



跨領域團隊合作照護 與教育的精神與要義

陳祖裕

大綱

- 前言
- 跨領域團隊合作照護與教育
- 特殊必修：TRM/*TeamSTEPPS*®
- 結語

有想過要具備什麼能力

放射

神經內外放射病
合討論會、肝
治療會議、急
傷中、急傷病例合
討論會

檢驗

各種跨領域臨床
討論會

呼吸

跨領域查房、醫
論會、病房家
會、ICU呼吸器
檢討會、加護病房
案討論會

心理

床心理跨專業個案
討論會、9E醫護聯合
討論會、神經精神放
射聯

藥劑

Combined
conference、老年專
科團隊會議、居家
照護時科團隊、護
備

才做得好嗎?

西醫

加護病房個案討論會、
癌症團隊治療會議、
安寧照護團隊會議、
預房醫學老人照顧團
隊個案討論會、中風
中心照護團隊...等

護理

醫護聯合討論會
各項團隊照護
疾繁不及備哉

照

中醫

中心會議、肺
癌團隊治療會議、醫
學倫理與醫護討論會

有想過要怎樣訓練

新進人員嗎?

職能

SBR醫護討論會、燒
燙傷醫護討論會、小兒
會議、骨科病
暨外傷中
會議

物治

科病房會議、急症
傷中心病例聯合
小兒跨專業整
合會議

牙醫

腔癌團隊會議、
兒童牙科共同照護

急難產案例討論會

Joint Commission

- ❑ Failures in communication lead to negative patient outcomes

溝通不佳導致病人預後不良



Canadian Medical Protective Association

- ❑ Poorly functioning teams with poor communications, increase the safety risk for patients

功能不良的團隊溝通不良，增加病安風險



Interprofessional Education

- ❑ 美國國家醫學研究院〔 Institute of Medicine, IOM 〕 (2003) ：
- ❑ “*Health Professions Education: A Bridge to Quality*”
- ❑ 所有醫療專業人員都應被教育為跨領域團隊成員來提供以病人為中心的醫療照護

Interprofessional Education

- 世界衛生組織〔World Health Organization, WHO〕(2010)：

Framework for Action on Interprofessional Education and Practice

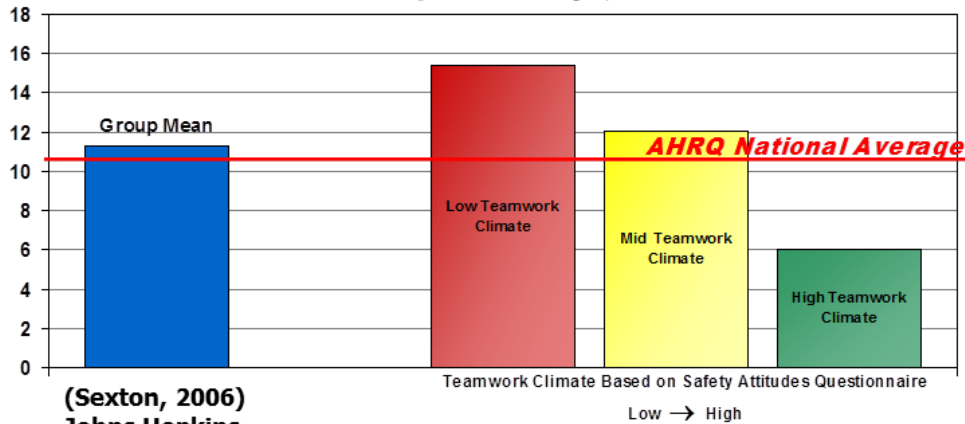
- 符合**成本效益**和**效率**的醫療照護，必須經由**跨領域合作**



TeamSTEPPS® → TRM

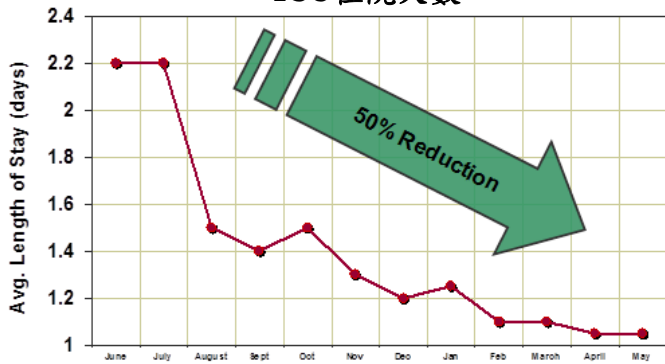
團隊合作的成效無庸置疑

手術室團隊合作氛圍與術後敗血症發生率
(per 1000 discharges)



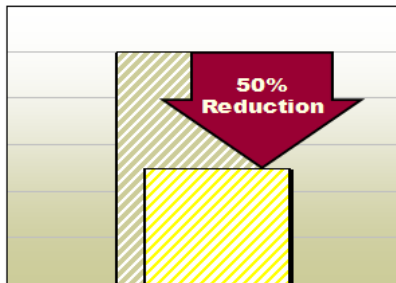
(Sexton, 2006)
Johns Hopkins

ICU住院天數



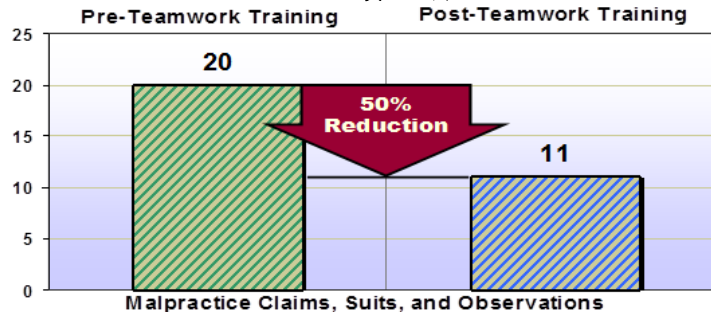
(Pronovost, 2003)
Johns Hopkins
Journal of Critical Care Medicine

不良事件發生率



(Mann, 2006)
Beth Israel Deaconess Medical Center
Contemporary OB/GYN

賠償金額



有待解答.....

- ❑ IPE和IPP到底是什麼？
- ❑ 先有IPE還是先有IPP？
- ❑ 實行IPE和IPP容易嗎？
- ❑ IPP的範圍包括什麼？
- ❑ IPE與TRM有何關係？
- ❑ 為何TRM那麼不易推？

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- 結語

IPE到底是什麼？

找一大堆人來開虛擬案例討論、全院演講就算是
IPE...？



Centre for the Advancement of
Interprofessional Education

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ABOUT US MEMBERSHIP NEWS RESOURCES EVENTS EXPERTISE

Welcome to CAIPE

The Centre for the Advancement of Interprofessional Education

“CAIPE is a community of practice whose members are dedicated to a collaborative future. CAIPE is one of the global leaders in promoting and developing interprofessional education and learning and a member of **interprofessional.global- Global Confederation for Interprofessional Practice & Education**

Latest news

News; Events; Call for Abstracts;

The John Horder Award 2019

28th December 2018



CAIPE Twitter Chat

25th November 2018



Scott Reeves Fund

16th November 2018



Pan American
Health
Organization

CAIPE Welcomes the Pan
American Health Organisation
Resolution: STRATEGY ON
HUMAN RESOURCES FOR
UNIVERSAL ACCESS TO
HEALTH AND UNIVERSAL
HEALTH COVERAGE

3rd November 2017

Journal of Research in Interprofessional Education

18th October 2017



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Interprofessional Education

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About Us

What is CAIPE?

Established in 1987, CAIPE is a UK-based charity with international outreach whose members work together to promote and develop the health and wellbeing of individuals, families and communities through interprofessional education, collaborative practice and related research facilitating the development of a workforce fit for purpose. It is an independent 'think tank', accountable and responsible for its actions, dependent on funding from members' subscriptions and income generation. It aspires to be a national and international authoritative voice respected equally by governments, academia and in the workplace.

CAIPE defines interprofessional education as "occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care." Applying that **definition**, it works to improve quality in education, practice and the organisation and delivery of services:

- Working with statutory and independent, professional and regulatory bodies locally, nationally and internationally;
- Assembling and disseminating information;
- Running conferences and workshops;
- Offering consultancies.

CAIPE supports students, educators, practitioners, researchers and users of services inviting those who opt to be its members to:

- Engage in mutual support;
- Access online interprofessional national and international resources through publications including the Journal of Interprofessional of Care;
- Contribute to CAIPE's work through its Working Groups;
- Respond with CAIPE to opportunities to influence policy and practice;
- Access funding opportunities.

CAIPE works with likeminded organisations to further these objectives at home and abroad (**see**). It is one of a growing number of networks confederating in **Interprofessional.Global** which subscribes to the same ideals worldwide and oversees the biennial All Together Better Health (**ATBH**) conferences. Interprofessional.Global includes representatives from regional and emerging networks across the world. Regional Networks: Africa (**AfriPEN**); Australasia (**AIPPEN**); Canada (**CIHC**); India (**IndIPEN**); Japan (**JAYPE and JIPWEN**); Scandinavia (**NipNet**); South & Central America and Caribbean (**REIP**); United Kingdom (**CAIPE**) and United States of America (**AIHC**). Emerging Networks: **Arabic Speaking Countries**; Asia Pacific (**APIPECnet**) and German Speaking Countries (**Do.IP**).

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Defining IPE (1997)

1987年創立

1997年定義尚不明

Interprofessional Education

The definition

Occasions when two or more professions learn together with the object of cultivating collaborative practice.

兩個以上專業的人員共同學習，其目的為合作執行醫業的養成

Occasions when two or more professions learn from and about each other to facilitate collaboration and the quality of care.

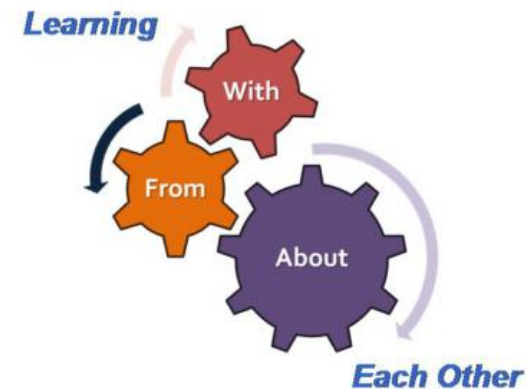
兩個以上專業的人員相互學習和了解，以促進合作和照護品質

Learning together to promote collaboration and the quality of care.

共同學習以促進合作和照護品質

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Defining IPE (2002)

1987年創立
1997年定義尚不明
2002年拍板定案

Interprofessional Education

The definition

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care"

CAIPE 2002

Learn with, from and about

CAIPE uses the term "interprofessional education" (IPE) to include all such learning in academic and work based settings before and after qualification, adopting an inclusive view of "professional".

IPE發生在兩個以上專業的人員共同學習、相互學習和相互了解以改善合作和照護品質。

Interprofessional education occurs when two or more professions learn **about**, **from** and **with** each other to enable effective collaboration and improve health outcomes

2010年WHO幾乎依樣畫葫蘆



with → from → about
about → from → with

IPE發生在兩個以上專業的人員相互了解、相互學習和共同學習，祈能有效合作和改善照護結果。

請思考：
哪一個定義比較合宜？

1. CAIPE
2. WHO
3. 沒差別

CAIPE

Centre For The Advancement Of Interprofessional Education



Interprofessional Education

The definition

Learn with, from and about

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care"

CAIPE 2002



learn about, from and with

IPE發生在兩個以上專業的人員相互了解、相互學習和共同學習，祈能有效合作和改善照護結果。

Barr's (1998) three types of professional competencies

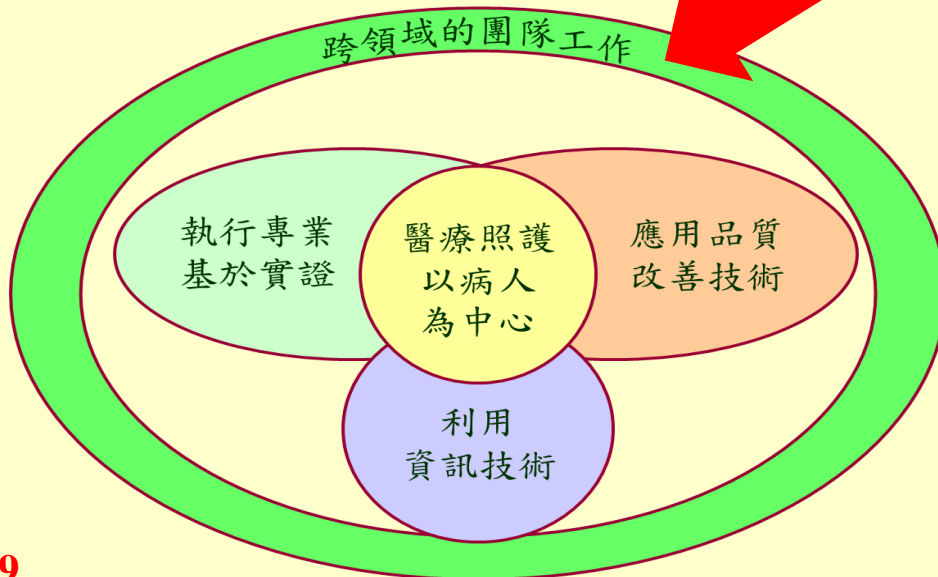


Barr's (1998) three types of professional competencies

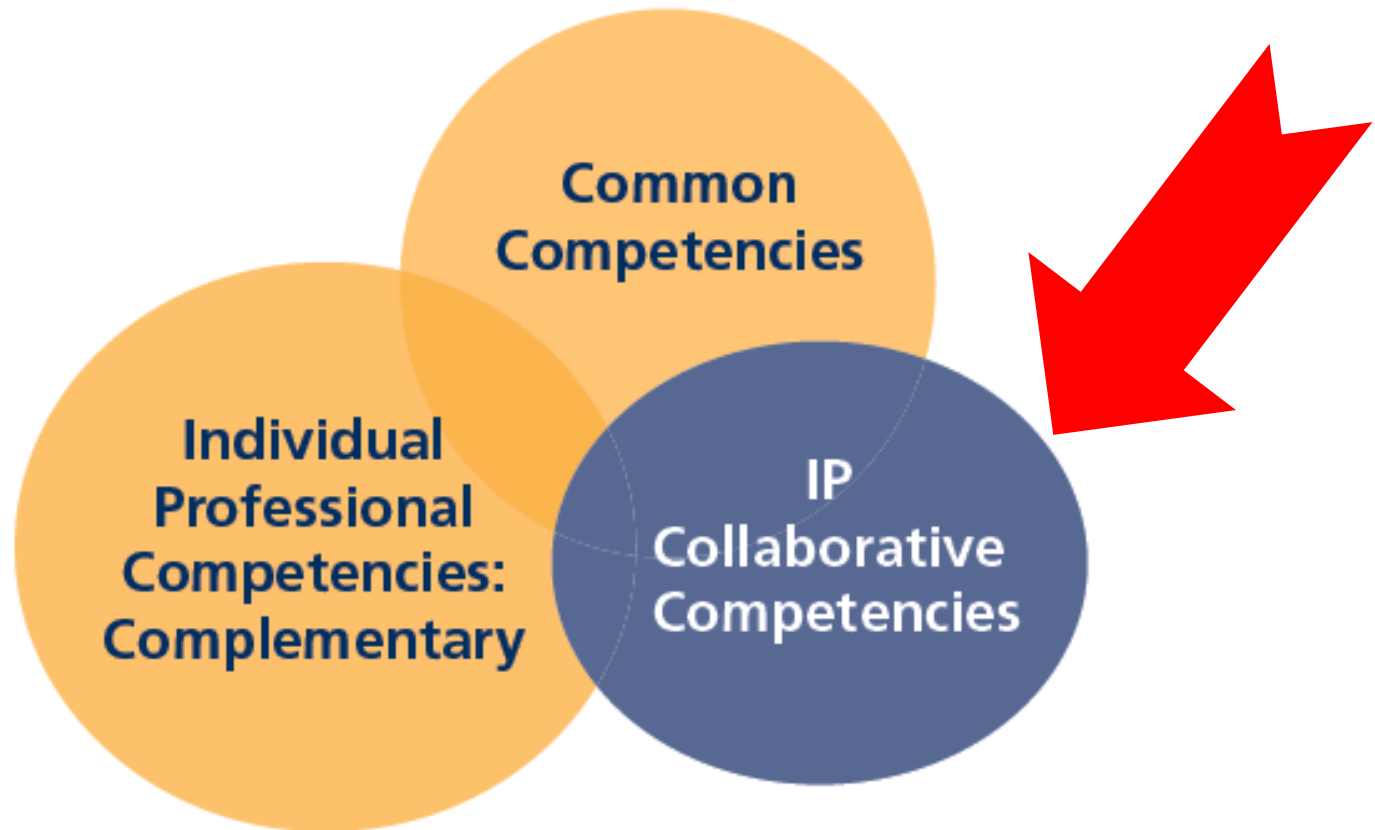
Common Competencies

IP Collaborative Competencies

醫療專業應有的核心能力



Barr's (1998) three types of professional competencies



Q：此圖有什麼問題？

Barr's (1998) three types of professional competencies

1. 類別不足
2. 沒有道理
3. 比例錯誤



A：比例問題！

Barr's three types of professional competencies (modified)



The diagram features a large orange circle on the left containing the text 'Individual Professional Competencies: Complementary'. To its right are two smaller circles: an orange one labeled 'Common Competencies' and a blue one labeled 'IP Collaborative Competencies'. A red arrow points to the blue circle.

