

A RELATIONAL PLAYBOOK FOR HEALTHCARE TEAMS

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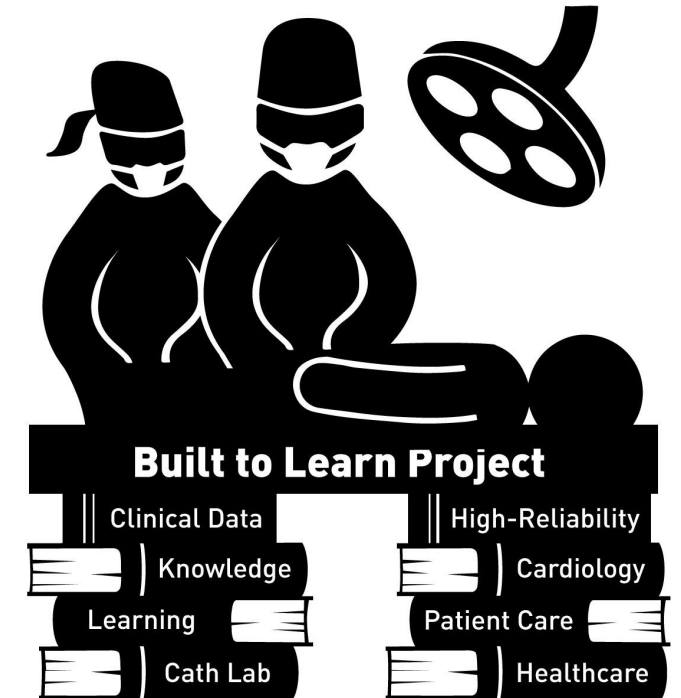
February 2025

The **Built to Learn Project** is a research program that investigates learning environments and high reliability practices to support the VA journey towards high reliability.

In my work, I noted that guidance on how to develop high quality relationships and communication within teams was universally lacking.

To fill this gap, I reviewed the literature, surveyed staff in 2018 & 2020, and interviewed VA cardiac cath lab clinicians and managers to gather best practices.

The information gleaned from these sources led to the development of the Relational Playbook.



ACKNOWLEDGEMENTS

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INTRODUCTION

- The Relational Playbook is a “do-it-yourself” tool that managers and members of the clinical team (e.g., nurses, physicians, technicians) can use without significant training.
- The Playbook includes over 50 evidence-based practices gathered from the fields of:
 - Positive Psychology, Appreciative Inquiry, Relational Coordination, Humble Inquiry, Servant Leadership
 - Joy in Work and VA Whole Health Framework
 - VA High Reliability Clinical Team Training Framework
- The Playbook is *different than existing workshops, books, or toolkits* in the following ways:
 - The content is inspired by and designed for VA healthcare teams.
 - The language is simple, and the practices are easy to implement, at no cost, by any member of a team.
 - The Playbook is an entry-level guide for teams to change their culture towards learning and high reliability.

WHY IS A RELATIONAL PLAYBOOK NEEDED?

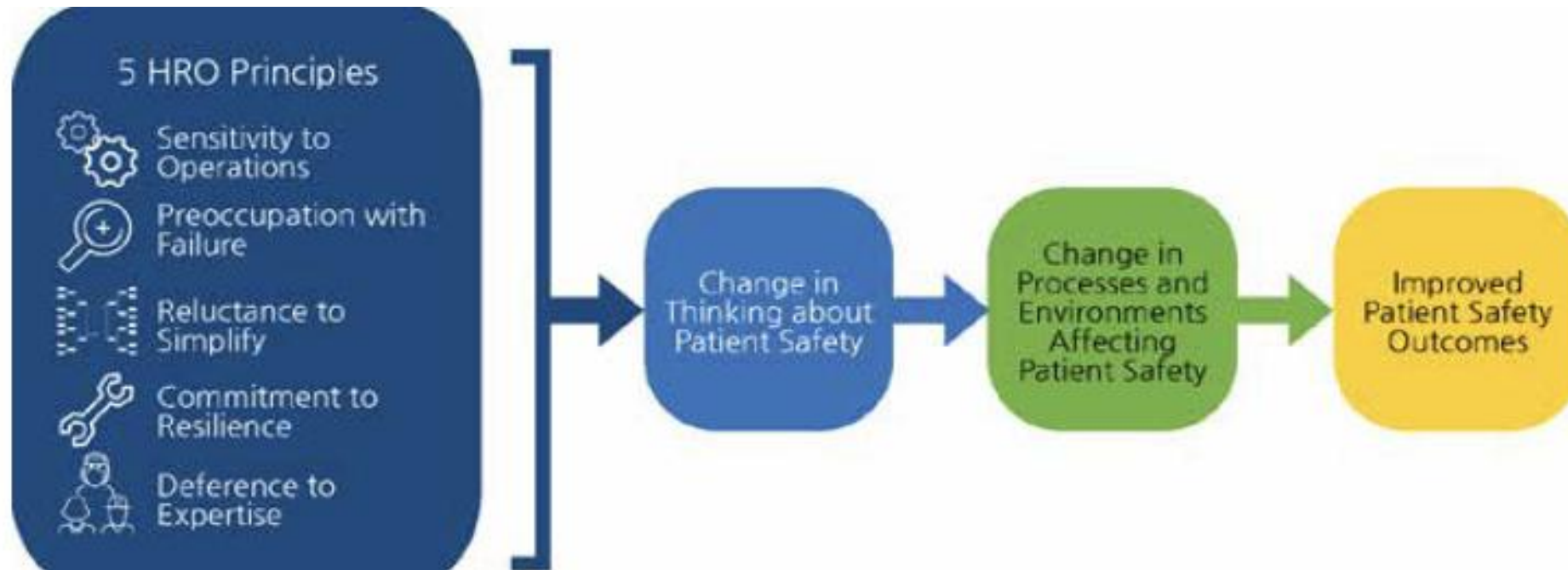
- Healthcare teams are adopting and implementing new, complex procedures at a rapid pace.
- Recent research in VA cardiac cath labs identified that the clinical team and managers launching new programs receive little guidance on how to:
 - Build relationships between new and existing team members to establish mutual respect, shared goals and shared knowledge to positively impact performance.
 - Establish structured processes to ensure frequent, timely, accurate and problem-solving communication to positively impact performance.
- Research conducted during the COVID-19 pandemic identified that healthcare staff taking on new projects work within a system challenged by:
 - Inadequate staffing
 - Limited time for education and training as a team (physicians, nurses, technicians)
 - The VA culture of status quo versus a culture of innovation and learning
 - COVID-19 exhaustion and burnout

WHO SHOULD USE THE RELATIONAL PLAYBOOK?

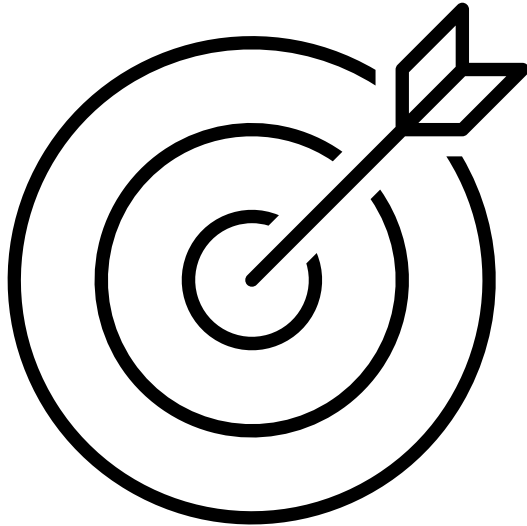
- The Playbook is designed to assist managers, clinical staff, and leaders in assessing and improving relationships and communication within or across teams.
- The Playbook may be used in the following ways:
 - *Clinical staff and unit management* may use the Playbook to build or change team relationships and communication patterns as part of performance improvement efforts, when onboarding and mentoring new staff, or when launching new programs or procedures.
 - *Department, physician and nurse leadership* may use the Playbook to support hiring, team building, team management, and to create communication and relationships structures and systems to support a culture of high reliability and learning.

THE VA HIGH RELIABILITY JOURNEY

The Relational Playbook provides practices for teams to develop high quality relationships and communication which are foundational to the VA journey to high reliability.



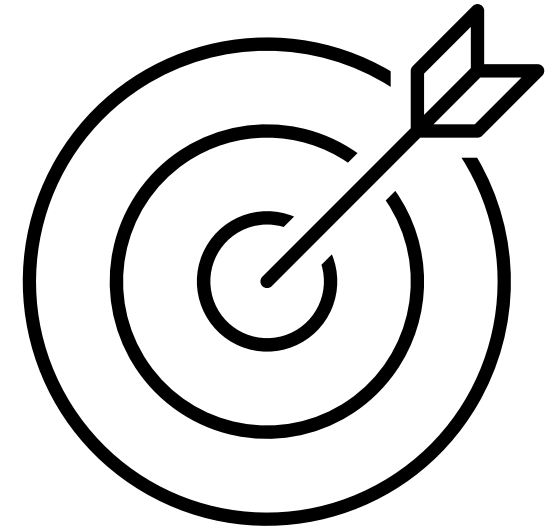
PATIENT IMPACTS OF THE RELATIONAL PLAYBOOK



- The **Relational Playbook** practices have the potential to:
 - **Decrease** medical errors
 - Procedural and surgical complications
 - Incorrect medication dosing
 - Transfusion error
 - **Prevent** harm
 - End-organ injury
 - Healthcare associated infections
 - Pressure ulcers

EMPLOYEE IMPACTS OF THE RELATIONAL PLAYBOOK

- The **Relational Playbook** practices have the potential to:
 - **Enhance** job satisfaction
 - **Lower** burnout
 - **Lower** intent to leave
 - **Lower** turnover rates
 - **Enhance** perceived patient safety climate scores

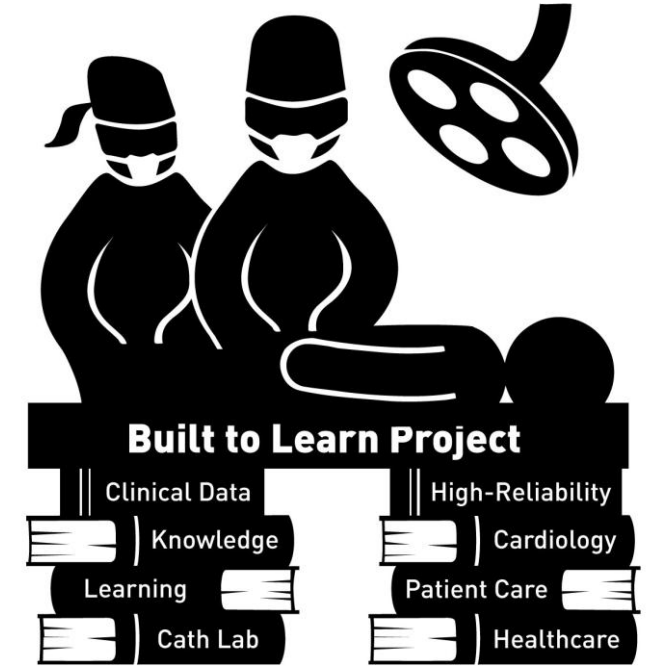


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HOW TO USE THE RELATIONAL PLAYBOOK

Relational Playbook in Healthcare Teams



Content

- [Table of Contents \(p. 12\)](#)
- [Relational Playbook Format \(p. 13\)](#)
- [Learning Environment Assessment Tool \(p. 14\)](#)

TABLE OF CONTENTS

- ✓ **Introduction** (p. 4-17)
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 - ✓ Relationships at Work (p. 61)
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 - ✓ VA Clinical Team Training
 - ✓ Speaking Up & Psychological Safety
 - ✓ Huddles & Debriefs
 - ✓ Crisis Communication
 - ✓ Training as a Team
- ✓ Inspiration and Encouragement (p. 238-239)

RELATIONAL PLAYBOOK FORMAT

- The Playbook is a visual document developed in PowerPoint.
- Information is broken into sections - one message per page.
- The layout is designed for easy reading printed or on a computer.
- The electronic version allows you to use hyperlinks to move around the play book
 - Hyperlinks are in **blue** for easy navigation
 - Quotes and key information are in **pink**
- Resources for additional learning and references are included with each section.
- All Chapters are structured thus:
 - Chapter Cover, Subsections, Relevant Tools/Kick Off Interventions, Resources for More Learning, and Resources



HOW TO USE THE RELATIONAL PLAYBOOK

- The Playbook is designed to be read in order, but you can also select a chapter most relevant to your team right now.
- Options to identify priority areas include:
 - Complete the [Learning Environment Assessment Tool](#) *
 - Review your VA All Employee Survey results



LEARNING ENVIRONMENT ASSESSMENT TOOL

- The Learning Environment Assessment Tool is designed to help you think about the state of relationships and communication in your team or department.
 - The goal is to move your team from good to great.
- Each question in the assessment tool maps to a specific Relational Playbook chapter.

Learning Environment
Assessment Tool: [LINK](#)



Scan for mobile access
(phone/iPad)

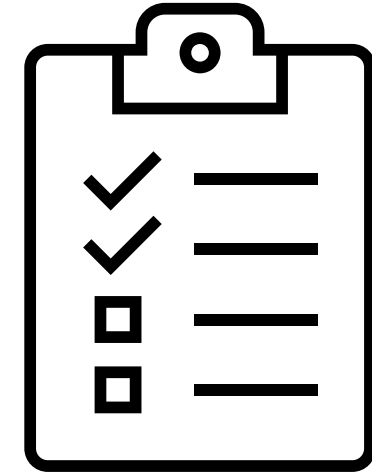
PRACTICE: REVIEW VA ALL EMPLOYEE SURVEY

The VA All Employee Survey assesses general well-being across workgroups

- Attitudes Towards the Work Environment Items
 - *My work gives me a feeling of personal accomplishment*
- Employee Withdrawal Items
 - *I feel burned out from my work*

If you are concerned the team or a particular staff person has low well-being - guidance is available:

- VA National Center for Organization Development
 - [CREW - Home \(sharepoint.com\)](#)
- VA Whole Health
 - [Employee Whole Health Resources](#)

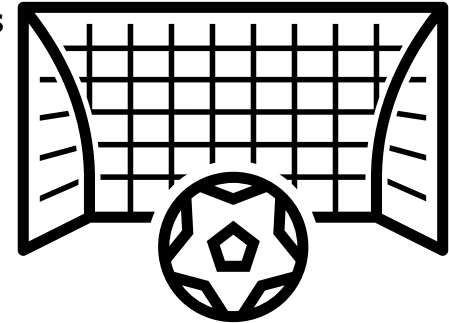


RELATIONAL PLAYBOOK – KICK OFF

When selecting **Relational Playbook** practices to implement, we recommend you start with the **Kick off** interventions in each chapter. **Kick off** interventions are recommended because they require little preparation before implementation and have been empirically linked to improved employee well-being.

