Today's Facilitator Office of Quality and Safety, Care Experience



Ian Rios Administrator Funded

Project

The Office of Quality and Safety, Care Experience

We focus our staff on providing compassionate care by increasing workplace engagement and utilizing role model patient-centered behaviors.







Team Building How to Not Let a Crisis Derail Your Team



Identifying the Challenge Team Building in Unprecedented Circumstances





What is COVID-19 doing to us in the Workplace?

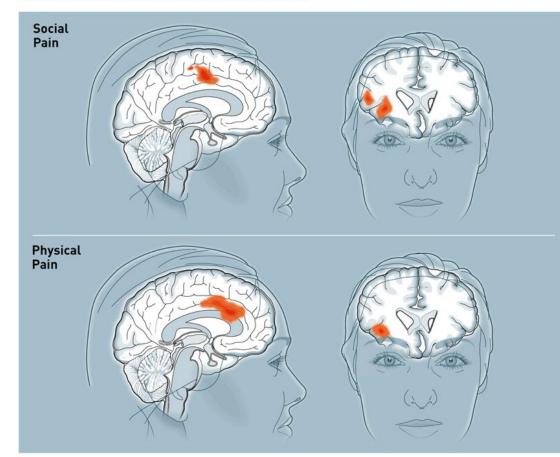
- Challenging our sense of status and well-being at work
- Creating an unprecedented time of uncertainty
- Taking away our usual feeling of autonomy and self-reliance
- Adding strain to our usual ability to relate to one another
- Burdening our sense of fairness

COVID-19's Unique Effect on Us as Social Animals

Research from: NeuroLeadership Institute¹

Exhibit 1: Social and Physical Pain Produce Similar Brain Responses

Brain scans captured through functional magnetic resonance imaging (fMRI) show the same areas associated with distress, whether caused by social rejection or physical pain. The dorsal anterior cingulate cortex (highlighted at left) is associated with the degree of distress; the right ventral prefrontal cortex (highlighted at right) is associated with regulating the distress.



We're in Emotional Pain and It's Shutting Us Down from Healthy Team Communication

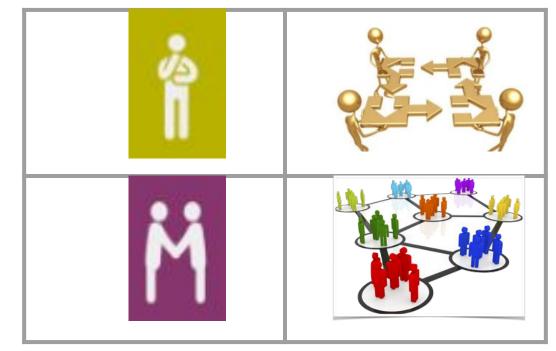


- Bottling Things Up
- Projecting Our Fears onto Others
- Unusually Short Fuse
- Unforgiving of Mistakes
- Distrustful
- Avoidant
- Inattentive to Results
- Overwhelmed and Breaking Down





How Are Each of These 4 Quadrants Affecting Our Teamwork?



And What Tools Can We Use to Build Better Teams?

HEALTH + A Clinical Scenario

- A Doctor (Dr. Johnson) from Emergency Medicine has been transferred to the ICU unit working with COVID-19 patients.
- This unit is full of healthcare workers that have been working within this particular ICU for a few months.
- This unit consists of multiple professional groupings Doctors, Nurses, Administrators, Custodial Staff, Volunteers, etc.
- They are all working on different tasks, but towards the same goal.

Best Possible Patient Care

What are the potential challenges that may arise?



Intrapersonal Challenges How We Show Up in Groups

HEALTH + Clinical Scenario: Part 1

- Dr. Johnson from Emergency Medicine has been a doctor in emergency medicine for many years. He knows all the processes and procedures for quality patient care within his unit. However, he is totally new to this COVID-19 ICU unit.
- He's walking into an ICU unit with a team of people who have been through a lot together over the past few months. Especially pulling together when there was fear of lack of PPE gear.
- Over time, this ICU unit has established a lot of processes and procedures that everyone on the team understands as a best practice for their unit. They feel good about their norms.
- Dr. Johnson is coming in with a lot of experience, but is faced with a need for a different type of situational experience. He's unsure what to do.