**Individual
Professional
Competencies:
Complementary**

Common
Competencies

IP
Collaborative
Competencies

Interprofessional Collaborative Practice Competency Domains

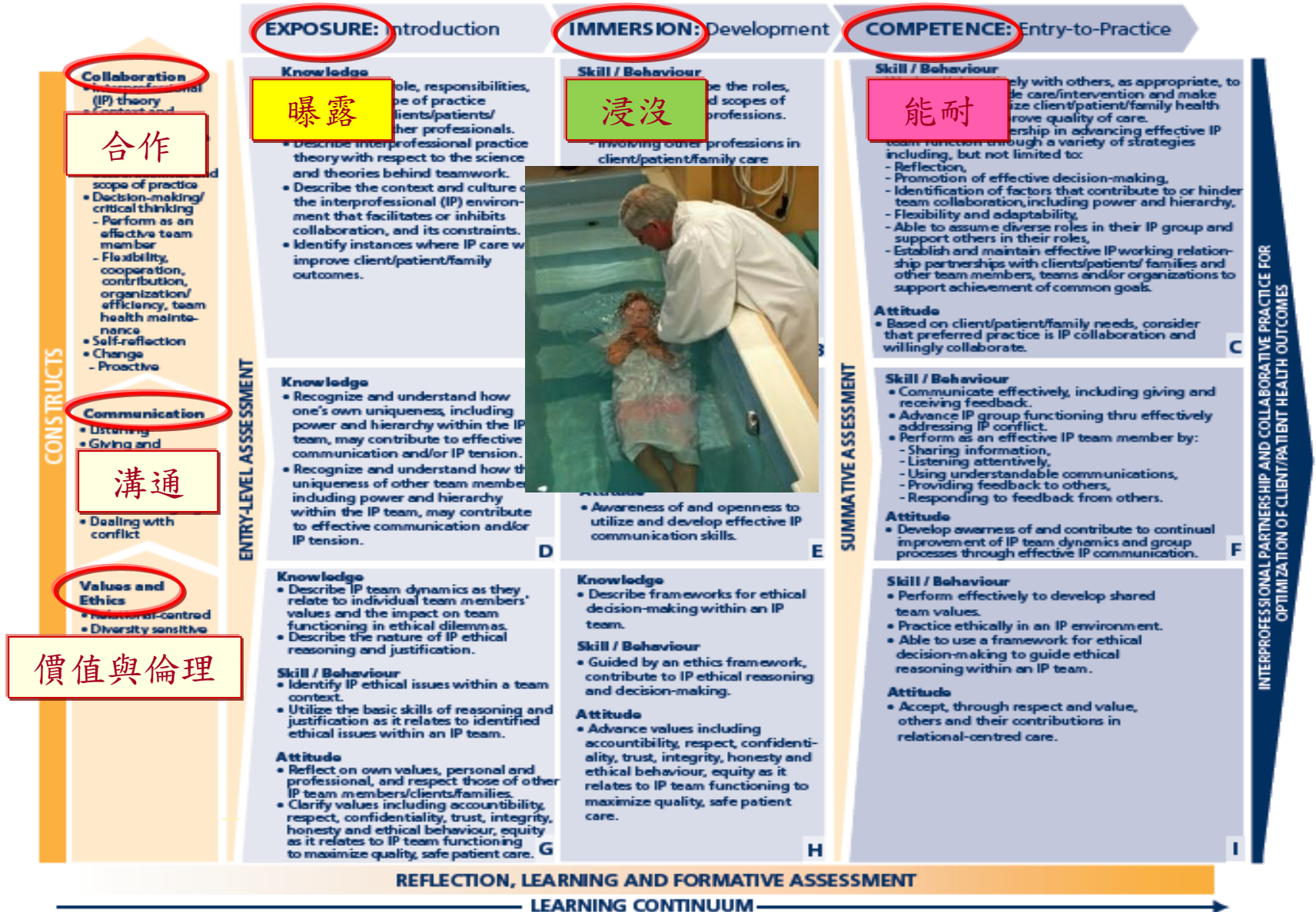
Competency Domain 1: IPP的價值/倫理

Competency Domain 2: 角色/責任

Competency Domain 3: 跨專業溝通

Competency Domain 4: 團隊與團隊運作

A Framework for the Development of Interprofessional Education Values and Core Competencies

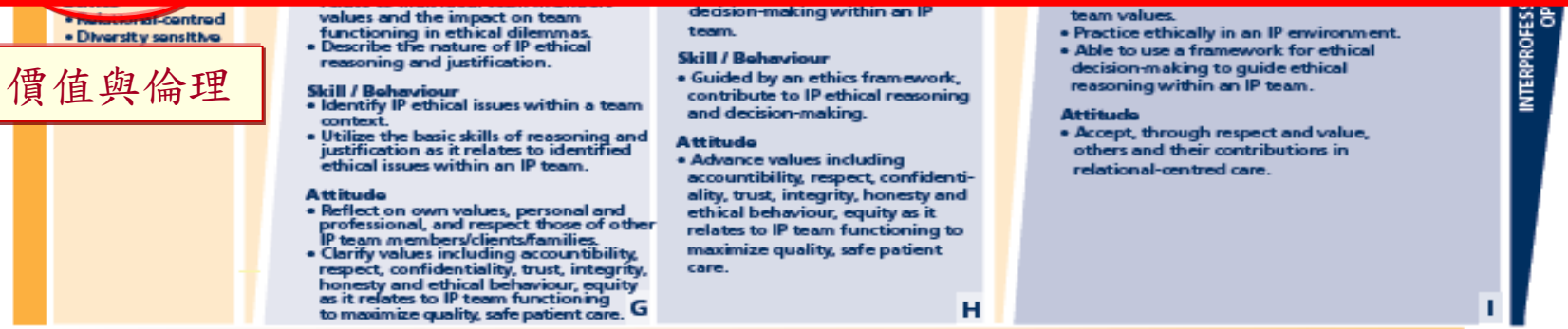


INTERPROFESSIONAL PARTNERSHIP AND COLLABORATIVE PRACTICE FOR OPTIMIZATION OF CLIENT/PATIENT HEALTH OUTCOMES

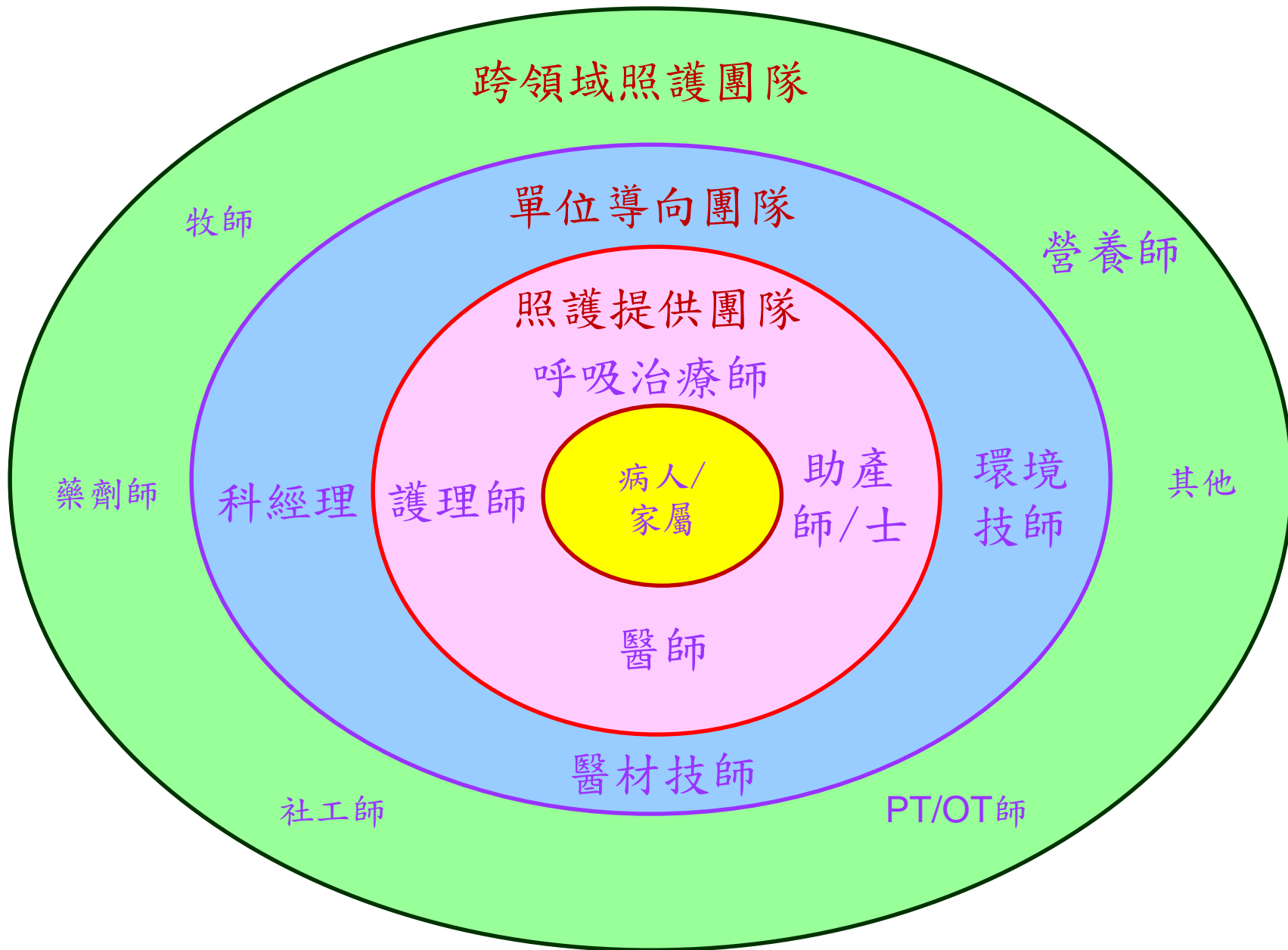
A Framework for the Development of Interprofessional Education Values and Core Competencies

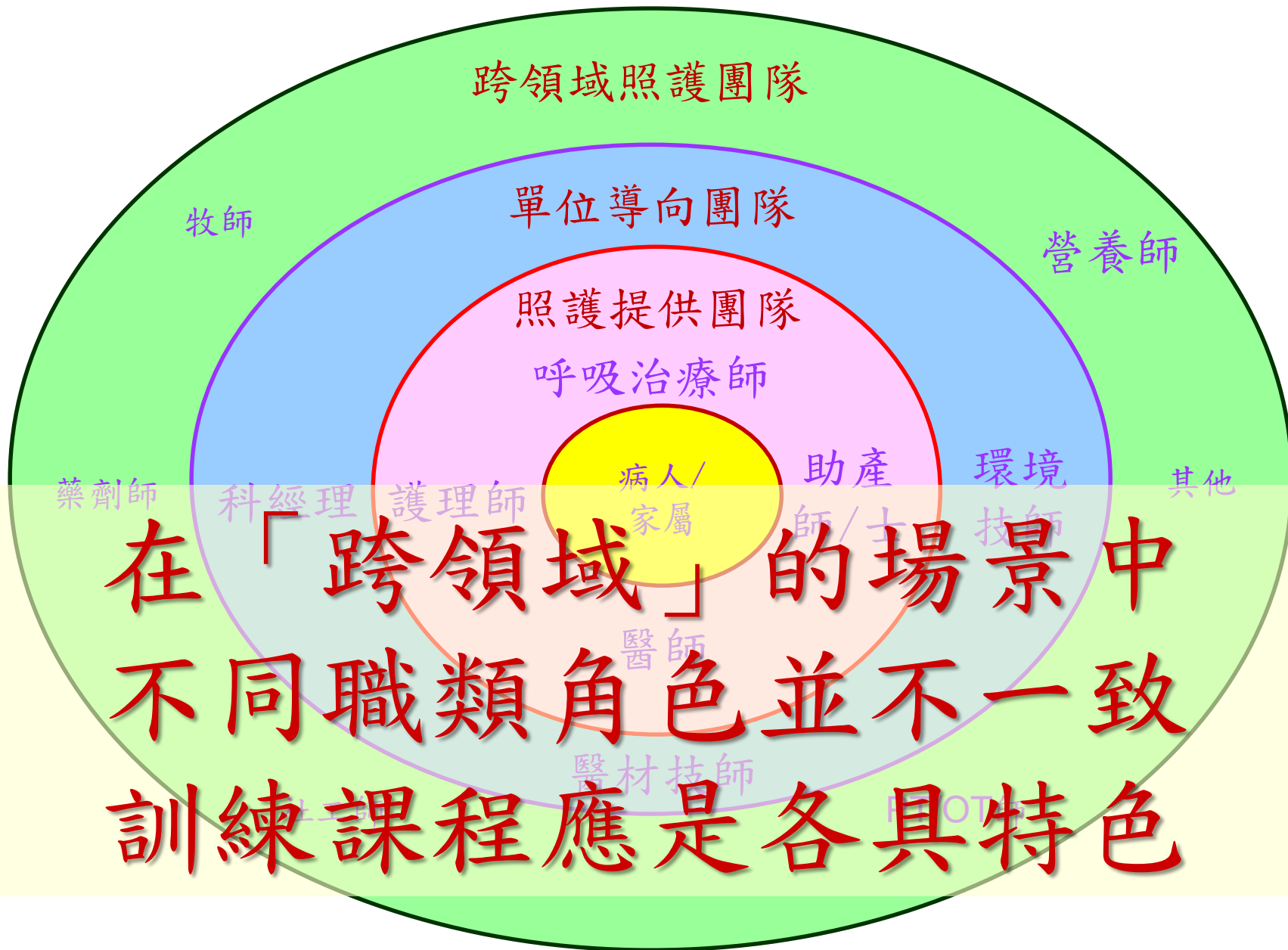


針對IP技能，規劃出曝露、浸沒及能耐等三個層級的課程



Reprinted with permission from University of Toronto. (2008). *Advancing the Interprofessional Education Curriculum 2009. Curriculum Overview*. Toronto: University of Toronto, Office of Interprofessional Education. Competency Framework.

