

Practice-Academic Partnership for Team Training to Enhance Patient Safety

Michael Corneille, MD

Janet Rogers (Presenter)

UT Health Science Center San Antonio

Kathleen R. Stevens, Nicole Jaime, Elaine Jones

PROBLEM

Evidence-based interdisciplinary team training holds great promise to improve clinical education and overcome the disconnect between education and practice. There is an urgent need for standardized training for interprofessional team communication that moves easily from academic to practice settings.

EVIDENCE

Communication failures are a leading cause of sentinel events, including preventable patient deaths, and account for 80% of adverse events¹. In response to a national call for improved patient safety, a standardized team training program, Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS™), was developed based on 20+ years of human factors research and teamwork principles noted in high-reliability organizations².

STRATEGY

TeamSTEPPS training was accomplished through academic-practice partnering as follows: (1) Master Training, (2) Demonstration unit staff training, (3) TeamSTEPPS coursework embedded into nursing curricula, (4) Extended full-day workshop for clinicians and faculty (nursing and medical). Pre and post-test questionnaires were used to assess unit staff training outcomes.

PRACTICE CHANGE

Change in educational methods was facilitated by co-training interprofessional clinicians and faculty in TeamSTEPPS strategies. TeamSTEPPS tools and principles were adopted on the demonstration unit also embedded into unit orientation and the school of nursing curricula.

EVALUATION

Four levels of evaluation were measured with surveys, observations or quality indicators. Changes in core curricula content, development, approval, and offering of interprofessional elective courses, and development and programming of high fidelity simulation scenarios were also assessed.

RESULTS

To date, clinicians and faculty have achieved 32 Master Trainings and 80 advanced or fundamental trainings. Clinicians and faculty are engaging collaboratively to train hospital staff. TeamSTEPPS tools are integrated in student coursework.

RECOMMENDATIONS

Spread of TeamSTEPPS training should occur across all units of the demonstration hospital and across all local hospitals. Clinicians and faculty should partner to teach students.

LESSONS LEARNED

Engage key stakeholders early and often. Success of the program is largely dependent on buy-in from leaders at all levels of the organization.

BIBLIOGRAPHY

1. Institute of Medicine (IOM). (2000). *To Err is Human: Building a Safer Health System*. National Academy Press (NAP).
2. AHRQ (2008). TeamSTEPPS National Implementation Project. <http://teamstepps.ahrq.gov>