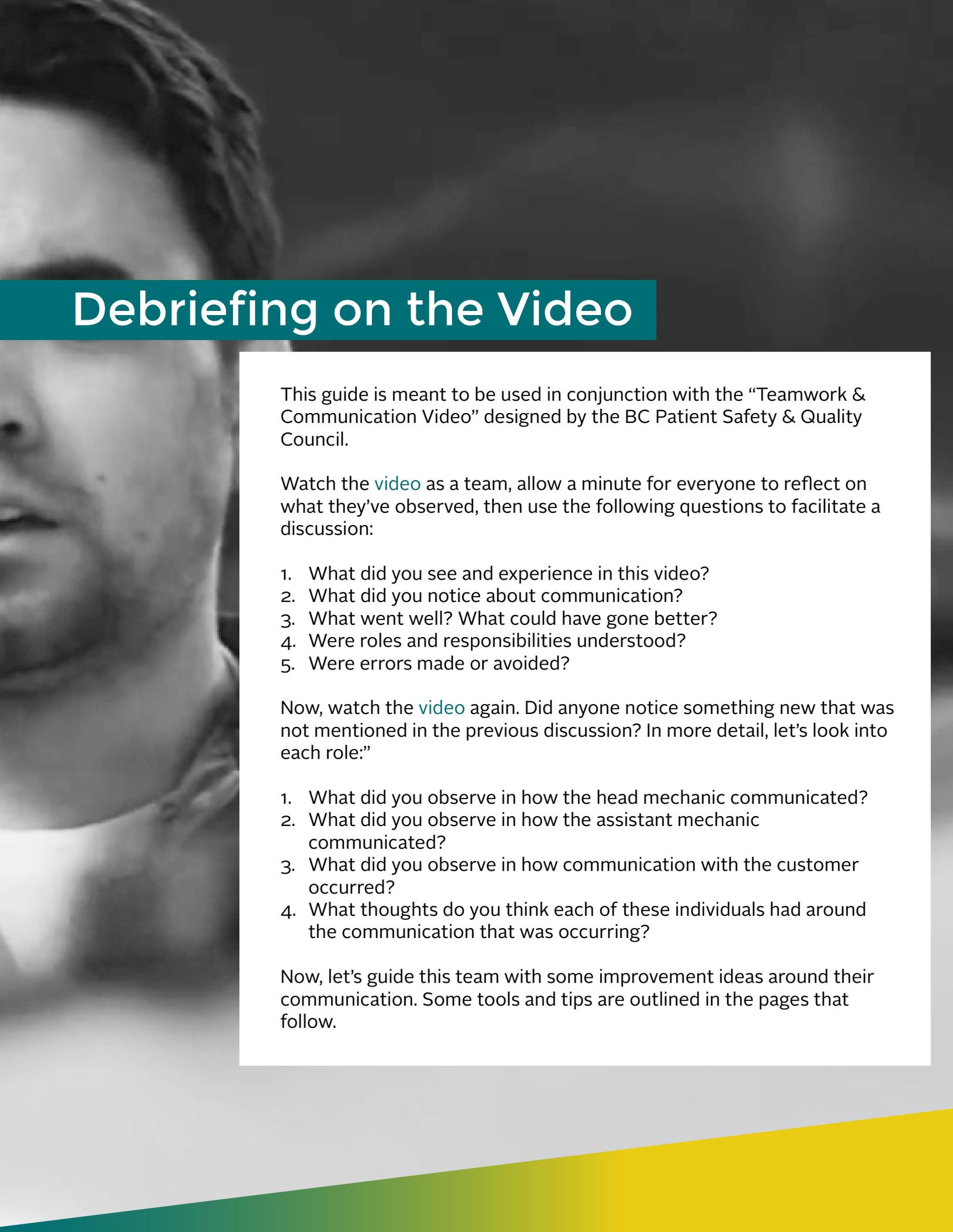
Debriefing on the Video

This guide is meant to be used in conjunction with the "Teamwork & Communication Video" designed by the BC Patient Safety & Quality Council.

Watch the video as a team, allow a minute for everyone to reflect on what they've observed, then use the following questions to facilitate a discussion:

1. What did you see and experience in this video?
2. What did you notice about communication?
3. What went well? What could have gone better?
4. Were roles and responsibilities understood?
5. Were errors made or avoided?

Now, watch the video again. Did anyone notice something new that was not mentioned in the previous discussion? In more detail, let's look into each role:"

1. What did you observe in how the head mechanic communicated?
2. What did you observe in how the assistant mechanic communicated?
3. What did you observe in how communication with the customer occurred?
4. What thoughts do you think each of these individuals had around the communication that was occurring?

Now, let's guide this team with some improvement ideas around their communication. Some tools and tips are outlined in the pages that follow.

Teamwork & Communication Tips

Our goal with Teamwork and Communication Tools and Tips is to increase the situational awareness of the team, reduce the 'power distance index' or hierarchy, and empower all team members to speak up if they are concerned or have a suggestion for improved quality and safety.