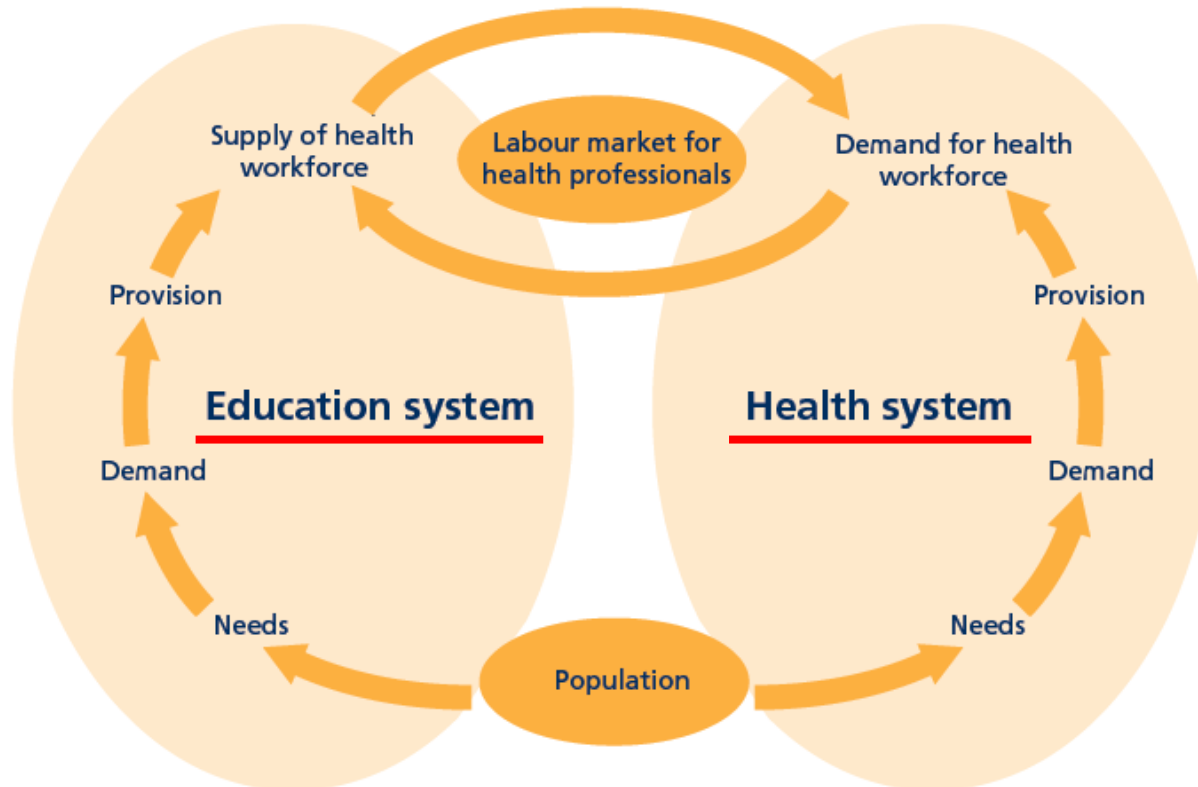




先有IPE抑或先IPP？

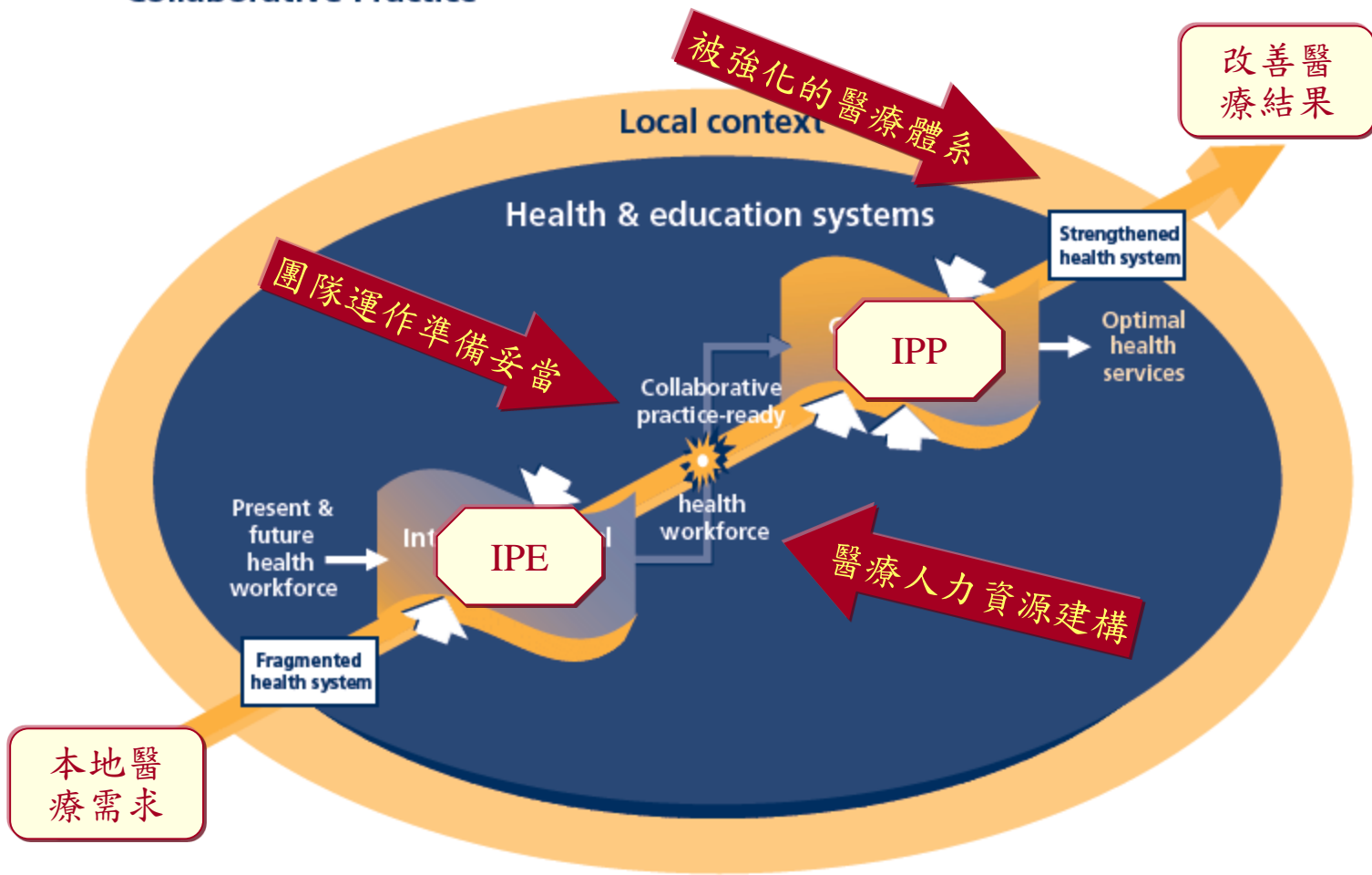
Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world

1. IPE
2. IPP
3. 不一定



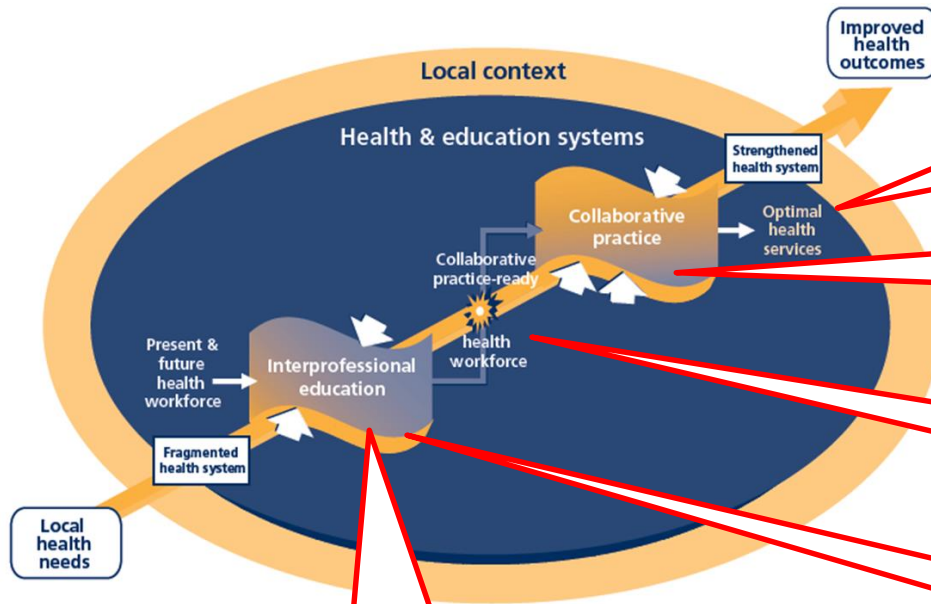
Reprinted with permission from Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T. et al. (2010). *Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. The Lancet*, 376 (9756), 1923-1958.

Framework for Action on Interprofessional Education & Collaborative Practice



Reprinted with permission from: *World Health Organization (WHO). (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: World Health Organization.*

實際上.....



1. 定義出Optimal health services的具體需求

2. 擬訂出Collaborative practice的作業程序

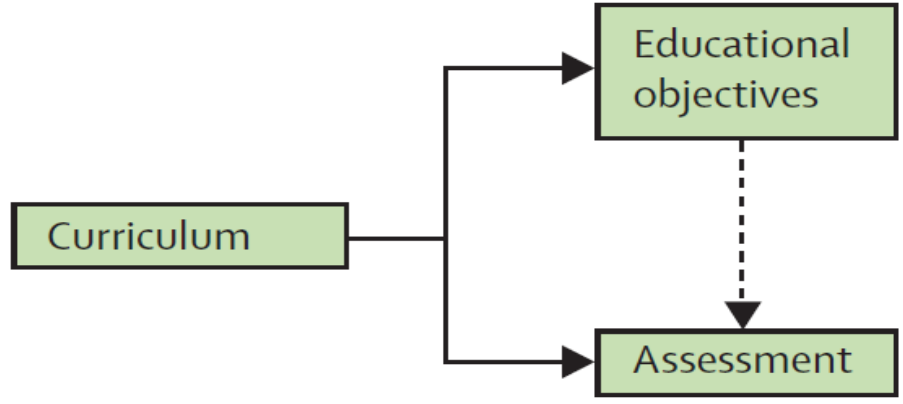
3. 規範出Health workforce的人員能力

4. 設計出Interprofessional education的課程內容

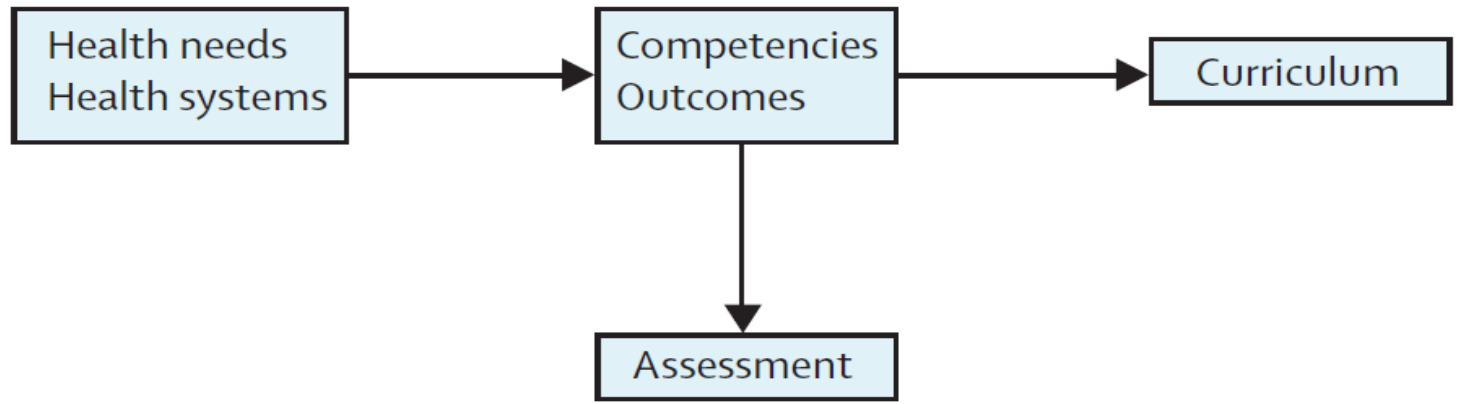
在流程上先見到IPE

所以先設計IPE課程，然後進~~X~~教學，再來執行IPP？

Traditional model



Competency-based education model



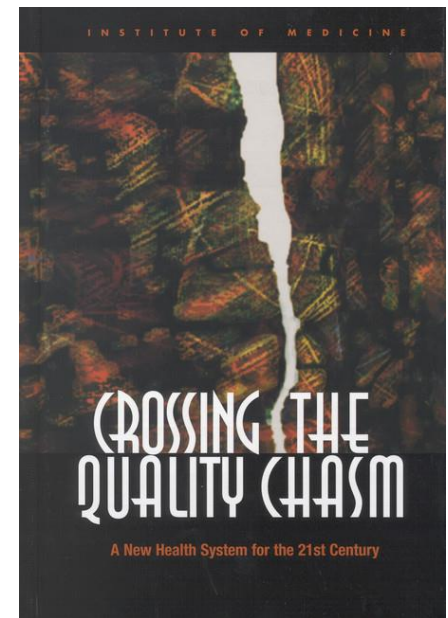
Frenk J, et al. health professional for a new century: transforming education to strengthen health systems in an interdependent world. Lancet, 2010.

Framework for Quality: Six Key Areas of IOM Report

Healthcare should be:

(Acronym: STEEP)

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centered



IPP的基本條件就是做好 Interprofessional Collaboration

為要達到

(Acronym: STEEEP)

- **Safe**
- **Timely**
- **Effective**
- **Efficient**
- **Equitable**
- **Patient-centered**

如何做好interprofessional collaboration ?

