Chapter 9

The Team Approach to Health Care

Unit Summary

After students complete this chapter and the related course work, they will understand the significance and characteristics of a team approach to health care and the impact of this approach on positive patient outcomes. Students will also be able to list and describe the steps an EMT should follow to assist with ALS skills, including placement of advanced airways and vascular access.

National EMS Education Standard Competencies

Applies fundamental knowledge of patient safety to the provision of emergency care.

Applies fundamental knowledge of transferring patient care; how to interact within the team structure; and team communication and dynamics.

Knowledge Objectives

1. Define continuum of care. (p 321)
2. List the five essential elements of a group. (p 322)
3. Explain the advantages of a team over a group; include the advantages of regularly training and practicing together. (pp 321–322)
4. List the five essential elements of a team. (pp 323–325)
5. Explain how crew resource management (CRM) can be useful in the prehospital environment. (pp 325–326)
6. List the five critical elements necessary to ensure effective transfer of patient care from one provider to another. (pp 326–328)
7. List the five steps a receiving health care provider should perform when taking a patient care report (PCR). (p 327)
8. Explain the stages of effective decision making. (pp 329–330)
9. Describe decision traps that can lead to decision-making errors. (p 330)
10. Describe the steps EMTs can take to troubleshoot interpersonal conflicts. (p 331)

Skills Objectives

There are no skills objectives for this chapter.

Readings and Preparation

Review all instructional materials including ***Emergency Care and Transportation of the Sick and Injured,* Twelfth Edition**, Chapter 9, and all related presentation support materials.

Support Materials

• Lecture PowerPoint presentation

• Case Study PowerPoint presentation

Enhancements

• Direct students to visit Navigate.

• **Content connections:** Chapter 4, “Communication and Documentation,” will discuss in detail the patient care report and how to provide report to other health care providers. Emphasize the importance of effective communication skills. Chapter 11, “Airway Management,” will provide a detailed discussion on the process of oxygenation and the techniques for managing a patient’s airway. It is important for the students to understand the importance of working as a team member to provide quality patient care.

• **Cultural considerations:** EMTs will be dealing with patients and colleagues who come from different cultural backgrounds. Remind the students that it is important to respect cultural differences to provide quality care and avoid conflict.

Teaching Tips

• Interactive student activities such as role playing can bring the key concepts into focus.

• Create a Jeopardy game using major topics as categories. There are templates online.

• The process of endotracheal intubation is covered in Chapter 11, “Airway Management.”

Unit Activities

**Writing assignments:** Assign students to complete a research paper on the topic of team dynamics as it applies to EMS.

**Student presentations:** Ask students to give a presentation to the class discussing how to troubleshoot team conflicts. Have the students enact scenarios portraying different situations where conflict could arise while performing patient care.

**Group activities:** Form four groups and have them create a scenario where the EMT would assist the AEMT or paramedic with endotracheal intubation or vascular access. Ask two groups to focus on the procedure and two groups to focus on continuing care. When the scenarios are completed, have each group present their scenario to the class.

**Visual thinking:** Present the students with equipment for endotracheal intubation and vascular access. Ask them to describe how each piece is used in the process.

Pre-Lecture

### You are the Provider

“You are the Provider” is a progressive case study that encourages critical thinking skills.

### Instructor Directions

**1.** Direct students to read the “You are the Provider” scenario found throughout Chapter 9.

**2.** You may wish to assign students to a partner or a group. Direct them to review the discussion questions at the end of the scenario and prepare a response to each question. Facilitate a class dialogue centered on the discussion questions and the Patient Care Report.

**3.** You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper.

Lecture

I. Introduction

A. As an EMT, you are a critical member of the emergency health care team that includes not only first responders, paramedics, and other EMTs, but also physicians, nurses, and other personnel who will help care for your patient throughout the duration of his or her injury or illness.

B. A key goal of EMS Agenda 2050 is EMS systems that are designed to be inherently safe.

1. Minimize exposure to injury, infections, illness, or stress.

2. Culture of safety:

a. Data collection

b. Just culture

c. Coordinated support and resources

d. EMS education initiatives

e. EMS safety standards

f. Reporting and investigation of errors and near misses

3. Just culture

a. An approach to leadership in organizations that balances fairness and accountability and encourages people to report errors and near misses.

b. Focuses on risk management

II. An Era of Team Health Care

A. Previous models of emergency care often consisted of providers who worked separately, passing the patient from one individual or group to the next.

1. In time, emergency health care providers recognized that by working as a unified team from first patient contact to patient discharge, it was possible to improve individual and team performance, patient and provider safety, and, patient outcome.

2. This concept is the continuum of care.

B. Community paramedicine and mobile integrated healthcare (MIH) teams may be the best example of the team concept of continuum of care.

1. Health care is provided within the community rather than a physician’s office.

C. The structure and effectiveness of emergency health care teams differ from system to system.

III. Types of Teams

A. Regular teams

1. EMTs consistently interact with the same partner or team.

2. Team members who frequently train and work together are more likely to move smoothly from one step in the procedure to the next.

B. Temporary teams

1. EMTs work with providers with whom they do not regularly interact or may not even know.

a. Providers must work within an environment that supports and promotes collaboration rather than competition.

b. It is crucial to have a clear understanding of the roles, responsibilities, and capabilities of each team member.