What's going on here? What are the dynamics that are impacting this?



What is the Most Impactful Individual Characteristic for Team Success?

- Job Competence?
- Emotional Intelligence?
- Good Team Player?
- Resourcefulness?
- Grit?



A Willingness to be Vulnerable

Sounds simple enough, but the reason why it is so difficult is because the <u>Most Impactful Individual</u> <u>Characteristic for Team Success</u> has to be paired with the <u>Most Impactful Team Characteristic for Team Success</u>

Psychological Safety



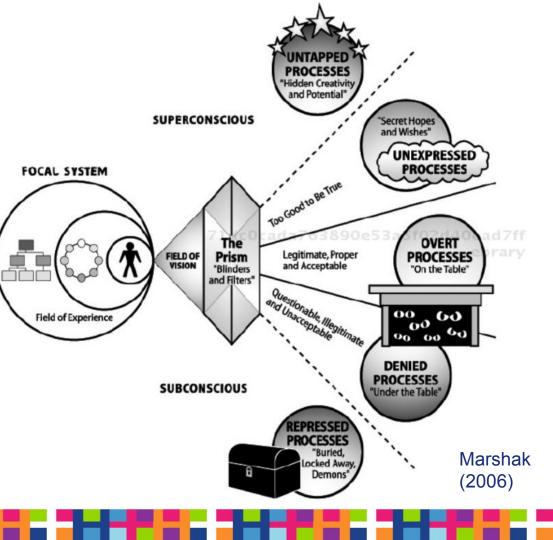
UIUUU

THE APPROACH-AVOID RESPONSE

The very basic function of our brain is to distinguish when to approach or avoid something. This response developed as an evolutionary response and has largely helped humans to stay alive (think Cavemen and Saber Tooth Tigers).

We are all motivated to move away from perceived threats and/or towards perceived rewards.

- Our Prism² is our collection of learned cultural norms and taboos
- Everyone's Prism is different, but each team member will affect the group's collective Prism
- It inform us on what we feel is safe to share with our team (On the Table)
- But it also informs us as to what is too dangerous (Under the Table) or too unrealistic (Up in the Clouds) to share with our team



Psychological Safety: "a shared belief held by members of a team that the team is safe for interpersonal risk taking."

Psychological Safety

Team members feel safe to take risks and be vulnerable in front of each other.

Dependability

2

3

5

Team members get things done on time and meet Google's high bar for excellence.

Structure & Clarity

Team members have clear roles, plans, and goals.

Meaning

Work is personally important to team members.

Impact

Team members think their work matters and creates change.

re:

Google (2016)



Interpersonal Challenges Why We Don't Give Feedback and Why We Should



HEALTH+ HOSPITALS Clinical Scenario: Part 2

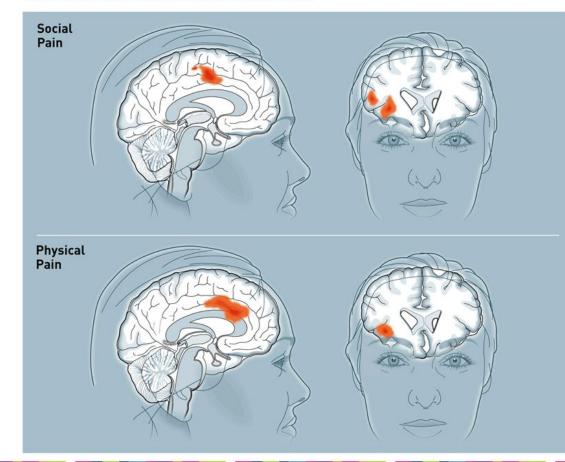
- Dr. Johnson from Emergency Medicine has been a doctor in emergency medicine for many years. He knows all the processes and procedures for quality patient care within his unit. However, he is totally new to this COVID-19 ICU unit.
- Nurse Doe was one of the first nurses in the ICU unit. She's always extremely helpful to nurses on her team, and everyone sees her as a calming presence. She's not in charge of her team, but she's someone who keeps energy up among her fellow nurses.
- One day, while treating a patient with Dr. Johnson, she notices that he made a mistake regarding the established treatment plan of the patient. She tries to bring this to his attention, but he's got a lot on his plate and is a bit dismissive of her concerns.