為要達到

(Acronym: STEEEP)

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centered

IPE的內容到底是什麼？



加拿大跨領域醫療協作會

The Canadian Interprofessional Health Collaborative developed the National Interprofessional Competency Framework, on which the IPC on the Run Modules are based. This framework supports interprofessional education and collaborative practice for all professions in a variety of contexts. The National Interprofessional Competency Framework provides an integrative approach to describing the competencies required for effective interprofessional collaboration. Six competency domains highlight the knowledge, skills, attitudes and values that shape the judgments essential for interprofessional collaborative practice. The six competency domains are:

- | | |
|---|--------------------|
| 1. Interprofessional communication | 1. 跨領域溝通 |
| 2. Patient/client/family/community-centred care | 2. 以病人/家庭/社區為中心的照護 |
| 3. Role clarification | 3. 角色澄清 |
| 4. Team functioning | 4. 團隊功能 |
| 5. Collaborative leadership | 5. 合作領導 |
| 6. Interprofessional conflict resolution | 6. 跨領域衝突解決 |

大家一起來仔細看一下……

National Interprofessional Competency Framework



Role Clarification

Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient/client/family and community goals. To support interprofessional collaborative practice, learners/practitioners are able to:

- describe their own role and that of others
- recognize and respect the diversity of other health and social care roles, responsibilities, and competencies
- perform their own roles in a culturally respectful way
- communicate roles, knowledge, skills, and attitudes using appropriate language
- access others' skills and knowledge appropriately through consultation
- consider the roles of others in determining their own professional and interprofessional roles
- integrate competencies/roles seamlessly into models of service delivery

角色澄清

了解自身的角色和在其他專業的角色，並利用這些知識恰當地建立和實踐病人/家屬和社區的目標。為了支持跨領域的合作，學習者能夠：

- 描述自己的角色和他人的角色
- 認知和尊重其他健康和社會照護的角色、責任和能力的多樣性
- 以尊重文化的方式來履行自己的角色
- 使用適當的語言來溝通：角色、知識、技能和態度
- 經由照會適當地獲得其他專業的技能 and 知識
- 考慮其他團隊成員的角色，以確定其專業和跨專業的角色
- 將能力/角色無縫地整合至提供服務的模式

角色澄清

了解自身的角色和在其他專業的角色，並利用這些知識恰當地建立和實踐病人/家屬和社區的目標。

- 描述自己的角色和他人的角色
- 認知和尊重其他醫療和社會照護的角色、責任和能力的多樣性
- 以尊重文化的方式來履行自己的角色
- 使用適當的語言來溝通：角色、知識、技能和態度
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- 將能力/角色無縫地整合至提供服務的模式

Team Functioning

Learners/practitioners understand the principles of team work dynamics and group/team processes to enable effective interprofessional collaboration. To support interprofessional collaboration, learners/practitioners are able to:

- understand the process of team development
- develop a set of principles for working together that respects the ethical values of members
- effectively facilitate discussions and interactions among team members
- participate, and be respectful of all members' participation, in collaborative decision-making
- regularly reflect on their functioning with team learners/practitioners and patients/clients/families
- establish and maintain effective and healthy working relationships with learners/practitioners, patients/clients, and families, whether or not a formalized team exists
- respect team ethics, including confidentiality, resource allocation, and professionalism

團隊功能

了解團隊的工作動態和團隊程序的原則，以便能夠達成有效的跨領域合作。為了支持專業間的合作，學習者能夠：

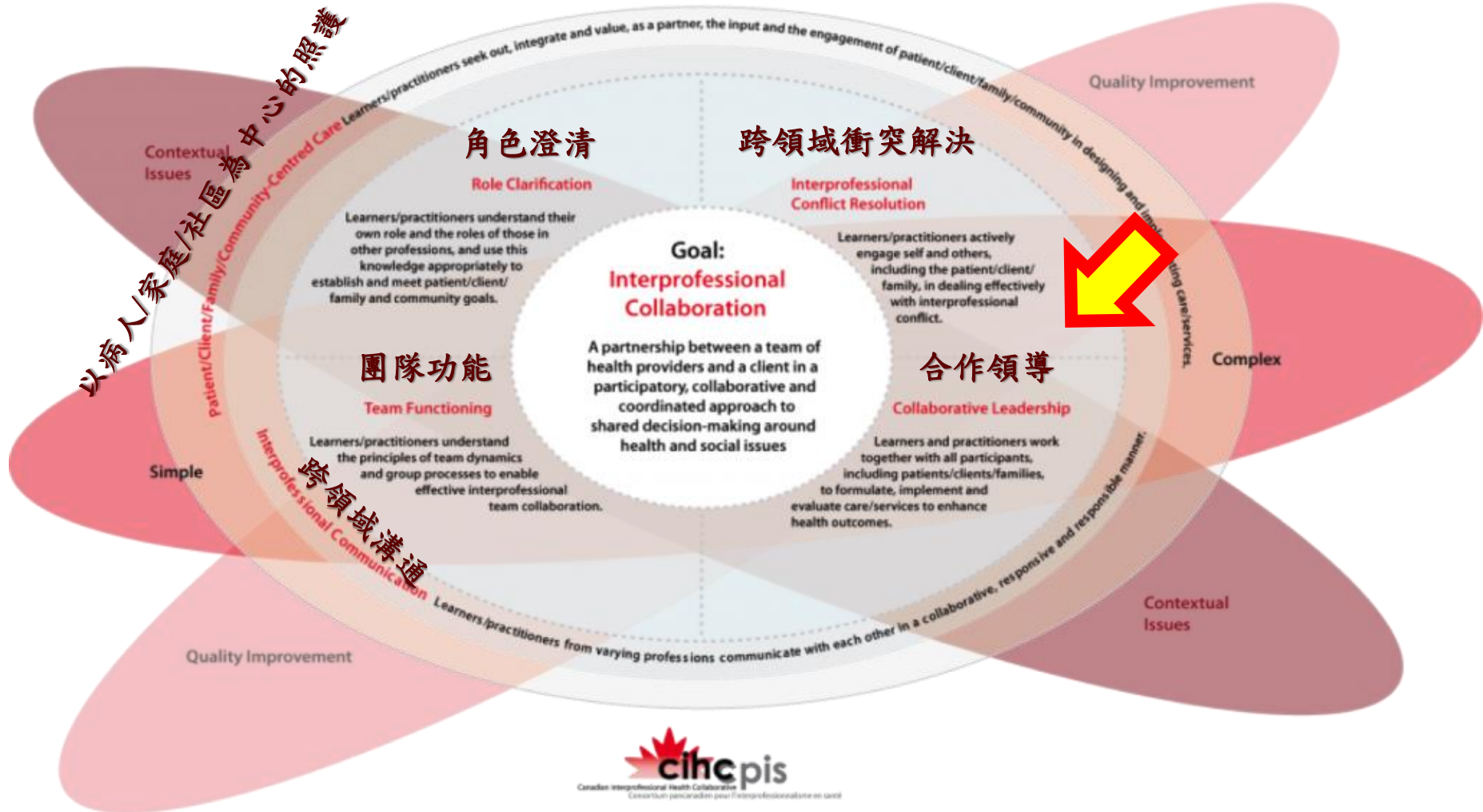
- 了解團隊開發的過程
- 制定一套一起工作的原則，尊重成員的倫理價值
- 有效地促進團隊成員之間的討論和互動
- 參與協同決策，並尊重所有成員的參與
- 團隊成員和病人/家屬對團隊運作進行定期反思
- 團隊成員、病人/家屬建立並維持有效的和健全的工作關係，無論是否為一個正式的團隊
- 尊重團隊倫理，包括保密、資源分配和專業素養

團隊功能

了解團隊的工作動態和團隊程序的原則，以便能夠達成有效的跨領域合作。

- 了解團隊開發的過程
- 制定一套一起工作的原則，尊重成員的倫理價值
- 有效地促進團隊成員之間的討論和互動
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National Interprofessional Competency Framework



Collaborative Leadership

Learners/practitioners understand and can apply leadership principles that support a collaborative practice model. This domain supports shared decision-making as well as leadership but it also implies continued individual accountability for one's own actions, responsibilities and roles as explicitly defined within one's professional/disciplinary scope of practice. To support interprofessional collaborative practice, learners/practitioners collaboratively determine who will provide group leadership in any given situation by supporting:

- work with others to enable effective patient/client outcomes
- advancement of interdependent working relationships among all participants
- facilitation of effective team processes
- facilitation of effective decision making
- establishment of a climate for collaborative practice among all participants
- co-creation of a climate for shared leadership and collaborative practice
- application of collaborative decision-making principles
- integration of the principles of continuous quality improvement to work processes and outcomes

合作領導

了解並能應用領導原則來支持合作實踐模式。此領域支持共享決策和領導，但亦強調個人對自己的行動、責任和專業角色持續的固有責任。為支持跨領域合作照護，**學習者**在任何情況下均能共同決定由何人領導團隊來支持下列事項：

- 與他人合作使病人的治療效果能更有效
- 提升所有參與者之間相互依存的工作關係
- 促進團隊流程效能
- 促進決策效能
- 在所有參與者之間建立合作照護的氛圍
- 共同創造分享領導和合作照護的氛圍
- 應用協同決策的原則
- 將持續品質改進的原則整合至工作的過程和結果

合作領導

了解並能應用領導原則來支持合作實踐模式。此領域支持共享決策和領導，但亦強調個人對自己的行動、責任和專業角色持續的固有責任。

- 與他人合作使病人的治療效果更為有效
- 提升所有參與者之間相互依存的工作關係
- 促進團隊流程效能
- 促進決策效能
- 在所有參與者之間建立合作照護的氛圍
- 共同創造分享領導和合作照護的氛圍
- 應用協同決策的原則
- 將持續品質改進的原則整合至工作的過程和結果

Interprofessional Conflict Resolution

Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing disagreements as they arise. To support Interprofessional collaborative practice, team members consistently address conflict in a constructive manner by:

- valuing the potential positive nature of conflict
- recognizing the potential for conflict to occur and taking constructive steps to address it
- Identifying common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals
- knowing and understanding strategies to deal with conflict
- setting guidelines for addressing disagreements
- effectively working to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution
- establishing a safe environment in which to express diverse opinions
- developing a level of consensus among those with differing views; allowing all members to feel their viewpoints have been heard no matter what the outcome

跨領域衝突解決

在團隊發生歧見時，能主動參與及邀請其他人（包括病人和家屬）共同以正向和建設性的態度來解決分歧。為支持跨領域合作照護，團隊成員始終依下列原則和方式以建設性的態度來解決衝突：

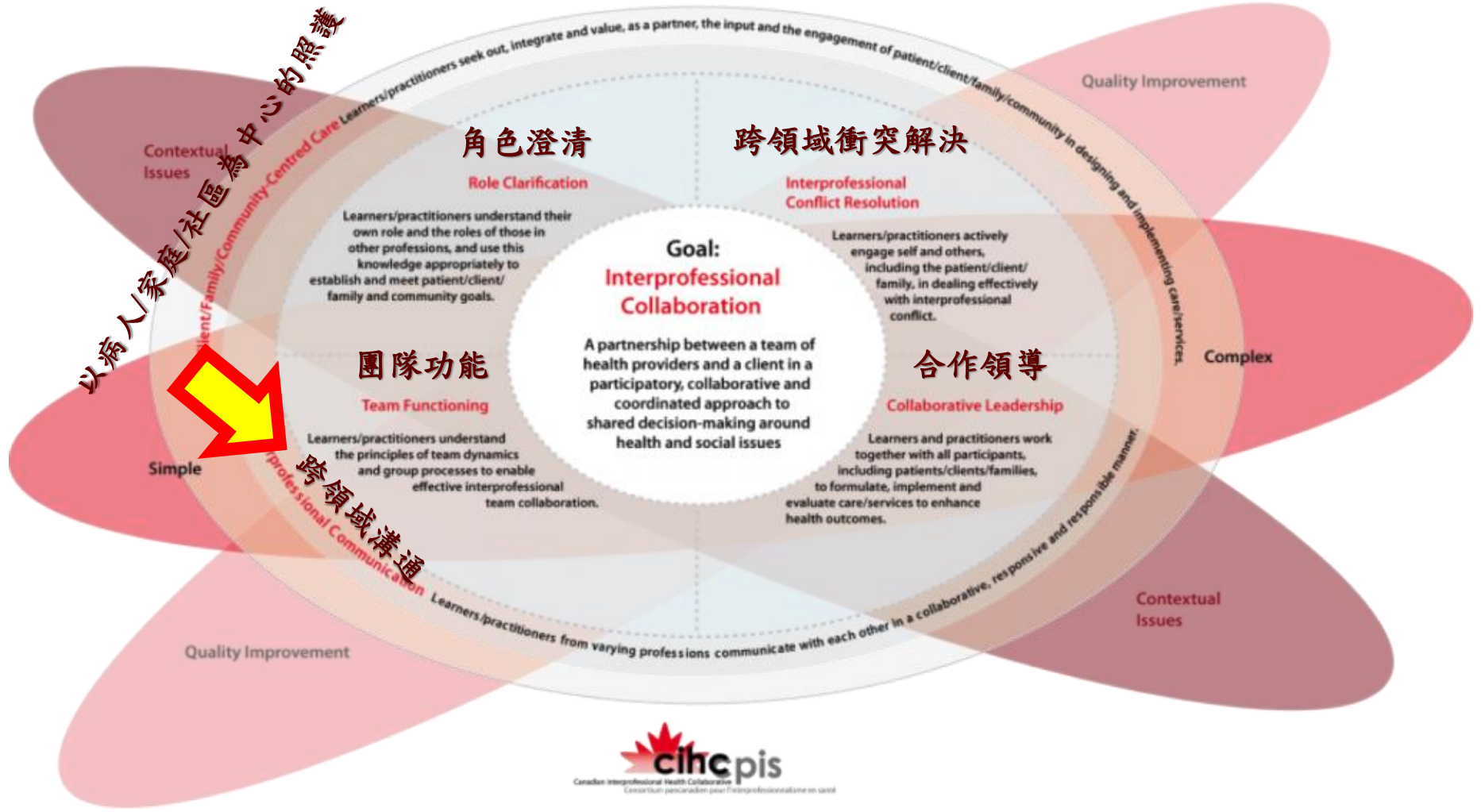
- 對衝突的潛在正向本質賦予價值
- 認識潛在衝突的發生，並採取建設性的措施來解決
- 識別有可能導致分歧和衝突的常見情況，如角色模糊、能力落差和目標分歧
- 認知和理解處理衝突的策略
- 設立處理分歧的指引
- 以有效的作業來處理和解決分歧，包括分析衝突的原因，並努力達成可接受的解決方案
- 建立安全的環境使能表達不同意見
- 在持不同觀點的人之間發展出某一程度的共識，無論結果如何也要讓所有成員都感覺到他們的觀點有被聽到

跨領域衝突解決

在團隊發生歧見時，能主動參與及邀請其他人（包括病人/家屬）共同以正向和建設性的態度來解決分歧。

- 對衝突的潛在正向本質賦予價值
- 認識潛在衝突的發生，並採取建設性的措施來解決
- 識別有可能導致分歧和衝突的常見情況，如角色模糊、能力落差和目標分歧
- 認知和理解處理衝突的策略
- 設立處理分歧的指引
- 以有效的作業來處理和解決分歧，包括分析衝突的原因，並努力達成可接受的解決方案
- 建立安全的環境使能表達不同意見
- 持不同觀點的人之間發展出某一程度的共識，無論結果如何也要讓所有成員都感覺到他們的觀點有被聽到

National Interprofessional Competency Framework



Interprofessional Communication

Learners/practitioners from different professions communicate with each other in a collaborative, responsive and responsible manner. To support interprofessional collaborative practice, learners/practitioners are able to:

- establish team work communication principles
- actively listen to other team members including patients/clients/families
- communicate to ensure common understanding of care decisions
- develop trusting relationships with patients/clients/families and other team members
- effectively use information and communication technology to improve interprofessional patient/client/community-centred care