You can adopt more interventions as your time and resources allow. For example:

- **Easy effort (No prep; minutes a day; individual activity):**
 - Adding [3 Good Things \(p.21\)](#) or [Ice Breaker \(p. 21\)](#) practices to daily huddles or standing meetings
- **Moderate effort (1-2 hours prep; periodic meetings; team activity):**
 - [Building a Team \(p. 47\)](#) practices when starting a new procedure
 - Developing [interview questions \(p. 93\)](#) that reflect the priorities of the cath lab
- **Major effort (1-5 hours prep; standing meetings; team activity):**
 - Addressing burnout through [joy in work \(p. 158\)](#) and [positive culture \(p. 19\)](#) practices
 - Implementing [high reliability communication \(p. 207\)](#) practices
- **Changes to personal practice (1-10 hours prep; every day; individual activity):**
 - Adopting a [wellness centered or servant leader \(p. 118\)](#) or essential leadership approaches
 - Role modeling [effective communication skills \(p. 189\)](#)



HEALTHCARE VOICES

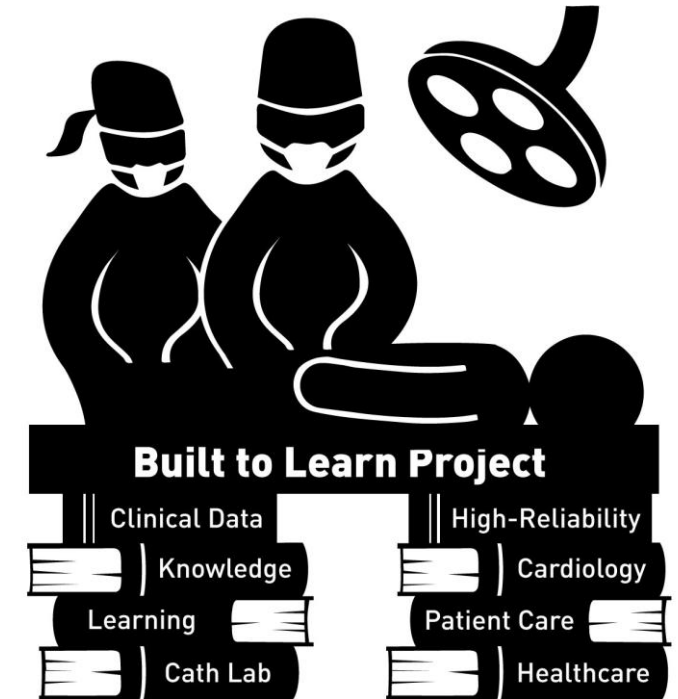
“It's really critical that you get along with the people you work with. That they're easy or approachable... because, you know, if you had a major conflict with somebody and it was a very small team that would be problematic.”

58-year-old Cath Lab Nurse, 1 year VA

CHAPTER 1: CREATING A POSITIVE CULTURE

Chapter Layout:

- [Creating a Positive Culture \(p. 20\)](#)
- [Assessing Team Well-Being \(p. 24\)](#)
- [Appreciative Inquiry \(p. 30\)](#)
- [Impacts of Creating a Positive Culture \(p. 39\)](#)



Kick Off Interventions:

- [Three Good Things \(p. 21\)](#)
- [Appreciative Inquiry Questions \(p. 24\)](#)

OVERVIEW: CREATING A POSITIVE CULTURE

- We think too much about what goes wrong and not enough about what goes right in our lives. Of course, sometimes it makes sense to analyze bad events so that we can learn from them and avoid them in the future.
- However, teams tend to spend more time thinking about what went wrong than is helpful. The tendency to focus on adverse events can create a negative culture that results in anxious employees that negatively impacts innovation, learning, and patient safety.
- One way to keep this from happening is to develop a team's ability to think about the good parts of work.



KICK OFF INTERVENTION: THREE GOOD THINGS

Self-focused Intervention

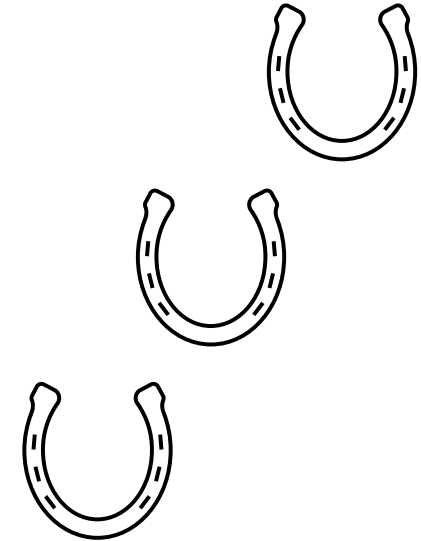
- Every day for 7 days, write down three things that went well on that day and why they happened.
- If you want to have a daily reminder- download the free “[Three Good Things app](#)”

Staff-focused Intervention

- During 1-on-1 meetings ask a colleague to reflect on the good parts of their work.

Team-focused Intervention

- During weekly team meetings, or huddles, ask the following question - then listen for themes and encourage group discussion.
 - *What is one good thing so far this week?*



RESOURCES FOR MORE LEARNING



Level 1: < 10 minutes/day

YouTube Videos (Free to VA staff)

- [Pursuing Happiness in the Workplace](#)- LearnFree
- [14 Practical Approaches to Increasing Your Daily Happiness](#)– Chris Croft
- [3 Ways to Create a Work Culture that Brings Out the Best In Employees](#)– Chris White

Level 2: < 10 minutes/day

Participate in an Authentic Happiness Study

- [Daily Activities to Increase Positive Affect](#)
 - Positive affect is known to increase many positive behavioral and cognitive outcomes. This study aims to develop a daily exercise that increases baseline positive affect.
- [Two Week Positive Intervention Study for Increasing Well-Being](#)
 - Certain simple daily activities may help to improve individual well-being. This study is designed to test the effect that different activities can have on increasing well-being.

Level 3: 3-4 hours/week

Foundations of Positive Psychology – Free COURSERA course

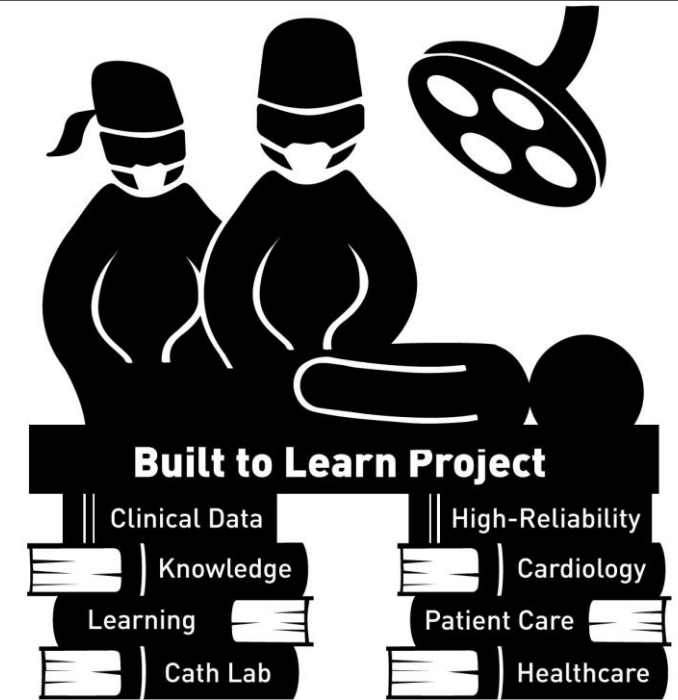
- The University of Pennsylvania and Dr. Martin E.P. Seligman welcome you to Foundations of Positive Psychology.
 - Our five-course specialization provides you with the key theories and research in the field of positive psychology as well as opportunities for application. Topics include assessing and developing character, grit and resilience skills.

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ASSESSING TEAM WELL-BEING

Relational Playbook for Healthcare Teams

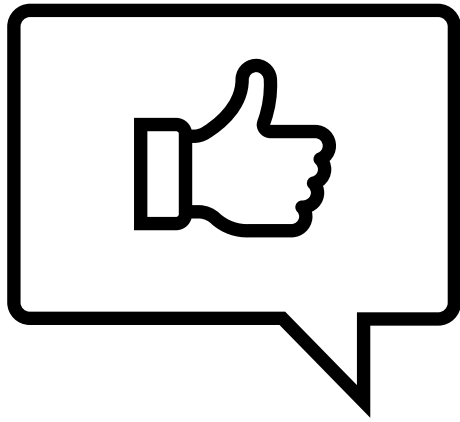


HEALTHCARE VOICES

“We are family and you know, sometimes things might not be perfect, but we're, you know, we're in it together. So, I think that's how we all approach it, and we are very lucky to have each other.”

38-year-old Radiology Technician, 3 years in VA

ASSESSING TEAM WELL-BEING TRUST/RESPECT



- Team performance is impacted by individual life satisfaction, happiness, meaning in life, physical health, social integration and financial security
- Should clinical teams check in on each other about how people are feeling? **YES!**
- Asking evidence-based well-being questions can help team members understand the challenges colleagues are facing and identify solutions to support them
- A simple 1-on-1 check-in can go a long way toward supporting employees emotional, social, and occupational well-being

PRACTICE: ASSESSING TEAM WELL BEING

Anyone can assess team well-being at any time by using these questions as an icebreaker during in-person or virtual meetings.

- **General well-being:** *Considering everything, how are you feeling today (Excellent, Very good, Good, Fair, Poor; Stoplight Colors Red/ Yellow/ Green)*
- **Satisfaction with energy level:** *What is your energy level today on a 1 (Go back to bed) to 10 (Ready to take on the world) scale?*
- **Satisfaction with life:** *If you could live your life over, what would you change?*
- **Self-esteem:** *Give an example of something you're proud of this week*
- **Work-life balance:** *In the last week, how has work-life balance been (Excellent, Very good, Good, Fair, Poor)*
 - Virtual meeting – ask people to respond with emojis 😄 😊 😐 😞 😓
 - Virtual meeting – ask people to respond with a .gif/meme depicting their mood

RESOURCES FOR MORE LEARNING



Level 1: < 10 minutes/day

[YouTube Videos](#) (Free to VA)

- [Best Strategies for Employee Health & Wellness](#) – Leah Olson
- [Workplace Wellbeing](#)- Cary Cooper

Level 2: <1 hour/week

[Do, Speak, Create: Activating Managers to Become Multipliers of Well-Being](#)– Laura Putnam

[The Science of Happiness Podcast](#) – Learn research tested strategies to live a happier life.

[The Happiness Lab with Dr. Laurie Santos](#) – Learn the latest research and hear stories that will change your thinking about happiness

Stumbling on Happiness Audio Book (Available through TMS) – Daniel Gilbert – Description of the science of happiness

Level 3: 1-2 hours/week

[The Science of Well-Being](#) – Free Coursera Course

- Yale University, Laurie Santos
- In this course you'll engage in challenges to increase your own happiness and build more productive habits.

[The Science of Happiness](#) – Free edX Course

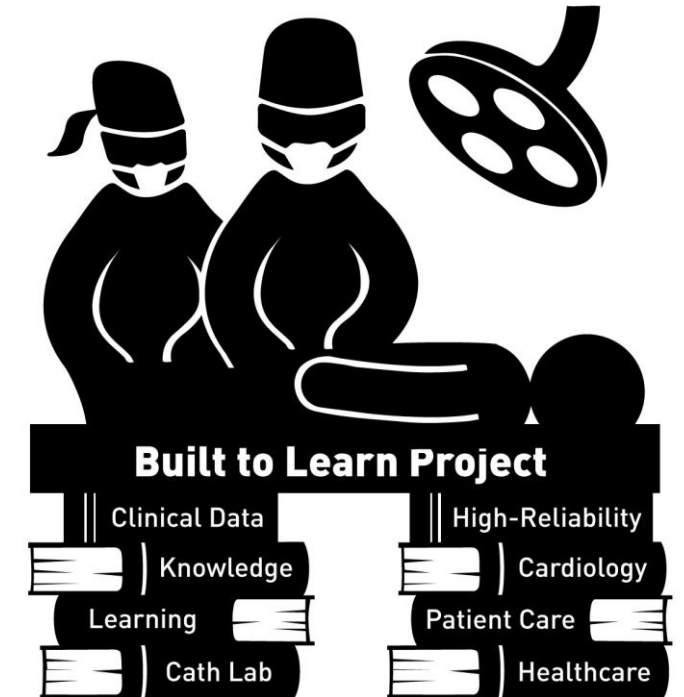
- University of California Berkeley, Dacher Keltner
- In this course you'll learn what happiness really means, why it matters, and how to increase your own happiness and foster happiness in others.

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APPRECIATIVE INQUIRY

Relational Playbook for Healthcare Teams



HEALTHCARE VOICES

“I think it starts out more as a complaint like ‘oh this person was really slow’. You know if that had been an emergency, it would have been terrible. The person is complaining.

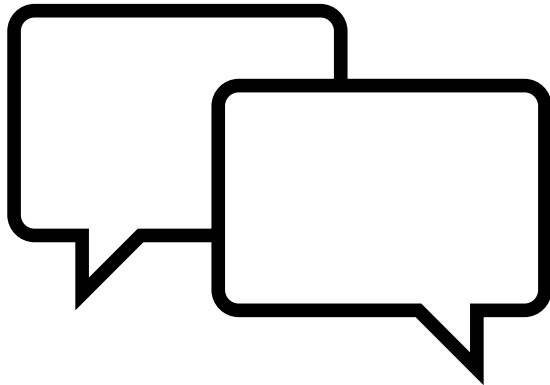
I morph it into ‘Well, what should we do about this? Or what are the things that we need?’”

38-year-old Radiology Technician, 3 years in VA

Appreciative Inquiry is based on a deceptively simple premise: organizations grow in the direction of what they repeatedly ask questions about and focus their attention on.

Gervase Bushed

OVERVIEW: APPRECIATIVE INQUIRY



- Appreciative inquiry encourages teams to think about what's working, rather than what's not working, and leads to people co-designing their future.
- Appreciative inquiry involves the art and practice of asking questions that strengthen a system's ability to anticipate and build on its success and positive potential.
- If the goal is to create a positive culture that fosters learning and innovation, clinical teams can start with what is already working.

Appreciative Inquiry

Asset Based

Look at what
we've got!!

Look at what
we're missing!!

Deficit Focused

© J. Logan 2012

QUESTIONS: PROBLEM V. APPRECIATIVE INQUIRY

Problem focused approach

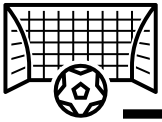
- What can we do to minimize employee burnout and turnover?
- Do we have data, or should we do a root cause analysis?



Appreciative inquiry approach

- When have we been engaged and willing to go the extra mile?
- What can we learn from those successes and apply for future successes?





KICK OFF INTERVENTION: APPRECIATIVE INQUIRY

- During team meetings, reframe problems and threats as possibilities for change:
 - *“Okay, this happened - what can we do different next time?”*
- See and speak about strengths and recent successes within the team.
 - *“Was there a win today?”*
 - *“What made this experience possible?”*
 - *“If this experience was to become the norm – how would our unit have to change?”*
- Be [curious \(p. 83\)](#) and remove judgement – facilitate - give direction not answers.
- Collect the wins – share them with leadership, print in newsletters or on boards.

RESOURCES FOR LEARNING MORE



Level 1: < 20 minutes

Free online videos

- 3-minute explainer video - Appreciative Inquiry - <https://youtu.be/QzW22wwh1J4>
- 18-minute overview video: Introduction to Appreciative Inquiry - <https://youtu.be/SR7cfUtm2P0>

Level 2: < 30 minutes

Web-based contact

- How to Apply Appreciative Inquiry: A Visual Guide <https://positivepsychology.com/appreciative-inquiry-process/>
- Collaborating for Change: Appreciative Inquiry (Access through TMS): Overview of a change strategy which supports full-voiced appreciative participation.
- Appreciative Inquiry: A Positive Revolution in Change: (Access through TMS): Introduction to Appreciative Inquiry

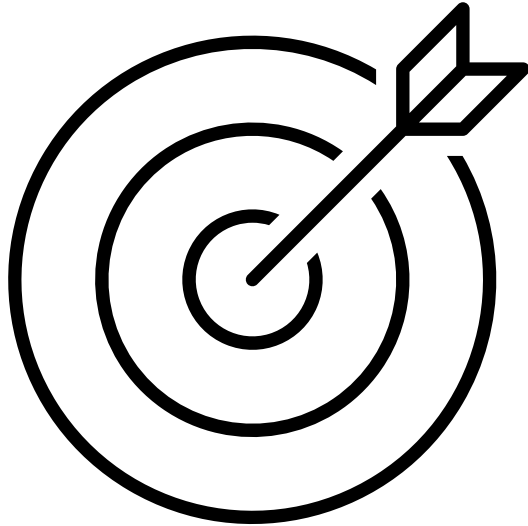
Level 3: 3-4 hours/week

- [Leading Positive Change through Appreciative Inquiry](#) - Free COUSERA Course
 - A course dedicated to advancing our understanding and skill in leading strength-based change and on how to create, foster and manage organizations in which people thrive and perform at their best.