What's going on here? What tools can we use to address this situation?

Remember This?

Exhibit 1: Social and Physical Pain Produce Similar Brain Responses

Brain scans captured through functional magnetic resonance imaging (fMRI) show the same areas associated with distress, whether caused by social rejection or physical pain. The dorsal anterior cingulate cortex (highlighted at left) is associated with the degree of distress; the right ventral prefrontal cortex (highlighted at right) is associated with regulating the distress.



Giving Feedback Can Be Scary!

When most people think about giving feedback to another person on their team, they same part of you brain lights up as if you were walking through the park and saw this guy...



HOSPITALS Rethinking Feedback

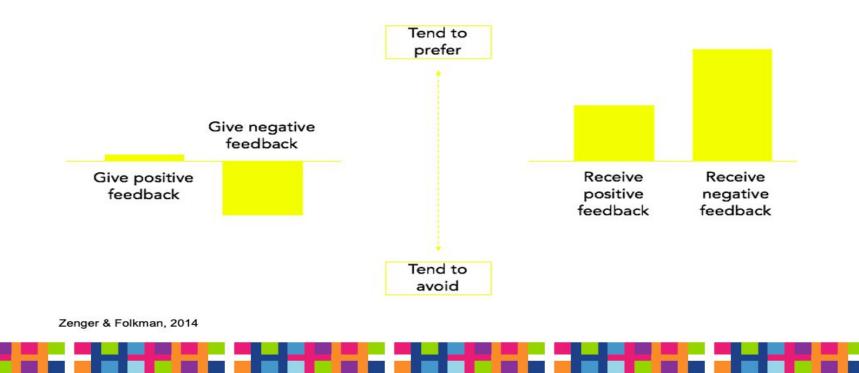
Where have we heard this expression before? If you don't have anything nice to say...

Don't say anything at all

Aside from the missed opportunities to grow and improve - is this even what the feedback recipient wants?



No one likes to give negative feedback...but everyone wants to hear it



HEALTH+ HOSPITALS Structured Feedback: Situation, Behavior, Impact (SBI)⁴

Why Situation?	Why Behavior?	Why Impact?
Anchors Feedback in a Time or Place Gives Context	Allows the Person Receiving Feedback to Know Specifically How They Behaved	Personal Thoughts, Feelings, or Actions We Take As a Results of People's Behaviors

Open Communication is Key in a Crisis



What Makes Structured Feedback Effective?

- Makes information useful to others
- Allows you to replicate and improve performance
- Is developmental in nature
- Is direct
- Is <u>behaviorally</u> anchored (Can you see it? Can you hear it?)
- Is non-evaluative (This is NOT the time to tell them how you feel about them ie. "You're great." or "You're lazy.")

10 Second Quiz: Identify The Behavior

- Overconfident
- Very aggressive
- Needs to be less tactical and more strategic
- Arrogant
- Analytical; extremely logical in his/her approach
- Good team player
- Extremely productive
- Excellent all around manager
- Decisive

Remember the test for Behaviors:

There are no

behaviors on this

list!

- 1) Can you see it?
- 2) Can you hear it?



https://www.youtube.com/watch?v=-oRKr5xA9N0&t=182s

Situation, Behavior, Impact (SBI)

Unlocking the Power of Safe Structured Feedback

SBI Guidelines

- 1) Ask if the person would like feedback.
- 2) Define the Situation.
- 3) Describe the Behavior:
 - a) Can you see it?
 - b) Can you hear it?
 - c) Don't assume intent.
- 4) Describe the Personal Impact.
- 5) Receivers need to do their part too. Feedback isn't an attack it's a chance for growth.

Situation		
Anchor time or place		
Behavior Observable action		
Impact What I felt and/or ' thought		
	 s	
My perception of the impact on others, the task, the work environment		٣
Reflection Why did I pay attention to this? What does it tell me about me?		



Intragroup Challenges The Common Pitfalls Lurking in the Path of Every Team



HEALTH + Clinical Scenario: Part 3

- Nurse Doe didn't take the opportunity to give Dr. Johnson feedback about his deviation from the patient's treatment plan. Now he seems to be doing this a lot more often with a lot more patients.
- Now this deviation doesn't endanger the patient in any way, but Nurse Doe and the rest of the nursing staff are very confused about how best to proceed with their patients when they work with Dr. Johnson. Nurse Doe isn't the only nurse feeling this way.
- Nurse Doe doesn't want to make a fuss, and Dr. Johnson seems too busy all the time. She understands all his new stress, and feels empathetic to his situation. She considers that it might be better to just let it be and figure out how to carry things out on her own - for the sake of a harmonious team.