跨領域溝通

來自不同專業的學習者以合作、敏銳和負責任的態度來相互溝通。為支持跨領域合作照護，學習者能夠：

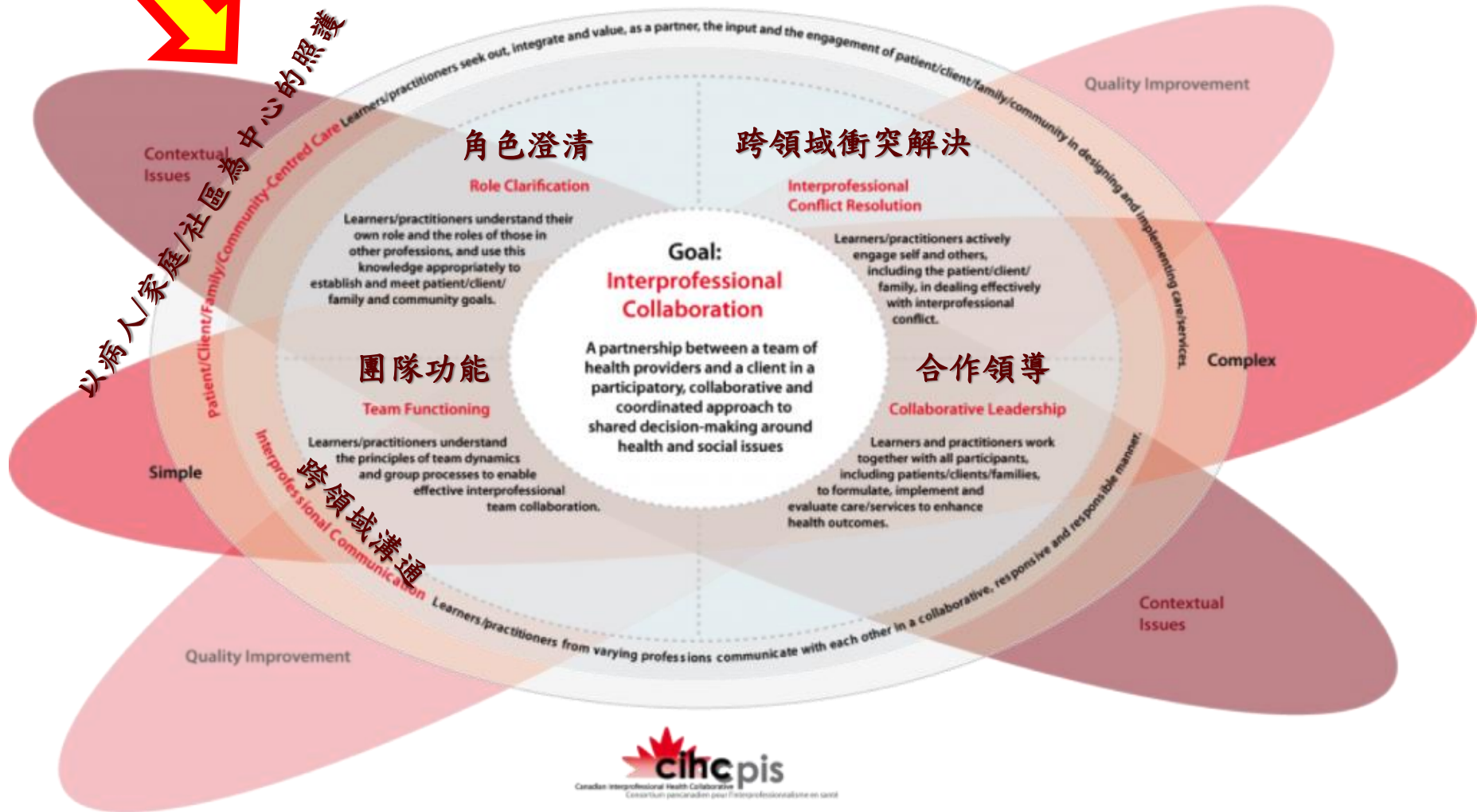
- 建立團隊合作的溝通原則
- 主動聆聽其他團隊成員，包括病人/家屬
- 以溝通來確保照護的決定有達成共識
- 與病人/家屬和其他團隊成員發展信任關係
- 有效地利用信息和通訊技術來提高以病人/社區為中心的跨專業照護

跨領域溝通

來自不同專業的學習者以合作、敏銳和負責任的態度來相互溝通。

- 建立團隊合作的溝通原則
- 主動聆聽其他團隊成員，包括病人/家屬
- 以溝通來確保照護的決定有達成共識
- 與病人/家屬和其他團隊成員發展信任關係
- 有效地利用信息和通訊技術來提高以病人/社區為中心的跨專業照護

National Interprofessional Competency Framework



Patient/Client/Family/Community-Centred Care

Learners/practitioners seek out, integrate and value, as a partner, the input, and the engagement of the patient/client/family/community in designing and implementing care/services. To support inter-professional collaborative practice that is patient/client/family-centred, learners/practitioners need to:

- support the participation of patients/clients, their families, and/or community representatives as integral partners alongside with healthcare personnel
- share information with patients/clients (or family and community) in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making
- ensure that appropriate education and support is provided to patients/clients, family members and others involved with care or service
- listen respectfully to the expressed needs of all parties in shaping and delivering care or services

以病人/家庭/社區為中心的照護

如合作夥伴般尋找、整合和評價輸入的訊息，並納入病人/家屬/社區參與設計和實施照護/服務。為了支持以病人/家屬/社區為中心的跨領域合作照護，學習者能夠：

- 支持病人/家屬/社區代表成為醫療人員的合作夥伴
- 以尊重的態度與病人/家屬/社區代表分享資訊，在此模式下大家都可了解、被鼓勵討論，以及提升決策的參與度
- 確保能提供給病人、家屬和其他參與照護的人有適當的教育和支持
- 有適當的教育和支持，到以尊重的態度來聆聽各方對照顧和服務所表達的需求

以病人為中心的照護

如合作夥伴般尋找、整合和評價輸入的訊息，並納入病人/家屬/社區參與設計和實施照護/服務。

- 支持病人/家屬/社區代表成為醫療人員的合作夥伴
- 以尊重的態度與病人/家屬/社區代表分享資訊，在此模式下大家都可了解、被鼓勵討論，以及提升決策的參與度
- 確保能提供給病人、家屬和其他參與照護的人有適當的教育和支持
- 有適當的教育和支持，到以尊重的態度來聆聽各方對照顧和服務所表達的需求

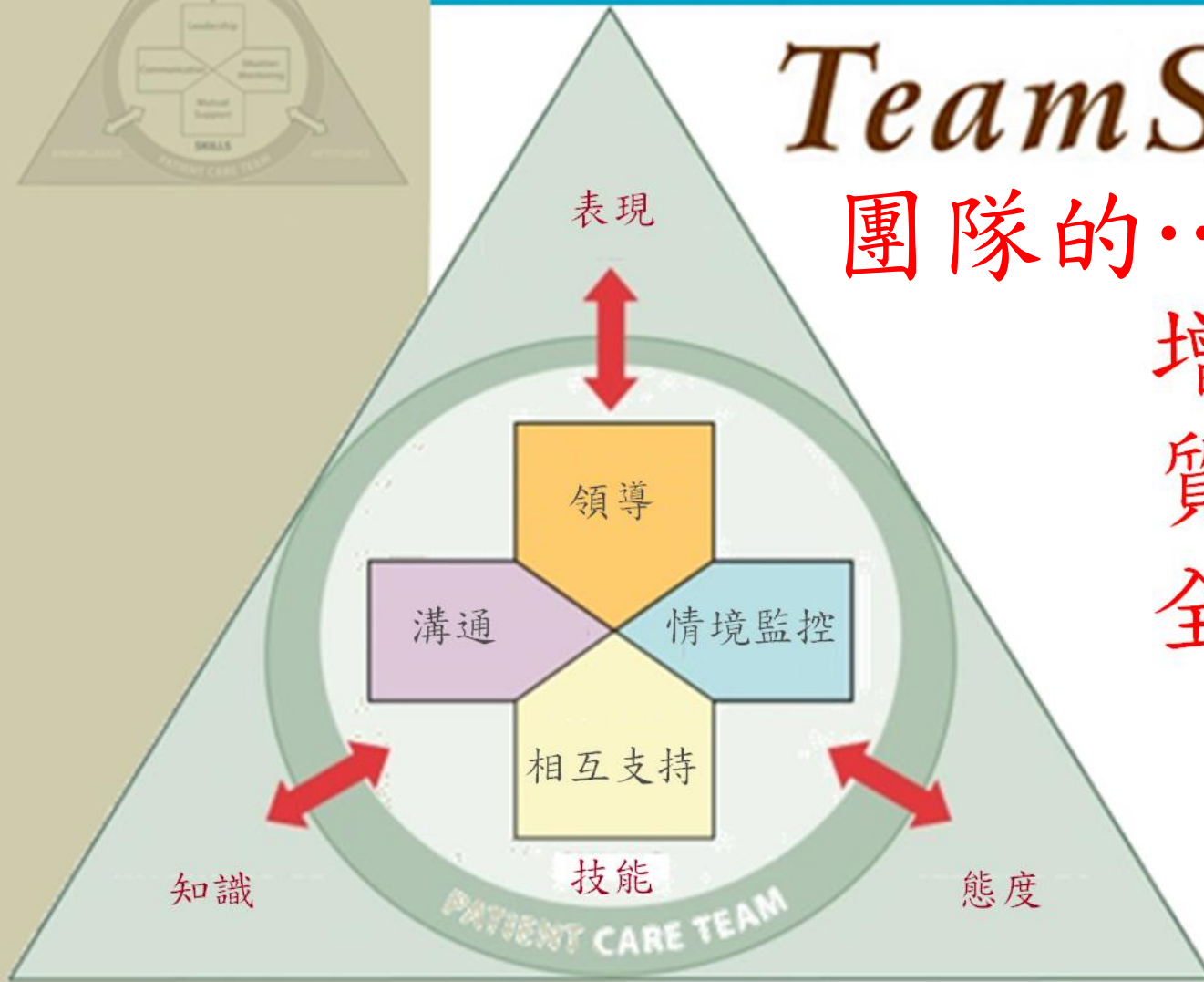
大綱

- 前言
- 跨領域團隊合作照護與教育
- 特殊必修：*TRM/TeamSTEPPS*®
- 結語

Team STEPPS

團隊的...

增進醫療品質和病人安全的策略和工具



Introduction

TeamSTEPPS的發源

Curriculum Contributors

- Department of Defense
- Agency for Healthcare Research and Quality
- Research Organizations
- Universities
- Medical and Business Schools
- Hospitals—Military and Civilian, Teaching and Community-Based
- Healthcare Foundations
- Private Companies
- Subject Matter Experts in Teamwork, Human Factors, and Crew Resource Management (CRM)



TeamSTEPPS[®]

Team

Strategies & Tools to Enhance Performance & Patient Safety

“源起乃基於團隊表現的證據...憑藉超過25年在軍隊、航空、核能、商業和產業的研究...以獲得團隊能力”



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Patient Safety Movement

為什麼選TRM來學？



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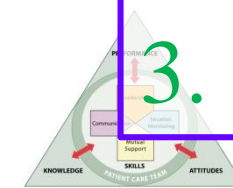


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Patient Safety Movement

為什麼選TRM來學？

1. 簡單易學
2. 實證支持
3. 資料易得



TeamSTEPPS



“To Err is Human”
IOM Report

JCAHO
National Patient
Safety Goals

Institute for
Healthcare
Improvement
100K lives
Campaign

Patient Safety
and Quality
Improvement
Act of 2005

DoD
MedTeams®
ED Study

Executive
Memo from
President



1995

1999

2001

2003

2004

2005

2006

Medical Team Training





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- About TeamSTEPPS®
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- TeamSTEPPS® Long-Term Care Version
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- Patients with Limited English Proficiency
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- Research/Evidence Base
- TeamSTEPPS® Webinars

TeamSTEPPS® 2.0

CONTACT INFORMATION

醫療照護研究與品質署和國防部開發了*TeamSTEPPS*，這是一個團隊合作系統，為您機構內的合作和溝通提供強大的解決方案。團隊合作已被發現是病人安全中的關鍵之一，可以改變醫療照護領域的文化。病人安全專家一致認為，溝通和其他團隊合作技能對於提供高品質的醫療照護以及預防和減輕醫療錯誤以及病人傷害至關重要。



*TeamSTEPPS*是一項以實證為基礎的計畫，旨在優化醫療照護專業人員團隊的表現，使他們能夠快速有效地應對任何出現的情況。該課程由專家小組開發，結合了超過25年的團隊和團隊表現的科學研究。



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TeamSTEPPS® 2.0

Core Curriculum

- [TeamSTEPPS Overview \(Video\)](#)

The TeamSTEPPS 2.0 Core Curriculum consists of three main components:

- [Essentials Course](#)
- [Fundamentals \(Modules 1-7\)](#)
- [Supplemental \(Modules 8-12\)](#)

Course Registration

The course is available [online](#)

Additional Materials

- [Course Management Guide \(PDF Version \[- 357.04 KB \] \)](#)
- [Video Training Tools](#)
- [Measurement Tools](#)
- [Acknowledgments \(PDF Version \[- 36.39 KB \] \)](#)
- [Printable Components](#)
- [Specialty Scenarios](#)

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Fundamentals Course: TeamSTEPPS Overview (Video)

Training Video

TeamSTEPPS is a teamwork system developed jointly by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) to improve institutional collaboration and communication relating to patient safety.

Fundamentals Course: TeamSTEPPS Overview





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Essentials Instructional Module and Course Slides

The Essentials Course highlights the key principles and concepts of TeamSTEPPS (Strategies & Tools to Enhance Performance and Patient Safety). Available in print as a pocket guide, the Essentials Course can bring you up to speed quickly about improving patient safety by implementing TeamSTEPPS.

Contents (PDF version - 63.63 KB)

Introduction (PDF version - 36.99 KB)

Pocket Guide: TeamSTEPPS Essentials Course | PDF Version [- 864.76 KB]

- [Instructor Slides](#) (PDF version - 1.11 MB)
- [Classroom Slides](#) (Microsoft PowerPoint version - 4.08 MB ; PDF version - 3.89 MB)

*Page last reviewed March 2014
Page originally created September 2012*

Internet Citation: Essentials Instructional Module and Course Slides. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/teamsteps/instructor/essentials/index.html>

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TeamSTEPPS 2.0

TeamSTEPPS is a teamwork system developed jointly by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) to improve institutional collaboration and communication relating to patient safety. TeamSTEPPS 2.0 highlights the key principles and concepts of TeamSTEPPS.