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IMPACTS OF CREATING A POSITIVE CULTURE



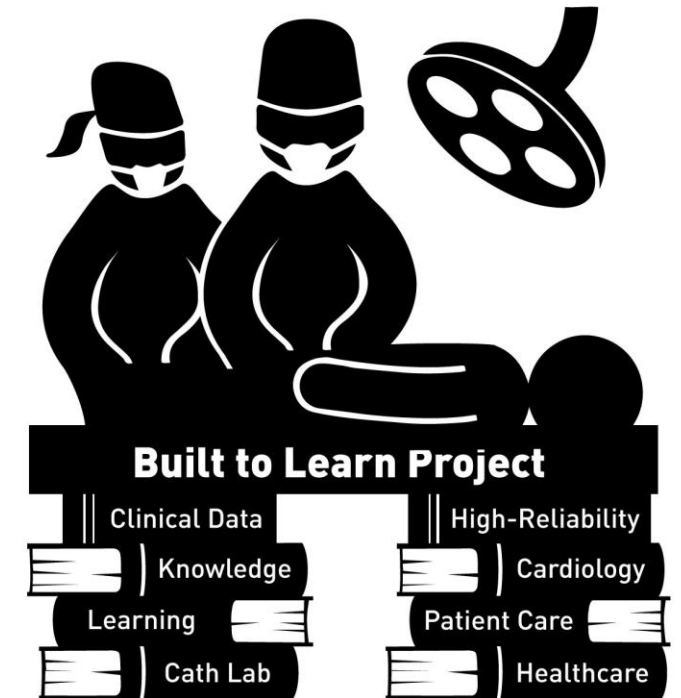
**Humans' need instruction and reminders to focus on the positive.
It is not our nature.**

- [Helping teams to focus on the positive by posing positive questions \(p. 20\)](#) to colleagues can prompt reflection, self-understanding and motivation to change
- [Assessing the well-being \(p. 24\)](#) of colleagues' signals someone cares and builds trust and mutual respect.
- [Applying appreciative inquiry \(p. 30\)](#) during team meetings are low-risk and potentially high yield interventions to increase gratitude, appreciation for good, and increasing awareness of positive experiences.
- All these practices will positively influence employee satisfaction, well-being, turnover, and efficiencies and support a culture of patient safety.

CHAPTER 2: TEAMWORK

Chapter Layout:

- [Building a Team \(p. 47\)](#)
- [Relationships at Work \(p. 61\)](#)
- [Difficult Relationships at Work \(p. 79\)](#)
- [Hiring for High Performing Teams \(p. 93\)](#)



Kick Off Interventions:

- [Walk in My Shoes Exercise \(p. 58\)](#)
- [Ice Breaker Questions \(p. 68\)](#)

HEALTHCARE VOICES

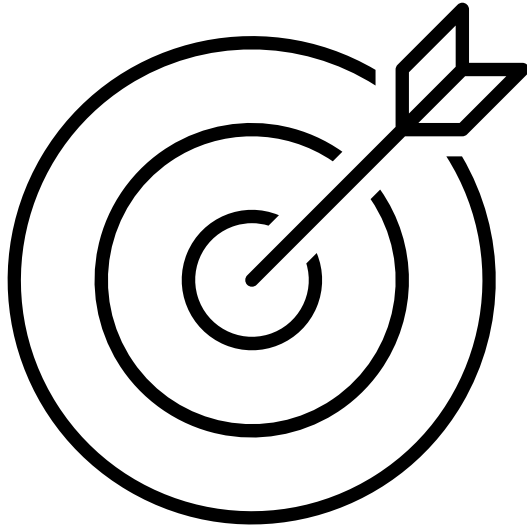
“The analogy that I give to the residents and fellows is that when you finish your training, you're like the young Lieutenant who just finished from West Point. You're going into a combat situation.

The Sergeant who's with you is allegedly below you and under your command, but the reality is that he knows much more than you do, and he'll spend a lot of time, whispering in your ear if you let him.

That's the way I look at the teams here. I think if one respects that, then there's a lot more satisfaction on both sides.”

43-year-old Interventional Cardiologist, < 1 year in VA

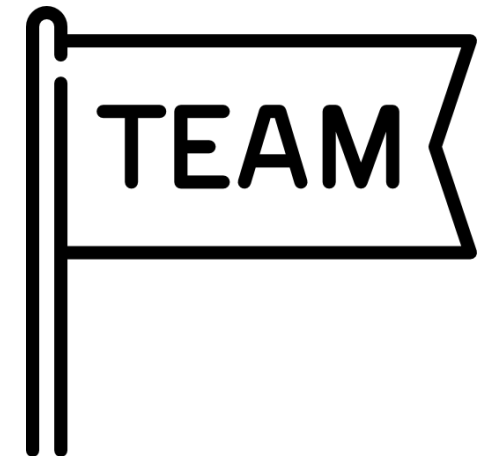
IMPACTS OF HIGH PERFORMING TEAMS



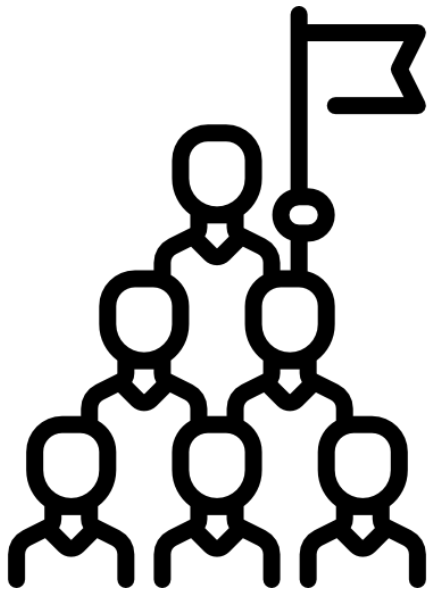
- High performing teams can:
 - **Increase** productivity
 - **Efficiently** implement resources
 - Make **better decisions**
 - **Actively problem-solve**
 - Provide better **quality service**
 - Successfully **innovate**
 - Contribute to the **personal well-being** and **growth** of its members
 - Deliver **high quality** and **safe patient care**

OVERVIEW: WHAT IS A TEAM?

- A team is a group of individuals working together to achieve common goals.
- Ideal teams consist of members with complementary skills that generate synergy through a coordinated effort which allows each member to maximize their strengths and minimize their weaknesses.




WHY PURPOSEFULLY BUILD A TEAM?




- Healthcare organizations are dependent on teams – for the work is too complex for a single person or role.
- The purposeful creation of a team is positively related to member satisfaction and increased effectiveness.
- Purposefully building your team is critical because teamwork can be cognitively and interpersonally demanding.
- However, most teams are created without providing members any training to develop the skills necessary to perform in a team setting – you can change this!

INDEPENDENT V. INTERDEPENDENT WORK

Independent Work

- Unit Clerk = Swim Team 
 - Tasks and projects are completed
 - Every person in the job performs the same tasks – standardized and structured work
 - Individual success is primarily due to individual effort
 - How one person performs has no direct effect on others in the department

Interdependent Work

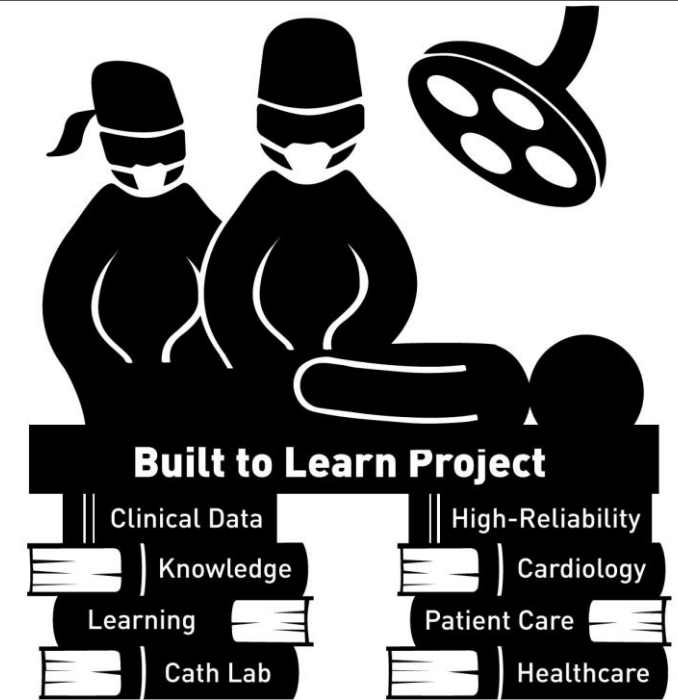
- Medical Team = Soccer Team 
 - No important task can be accomplished without the help of another
 - People specialize in different tasks (physicians, nurses, technicians)
 - Success of every person is bound to the success of the entire team
 - **No clinician, no matter how talented, has ever cared for a patient alone**

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BUILDING A TEAM

Relational Playbook for Healthcare Teams

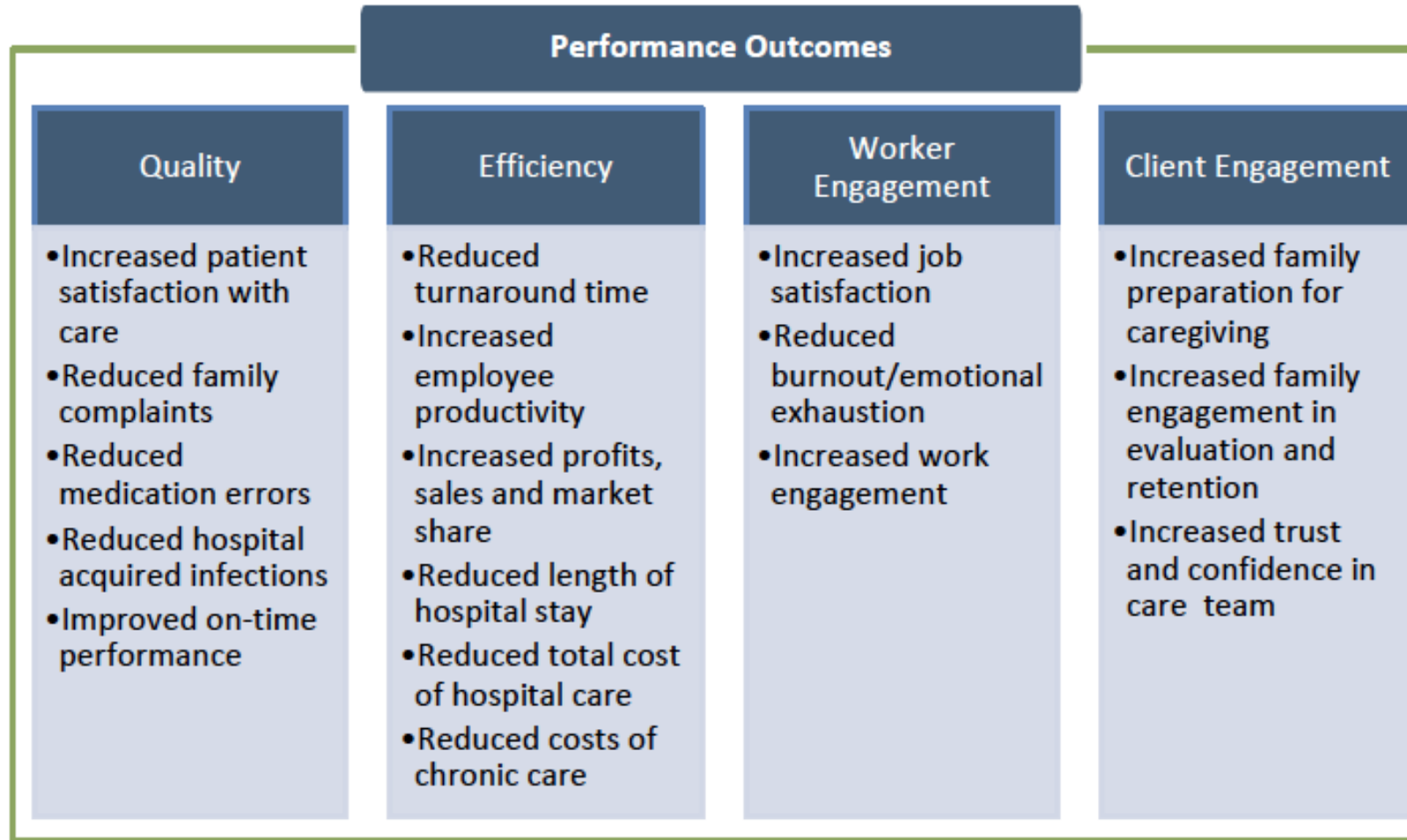


HEALTHCARE VOICES

One of the reasons that I think our Cath Lab functions well is that we have an excellent relationship between the clinical nurses and the physicians. And the trainees for that matter. We have open lines of communication, and we work in a partnership rather than a hierarchical setting.

42-year-old Interventional Cardiologist, 6 years in VA

IMPACTS OF BUILDING A TEAM

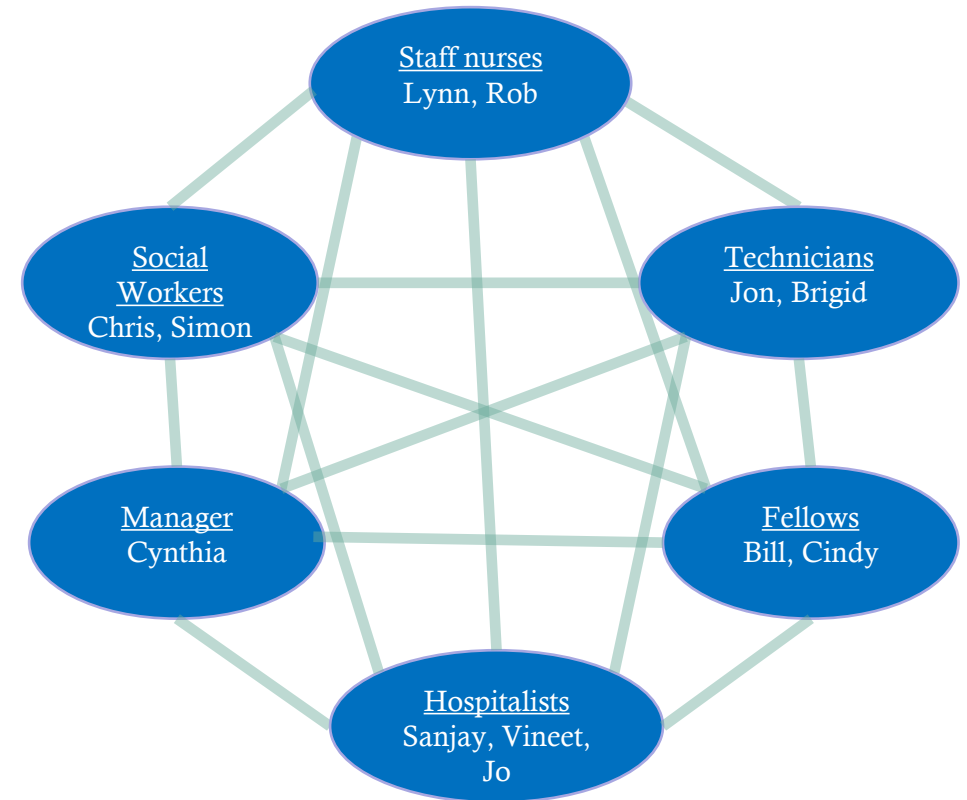


PRACTICE: IDENTIFYING TEAM ROLES

The goal of this practice is to clarify team roles to increase awareness around who does what.

This can be done with a new team, or existing team taking on new staff/processes/procedures.