What's going on here? What tools can we use to address this situation?



Lencioni's (2002) 5 Dysfunctions of a Team⁵

WHAT YOU CAN DO AS A PEOPLE LEADER		IMPACTS
Talk about team goals and give them a focus	INATTENTION TO RESULTS	The drive for individual goals over the team's goals diminishes the team's ability to succeed. Ego and politics
Start having the uncomfortable conversations early and consistently	AVOIDANCE OF ACCOUNTABILITY	The need to avoid personal discomfort prevents team members from holding each other to account – Have the difficult conversations
Communicate clearly what you expect	LACK OF COMMITMENT	The lack of clarity or buy in prevents team members from making decisions that they will stick to.
Ensure all team members have a say – encourage it	FEAR OF CONFLICT	The desire to preserve artificial harmony stifles productive conflict – embracing diversity
Team work begins with trust And with the People Leader being vulnerable enough to share challenges and limitations.	ABSENCE OF TRUST	The fear of being vulnerable with team members prevents the building of trust within the team – it starts with the leader.



How To Spot a Well Built Team

- A High-Level of Trust
- Quality Challenging Discussion
- Clarity and Commitment
- Frequent High-Quality Feedback
- A Focus on Inspiring, Collective Goals

Team Communication is Key for Well Built Teams If you want to find out what's working and not working, and/or if you and your team have alignment around task, process, and outcomes you have to... Be Willing to be Vulnerable and Communicate

Open communication is key during COVID-19

A tool for this is called: Start, Stop, Continue

<u>Start</u> "What should we start doing?"

List ideas/items that:

- The group is not doing, but think they should be
- New ideas that have come up or not been considered before
- Ideas to address new situations or factors that may not have existed at the beginning of a project or task

Stop What should we stop doing?"

List ideas/items that:

- Are not working for the team
- Are not having the desired outcome
- May have proved to be impractical
- The team just plain dislikes

<u>Continue</u> What should we continue doing?

List ideas/items that:

- Are working well and the team wants to keep
- The team likes and thinks are successful
- May be pieces of processes that the team wants to "stop" – keeps team from "throwing the baby out with the bath water"



https://www.youtube.com/watch?v=NKN6Ad78gfA&t=389s

Start, Stop, Continue

Best Way to Empower Team Feedback on a Topic



Intergroup Challenges In-Group vs. Out-Group and What Binds Us Together



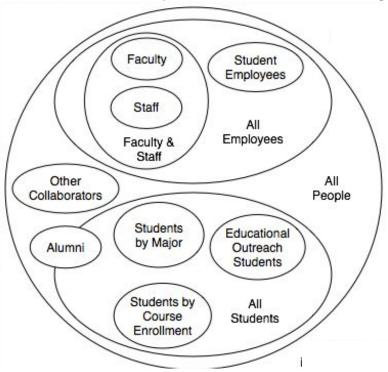
HEALTH + Clinical Scenario: Part 4

- Nurse Doe and Dr. Johnson have been using <u>SBI feedback</u> interpersonally and <u>Start</u>. <u>Stop</u>, <u>Continue</u> within team huddles in their unit and it's been working really well. Dr. Johnson is starting to feel less isolated and more integrated in the team, he's more satisfied at work. Nurse Doe is starting to feel more heard and empowered to help with patient care. They feel <u>psychologically safe</u> to be <u>vulnerable</u> with their concerns, and there is much more "<u>on the table</u>" that they feel comfortable discussing. **Go team!!**
- However, they get news that the whole ICU unit is going to be working with another team from pathology that is going to be helping to do research that could help future patients of COVID-19.
- This new unit is going to involve a whole new team of healthcare professionals occupying the same space and interacting with the same patients. Nurse Doe and Dr. Johnson are concerned the new team's goals won't align with their team's goals.

What's going on here? What tools can we use to address this situation?

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Typical Model of a System (In this example - a university)



What Do You Notice?