Overview

[Instructor Manual Contents \(PDF File, 65 KB\)](#)[Introduction \(PDF File, 37 KB\)](#)[TeamSTEPPS Overview](#) [\(Video, 1 min., 46 sec.\)](#)

Instructional Modules

Fundamentals Instructional Modules

Module 1: Introduction

- [Instructor's Guide \(PDF File, 433 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 1 MB\)](#)
- [Evidence Base \(PDF File, 232 KB\)](#)
- [Implementation Worksheet \(PDF File, 198 KB\)](#)

Module 2: Team Structure

- [Instructor's Guide \(PDF File, 477 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 1.44 MB\)](#)
- [Evidence Base \(PDF File, 294 KB\)](#)
- [Teams and Teamwork Exercise Sheet \(PDF File, 151 KB\)](#)
- [Implementation Worksheet \(PDF File, 198 KB\)](#)



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[TeamSTEPPS® Dental Module](#)

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[TeamSTEPPS® Rapid Response Systems Guide](#)

[Training Guide: Using Simulation in TeamSTEPPS® Training](#)

[TeamSTEPPS® 2.0 Master Trainer Registration](#)

[Research/Evidence Base](#)

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Module 3: Communication

- [Instructor's Guide \(PDF File, 639 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 2.3 MB\)](#)
- [Evidence Base \(PDF File, 205 KB\)](#)
- [Implementation Worksheet \(PDF File, 198 KB\)](#)

Module 4: Leading Teams

- [Instructor's Guide \(PDF File, 512 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 1.88 MB\)](#)
- [Briefing Exercise Sheet \(PDF File, 111 KB\)](#)
- [Leadership Exercise Sheet \(PDF File, 96 KB\)](#)
- [Implementation Worksheet \(PDF File, 198 KB\)](#)

Module 5: Situation Monitoring

- [Instructor's Guide \(PDF File, 907 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 2.24 MB\)](#)
- [Evidence Base \(PDF File, 203 KB\)](#)
- [Implementation Worksheet \(PDF File, 198 KB\)](#)

Module 6: Mutual Support

- [Instructor's Guide \(PDF File, 527 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 1.97 MB\)](#)
- [Evidence Base \(PDF File, 205 KB\)](#)
- [Implementation Worksheet \(PDF File, 198 KB\)](#)
- [Mutual Support Exercise Sheet \(PDF File, 153 KB\)](#)

Module 7: Summary—Putting it All Together

- [Instructor's Guide \(PDF File, 267 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 1.16 MB\)](#)
- [Summary Skills Practice Exercise Sheet \(PDF File, 159 KB\)](#)
- [Implementation Worksheet \(PDF File, 198 KB\)](#)



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TeamSTEPPS 2.0

Trainer/Coach Instructional Modules

Module 8: Change Management

- [Instructor's Guide \(PDF File, 346 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 1.52 MB\)](#)

Module 9: Coaching Workshop

- [Instructor's Guide \(PDF File, 465 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 1.47 MB\)](#)
- [Coaching Feedback Form \(PDF File, 104 KB\)](#)
- [Coaching Scenarios \(PDF File, 213 KB\)](#)
- [Self-Assessment \(PDF File, 254 KB\)](#)

Module 10: Measurement

- [Instructor's Guide \(PDF File, 661 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 530 KB\)](#)
- [Evaluating TeamSTEPPS Worksheet \(PDF File, 158 KB\)](#)

Module 11: Implementation Workshop

- [Instructor's Guide \(PDF File, 324 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 710 KB\)](#)
- [TeamSTEPPS Implementation Guide \(PowerPoint® File, 631 KB\)](#)

Module 12: Practice Teaching Session

- [Instructor's Guide \(PDF File, 147 KB\)](#)
- [Classroom Slides \(PowerPoint® File, 455 KB\)](#)
- [Teaching Feedback Form \(PDF File, 101 KB\)](#)



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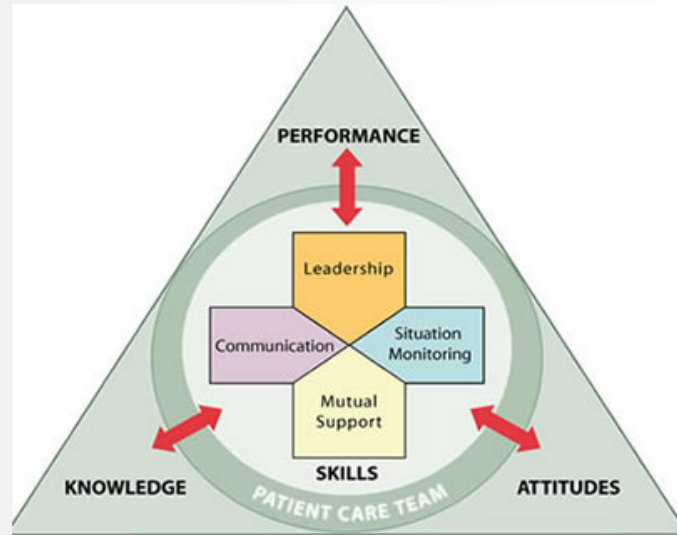
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TeamSTEPPS Fundamentals Course: Module 1. Introduction

Instructor's Guide

TeamSTEPPS is a teamwork system developed jointly by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) to improve institutional collaboration and communication relating to patient safety.

TeamSTEPPS® 2.0: Team Strategies and Tools to Enhance Performance and Patient Safety



[D] [Select for Text Description](#)

Instructor Outline: Introduction

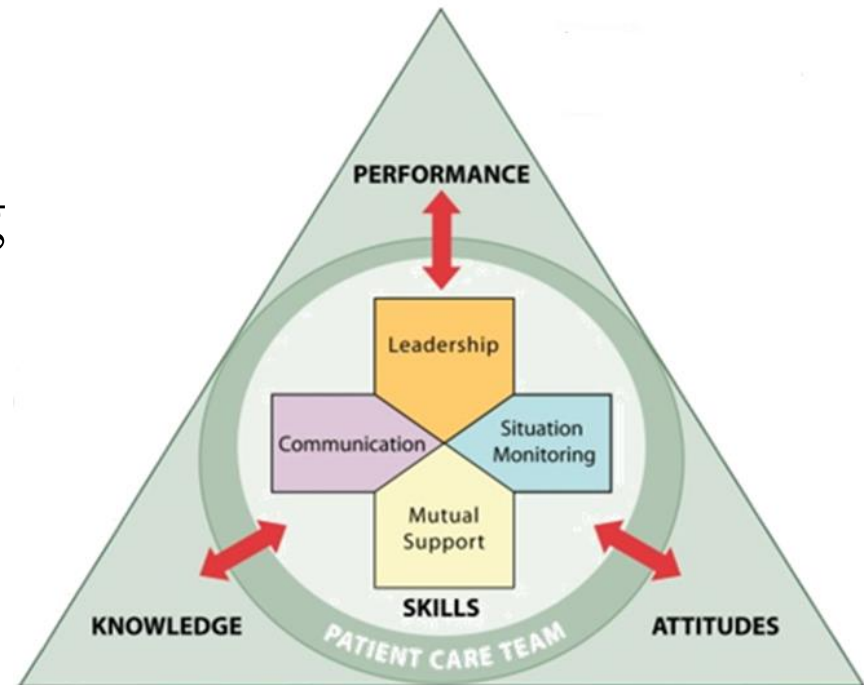
Course Agenda

- Module 1—Introduction
- Module 2—Team Structure
- Module 3—Leadership
- Module 4—Situation Monitoring
- Module 5—Mutual Support
- Module 6—Communication
- Module 7—Summary—Pulling It All Together



TeamSTEPPS飯糰

- Leadership
- Communication
- Situation Monitoring
- Mutual Support



TeamSTEPPS®

Barriers	Tools & Strategies	Outcomes
<ul style="list-style-type: none"> • Inconsistency in Team Membership • Lack of time • Lack of Information Sharing • Hierarchy • Defensiveness • Conventional Thinking • Complacency • Varying Communication Styles • Conflict • Lack of Coordination and Follow-Up with Co-Workers • Distractions • Fatigue • Workload • Misinterpretation of Cues • Lack of Role Clarity 	<p>Communication</p> <ul style="list-style-type: none"> • SBAR • Call-Out • Check-Back • Handoff <p>Leading Teams</p> <ul style="list-style-type: none"> • Brief • Huddle • Debrief <p>Situation Monitoring</p> <ul style="list-style-type: none"> • STEP • I'M SAFE <p>Mutual Support</p> <ul style="list-style-type: none"> • Task Assistance • Feedback • Assertive Statement • Two-Challenge Rule • CUS • DESC Script 	<ul style="list-style-type: none"> • Shared Mental Model • Adaptability • Team Orientation • Mutual Trust • Team Performance • Patient Safety



TeamSTEPPS®

障 礙	工 具 與 策 略	結 果
<ul style="list-style-type: none"> • 團隊成員不協調 • 缺乏時間 • 缺乏資訊共享 • 階級觀念 • 防衛心 • 傳統思維 • 自滿 • 溝通形式不同 • 衝突 • 缺乏與同工協調和追蹤 • 分心 • 疲倦 • 過勞 • 誤判提示 • 角色模糊 	<p>Communication</p> <ul style="list-style-type: none"> • SBAR • Call-Out • Check-Back • Handoff <p>Leading Teams</p> <ul style="list-style-type: none"> • Brief • Huddle • Debrief <p>Situation Monitoring</p> <ul style="list-style-type: none"> • STEP • I'M SAFE <p>Mutual Support</p> <ul style="list-style-type: none"> • Task Assistance • Feedback • Assertive Statement • Two-Challenge Rule • CUS • DESC Script 	<ul style="list-style-type: none"> • 共同心智模式 • 具適應力 • 團隊導向 • 相互信任 • 團隊表現 • 病人安全



TeamSTEPPS

TeamSTEPPS

Leadership



TeamSTEPPS®

障 礙	工 具 與 策 略	結 果
<ul style="list-style-type: none"> • 團隊成員不協調 • 缺乏時間 • 缺乏資訊共享 • 階級觀念 • 防衛心 • 傳統思維 • 自滿 • 溝通形式不同 • 衝突 • 缺乏與同工協調和追蹤 • 分心 • 疲倦 • 過勞 • 誤判提示 • 角色模糊 	<p>Communication</p> <ul style="list-style-type: none"> • SBAR • Call-Out • Check-Back • Handoff <p>Leading Teams</p> <ul style="list-style-type: none"> • Brief • Huddle • Debrief <p>Situation Monitoring</p> <ul style="list-style-type: none"> • STEP • I'M SAFE <p>Mutual Support</p> <ul style="list-style-type: none"> • Task Assistance • Feedback • Assertive Statement • Two-Challenge Rule • CUS • DESC Script 	<ul style="list-style-type: none"> • 共同心智模式 • 具適應力 • 團隊導向 • 相互信任 • 團隊表現 • 病人安全



Team Events

- Briefs (簡報) : 策劃
- Huddles (熟思) : 處理問題
- Debriefs (匯報) : 程序改善

領導者負責組合團隊和促進團隊活動

但要記住.....

任何人均可要求**brief**、**huddle**或**debrief**



Leadership

BARRIERS

- Hierarchical Culture
- Lack of Resources or Information
- Ineffective Communication
- Conflict

TOOLS and STRATEGIES

Brief

Huddle

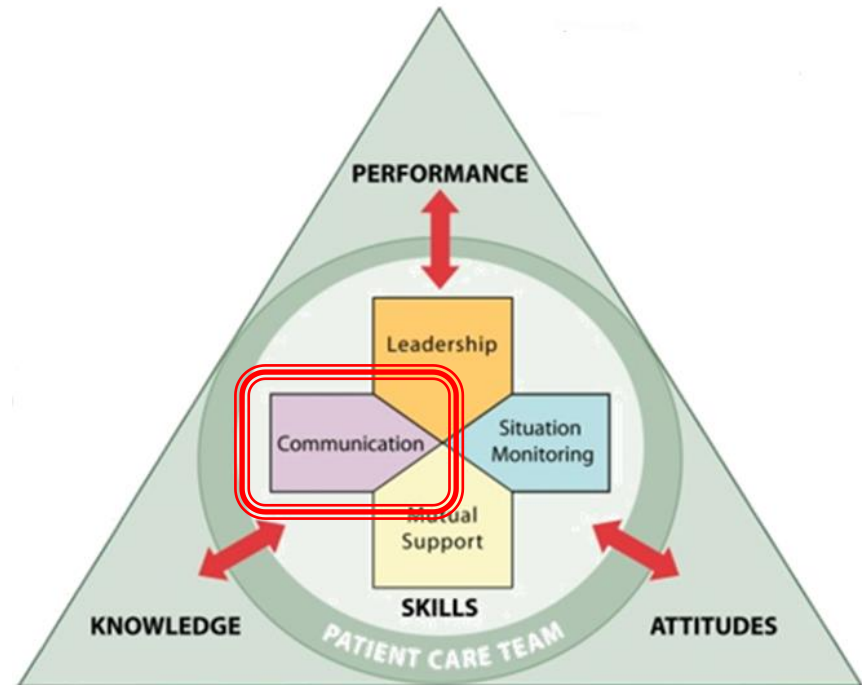
Debrief

OUTCOMES

- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust

TeamSTEPPS飯糰

- Leadership
- **Communication**
- Situation Monitoring
- Mutual Support



TeamSTEPPS®

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TeamSTEPPS®

簡短
Brief



清楚
Clear



及時
Timely



Information Exchange Strategies

- Situation–Background– Assessment– Recommendation (SBAR)
- Call-Out
- Check-Back
- Handoff



SBAR & Patient Safety Techniques

- SBAR
 - **S**ituation
 - **B**ackground
 - **A**ssessment
 - **R**ecommendation
- 可用於所有與病人相關的溝通
- 可使用影片、閱讀教材簡短評估工具用於訓練



SBAR & Patient Safety Techniques

Dr. Jones, this is Deb McDonald RN, I am calling from ABC Hospital about your patient Jane Smith.

- **Situation** – *Here's the situation:* Mrs. Smith is having increasing dyspnea and is complaining of chest pain.
- **Background** – *The supporting background information is that* she had a total knee replacement two days ago. About two hours ago she began complaining of chest pain. Her pulse is 120 and her blood pressure is 128/54. She is restless and short of breath.
- **Assessment** – *My assessment of the situation is that* she may be having a cardiac event or a pulmonary embolism.
- **Recommendation** – *recommend that* you see her immediately and that we start her on O2 stat.



Call-Out is...

用於溝通重要或關鍵性訊息的策略

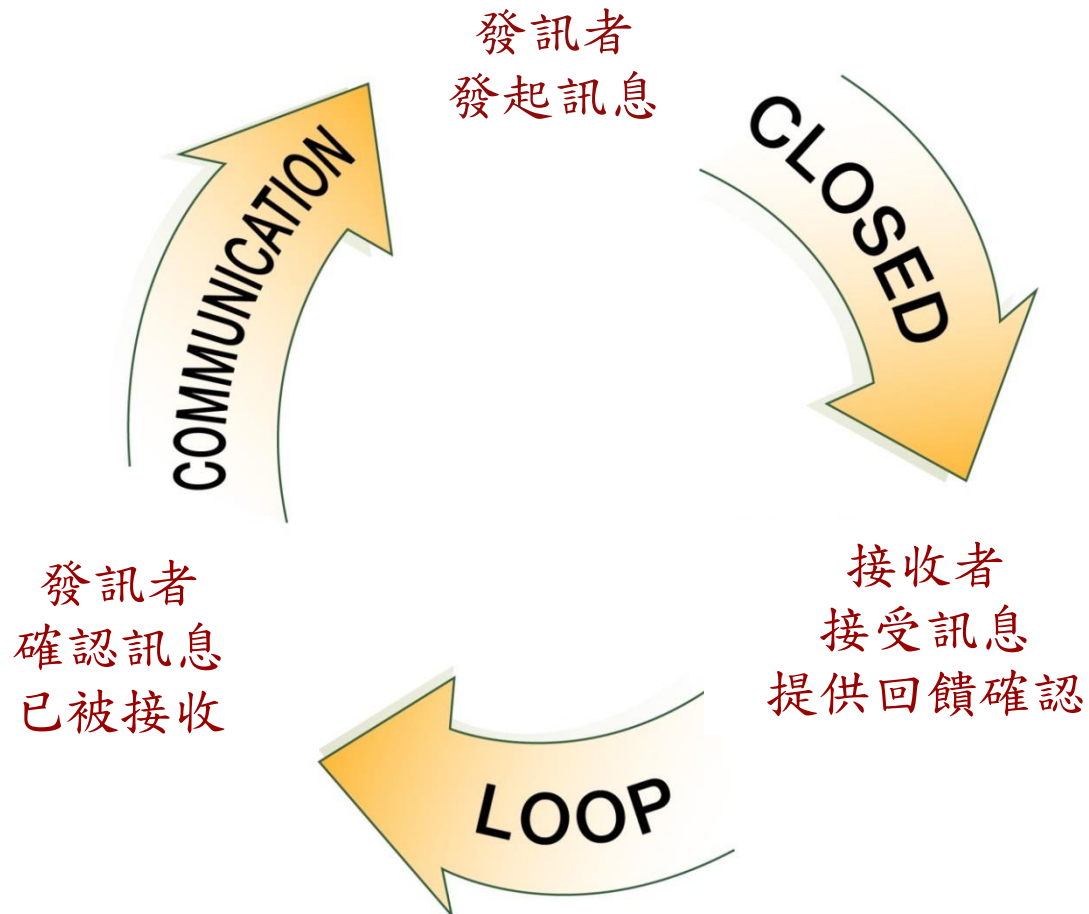
- 在緊急狀況時同時通所有團隊成員
- 幫助團隊成員預知下一步



...On your unit, what information would you want called out?