- *Ask everyone to introduce themselves, their role, and what they will do as part of the team*
 - *Ask if anyone is missing - invite them to the meeting*
- *Display the roles as a network map – include names of people who fill those roles*
- *Post on the unit - update when new people join the team*



TEAM ROLE MAP TEMPLATE

The diagram consists of six rounded rectangular boxes arranged in a hexagonal pattern. Each box contains the text "Role" on the top line and "(People in role)" on the bottom line. The boxes are positioned as follows: one at the top center, one at the bottom center, two on the left side (one above the other), and two on the right side (one above the other).

Role
(People in role)

Role
(People in role)

Role
(People in role)

Role
(People in role)

Role
(People in role)

Role
(People in role)

Enter role name & people in each role (add more boxes as needed)

PRACTICE: IDENTIFYING TEAM RESPONSIBILITIES

The goal of this practice is to clarify role responsibilities to help teams be clear on who does what, why, when, where, and how.

This can be done with a new team, or existing team taking on new staff/processes/procedures

- Discuss responsibilities and expectations of each role
 - *Ask everyone to write their individual responsibilities and role expectations regarding work being done*
 - *List them by role in a table*
 - *Discuss as a group – update as roles or expectations change*
 - *Post on the unit, keep updated, and share with new members as part of orientation*

Role	Responsibilities	Expectations
Scrub Nurse/Tech	<ul style="list-style-type: none">• Set-up and maintain sterile field• Assist with sterile equipment• Communicate with circulating staff• Ensure safety of patient and staff	<ul style="list-style-type: none">• Start on time• Have eyes and ears open• Anticipate needs of team• Speak up if concerns observed• Be respectful in speech and manner
Surgeon	<ul style="list-style-type: none">• Perform surgical procedure• Communicate with team• Teach fellows• Ensure safety of patient and staff	<ul style="list-style-type: none">• Lead time out and debrief• Be respectful in speech and manner• Ask for assistance if needed• Provide high-quality and safe care

TEAM RESPONSIBILITIES TEMPLATE

Role	Responsibilities	Expectations
Student	<ul style="list-style-type: none">Attend classes	<ul style="list-style-type: none">Submit project work on time

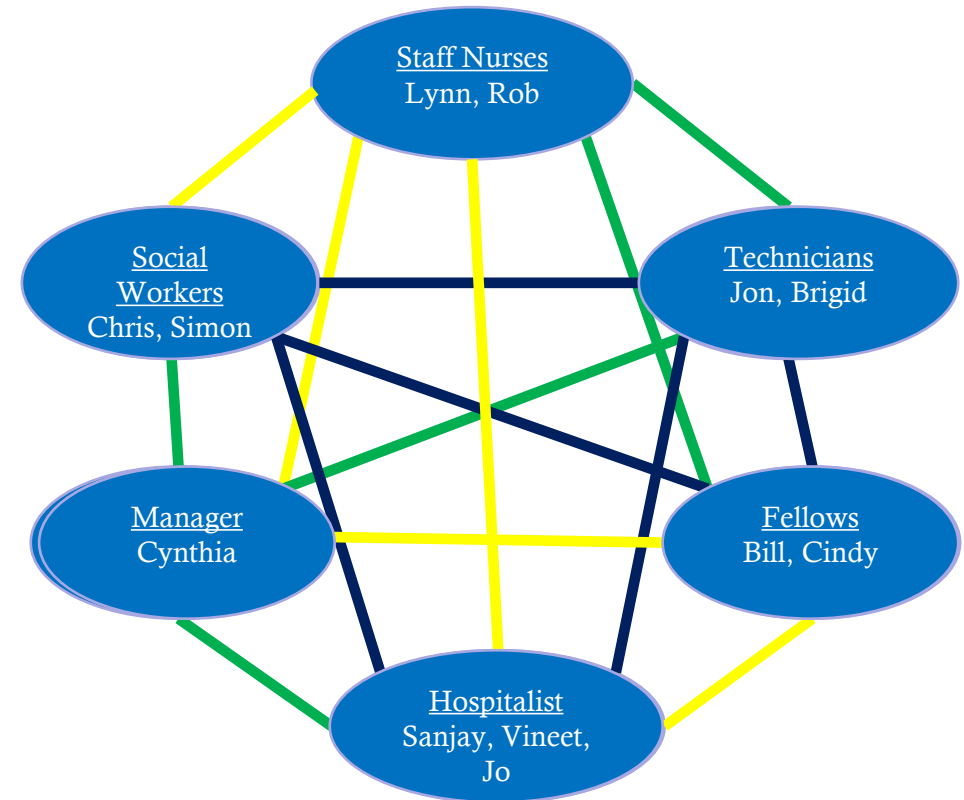
Enter role name, responsibilities and expectations (add more rows as needed)

PRACTICE: RELATIONSHIPS & COMMUNICATION

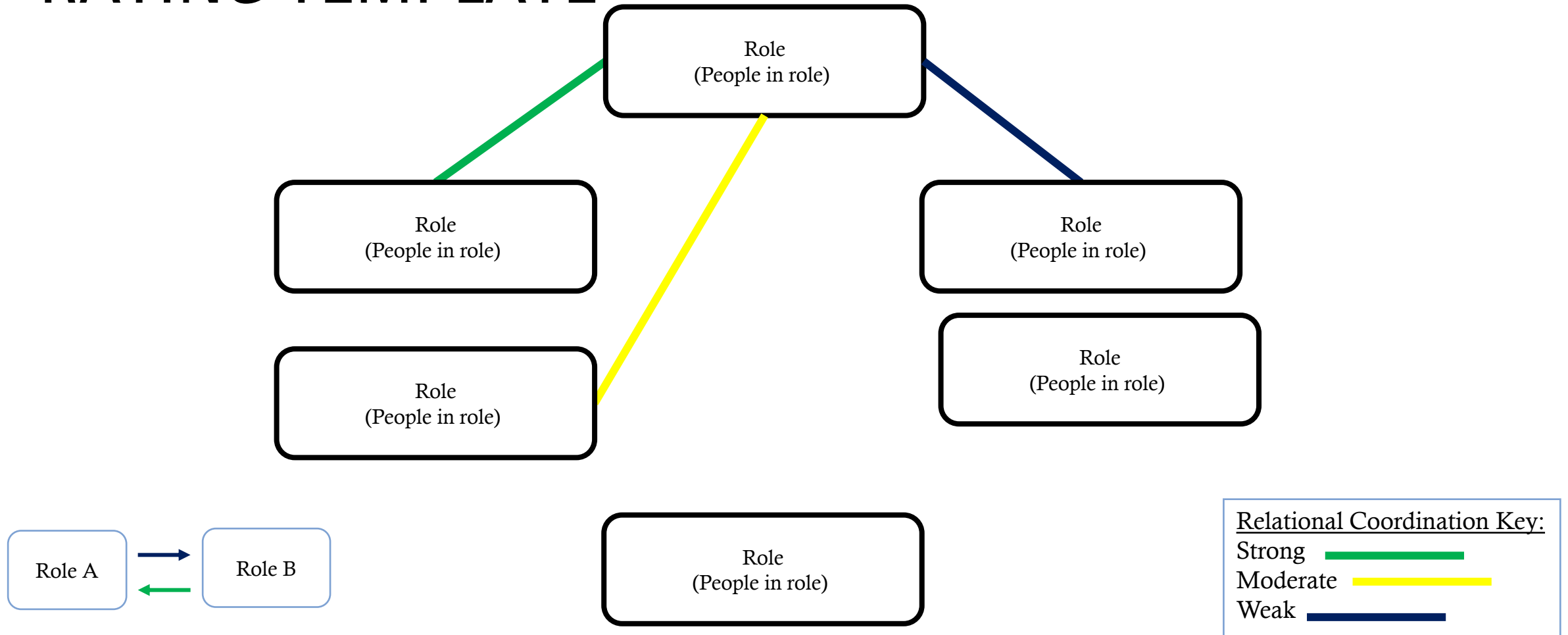
The goal of this practice is to identify areas of strength in a team and areas that would benefit from interventions.

To understand the state of relationships and communication in a new or existing team

- Give everyone a copy of the team role map
- Ask each person to rate how strong they perceive relationships and communication between roles
 - Weak = dark blue line
 - Moderate = yellow line
 - Strong = green line
- Look for trends across maps (e.g., mostly green lines = strong relationships and communication)
- Use map to start a discussion around strengths
 - What is going well between roles?
 - Can this be a model for other roles?
- Use map to identify areas for interventions



RATING TEMPLATE



Use the colored lines to indicate the strength of existing relationships and communication between roles

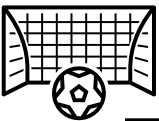
RELATIONAL COORDINATION QUESTIONS TO GUIDE RATING

RC Dimension	Survey questions
Frequent communication	How frequently do people in these groups communicate with you about [insert work process]?
Timely communication	How timely is their communication with you about [insert work process]?
Accurate communication	How accurate is their communication with you about [insert work process]?
Problem solving communication	When there is a problem in [insert work process], do people in these groups blame others or try to solve the problem?
Shared goals	How much do people in these groups share your goals in [insert work process]?
Shared knowledge	How much do people in these groups know about the work you do with [insert work process]?
Mutual respect	How much do people in these groups respect the work you do with [insert work process]?

HEALTHCARE VOICES

“Having people shadow each other... It’s helps build respect with coworkers a little more for you understand what they are doing. Sometimes it will shed some light on some situations.”

38-year-old Nurse Manager, 7 years in VA



KICK OFF INTERVENTION: WALK IN MY SHOES

- Relationship building activity that provides a space to tell or show others what it is like to “walk in my shoes”
- Increases knowledge and awareness about team members' day-to-day work experiences



Meeting-based Activity:

- Ask each team member to prepare responses to the following questions:
 - *Best part of my workday*
 - *Worst part of my workday*
 - *Most challenging part of my workday*
 - *What I need you to understand about me/my role*
 - *What is stressing me right now is...*
- Swap papers – each person reads another's responses person
- Leave 10-20 minutes for discussion

Clinic-based Activity:

- Offer different roles the opportunity to:
 - Shadow a colleague for 1-2 hours
 - Summarize their observations and biggest takeaways
 - Share with larger team using guided questions:
 - *What I learned about this role*
 - *What we all should know about this person/role*

The impact of this practice is to connect teams, to build trust, and to gain insights into how to support each other.

RESOURCES FOR MORE LEARNING



Level 1: < 30 minutes

- [TedTalk: Medicine has Become a Team Sport – So How Do We Treat it Like One?](#) Atul Gawande
- Toolkit: [Relational Coordination in VA Guidebook](#)
- Step by step guide to building role maps and assessing relationships and communication practice

Level 2: 1 hour

Free Online Videos:

- [The Power of a Simple Idea](#) – Jody Gittel
- [Building Relational Coordination for High Performance in the VA](#) – Jody Gittel
- [What We are Learning about Relational Coordination Interventions in Healthcare](#) – Ali, Gilmartin, Gittel

Level 3: 1-3 hours/month

Relational Coordination in VA Program

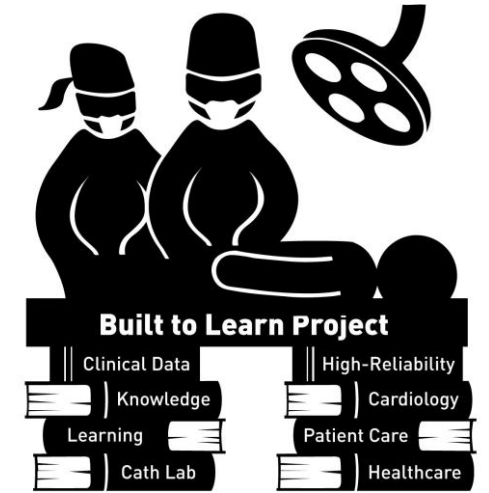
- Free VA learning community that provides education, resources and free consultation to VA teams
- Attend monthly book club meetings and cyberseminars
- Receive guidance regarding evidence-based interventions to improve relationships and communication in teams

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- Walk in my shoes exercise: <https://better-teams.com/walk-in-my-shoes-team-building-activity/>
- Relational Coordination in VA Program: [Relational Facilitation Guidebook](#)

RELATIONSHIPS AT WORK

Relational Playbook for Healthcare Teams



HEALTHCARE VOICES

“A department like this, we’re friendly, we're on a first name basis, treated as equals amongst our group collectively with the EP docs and the Cath physicians and all the cath staff and even the cardiology department.

We work much closer together and that allows us to look out for each other a bit more.”

Cath Lab Nurse, 6 years in VA

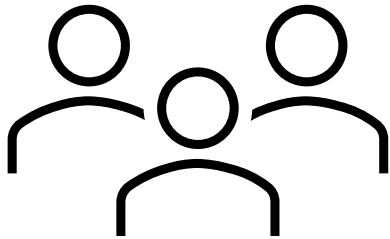
IMPACTS OF POSITIVE RELATIONSHIPS AT WORK

- The impact of developing respect for the work of others is an increased willingness of teams to engage, learn, and adapt.
- High-quality work relationships are energizing, increase a team's ability to cope with stress, and are a source of well-being.



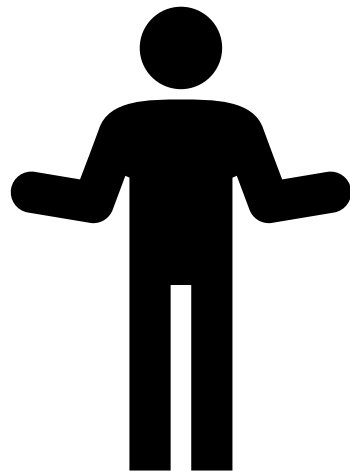
OVERVIEW: WORK + RELATIONSHIPS

- Many teams require guidance to establish trusting and respectful relationships at work.
- Relationships at work occur through:
 - Personal or social ties (e.g., shared interests, background, training)
 - Repeated interaction (e.g., interdisciplinary huddles, team rounds, coordination meetings, workshops)
 - Shared goals (e.g., frequent, accurate and problem-solving communication with teammates and patients)
 - Guided socialization (e.g., social events, relationship building exercises)



Can healthcare work
relationships be fun?

We deal with the serious
and tragic aspects of life.



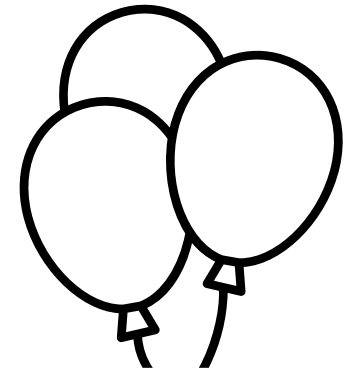
Yes!

Healthcare work
relationships can
be fun.

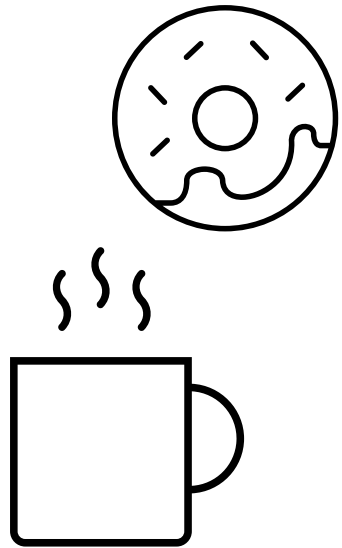


WORK + RELATIONSHIPS + FUN

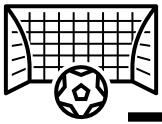
- When people have fun with their co-workers, there is evidence they are more energized, motivated, get along better, experience less stress, and are less likely to be absent or leave the organization.
- Humor is often used as a means of coping with distressing and threatening events.
- Attempting to bring some fun into work relationships will be perceived differently by individuals
 - Some may see it as enjoyable.
 - Others may see it as creating chaos, inappropriate, or more work for employees.
 - Change takes time – it may take awhile to win some people over
- If you are interested in adding some fun to the workplace – consider work celebrations, games (cards, online apps), joke telling, outside work gatherings (golf, zoo, botanic gardens, volunteering together).