Situation awareness is the knowledge, cognition, and anticipation of events, factors and variables in an environment.[iii] It is simply an individual's internal model of the world around them at any one point in time.

Power distance index, or hierarchy, is defined as the extent to which less powerful members of institutions and organizations expect and accept that power is distributed unequally.[iv]

A selection of tips and tools is described in more detail in the pages that follow. For more tools and tips, please see the Culture Change Toolbox.[v]

Closed-Loop Communication

When we communicate with others, we cannot know if they heard us as intended unless they tell us what they heard. This is the idea behind closed-loop communication; you want to make sure the message was received as you intended it to be.

When the receiver repeats back what they heard, it provides an opportunity for the sender to confirm this indeed was their message. In the examples below, the details are repeated in the response.

example 1:

Nurse: "Dr. Smith, I'm calling about a Critical Action Value lab result for resident Mr. Jones, MRN12345. His INR is 6.0 today."

Doctor: "Ok – Mr. Jones, MRN12345, has an INR of 6.0. Is that correct?"

Nurse: "Yes, it is."

Doctor: "Please hold warfarin for 2 days then reduce dose to 2 mg daily and repeat blood work on Thursday."

example 2:

Doctor: "Please give 0.5 ccs of epinephrine!"

Nurse: "Confirming you said 0.5 ccs of epinephrine."

Doctor: "Yes."

Nurse: "0.5 ccs of epinephrine given."

SBAR – Situation, Background, Assessment, Recommendation

SBAR is a framework for communicating information most effectively used during urgent situations. When all team members are consciously aware that they are using the same framework, communication is much easier for everyone involved. SBAR can be used in person or over the phone. SBAR has 4 components:

Situation	What is the situation at hand?
Background	What is the relevant background information about the patient?
Assessment	What is your assessment of the situation?
Recommendation	What do you think should be done, or what is it that you need? What is the specific solution to the problem?

Team Huddles

Team huddles occur at the beginning of a day (or shift) with all members of the team. The purpose of a team huddle is to increase the situation awareness of the entire team by talking through a high-level plan of what is happening, expectations, anticipated concerns, and any other information that keeps the team on the same page.[vi] Team huddles decrease disruptions and improve communication, compliance, and overall perceptions of the safety climate of a team.[vii]

During a team huddle, three questions can be discussed. These include:

1. What is the plan for the day or shift?
2. What are major pieces of information the team needs to know?
3. Are there any safety concerns or questions?

Briefing and Debriefing

Structured briefings and debriefings promote open discussion among interdisciplinary team members and provide a systematic process to ensure critical information[viii] and concerns are revealed and shared with all team members.[ix] Briefings and debriefings are short, scheduled conversations or meetings with a group of people working together.[x] They should come as a pair and occur before and after a given procedure, case, or shift.

The purpose of the briefing and debriefing is to increase the situation awareness of the team to ensure everyone has essential information moving forward. A team huddle is similar to a briefing, however it focuses on the anticipated high-level components of the day or shift.

During the briefing, three questions can be discussed. These include:
1. What is the plan for the procedure?
2. What are major pieces of information the team needs to know?
3. Are there any safety concerns or questions?

During the debriefing, three questions can be asked. These include:
1. What did we do well?
2. What could we do better?
3. What do we want to do differently tomorrow or next time?

Power Distance Index

The term 'power distance index' means "the extent to which the less powerful members of organizations and institutions accept and expect that power is distributed unequally." [iv] The higher the power distance in a culture, the less likely those in subordinate roles are to question the actions or directions of individuals in authority. The hierarchy in a team or environment is also another way to describe the power distance index. A perceived hierarchy or high power distance index can lead to possible breakdowns in communication and potential safety concerns.

Awareness of the power distance index in a team or culture can impact how easy it is for different members of the team to speak up. Changing the power distance index in a culture is extremely difficult and can take time. However, one way to begin expanding your own awareness of the power distance index within your team is by asking yourself the following questions:

- Are you aware of how others react to you?
- Do they start or stop talking when you enter the room?
- Do you feel you cannot talk to higher levels in the organization without permission?
- Does your organization encourage the use of titles and position?

Once you have an awareness of the power distance index from a variety points throughout your system, you can start to think about how to influence it. The best place to start is within your own team. Reducing the hierarchy through neutral titles, openness, and using the communication tools described in this section can start shifting the conversation and culture.

Communication Levels in Question-Asking

Communication levels show us there are various ways to ask a question – from indirect to direct. These levels show an escalation process in which each communication level increases the level of directness. Teams with a high power distance index may struggle to be direct in their communications and are less likely to articulate their thoughts and concerns in a challenging cultural environment.

The six escalating communication approaches we focus on (from least direct to most direct) are hint, preference, query, team suggestion, team obligation statement, and command.

Hint: Is intended to be very general. A hint does not have any personal reflection or engagement in it; it is not a personal statement! Think "insinuation, innuendo, pointer, whisper…."

e.g. "This patient looks complicated."

Preference: A weakly stated request that recognizes several options exist. The person stating the preference does take personal ownership of their idea or request, but it lacks a really strong stance.

e.g. "I think we should be careful with this patient."