Answer = Boundaries

Ingroups vs Outgroups

Evolutionary Psychologists⁶ assert that humans are programmed by evolution to immediately classify people as members of either:

- Ingroup a group that one belongs to and identifies with
- Outgroup a group that one does not belong to or identify with

Ingroups tend to be viewed in a more favourable light while outgroup members are viewed in a negative light



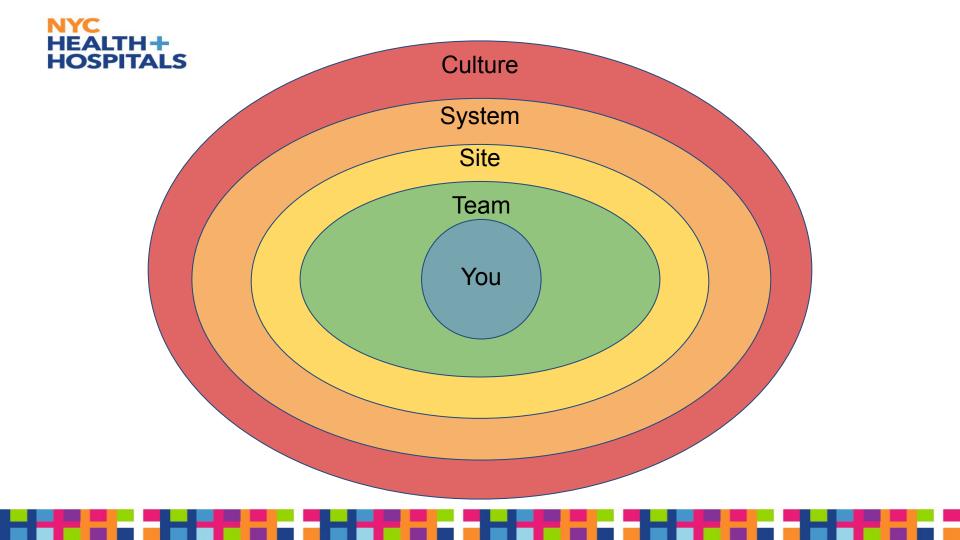
So What's the Right Permeability for Your Group's Boundary?

Too strong a boundary and you won't be able to work with other teams — Friction

Too weak a boundary and you'll stop being a functional team —→Confusion

Optimal Boundary Permeability =

Alignment over common ground and trust





So now that we all see the power of trust as an essential ingredient in our team building...

What can we trust in?

What binds us all together regardless of our functional team boundaries?



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Pulls Us Apart

- Territorialism
- Ethnocentrism
- Mistrust of
 Intentions
- Fear of Being Overlooked

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Binds Us Together

- Patient, Family, Community
- Collective Vision
- Lived Mission
- Shared Values

PATIENT, FAMILY & COMMUNITY

VISION

To be a fully integrated health system that enables New Yorkers to live their healthiest lives.

MISSION

To deliver high quality health services with compassion, dignity, and respect to all, without exception

OUR VALUES ICARE: Integrity, Compassion, Accountability, Respect and Excellence

STRATEGIC PILLARS

QUALITY & OUTCOMES CARE EXPERIENCE FINANCIAL SUSTAINABILITY ACCESS TO CARE CULTURE OF SAFETY



Takeaways

HEALTH+ HOSPITALS Our Values Make Us One Big Team



- Healthy Feedback requires commitment from both the giver and the receiver, and an acknowledgment of the values that bind them together.
- "It takes two flints to make a fire."
 - --Louisa May Alcott
- Vulnerability + Psychological Safety = Effective Teamwork.
- "Remember, teamwork begins by building trust. And the only way to do that is to overcome our need for invulnerability."

--Patrick Lencioni



Questions?



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Next Trainings

Conflict Resolution

- Monday, April 27th, from 12:00-1:00PM
- Friday, May 1st, from 1:00-2:00PM



Patrick Lencioni - The Five Dysfunctions of a Team - Audiobook https://www.youtube.com/watch?v=X0srAyJi1XU

Start, Stop, Continue

https://www.people-results.com/start-stop-continue/

NYC Health + Hospital - COVID-19 section - staff support

http://hhcinsider.nychhc.org/sites/COVID-19/Pages/ESSR.aspx