BUILDING WORK RELATIONSHIPS + FUN

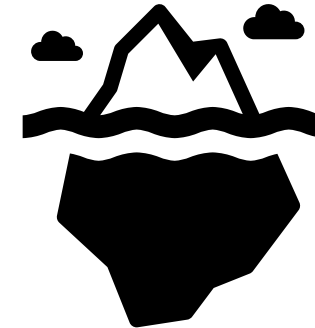


- Coffee breaks, staff meetings, and huddles are perfect opportunities for teams to engage with each other and perhaps have some fun.
- Guided activities to spark sharing and discussion can change communication patterns and deepen relationships.
- Try one activity a week, if the team does not engage – don't give up!
 - New things often require multiple introductions before they are accepted
- If you have a team member who becomes negative or disruptive during activities – read the [Difficult Relationships at Work \(p. 79\)](#) chapter.



KICK OFF INTERVENTION: ICE BREAKER QUESTIONS

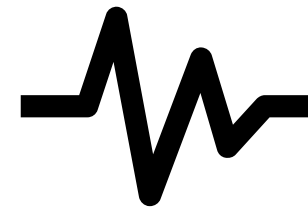
- Ice breaker questions can be used to start a meeting – to get people talking and sharing
 - *What animal do you most identify with?*
 - *When are you at your happiest?*
 - *Who would you like to swap places with for a day or two?*
 - *Were you a rebellious child, or did you tend to toe the line?*
 - *If you had an infinite amount of money, what would you do?*
 - *If you were in the mood for comfort eating, what would be on the menu?*
 - *What brings a quiet smile to your face?*
 - *What's a hobby you'd like to dedicate more time to?*
 - *How would you fill your ideal Sunday?*
- The goal of these questions are to help teams get to know each other – to build trust and mutual respect.
- You can write the “**Question of the Day**” on a board to give people time to think about it.



PRACTICE: PULSE CHECK

To get a pulse on how a team is feeling about work – you can use prompts to start a meeting

- *Produce a metaphor that describes how you have been feeling about work. (Like a dishrag, like a sprinter crossing running a marathon, like I'm herding cats, constant game of whack-a-mole)*
- *What are some “ugh” moments you’ve had this week?*
- *What are some “ta-daah” moments you’ve had this week?*
- *What can we do to strengthen and support each other right now?*

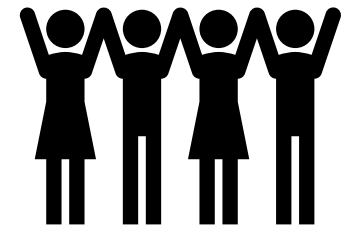


Have the group reflect on common themes:

- *Everyone is on task and super focused, some of us are exhausted, there is no rhythm to the work*
- Once everyone has shared, ask for thoughts about how to celebrate or address areas right now.
- The goal of these prompts are to help teams step back and reflect on the support they give (or don't give) each other.

PRACTICE: SAVOR OUR SUCCESSES

- At the end of the day [debrief \(p. 224\)](#) or during a staff meeting, ask 1-2 members of the team to share:
 - *What were your high points or a win that happened at work this week?*
- You can also just pose the question to the entire group and offer up one of your wins to get the conversation started.
- Thank people for sharing and encourage them to savor the team successes.
- The goal of this activity is to identify and savor positive moments.



PRACTICE: TWO TRUTHS AND A LIE

- This is a classic game to fill time and get to know people.
- Between cases or during a pause in the day, one person must give three statements about themselves to the rest of the group:
 - Two of the statements should be true
 - One should be a lie
- Everyone guesses which statement they think was made up.
- Once everyone has made their guess, reveal which statement was the lie.
- Keep going around the group.



HEALTHCARE VOICES

“In between cases, there's an area where we can be, laugh and joke and have fun, things like that.”

52-year-old Cath Lab nurse, 6.5 years in VA



FREE, ONLINE GAMES FOR TEAMS*:

These question games are perfect conversation starters to help people get to know each other:

[Would You Rather App](#)

- The rules are simple – each round the app will give two options – you ask someone "Would they rather". Example: Would you rather be considered annoying or be considered boring.

[Most Likely To App](#)

- Players take turns getting one random question from the app. The player then reads the question out loud. Each player decides on who is most likely to. On the count of three, each player points to the person in the group who they think is most likely to.

For something lighter – you can share jokes:

[Funny Laughs LOL! Pics & Jokes App](#)

- Look for work appropriate jokes to share to lighten the mood.
- You can also purchase a couple joke books and leave them in the break room – access when needed.

*All apps are free on iPhone & Android – however there are many advertisements.

PRACTICE: WORK CELEBRATIONS



- Work celebrations can range from birthday or holiday parties to anniversary and retirement gatherings to celebrating a team accomplishment
- The benefits of celebrations go beyond enjoying the party itself:
 - Staff gain recognition for personal or professional accomplishments or milestones
 - Staff come together to bond, reminisce, make personal connections
 - Staff express appreciation for each other while enjoying a break from the routine
 - Staff may have some fun together
- You can use ice breakers or games to bring some fun into the gathering.

HEALTHCARE VOICES

“I have a Christmas party every year with just our staff that we've been doing for the last three years.

I try to always acknowledge everyone's birthdays and bring in cakes and stuff and then occasionally, you know, we'll do lunches or if we have a long day and we're staying super late, sometimes will order food in.”

40-year-old Cardiologist, 5 years in VA

RESOURCES FOR MORE LEARNING



Level 1: Access as Needed

- The Best Joke Book (Period) – William Donohue (available in bookstores, web)
- Adult coloring books
- Trivial Pursuit – all versions

Level 2: < 30 minutes/day

YouTube Videos (Free to VA)

- [Building Rapport](#)- Lifetime Training
- [The Art of Connection: 7 Relationship-building Skills Every Leader Needs Now](#) – Michael Gelb
- [Communicating with Tact and Diplomacy](#) – Tatiana Kolovou

Level 3: 1-3 hours/week

[Effective Communication for Building Relationships](#) – Free COURSERA course

- Taught by Dr. Peter Mitchell from Tomsk State University, this course will help you gain knowledge about intercultural communication, interacting with clients, maintaining a positive relationships and resolving conflict.

HEALTHCARE VOICES

“We spend more time with our coworkers than we do with our spouses or significant others.

We get to know each other pretty well and the longer we are together, the longer we feel more comfortable with each other, I think we're able to overcome great stressful situations.

It sounds corny, but I think it really adds to positive outcomes.”

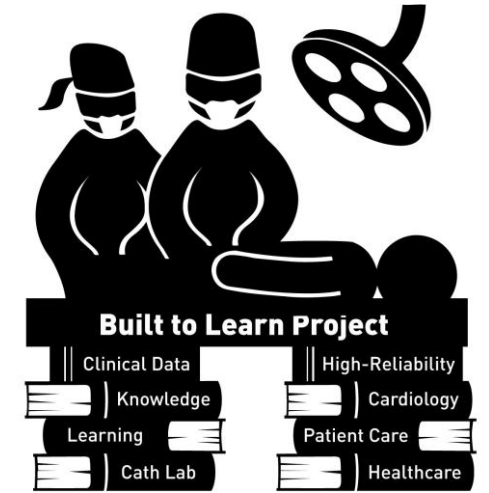
Cath Lab Nurse, 6 years in VA

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- The Language of Caring Workbook: Icebreakers, energizers, and mind-benders. <https://languageofcaring.org/wp-content/uploads/2017/01/icebreakers-energizers-mind-benders-toolkit.pdf>
- Tips for Playing Two Truths and a Lie: <https://parade.com/1185071/marynliles/two-truths-and-a-lie-ideas/>
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DIFFICULT RELATIONSHIPS AT WORK

Relational Playbook for Healthcare Teams



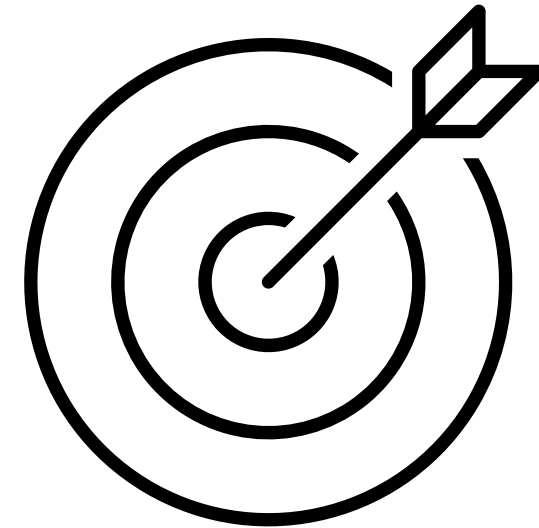
HEALTHCARE VOICES

“We are just like a little family and sometimes families, you know have little bickers here and there, but when things hit the fan, we work really well together.”

41-year-old Medical Technician, 2 years in VA

IMPACTS OF PREPARING FOR DIFFICULT CONVERSATIONS

- When difficult conversations are avoided, they can disrupt the credibility of a leader.
- This may impact a team's willingness to speak up about patient or employee concerns in the future (e.g., low psychological safety).
- Further, when conflicts are left unaddressed, emotions can flair and relationships can breakdown.
- This has a direct impact on team job satisfaction, engagement, and turnover intentions.



DIFFICULT RELATIONSHIPS & CONVERSATIONS



- Difficult relationships are a normal part of life.
- Difficult relationships are acted out through difficult conversations.
- The purpose of having a difficult conversation is often to prove a point, to give someone a piece of your mind, or to get them to do what you want them to do (deliver a message).
 - They are rarely about getting the facts right - they are about conflicting perceptions, interpretations, and values.
 - They do not just *involve* feelings. At the core they are *about* feelings.
- To decrease the temperature during a difficult conversation – try being **curious and humble**.

EXPRESSING CURIOSITY

When engaged in a difficult conversation, acknowledge you hear them, then ask a question that will decrease the heat and show your curiosity.

- *I hear you...*
 - *Can you say more about how you see things?*
 - *I'm curious about what information you have that I don't?*
 - *I'm curious about how you see if differently?*



EXPRESSING HUMILITY

The time where humility is needed most is when we observe something that makes us angry, anxious or disruptive.

- Humility is the first step in building (or rebuilding) relationships.
- Humility is expressed through showing interest in another person – not just their role or title
 - Example: *A senior surgeon asks a new technician their name and where they are from. She asks them to call her by her first name and asks what they prefer to be called.*
- Humility is expressed by showing that you are not perfect
 - Example: *An attending physician says to their team during rounds, “I am completely dependent on you. What do we need to do to make things go smoothly today?”*
- Humility is expressed by deferring to experts in the field
 - Example: *A new medical center Director goes to an ICU to ask what they do, what their world is like, and what worries them.*

HUMBLE INQUIRY

- Humble inquiry is the fine art of drawing someone out, **of asking questions to which you do not already know the answer**, of building a relationship based on curiosity and interest in the other person.
- What type of questions we ask, when we ask, and our underlying attitude is key to building positive relationships and communication.
- A humble inquiry approach shows interest in the other person, signals a willingness to listen, and temporarily empowers the other person.

One-way Inquiry Approach

- Goal is to tell people what to do.
- Clinical example:
 - “Everyone is ready to start this case, correct?
5 second pause – ok, let’s start.”
- Work example:
 - “Does anyone have any feedback on what we just talked about? *5 second pause* – ok, let’s move on then.”

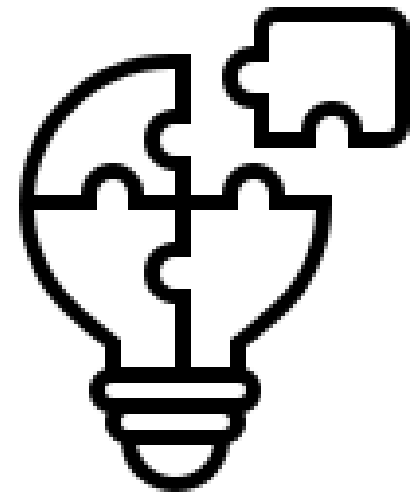


Humble Inquiry Approach

- Goal is to ask people for help with a question you have.
- Clinical example:
 - “This is the time for questions. Did we miss anything before we start the case? *10 seconds pause* – seriously nothing - *5 seconds pause* – okay, please speak up if you see something concerning – we can get going now.”
- Work example:
 - “Does anyone have any feedback on what we just talked about? We have time to discuss. *10 seconds pause*. Chris, anything you want to bring forward, *5 seconds pause*, Cathy, anything? Ok, my door is always open. Let’s move on then.

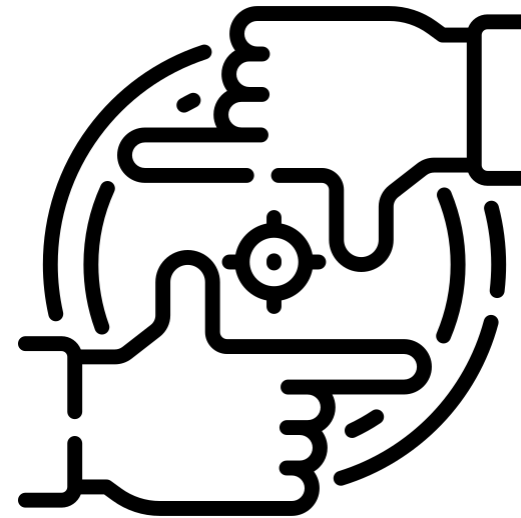
PREPARING FOR HUMBLE INQUIRY

- Try to minimize your preconceptions of what you expect to hear and learn.
- Clear your mind at the beginning of the conversation with some deep breaths.
- Keep eye contact and actively listen during the conversation:
 - **Pay attention**
 - **Withhold judgement**
 - **Reflect – clarify**
 - **Summarize**



PRACTICE: HUMBLE INQUIRY PROMPTS

- *“Can you help me understand why...?”*
- *“Can you think of ...?”*
- *“What is _____ like today?”*
- *Tell me about...*
- *What has been your experience...?*
- *So, what else is going on?*
- *Go on ... (with an expectant look)*
- *What are you working on?*



PRACTICE: DON'T GET MAD - GET CURIOUS

In a staff meeting where a person starts to bad mouth a program being discussed, try asking...

- *I hear you; can you give an example of when this type of program has failed as bad as you say this one will?*

During an interaction with an angry colleague, try asking...

- *I was not aware of all these issues and am now completely curious. Say more...*

HEALTHCARE VOICES

“There's a chaplain service here...she talked to us about the things that we never talk about, like how we interact with each other, how we treat each other, how the outside stressors affect how we interact with each other.

She brought in how COVID has affected us and how that might affect our veteran population as well, with all the additional stressors they have, so that part has been good.

It was interesting because we did it on the day that we usually do our very technical education. So, we're doing the pumps one day and the next day we're all talking about our feelings.”

36-year-old Nurse Manager, 5 years in VA

RESOURCES FOR MORE LEARNING



Level 1: < 1 hour/day

YouTube Videos (Free to VA Staff)

- [Crucial Conversations \(Short Summary\)](#) – Productivity Game
- [Having Difficult Conversations: A Guide for Managers](#) – Marlene Chism
- [Empathetic Communication](#)– Sharon Steed

Level 2: 1-3 hours/week

[Improve your Leadership Communication Style](#)– Free EdX course

- Taught by Drs. Engell and Heifetz from Harvard University. This course will teach you how to build and renew trusting relationships, how to effectively communicate, and when and how to employ a variety of communication styles.

Crucial Conversations – Access through TMS or through local education department

- Improve engagement, efficiency, equity and more with the skills taught in Crucial Conversations.