Check-Back is...



Handoff

在交接班時傳遞訊息（同時傳遞權責）
包括有提問、闡明和確認的機會



Handoff Consists of...

- 傳遞當下的責任及公認的責任
- 闡明資訊
- 資訊的口述溝通
- 接收資訊者的致謝
- 審查的機會

*Great opportunity for quality
and safety*



“I PASS THE BATON”



Introduction: Introduce yourself and your role/job (include patient)

Patient: Identifiers, age, sex, location

Assessment: Present chief complaint, vital signs, symptoms, and diagnosis

Situation: Current status/circumstances, including code status, level of uncertainty, recent changes, and response to treatment

Safety: Critical lab values/reports, socio-economic factors, allergies, and alerts (falls, isolation, etc.)

THE

Background: Co-morbidities, previous episodes, current medications, and family history

Actions: What actions were taken or are required? Provide brief rationale

Timing: Level of urgency and explicit timing and prioritization of actions

Ownership: Who is responsible (nurse/doctor/team)?

Include patient/family responsibilities

Next: What will happen next? Anticipated changes?

What is the plan? Are there contingency plans?

Question, Clarify, and Confirm

ISHAPED – Another Report Tool

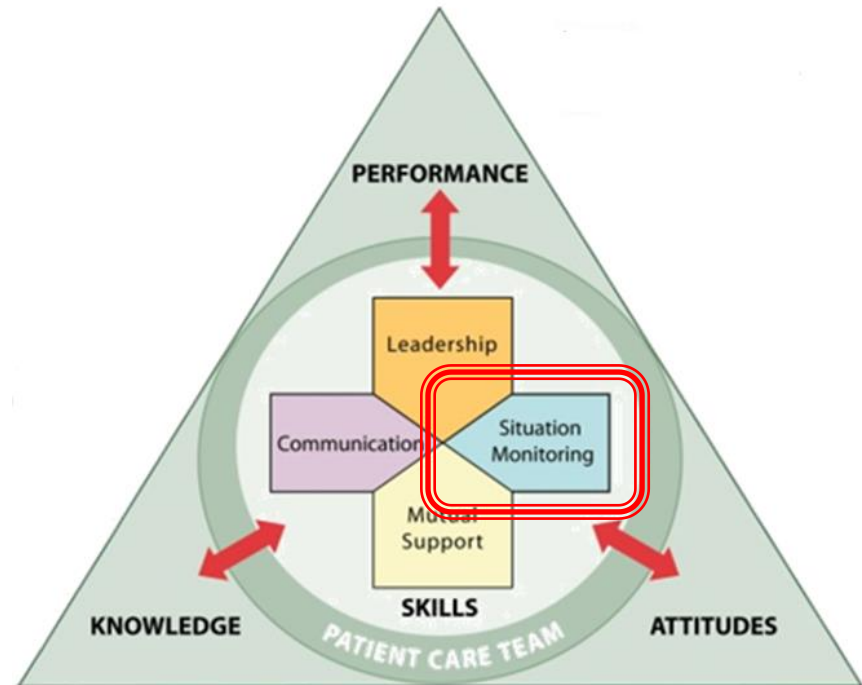
- **I**: Introduction
- **S**: Story
- **H**: History
- **A**: Assessment
- **P**: Plan
- **E**: Error-Prevention
- **D**: Dialogue

- * From Inova/Picker Institute available at: <http://alwaysevents.pickerinstitute.org/?p=1251>



TeamSTEPPS飯糰

- Leadership
- Communication
- **Situation Monitoring**
- Mutual Support



TeamSTEPPS®

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Cross Monitoring is...

監測其他團隊成員舉動的程序，目的是分擔工作負荷及減少或避免錯誤

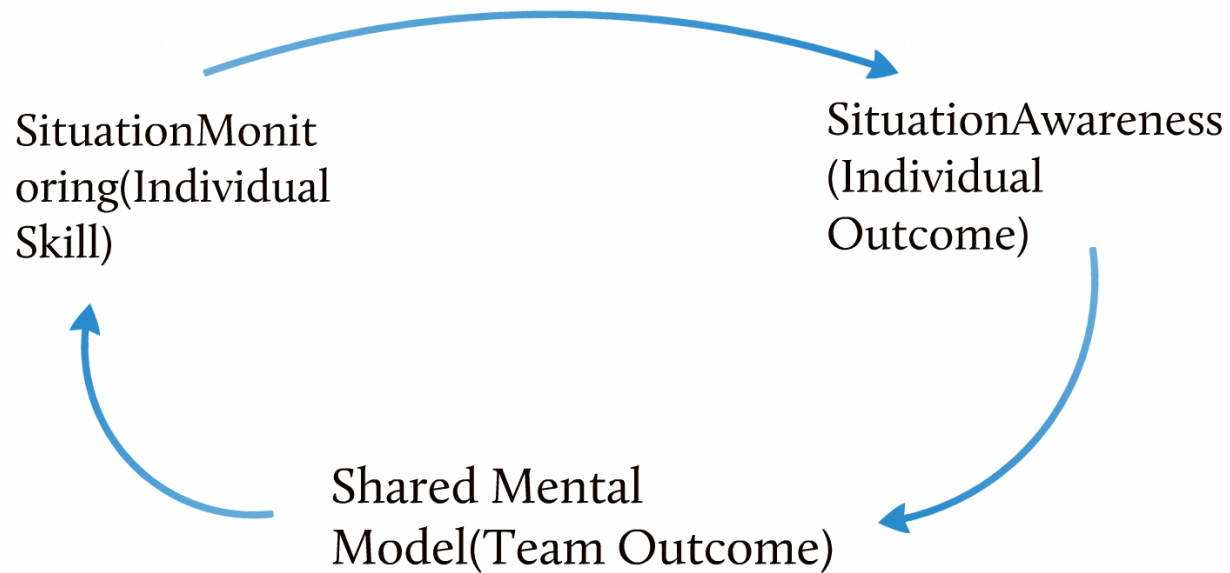
- 有機制幫助維繫精確的狀況瞭解
- 「看好其他每個人的背後」的方法
- 隊員具備監測其他每個人任務執行狀況及在任務執行時給予回饋的能力

Mutual performance monitoring has been shown to be an important team competency.

(McIntyre and Salas 1995)



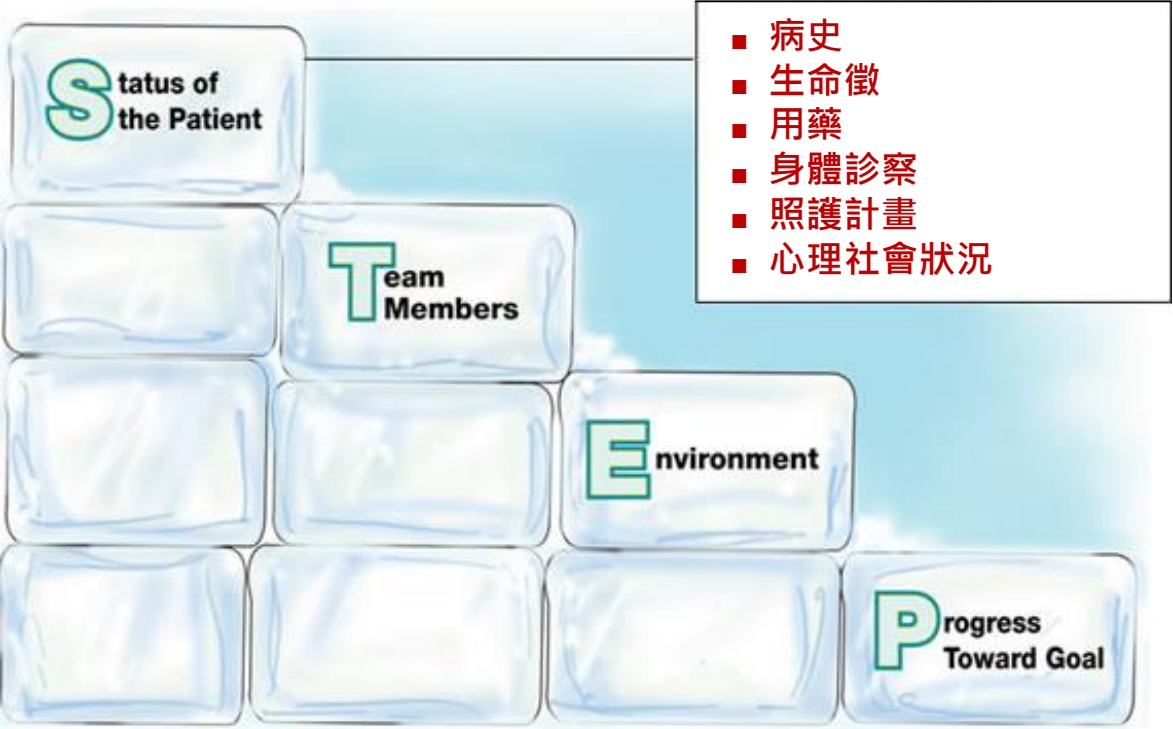
A Continuous Process



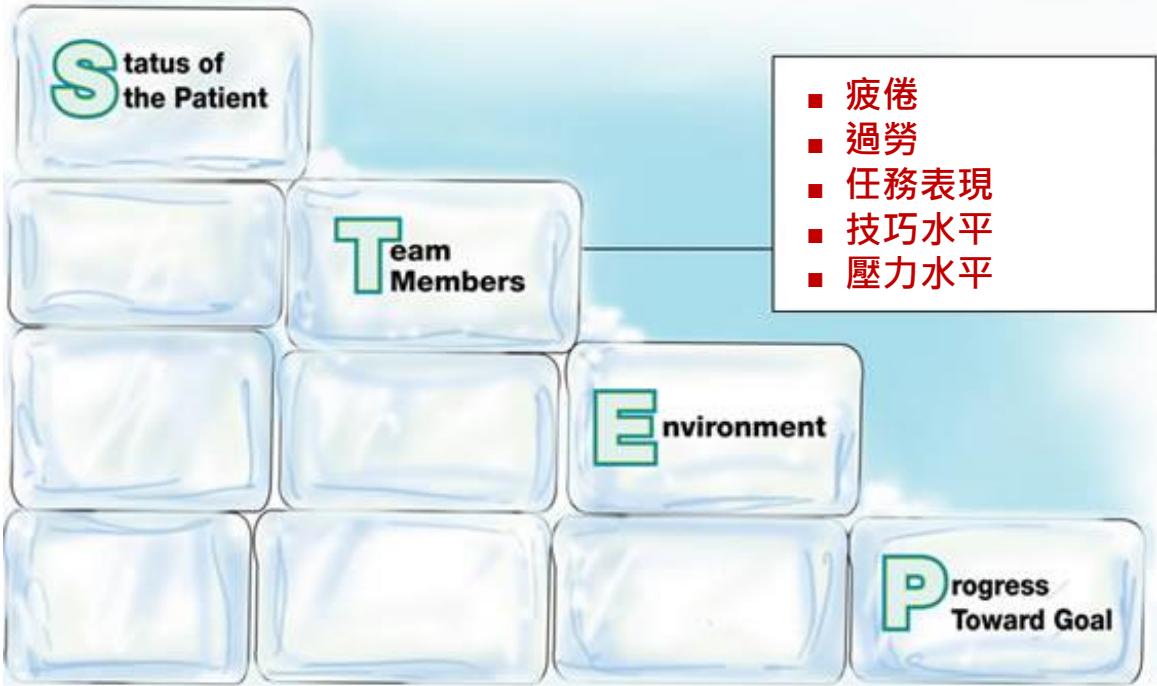
STEP



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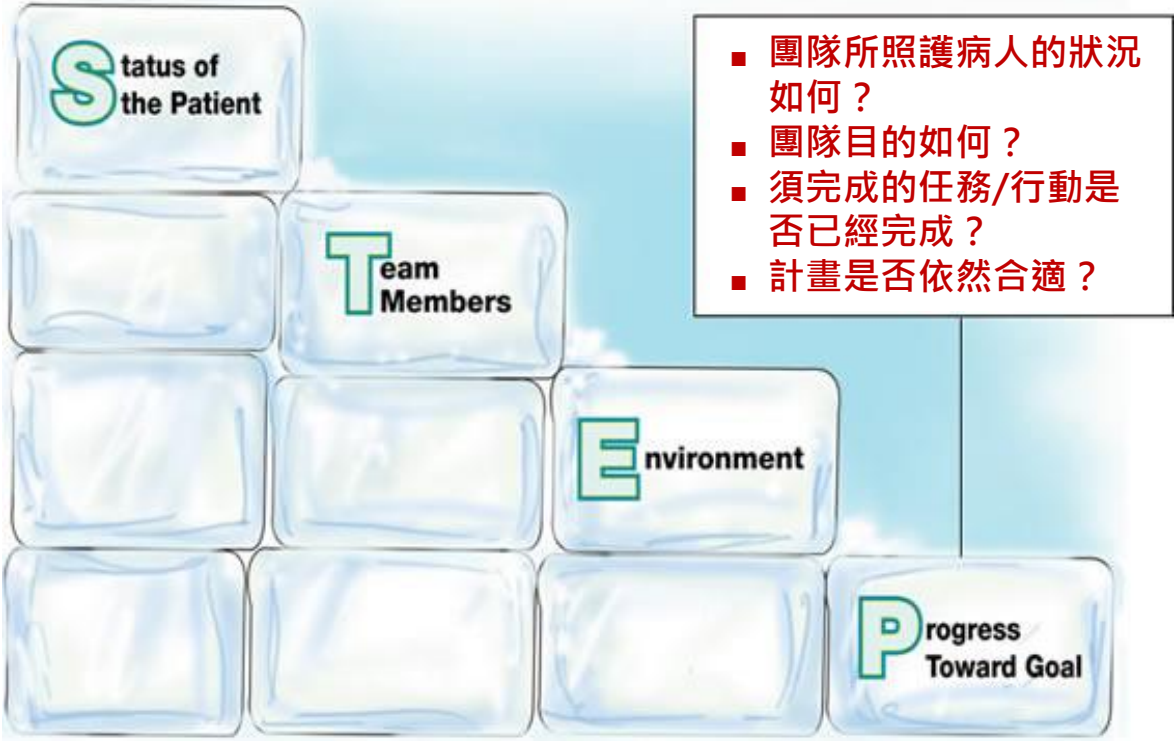
TeamSTEPPS®



TeamSTEPPS[®]



TeamSTEPPS[®]

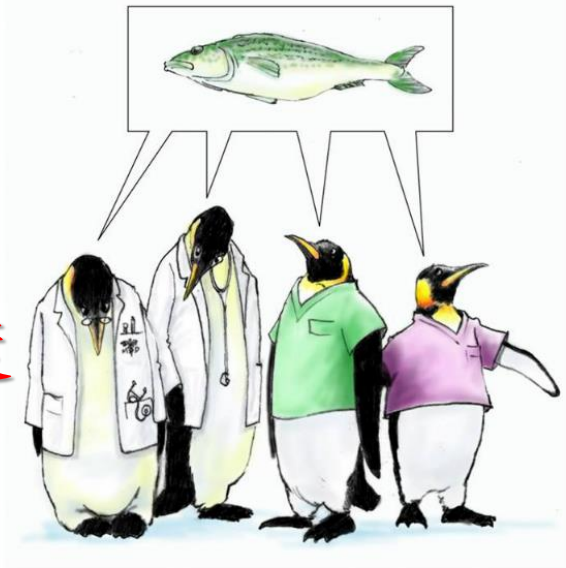


A Shared Mental Model is...