C. Special teams

1. Fire team

2. Rescue team

3. Hazardous materials (hazmat) team

4. Tactical EMS team

5. Special event EMS team

6. EMS bike team

7. In-hospital patient care technicians

8. MIH technicians

IV. Groups Versus Teams

A. The National Incident Management System (NIMS) defines a group as “The organizational level that divides the incident according to functional levels of operation. Groups perform special functions, often across geographic boundaries.”

1. A group consists of individual health care providers working independently to help the patient.

a. Triage

b. Treatment

c. Transport

2. A team consists of a group of health care providers who are assigned specific roles and are working interdependently in a coordinated manner under a designated leader.

3. The five essential elements of a group include:

a. A common goal

b. An image of themselves as a “group”

c. A sense of continuity of the group

d. A set of shared values

e. Different roles within the group

V. Dependent, Independent, and Interdependent Groups

A. In dependent groups, each individual is told what to do, and often how to do it, by his or her supervisor or group leader.

B. In independent groups, each individual is responsible for his or her own area (either a physical space or set of tasks).

C. In interdependent groups, everyone works together with shared responsibilities, accountability, and a common goal.

VI. Effective Team Performance

A. A shared goal

1. Every health care provider on the team must be committed to a common goal.

B. Clear roles and responsibilities

1. Each provider must know what needs to be done and what is expected of him or her.

C. Diverse and competent skill sets

1. Practice with one another and become familiar with each other’s tools, techniques, capabilities, and preferences, so that each team member is competent before the call comes in.

D. Effective collaboration and communication

1. Four important elements of team communication include:

a. A clear message

b. Closed loop communication

c. Courtesy

d. Constructive intervention

E. Supportive and coordinated leadership

1. The team leader provides role assignments, coordination, oversight, centralized decision making, and support for the team to accomplish their goals and achieve desired results.

2. Team leaders foster communication and team dynamics using concepts such as crew resource management and team situational awareness.

3. Good team members communicate effectively; accept feedback; are good followers; have confidence, compassion, and maturity; maintain situational awareness; and use appreciative, or positive inquiry to approach organization change.

4. Crew resource management (CRM) is a way for team members to work together with the team leader to develop and maintain a shared understanding of the emergency situation.

a. CRM recommends use of the PACE mnemonic:

i. Probe

ii. Alert

iii. Challenge

iv. Emergency

VII. Transfer of Patient Care

A. At several points along the continuum, the patient’s care will be transferred, or “handed off,” from one unit of providers on the team to another.

1. These transfers introduce the possibility of critical patient care errors, especially when they occur several times and in different settings along the continuum of care.

2. Effective teams minimize the number of transfers during patient care and adhere to strict and careful guidelines when such transfers are unavoidable.

3. Whenever the verbal transfer of care occurs, all team members should do their best to ensure the following:

a. Uninterrupted critical care

b. Minimal interference

c. Respectful interaction

d. Common priorities

e. Common language or system

B. See Chapter 4, “Communications and Documentation*,”* for information on PCRs.

VIII. BLS and ALS Providers Working Together

A. BLS and ALS care cannot exist without each other.

B. BLS efforts must continue throughout the continuum of care.

1. You must carefully coordinate your efforts with the advanced tools and techniques used by ALS providers.

C. What may be a “paramedic only” skill in your EMS system may be common for an EMT to perform in another.

1. It is your responsibility to understand what is allowed by the scope of practice, standard of care, and local protocols where you work.

IX. Assisting With ALS Skills

A. Assisting follows a four-step process:

1. Patient preparation

2. Equipment setup

3. Performing the procedure

4. Continuing care

X. Critical Thinking and Clinical Decision Making in EMS

A. Effective decisions are based on sound, up-to-date knowledge and the information provided from the patient, the patient’s history, and physical examination.

B. Stages of the decision-making process

1. Prearrival

a. The decision-making process begins when the initial dispatch information is received.

b. Mentally rehearse the steps in the care that may be needed.

c. Designate a leader.

d. Crew members discuss their roles.

2. Arrival

a. Provide the scene size-up and request additional resources.

b. Assess and intervene for life threats immediately.

3. During the call

a. The team leader must:

i. Gather data.

ii. Interpret the data.

iii. Develop a plan.

iv. Communicate the plan to the team and implement it.

v. Evaluate the effect of the decision.

4. After the call

a. Debrief and talk about what happened.

b. Listen to feedback with an open mind.

5. Decision traps

a. Traps that frequently lead to decision-making errors in EMS are bias, anchoring, and overconfidence.

i. Biases are fixed beliefs about something.

ii. Anchoring occurs when the EMT settles on one possible cause for the patient’s problem early and fails to consider other options.

iii. Overconfidence occurs when the EMT overestimates his or her abilities.

XI. Troubleshooting Team Conflicts

A. When conflict occurs, keep in the mind the following five techniques:

1. The patient comes first.

2. Do not engage.

3. Keep your cool.

4. Separate the person from the issue.

5. Choose your battles.

Post-Lecture

## Assessment in Action

A. Assessment in Action is available in the Navigate course.