Level 3: 8 hours/month

[VA Civility, Respect, and Engagement in the Workplace Initiative \(CREW\)](#)–National Center for Org Development program

- CREW is a data-informed and tested model for building workplace civility and improve the work climate
- Materials are available to help teams conduct exercises and activities

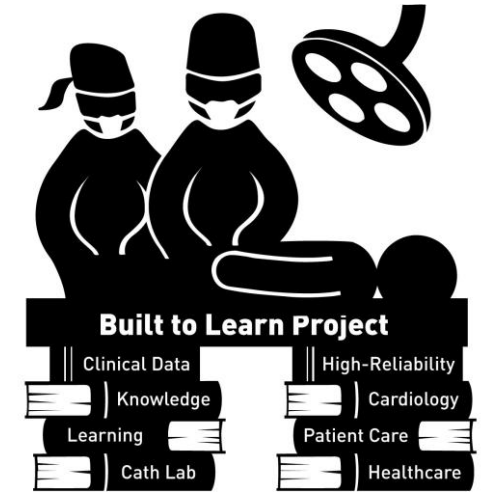
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HIRING FOR HIGH PERFORMING TEAMS

Tools:

- [Interview Panel](#) (p. 99)
- [Interview Scoring Grid](#) (p. 100)
- [Interview Questions](#) (p. 101)
- [The Stay Interview](#) (p. 113)



HEALTHCARE VOICES

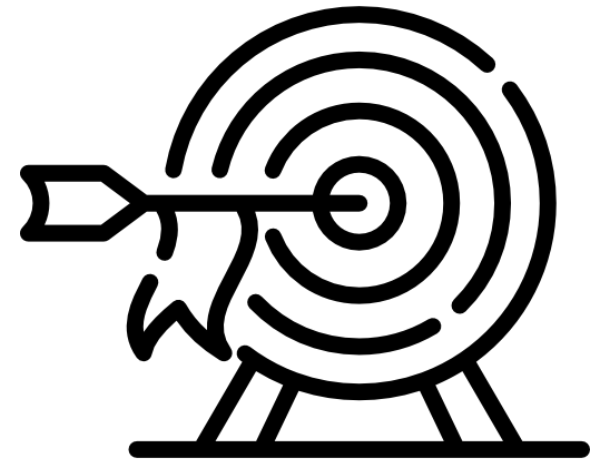
How do you hire talent in your lab?

“It's not always just experience, because you want to know that you could have a good relationship with them... through the conversation you think, “oh, I like how his ideas connects to us.”

43-year-old Cath Lab Nurse, 2 years in VA

HIRE HARD, MANAGE EASY

- Hiring the right people is key to creating high-performing teams.
- If you don't have any candidates who are a good fit for your team, hiring nobody may be preferable than hiring somebody – at least in the short term.
- While you're waiting for a good candidate, you can:
 - Support your current employees by keeping them updated on the hiring process
 - Look for ways to streamline the work or decrease unnecessary tasks of current staff
 - Discuss with the team if bringing in temporary staff or filling a different position (e.g., technician versus nurse) would be a better approach
 - Ask staff to recruit talented colleagues to the team



OVERVIEW: HIRING IN THE VA

- In the VA, recruitment and hiring is led by the human resources department at each facility, with guidance from the [Office of Human Resources Management](#).
- Candidates must meet basic requirements prior to having their application packet sent to department managers.
- Selecting talented employees for your team is not easy because you're looking for:
 - The required skills and expertise for the role AND
 - A good fit within the organizational and team culture AND
 - If the person will have a good relationship with colleagues
- The candidate's qualifications are an initial picture of the person.
- The job interview is the opportunity to create a more complete picture and can carry more weight than what is written on an applicants resume.



THE HIRING INTERVIEW



- The interview is an opportunity to assess a candidate AND to convince the best ones to take the job (even though it can take many months for processing and onboarding).
- Though the VA recruitment and hiring process can be challenging, there are some things you can control:
 - You can craft interview questions that capture the priorities, purpose and culture of your team
 - You can make the interview process less stressful by telling candidates in advance the kind of questions you're going to ask
 - You can include real-world scenarios (versus hypothetical) in the interview to reveal how candidates would respond to situations you all have experienced
 - You can hold practice interviews with current staff to test out the questions and response scoring so your team looks good to potential new hires

Hypothetical Interview Questions To Avoid

Avoid because they do not reveal how a candidate will function within your team.

- What are your greatest strengths and weaknesses?
- Why are you the best candidate?
- What's your dream job?
- Where would you like to be in 5 years?
- Tell me about a time when you overcame a work challenge?



Real-world Interview Questions To Use

Use because they cannot be rehearsed and will show a candidate thinking on their feet!

- We are having an issue in our team (provide example), walk me through the steps you'd take to help us solve this problem.
- Outline the steps you'll take to learn what is needed for this job and maintain your skill level over time.
- The floor is having a slow day, what would you do during the downtime to improve your knowledge?

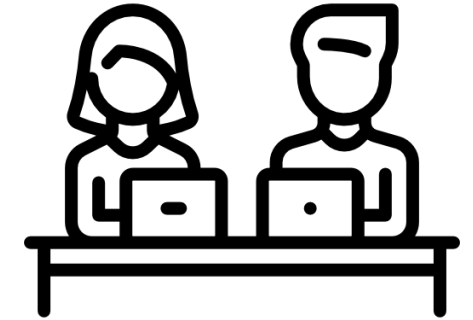
INTERVIEW QUESTIONS

- Structured interview questions, where all candidates are asked similar questions, can decrease pressure on those who conduct interviews.
- To identify the right interview questions for your team, you can:
 - List key attributes for the position by looking at your top performers (across positions and roles) and develop questions from the list:
 - *What do our top performers have in common?*
 - *How do they learn and professionally grow?* (e.g., education, collaboration)
 - *What were their previous experiences prior to joining our team?* (e.g., work, volunteer)



THE INTERVIEW PANEL

- It is a good practice to have an applicant meet with up to four members of the team.
- This can be done through a formal interview panel or have the candidate spend time on the unit talking with staff who will give an honest picture of the work and team.
- This is an opportunity for candidates to find out what it's like to work with your team.
- This is also an opportunity to engage members of the team to invest in the success of a new hire.



INTERVIEW SCORING GRID

- Interviews should be scored in a structured format and be compared to "excellent", "good" and "poor" response examples **created by your team**.
- Interviewers should include supporting statements from candidates to justify their rating.
- This approach allows you to rank participants by their overall interview rating score and can support discussion and debate if there are multiple high-quality candidates.

Question	Excellent Response 3 points	Good Response 2 points	Poor Response 1 point	Candidate Supporting Statements	Interviewer Rating
What makes you want to work at the VA?	Understanding of and passion for Veteran health issues. Experience working with Veterans previously.	Wants to work with Veterans. Maybe mentions wanting to work in large health care system.	Answer doesn't include anything related to VA - just applied for job.	Sara worked in the VA as a student and actually recited the VA Mission, "To Care for Those Who Bore the Battle"	3

HEALTHCARE VOICES

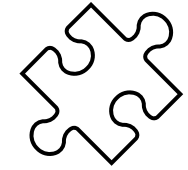
How do you hire talent?

“Character is my number one criteria for hiring physicians.

I hope they're good doctors, I hope that they are good proceduralists, but I care more about whether or not they are good people.”

42-year-old Interventional Cardiologist, 6 years in VA

INTERVIEW QUESTIONS: TEAMWORK

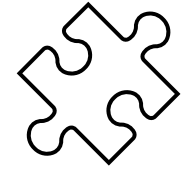


- Healthcare is a team sport.
- It is important to understand a candidate's character, how they communicate and relate with others, and if they enjoy and value working in a team versus working alone.

Interview question that can draw out teamwork qualities:

- *Provide an example of a time you showed strong teamwork skills – such as when staffing was an issue.*
 - **Team-focused response:** I worked on an understaffed team, and we were asked to pull extra shifts constantly. I scheduled meetings with our leadership so we could come together to find solutions. We produced a plan, so staff had some control and patient needs were met.
 - **Self-focused response:** I worked on an understaffed team and took on lots of extra shifts to make money and keep the team afloat. But leadership presented no solutions to fix the staffing crises. That is why I am looking for a new position.

INTERVIEW QUESTION: SERVANT LEADERS

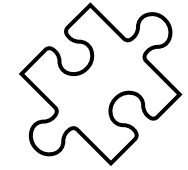


- [Servant leaders \(p. 134\)](#) are those who aim to serve rather than be served.
- Servant leadership is about foresight and stewardship – understanding the impact of actions on the long-term health of team members and the organization.
- All of us can be servant leaders, no matter the title or role on a team.

Interview question that can draw out Servant Leader qualities:

- *Tell me about a time when you were asked to mentor a new employee – walk me through your approach.*
 - **Servant leader response:** There is sincere interest by the candidate for teaching and coaching while offering empathy, emotional support and feedback to the new employee.
 - **Autocratic (looks out for themselves) response:** The candidate took on the mentoring task as an added duty that took time away from the work they already must do.

INTERVIEW QUESTION: COMMUNICATION

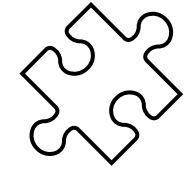


- The number one cause of medical errors is poor communication.
- Asking a candidate how they deal with difficult scenarios that require high quality communication provides an opportunity to understand how they would cope in stressful situations.

Interview question that can draw out communication skills:

- *Pretend like you work here. The attending does not seem to hear your report that the patient is having an reaction to a medication and needs help?*
 - **High reliability skill response:** I would use the SBAR approach – describe the situation, the background, my assessment and recommendation. If they don't respond, I'd go up the chain of command.
 - **Hint and Hope response:** I would repeat my concern to them, and if they continued not to hear me, I'd talk to my co-worker to get them to talk to the attending.

INTERVIEW QUESTION: SUPERVISION

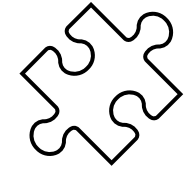


- In healthcare, we all accept supervision from leaders and co-workers.
- We don't usually get to choose our supervisors or teammates, so it is important to understand how an employee accepts and adapts to supervision.

Interview question that can draw out supervision qualities:

- *Have you found it difficult to work with a manager or other team members? If so, how did you manage this?*
 - **Demonstrates adaptability:** I have worked in teams my entire career and rarely found it difficult. Sometimes it takes some time to adjust to new people. However, as long as I take the time to connect and clarify expectations, things work out.
 - **Demonstrates inflexibility:** I've worked in some great teams and with some great managers. I've also worked in some horrible places that I couldn't stand for very long. Sometimes it's not a good fit and either they go, or I go.

INTERVIEW QUESTION: LEARNING

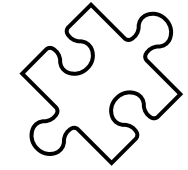


- Healthcare is constantly changing. It is important for candidates to express an interest in learning new things, but also a willingness to learn from their own experiences and mistakes.
- People with a growth mindset believe they can learn something (knowledge or skills) if they put in the effort.
- People with a fixed mindset tend to believe they are either good at something – or not.

Interview question that can draw out learning/growth mindset qualities:

- *Tell me about a recent experience when you found mistakes in your work. What did you do?*
 - **Growth mindset:** I realized mid-way through a procedure that I was documenting in the wrong patient chart. I let my team know and said I'd need 5 minutes at the end of the procedure to fix it. Later, we talked about if they'd ever done it before – which they had. We all talked about what we could do differently and brought it to our manager.
 - **Fixed mindset:** I rarely make mistakes. The one time I did was an issue with the computer, not me. I had been documenting in the wrong patient chart. I brought it up to my manager and told him he needs to have IT fix the issue.

INTERVIEW QUESTION: RESILIENCY



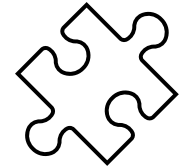
- Resiliency is the ability to face setbacks, obstacles and failures without allowing them to dominate or destroy your life.
- Resiliency is not about being unaffected by stress, it's about recognizing why you are affected and having coping strategies to manage it.
- A team staffed with resilient individuals is more likely to problem-solve creatively, collaborate well and perform under pressure.

Interview question that can draw out resiliency qualities:

- *Let's pretend you just received negative feedback from your manager on your clinical performance, how would you respond.*
 - **Multiple coping strategies:** Since school, I have worked hard to not take negative feedback personally. I ask for specific actions I can take to improve my performance, take a long run after work, then show up the next day with a plan to do better.
 - **Few coping strategies:** Negative feedback is part of the job. I'll ask for more information and make changes, but work is not meant to be fun or easy. Otherwise, it wouldn't be called work.

INTERVIEW QUESTION: SYMPATHY & EMPATHY

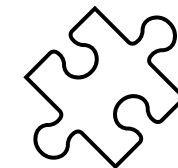
- Demonstrating sympathy & empathy are key parts of healthcare and high-performing teams.
- Sympathy is the acknowledgement of another person's problems or feelings.
- Empathy is understanding another person's feelings or situation and imagining what it might be like to experience these things yourself.
- When someone routinely practices sympathy & empathy, they listen to understand, they take time to get to know patients and colleagues and respect a person's opinion and experience.



Interview question that can draw out sympathy & empathy qualities:

- *Tell us about a time that you've been there for a colleague who is going through challenges.*
 - **Sympathy + Empathy:** I had a co-worker who lost their childcare during the early days of the pandemic. It was tough and she needed someone to listen to her and help her think through her options. I didn't do much, but I was there for her when she needed me.
 - **Sympathy only:** One of my co-workers lost her childcare during the early days of the pandemic. I had challenges too, so I made sure I gave her ideas of what she could do - for she wasn't the only one going through this.

PERFORMANCE-BASED INTERVIEW QUESTIONS



Topic Area	Question
Creative Thinking	Tell me about a specific time when you made a suggestion to improve the quality of the work done in your unit.
Customer Service	Give an example of a time when you had to deal with an angry patient or family member. What was the problem and what was the outcome? What was your role in diffusing the situation?
Flexibility/ Adaptability	Tell me about the last new procedure you had to learn in your job. What was the hardest aspect and what did you like best about learning the new procedure?
Personal Mastery	Name three things you have done in the past year to grow in your job.
Systems Thinking	Describe a time when you went over and above your job expectation. What motivated you to put forth the extra effort? How did you feel when the job was finished?

HEALTHCARE VOICES

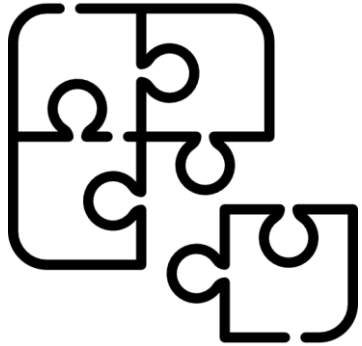
How do you hire talent?

“I think that it is good to have some people with outside experiences because they bring in new ideas and they see things from a different standpoint.

But I also don't think you can put a lime in with a bunch of lemons, apples and everything else to have a fruit salad. I think there has to be some continuity.”

38-year-old Nurse Manager, 7 years in VA

THE STAY INTERVIEW



- The stay interview is an approach to learn why employees are staying with your team and what could help them grow within your organization.
- The goal is to learn what makes your unit a good place to work, what can be improved and to keep your talented employees in your department.
- By asking staff why they stay, you are demonstrating:
 - That you care about their thoughts and feelings regarding work
 - That you trust and respect your employees
 - That you value the work they are doing
- Conducting stay interviews with all your staff can positively impact employee satisfaction and engagement and decrease turnover.
- Successful stay interviews require trust and a culture of open communication. If your team does not have this, first spend time working on [improving communication \(p. 188\)](#) and [trust \(p. 19\)](#).
 - Otherwise, staff may be on guard and wary of participating in stay interviews.