The perception of, understanding of, or knowledge about a situation or process that is shared among team members through communication.

“Teams that perform well hold shared mental models.”
(Rouse, Cannon-Bowers, and Salas 1992)

經由溝通，全部成員了解程度一致



Team members' overlapping mental representation of key elements of the team's task environment. (Klimoski and Mohammed, 1994)

I'M SAFE Checklist

- I** = Illness
- M** = Medication
- S** = Stress
- A** = Alcohol and Drugs
- F** = Fatigue
- E** = Eating and Elimination



Say:

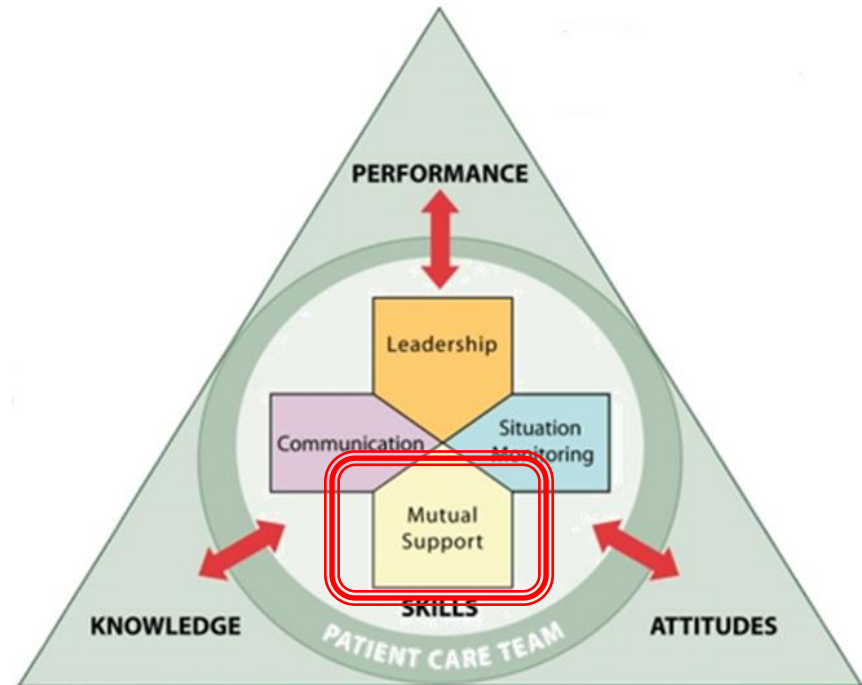
Awareness of your own condition to ensure that you are fit and ready to fulfill your duties is essential to delivering safe, quality care. Team members should assess and report if there is a personal situation affecting their ability to perform.

"I'M SAFE" is a simple checklist that should be used daily (or more frequently) to determine both your co-workers' and your own ability to perform safely. I'M SAFE stands for—

- **Illness.** Am I feeling so bad that I cannot perform my duties?
- **Medication.** Is the medication I am taking affecting my ability to maintain situation awareness and perform my duties?
- **Stress.** Is there something (such as a life event or situation at work) that is detracting from my ability to focus and perform my duties?
- **Alcohol/Drugs.** Is my use of alcohol or illicit drugs affecting me so that I cannot focus on the performance of my duties?
- **Fatigue.** The effects of fatigue should not be ignored. Team members should alert the team regarding their state of fatigue (e.g., "Watch me a little closer today. I only had 3 hours of sleep last night").
- **Eating and Elimination.** Has it been 6 hours since I have eaten or used the restroom? Many times we are so focused on ensuring our patient's basic needs that we forget to take care of our own. Not taking care of our elimination needs affects our ability to concentrate and stresses us physiologically.

TeamSTEPPS飯糰

- Leadership
- Communication
- Situation Monitoring
- **Mutual Support**



TeamSTEPPS[®]

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Mutual Support

相互支援是團隊運作的基本要素

保護團隊成員不致工作負荷過大，避免因而降降低效能及增加錯誤的風險



Mutual Support

“A chain is only as strong as its weakest link.”
–Author Unknown

Task Assistance

團員共同促成風氣，大家均主動找尋及提供協助，以減少錯誤的發生

“為支持病人安全，這是被期待的！”

“找人幫忙，提供幫忙”

有效地提供回饋
鼓吹、維護及解決衝突



擁護與主張

- Advocate for the patient
 - Invoked when team members' viewpoints don't coincide with that of a decision maker
- Assert a corrective action in a *firm* and *respectful* manner



Advocacy and Assertion

- Advocate for the patient
 - Invoked when team members' viewpoints don't coincide with that of the decision maker
 - Assert a corrective action in a **firm** and **respectful** manner
 - Make an opening
 - State the concern
 - Offer a solution
 - Obtain an agreement



Two-Challenge Rule



Team Strategies & Tools to Enhance Performance & Patient Safety

Please Use CUS Words but *only* when appropriate!



Team Strategies & Tools to Enhance Performance & Patient Safety

Conflict Resolution DESC Script

A constructive approach for
managing and resolving conflict

- D**—**Describe** the specific situation
- E**—**Express** your concerns about the action
- S**—**Suggest** other alternatives
- C**—**Consequences** should be stated

Ultimately, consensus shall be reached.

Team Strategies & Tools to Enhance Performance & Patient Safety

Common Approaches to Conflict Resolution

Often used to manage conflict; however, typically do
not result in the best outcome—

- **Compromise**—Both parties settle for less
- **Avoidance**—Issues are ignored or sidestepped
- **Accommodation**—Focus is on preserving relationships
- **Dominance**—Conflicts are managed through directives for change



Team Strategies & Tools to Enhance Performance & Patient Safety



Two-Challenge Rule

- 初次的表述未被同儕或上級重視時，醫療人員有責任以更堅定的語氣再次表達（至少2次），直到清楚被聽見為止
- 被告知的一方必須表達接受到訊息，且有合理的回應
- 必須注意語氣，切勿引起對立
- 若未被接受：
 - 採取更強硬的動作
 - 越級報告

TeamSTEPPS

Mutual
Support

Two-Challenge Rule

Invoked when an initial assertion is ignored...

- It is your **responsibility** to assertively voice your concern at least **two times** to ensure that it has been heard
- The member being challenged must acknowledge
- If the outcome is still not acceptable
 - Take a stronger course of action
 - Use supervisor or chain of command



CUS Words

- 我有點擔心（I am **C**oncerned）
- 我覺得不妥（I am **U**ncomfortable）
- 這事攸關病人安全（This is a **S**afety issue）
- 再三關切/「關安安」：關切、安心、安全：
我「關切」病人的問題、我對病人的問題感到不「安心」、這事攸關病人「安全」





DESC Script

- **D**escribe the specific situation 具體描述處境
- **E**xpress your concerns about the action 表達對行動擔心的事情
- **S**uggest other alternatives 建議其他替代方案
- **C**onsequences should be stated 指出會發生的後果



Barriers to Team Effectiveness

障礙

- 團隊成員不協調
- 缺乏時間
- 缺乏資訊共享
- 階級觀念
- 防衛心
- 傳統思維
- 自滿
- 溝通形式不同
- 衝突
- 缺乏與同工協調和追蹤
- 分心
- 疲倦
- 過勞
- 誤判提示
- 角色模糊

TOOLS and STRATEGIES

- Brief
- Huddle
- Debrief
- STEP
- Cross Monitoring
- Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script
- Collaboration
- SBAR
- Call-Out
- Check-Back
- Handoff

結果

- 共同心智模式
- 具適應力
- 團隊導向
- 相互信任
- 團隊表現
- 病人安全

TeamSTEPPS®

I. Leadership

1. Brief 任務摘要

TOPIC	
誰在第一線照護團隊?	<input checked="" type="checkbox"/>
所有成員都了解並且同意團隊的目標?	<input checked="" type="checkbox"/>
所有成員都了解彼此的角色和責任?	<input checked="" type="checkbox"/>
照護計畫?	<input checked="" type="checkbox"/>
人員到位?	<input checked="" type="checkbox"/>
工作負擔?	<input checked="" type="checkbox"/>
資源到位?	<input checked="" type="checkbox"/>

2. Huddle 碰頭商議

- 舉行「touch-base」會議，以恢復對情況的認知
- 討論關鍵性議題和此時發生的事件
- 預期成果和可能的突發事件
- 分配資源
- 表達關切

3. Debrief 結案匯報

TOPIC	
溝通清楚嗎?	<input checked="" type="checkbox"/>
角色責任明白嗎?	<input checked="" type="checkbox"/>
狀況認知持續嗎?	<input checked="" type="checkbox"/>
工作分配合理嗎?	<input checked="" type="checkbox"/>
有要求或提供支援嗎?	<input checked="" type="checkbox"/>
有發生或避免錯誤嗎?	<input checked="" type="checkbox"/>
有什麼做得好? 應要改變? 有什麼可以改善?	<input checked="" type="checkbox"/>

II. Communication

1. SBAR

- S: Situation (狀況)
- B: Background (背景)
- A: Assessment (評估)
- R: Recommendation (建議)

2. Call-Out 大聲通報 (喊出來)

看到狀況，大聲喊出來，讓大家都知道。
用於溝通重要或關鍵性訊息的策略：

- 在緊急狀況時同時通知所有團隊成員
- 幫助團隊成員預知下一步

3. Check-Back 回覆確認



4. Handoff 落實交班

在交接班時傳遞訊息 (同時傳遞權責)，包括有提問、釐清和確認的機會

I PASS THE BATON

- Introduction: 介紹自己
- Patient: 識別病人
- Assessment: 主訴、生命徵、症狀和診斷
- Situation: 目前情形，最近變化及對治療的反應
- Safety: 重要的檢查結果、社經因素、過敏及注意事項
- THE
- Background: 其他疾病、用藥、家族史
- Actions: 須採取什麼行動，理由為何
- Timing: 緊急程度及優先順序
- Ownership: 責任釐清
- Next: 預期會發生的事及因應計畫

III. Situation Monitoring

1. STEP Mnemonic

- Status of the patient (病人狀況): 病史、生命徵、用藥、身體診察、照護計畫、心理社會狀況。
- Team member (團隊成員): 疲勞、工作負擔、工作表現、技術水平、壓力水平。
- Environment (團隊成員): 設施資訊、行政資訊、人力資源、檢傷敏銳度、設備狀況
- Progress toward goal (朝目標進展): 團隊的病人狀況、團隊目標、已完成或需執行的任務/行動、計畫是否仍合適



2. I'm Safe Checklist 我安全自評表

- I = Illness 病痛
- M = Medication 用藥
- S = Stress 壓力
- A = Alcohol and Drugs 酒、毒品
- F = Fatigue 勞累
- E = Eating and Elimination 吃、解

IV. Mutual Support

1. Two-Challenge Rule

- 初次表述未被同儕或上級重視時，醫療人員有責任以更堅定的語氣再次表達 (至少 2 次)，直到清楚被聽見為止
- 被告知的一方必須表達接受到訊息，且有合理的回應
- 必須注意語氣，切勿引起對立
- 若未被接受: 採取更強硬的動作，必要時越級報告

2. CUS Words

- 我有点擔心 (I am Concerned)
- 我覺得不妥/不舒服 (I am Uncomfortable)
- 這事攸關病人安全 (This is a Safety issue)
- 再三關切/「關安安»: 關切、安心、安全: 我「關切」病人的問題、我對病人的問題感到不「安心」、這事攸關病人「安全」

3. DESC Script

- Describe the specific situation 具體描述處境
- Express your concerns about the action 表達對行動擔心的事情
- Suggest other alternatives 建議其他替代方案
- Consequences should be stated 指出會發生的後果

大綱

- 前言
- 跨領域團隊合作照護與教育
- 特殊必修：TRM/*TeamSTEPPS*®
- 結語

結語

- ❑ IPE：讓學習者能在IPP中扮演好自己的角色
- ❑ 暴露、浸沒、能力 ⇒ 認知、體驗、工作中成長
- ❑ IP合作的能力：
 - ❑ 了解跨專業合作的價值與角色
 - ❑ 能與共同照護團隊充分地溝通
 - ❑ 能與共同照護團隊充分地合作
- ❑ *TeamSTEPPS*[®]是一個必修課程——醫教會的責任
 - ❑ 醫療人員：工具
 - ❑ 高階主管：如何推動



TeamSTEPPS **Implementation** Guide

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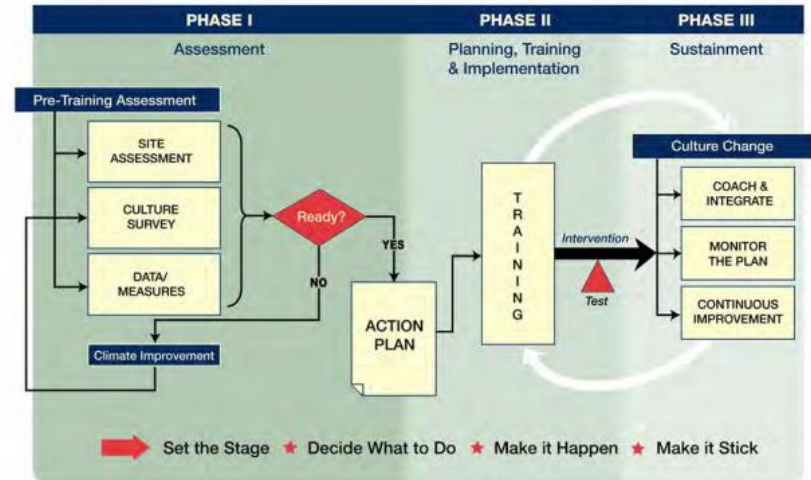
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TeamSTEPPS Implementation Guide

Implementation Overview

occurs in three continuous phases: Phase I – Assessment; Phase II – Planning, Training, and Implementation; and Phase III – Sustainment. A healthcare organization or work unit can shift towards a culture of safety by using team tools and strategies by progressing through each of the three phases and the ten steps within each phase. The TeamSTEPPS Initiative provides guidelines, tools, and resources for each phase and for gathering data necessary for progression to the next phase. Each phase include involvement of the right people, the use of information-driven decision-making, and planning before acting. The following paragraphs provide an overview of each phase and its objectives, key actions, and recommended tools and resources.

Culture of Safety



改變的八個步驟 8 Steps of Change



謝謝聆聽
敬請賜教



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