Query: A query is a question to draw others' attention to a situation without being very direct. The person asking the question is weakly attempting to raise the situational awareness of the rest of the team by calling into question the validity or accuracy of an emerging situation.

e.g. "Is that the correct X-Ray?"

Team Suggestion: Elevates the personal statement of one member of the team to engage the situational awareness of the rest of the team. It may be couched as a personal statement, but it clearly raises the comment to the level of the team; look for 'we'! The suggestion is not a command and does not suggest an obligation to act: it is only raising awareness.

e.g. "We need to double check that this is the correct X-Ray."

Team Obligation Statement: A team obligation statement is a strong call to mobilize the situation awareness of the team. It involves a 'we' but includes a 'must' or a 'should' as well.

e.g. "Before we go any further, we should verify which side this patient has consented to."

Command: A command is the highest form of one member of a team raising the situation awareness of the team. It is an imperative to either act or to not act due to impending harm.

e.g. "Stop! We are about to make a mistake that will harm this patient!"

Critical Language

Critical language refers to an agreed upon phrase by a team that can be used to "stop the line" or halt activity if someone feels safety is a concern. For example, the phrase "I need clarity" can be used as critical language. Critical language can also be used through 'CUS' words described below.

'CUS' Words

'CUS' is an acronym that stands for the following:

- "I'm concerned"
- "I'm uncomfortable" or "This is unsafe"
- "I'm scared" or "This is a safety issue"
- "STOP"

This set of words is effective at increasing the level of concern about a safety issue without generating too much confrontation. Using CUS words can make it easier to speak up about a safety concern because it gives us something easy and automatic to say. All members of a team need to be aware that these words are meant to imply a safety concern.

Ask for Feedback

Our ability to speak up depends on the situation, but also on our personalities. A great technique to increase input from all team members is to explicitly ask for feedback from them using their names. For example, you could ask: "What do you think, Barbara?" Listen and then say "thank you for your feedback!"

Respecting and acting on the feedback is just as important as asking for it. This tool can improve the sense that input is valued and promote coordination between team members.

Asking for feedback is very helpful when you want to break a pattern of silence or when some members of your team are naturally shy. To implement this tool, think about the appropriate person to be asking for feedback. Is it someone in a leadership role or anyone on the team?

Improvement Strategies

We would like you to reflect on and discuss potential strategies to improve the teamwork and communication interactions you observed in the video.

1. How could this team improve their communication? What strategies could this team implement to improve their communication?
   In more detail:
   a. What could the lead mechanic do?
   b. What could the assistant mechanic do?
   c. What could the customer do?

2. Let's practice: What tangible things could you say to help this (team or individual)?
   a. What questions could you ask?
   b. What phrases could you use?
   c. What strategies could you suggest?

For You + Your Team

Finally, we would like you to reflect on and discuss this video based on your own communication style and experiences.

1. Have you observed communication breakdown within your own work environment that is similar to what you saw in the video? What did it look like and what were the results?
2. Does your organization encourage the use of titles and position?
3. Do you feel you cannot talk to higher levels in the organization without permission?
4. How could you translate what you saw into a learning opportunity/ teaching moment for your own team?
5. What is one thing that your team could commit to trying/doing differently in the next week to help improve teamwork and communication where you work?
6. What is one thing that your team could commit to trying/doing differently in the next month to help improve teamwork and communication?

For more information on teamwork and communication resources and tools, please visit our website at shiftculture.ca or contact the BC Patient Safety & Quality Council at culture@bcpsqc.ca.

References

i. Neily J, et al. Association between implementation of a medical team training program and surgical mortality. JAMA. 2010 Oct 20; 304(15): 1693–1700.

ii. BC Patient Safety and Quality Council. How does your team communicate? [Video file] 2014. Retrieved from: https://youtu.be/gp9x3fvKjm4

iii. Endsley, M.R. Towards a theory of situation awareness in dynamic systems, Human Factors, 1995; 37: 32-64.

iv. Hofstede, G., et al. Cultures and Organizations: Software of the Mind. Revised and Expanded 3rd Edition. McGraw-Hill 2010.

v. BC Patient Safety and Quality Council. Culture Change Toolbox. 2013. Retrieved from: https://bcpsqc.ca//documents/2014/01/SQAN-Culture-Book_6x8_2013_web-FINAL.pdf

vi. Nundy S, et al. Impact of preoperative briefings on operating room delays: A preliminary report. Arch Surg. 2008; 143(11): 1068-1072.

vii. Hicks CW, et al. Improving safety and quality of care with enhanced teamwork through operating room briefings. JAMA Surg. 2014; 149 (8): 863-868.

viii. Makary MA, et al. Operating room briefings: Working on the same page. Jt Comm J Qual Patient Saf. 2006; 32(6):351–355.

ix. Makary MA, et al. Operating room debriefings. Jt Comm J Qual Patient Saf. 2006; 32(7): 407–410.

x. Henrickson SE, et al. Development and pilot evaluation of a preoperative briefing protocol for cardiovascular surgery. J Am Coll Surg. 2009;208(6): 1115–1123.