PRACTICE: THE STAY INTERVIEW

- Schedule a stay interview separately from performance reviews.
- Let staff know what to expect by providing the questions ahead of time.
- Approach the interview with a [humble inquiry \(p. 85\)](#) mindset – you are there to learn.
- Start by expressing your appreciation:
 - “*I really appreciate your hard work; you are a truly valued member of our team.*”
- Stay Interview Questions:
 - *What is the most exciting part of your job?*
 - *What aspect of your job do you wish you could change?*
 - *What factors contribute to you doing your best work?*
 - *Who do you feel connected to at work?*
 - *What barriers can I remove for you?*
- Use the information gathered to make positive changes in the unit – share the findings with staff, organizational leaders and human resources.
- For additional guidance on the Stay Interview, refer to the [VA Stay Interview Implementation Guide](#) (VA intranet)



HEALTHCARE VOICES

“Retaining people has to do, in my opinion, with picking the right people to start with and finding those individuals that have the personality and the character that benefits from the fantastic things that the VA has to offer while also being willing to work with or ignore some of the negative quirks of the VA health care system.”

42-year-old Interventional Cardiologist, 6 years in VA

RESOURCES FOR MORE LEARNING



Level 1: < 30 minutes/day

YouTube Videos (Free to VA staff)

- [Strategic Interviewing Techniques](#)- Barbara Bruno

Ted Talks

- [How We Can Use the Hiring Process to Bring Out the Best in People](#) – Gill Winch

Level 2: 1-2 hours/week

[VA Workforce Management & Consulting](#) (VA Intranet)

- Provides advice and assistance to VA leadership on human resources issues.
- Supervisor resources – Interviewing & Selection 101

[VA Talent Management System](#) (VA Intranet)

- Hiring a New Employee
- Structured Interviews for Hiring Managers

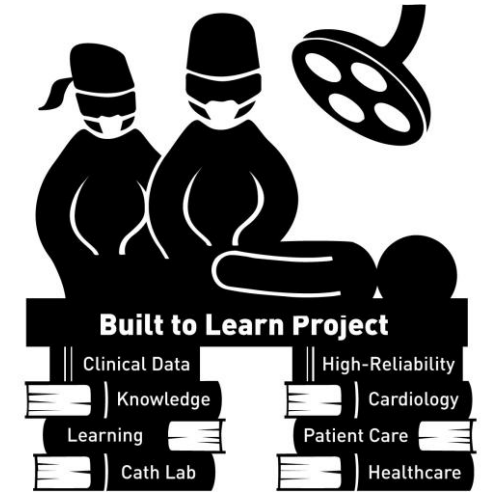
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CHAPTER 3: LEADING TEAMS

Chapter Layout:

- [Healthcare and Leadership \(p. 119\)](#)
- [Wellness-Centered Leadership \(p. 123\)](#)
- [Servant Leadership \(p. 133\)](#)
- [Essential Leader Skills \(p. 146\)](#)



Kick Off Interventions:

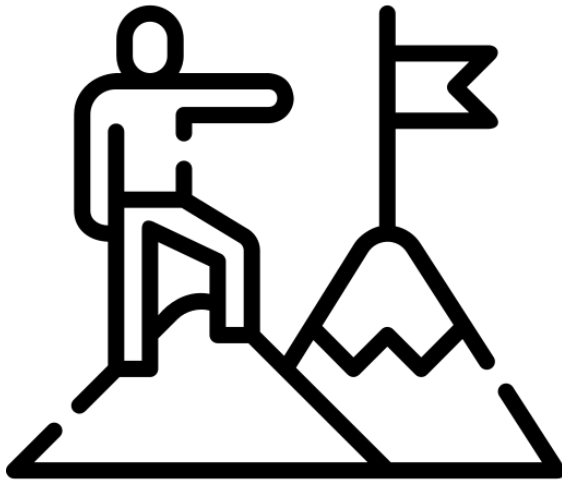
- [Stop, Start, Continue Method \(p. 149\)](#)
- [Situation-Behavior-Impact Feedback \(p.152\)](#)

HEALTHCARE VOICES

“I think the most important thing in my role is really to treat everyone as a partner and as an important contributor.”

43-year-old Interventional Cardiologist, <1 year in VA

HEALTHCARE + LEADERSHIP



- A leader is anyone who influences or makes a difference to others.
- The best leaders are those that work every day to become better.
- The ideal leadership style in healthcare is **empowering, relational leadership** that produces outcomes consistent with the values of physicians, nurses, and other clinicians.

LEADERSHIP MYTHS & REALITIES



Myth #1: *Leadership is role-specific. You need a formal management or leadership title to perform leadership.*

Reality: Leadership is about action and influence, not about titles. Both formal and informal leaders are needed to support staff and drive change.

Myth #2: *Leadership ability is a mysterious power only the lucky few possess.*

Reality: Leaders are not born, they grow into the role through learning skills, developing attitudes and behaviors, and constant self-reflection. Effective leaders must be adaptable and flexible, have a tolerance for uncertainty and conflict, the ability to let others lead, and develop relationship AND technical skills – all which can be learned.

LEADERSHIP MYTHS & REALITIES



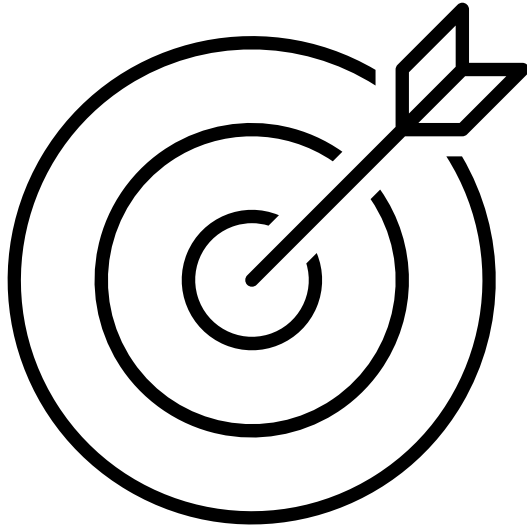
Myth #3: *To function effectively, teams need a strong, powerful, and charismatic leader.*

Reality: In general, leaders who control all the details, manage all the key relationships, have all the good ideas, and use the team to execute their "vision" are usually overworked and underproductive.

Myth #4: *The most productive leaders are those with no personal lives or caregiving responsibilities.*

Reality: Productivity is not about the quantity of time you put in at work. It's about the quality of work you do. The trick is to be effective while at work, so your non-work hours are your own.

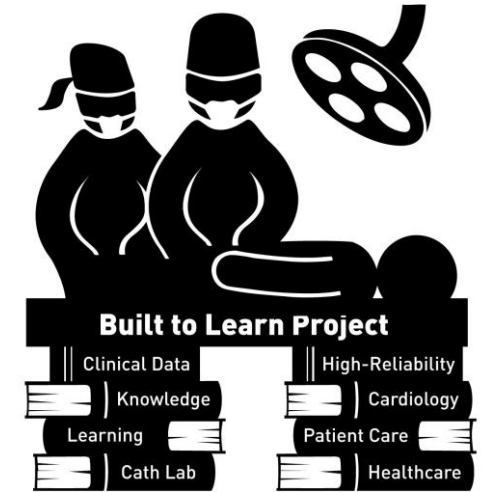
RELATIONAL LEADERS IMPACT PERFORMANCE



- Relational leaders focus on the human side of work – building authentic connection with colleagues.
- [Wellness-centered Leadership \(p. 123\)](#) and [Servant Leadership \(p. 133\)](#) are two complementary relational leadership approaches appropriate for healthcare.
- **Positive impacts of relational leadership include:**
 - Enhanced speaking up by staff (e.g., [psychological safety \(p. 214\)](#))
 - Creation of a caring and ethical climate
 - Enhanced innovative work behavior

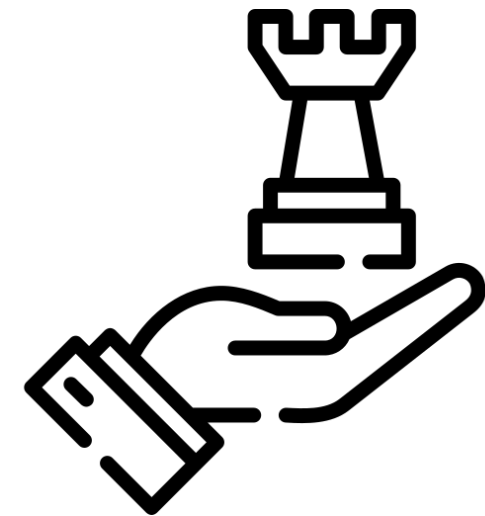
WELLNESS-CENTERED LEADERSHIP

Relational Playbook for Healthcare Teams

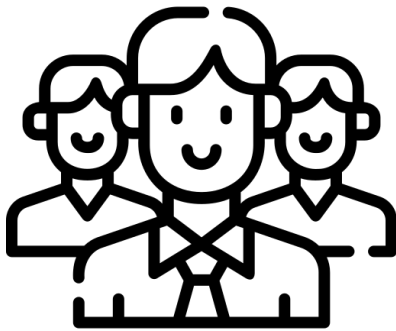


WELLNESS-CENTERED LEADERSHIP

- The Wellness-centered Leadership Model was published by Tait Shanafelt, MD and colleagues in Academic Medicine in 2021.
- Designed for physician leaders, the guidance is applicable to all healthcare leaders.
- The model includes core skills and qualities from many leadership philosophies.
- The three main elements of the model are:
 - Care about people always
 - Cultivate individual and team relationships
 - Inspire change



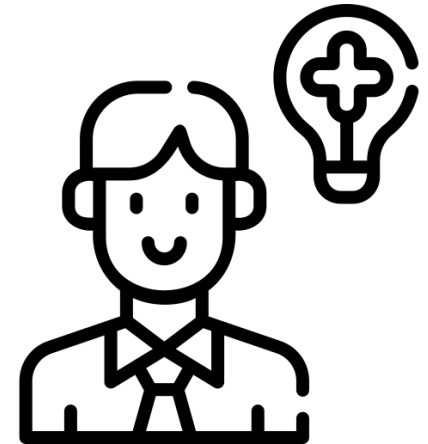
OVERVIEW: CARE ABOUT PEOPLE ALWAYS



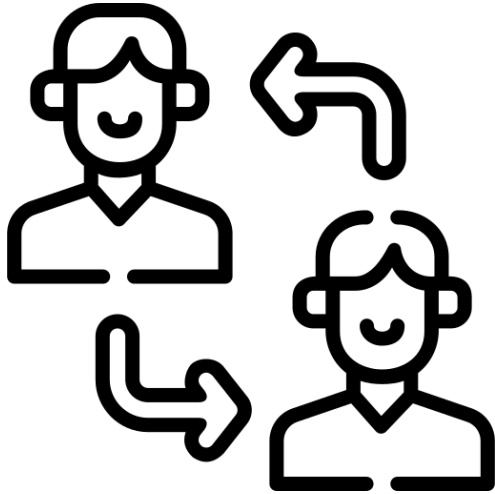
- Leaders must recognize the pivotal role their behaviors play in the professional fulfillment, vitality and wellness of team members.
- Caring about people is the only reliable foundation to build relational leadership skills.
- Caring leaders demonstrate respect, empathy, curiosity, and continually seek to understand.
- Caring about people always begins with caring for yourself.
- A leaders personal wellness impacts their own performance and others.

PRACTICE: CARING ABOUT PEOPLE ALWAYS

- [Recognize and appreciate individual contributions and talent \(p. 182\)](#)
- Give credit and demonstrate [gratitude \(p. 182\)](#)
- Lead conversations about work-life balance
- Role model breaks, time off, vacation, sleep, nutrition, and health
- Recognize signs of distress in yourself and others
- [Listen for what is important to others and ask open-ended question \(p. 30\)](#)
- [Practice humble inquiry and active listening \(p.30\)](#)



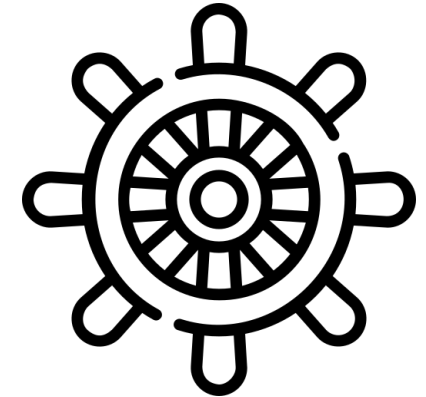
OVERVIEW: CULTIVATE RELATIONSHIPS



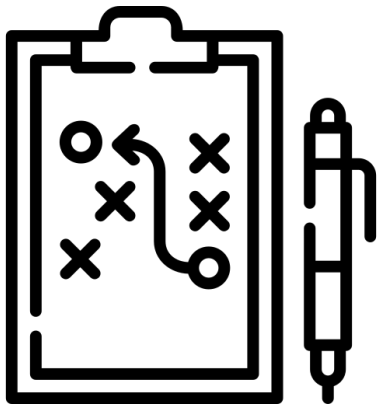
- Clinical team leads (e.g., nurses, physicians, technicians) must:
 - Nurture relationships
 - Recognize that people are good, capable and able to grow and improve
 - Rather than broken and in need of being fixed
 - Unleash and harness the talent of others
 - Treat everyone as an individual with unique needs, challenges and ambitions
 - [Periodically check on the relational health of the team \(p. 50\)](#)
 - Help individuals connect (or reconnect) to their purpose.
 - The advantage of working and leading healthcare teams is most clinicians derive meaning from their work

PRACTICE: CULTIVATE RELATIONSHIPS

- Give respectful feedback and advice
- Give options rather than directions
 - *“The code cart needs to be inventoried – is there a good day this week to get this done?”*
- [Ensure everyone has a voice and is respected \(p. 85\)](#)
- Allow staff time to work on what they love (e.g., passion projects, outreach)
- [Build alignment between people who disagree \(p. 128\)](#)
- [Promote formal and informal events to build community \(p. 66\)](#)



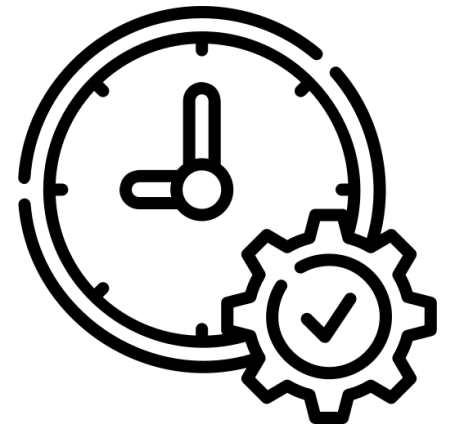
OVERVIEW: INSPIRE CHANGE



- Encourage colleagues to think beyond the status quo, empower them to drive change, and help them achieve meaningful results.
- Give colleagues as much [flexibility and control \(p. 148\)](#) as possible.
- Use meaning, purpose, and professional development as motivators.
 - In addition to financial incentives, titles, awards.
- [Host discussions to identify bright spots \(p. 30\)](#) and opportunities for improvement.

PRACTICE: INSPIRE CHANGE

- Consistently model desired change
 - Take breaks, gather people to each lunch together, leave on time
- Share your belief that change is possible – even in the VA 😊
- Delegate tasks that others can perform and are interested in doing
- [Follow-up in an empowering versus micromanaging way \(p. 30\)](#)
- [Seek advice and input \(p. 30\)](#) from colleagues
- Believe and respond to feedback from others – this shows vulnerability and your willingness to grow
- [Identify team wins – celebrate successes \(p. 66\)](#)



SUMMARY: WELLNESS-CENTERED LEADERSHIP

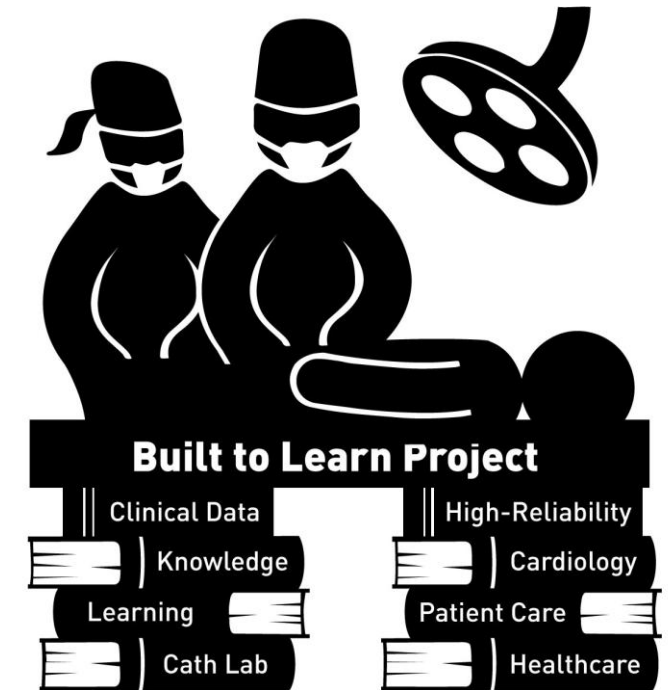
- The skills and qualities of Wellness-centered Leadership are not part of the training, hiring or performance criteria of healthcare leaders.
- To advance this type of leadership, organizations will need to hire for these qualities, train on these skills, and reward this leadership approach.
- This doesn't mean you shouldn't *start now and be the change* you want to see in the world.
 - Use the resources in the Relational Playbook to get started

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SERVANT LEADERSHIP

Relational Playbook for Healthcare Teams

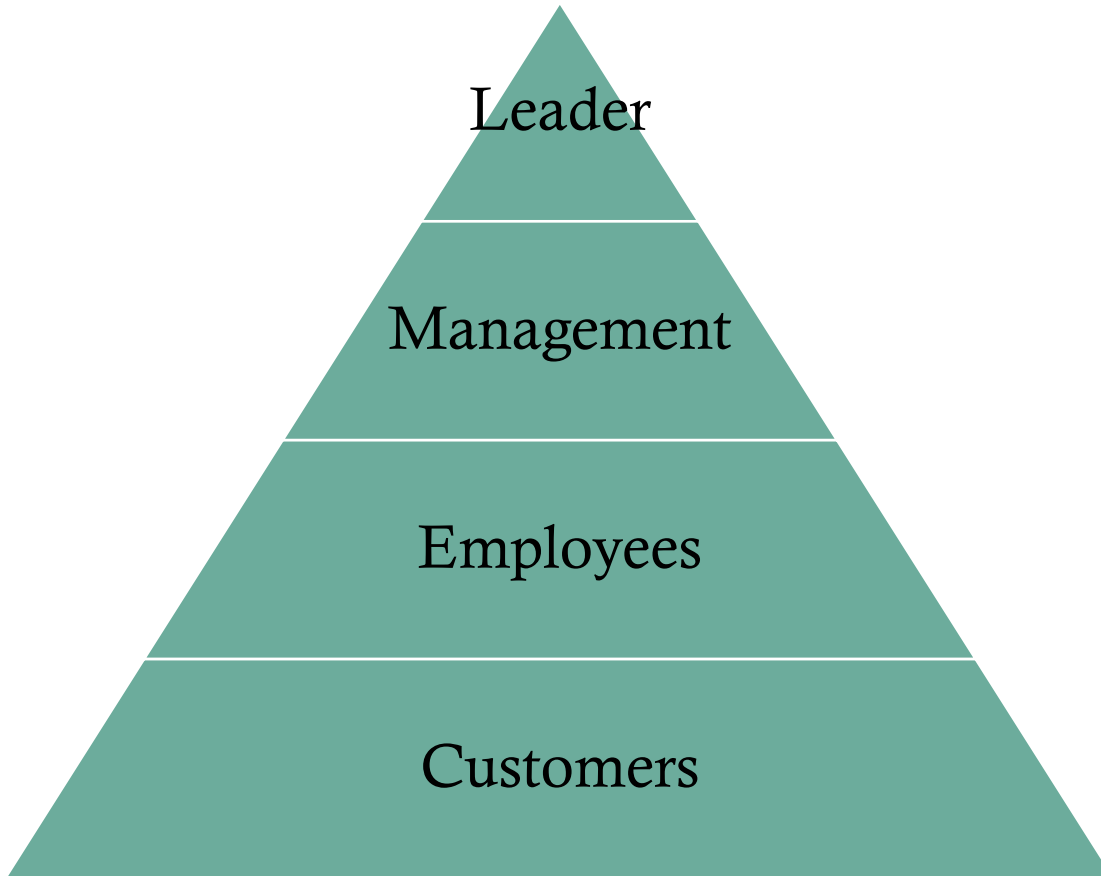


OVERVIEW: SERVANT LEADERSHIP

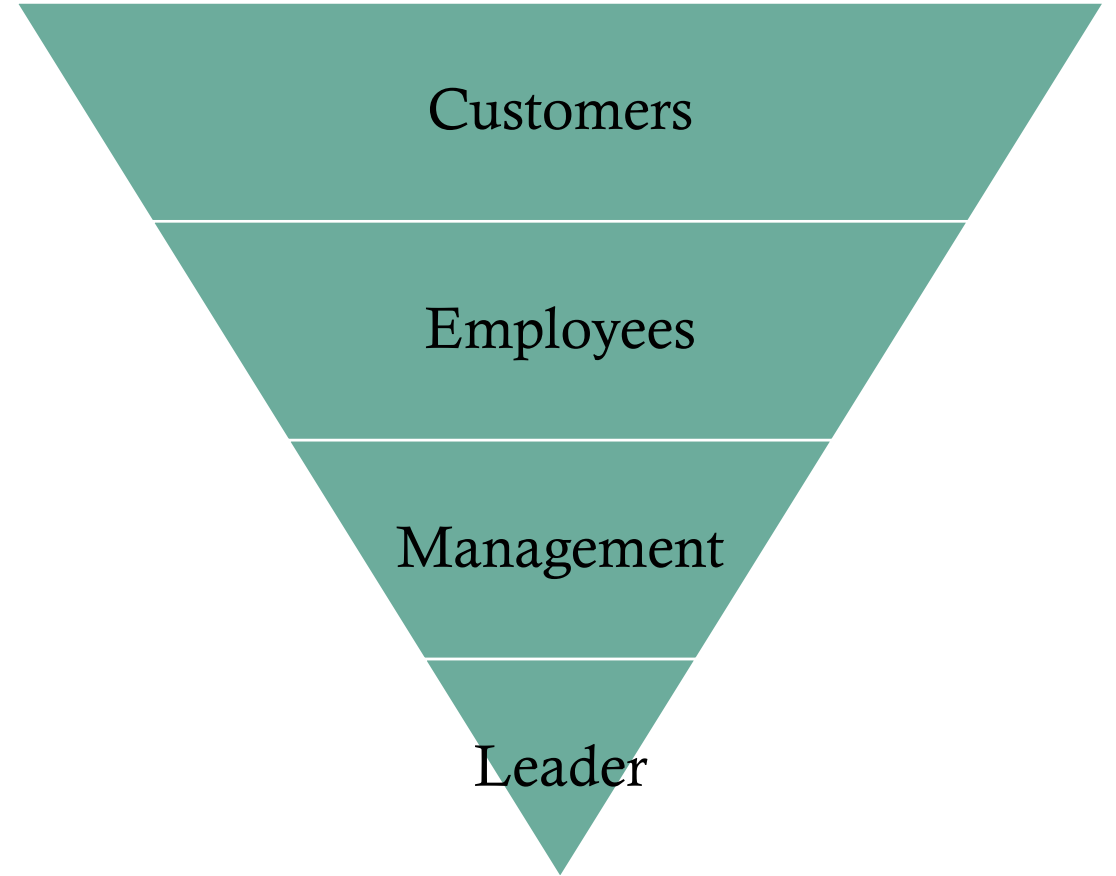
- Servant leadership is a philosophy and practice that emphasizes caring, authenticity, and putting colleagues and customers ahead of other goals.
- The goal of a servant leader is to serve - rather than be served.
- Servant leadership is about foresight and stewardship.
- Servant leaders do not hand over responsibility – they share power broadly.
- Servant leaders flip the traditional leadership hierarchy so that the ones being served are at the top and the ones serving are at the base.
- The opposite of servant leadership is autocratic leadership - looking out for oneself first.



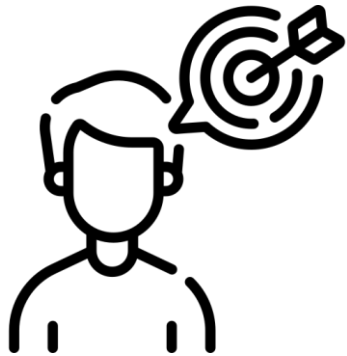
Traditional Leadership



Servant Leadership



KEY POINTS OF SERVANT LEADERSHIP



- Servant leadership does not replace traditional management functions – it shapes how they are performed.
- Servant leaders provide direction and coaching, while offering empathy, emotional support, feedback, and resources.
- Servant leaders build strong, long-term relationships through appreciating and valuing people, listening and mentoring colleagues.
- Servant leaders may make mistakes, but they are less likely to be derailed by unethical or unaccountable behaviors.
- **You are not a servant leader until others indicate that you are one.**

SERVANT LEADERSHIP IN THE VA

- The VA is intentionally creating a culture of Servant Leadership to support the delivery of patient-centered care by engaged, collaborative teams.
- Servant Leadership behaviors, are part of a 2019-2023 Enterprise-Wide Strategic Plan to enhance employee engagement.
 - “*Where all people in the VA embody and demonstrate servant leadership as the leadership philosophy for VA*”
- Numerous resources are available to VA staff from the [National Center for Organization Development](#):
 - Trainings and a toolkit for self-guided learning and growth
 - Inclusion of servant leader behaviors in performance review system
 - Servant leader 360 feedback review based on Sipe and Frick’s Seven Pillars of Servant Leadership
 - Servant leader 180 for staff without direct reports to assess their own leadership qualities
 - Hiring, screening, selection guidelines
 - Inclusion of Servant Leader items on Annual VA All Employee Survey

SERVANT LEADER IMPACT ON EMPLOYEES IN VA

Provided by

VA National Center for
Organizational Development



SERVANT LEADER IMPACT ON VETERANS

Provided by

VA National Center for
Organizational Development



MYTHS & REALITIES OF SERVANT LEADERS

Myth #1: *Servant leadership requires me to be indecisive and passive.*

Reality: Servant leadership requires strength of self-mastery, strength of action, and strength of relationships. Servant leaders operate from courage, collaboration, integrity and a strong moral compass.

Myth #2: *Servant leadership does not directly impact the performance of my team. It's just the fluffy stuff.*

Reality: Servant leaders accomplish measurable results by helping colleagues grow into informed, thinking, caring and creative people. In turn, these staff become committed to serving and performing at the highest level.

MYTHS & REALITIES OF SERVANT LEADERS

Myth #3: *Servant leadership is a management technique.*

Reality: Servant leadership is a way of life, an inward and lifelong journey that results from a desire to serve first and lead second.

Myth #4 : *I must have power in my organization to be a servant leader.*

Reality: All of us can be servant leaders, no matter whether we hold an official leadership position or are informal leaders within a team. You don't have to wait for your supervisor to become a servant leader – *be the change you want to see in the world!*

VA VOICES

“In [the VA], this massive healthcare system, it is important to focus on what we can control and what we can’t.

We do have control over how we treat our staff and how we treat our patients.”

Ruth Mustard, MSN, RN
Assoc Director Patient Care/Nursing Services
Columbia VA

PRACTICE: SERVANT LEADER INDEX

If you are interested in understanding the current level of servant leadership in your workgroup – review your VA All Employee Survey results at VA Intranet Link: <https://www.datahub.va.gov/stories/s/VA-All-Employee-Survey-AES-/r32e-j4vj>

The **Servant Leadership Index** is a summary measure of the work environment being a place where organizational goals are achieved by empowering others.

- This includes focusing on collective goals, encouraging contribution from others, and then positively reinforcing others' contributions.
- The All-Employee Survey items that assess Servant Leadership are:
 - *My supervisor listens to what I have to say*
 - *My supervisor treats me with respect*
 - *I have trust and confidence in my supervisor*
 - *My supervisor does not engage in favoritism.*
 - *It is worthwhile in my workgroup to speak up because something will be done to address our concerns*

COMPARISON OF LEADERSHIP APPROACHES

Wellness-centered Leadership

- Practices are common sense and can be started on own with guidance from this Playbook
- Focus is on caring for others over your own leadership goals
- No formal training or assessments currently available

Servant Leadership

- VA “approved” leadership philosophy VA trainings and assessments are available through [VA National Center of Organization Development](#)
- Focus is on serving others versus being served



RESOURCES FOR MORE LEARNING



Level 1: <30min/week:

YouTube Videos (Free to VA Staff)

- [Servant Leadership](#)- Ken Blanchard

VA App Store (Available on VA iPads or Phones)

- Servant Leadership Course

Level 2: 1 hour week

Servant Leadership 101 – Access through TMS

- Part of VA Leadership Development Framework

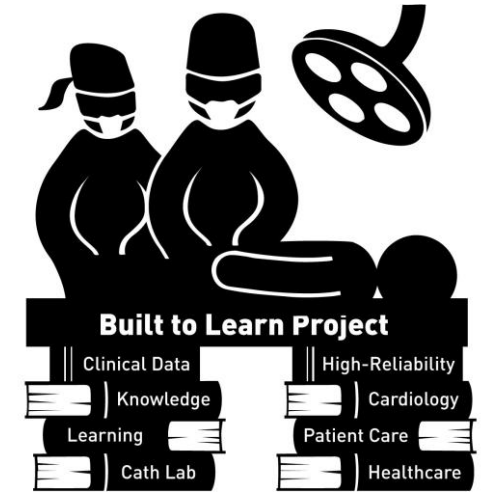
Women in Leadership Collection – Access through TMS

- Leadership strategies for women

Level 3: 1-3 hours/month

[VA Servant Leadership](#) and VA Servant Leadership Workshop– Email: VHANCOD@va.gov

- VA National Center for Organizational Development offers a Servant Leadership 360-degree assessment (SL360) that measures specific servant leader competencies and characteristics.
- Workshops, tools, materials, and action-planning guides are available to support VA Servant Leader skills.



ESSENTIAL LEADER SKILLS

Relational Playbook for Healthcare Teams

HEALTHCARE VOICES

“I try to give them a lot of flexibility. Everybody knows what they must do, everybody knows what the job is.

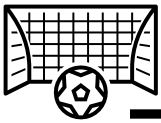
I try to let them have that flexibility to make this department successful ... we all have a piece in it.”

38-year-old Nurse Manager, 7 years in VA

CONTROL & FLEXIBILITY AT WORK

- Research has shown that workers with little control over how their work gets done report poor mental health, lower satisfaction with work, and higher turnover intentions.
- Allowing employees more flexibility about when and where they work can make a difference.
- Potential work redesign options include:
 - *Allow staff to vary their start and stop times or alter break times as clinical demands allow*
 - *Make it simpler for staff to trade shifts or job roles*
 - *Minimize interruptions and distractions when staff are performing challenging work*
- Asking staff to identify workplace challenges and develop solutions that work for the team (versus leadership) can empower staff and give them a sense of control at work.





KICK OFF INTERVENTION: STOP, START, CONTINUE

This practice can help you determine if your team would benefit from increased control and flexibility in their work.

At a team meeting, ask the group to write down or speak out loud about the following topics. You can also send this out in an email and ask people to bring their written responses to discuss.

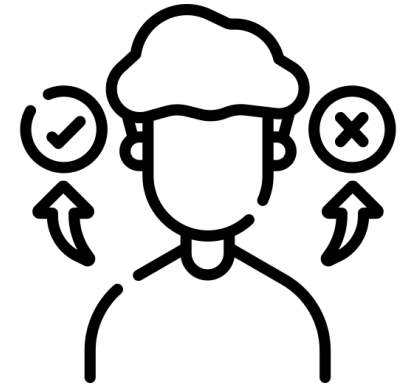


- What should we stop doing?
 - What isn't working because it's not productive or there are better ways?
- What should we start doing?
 - What should we be doing more often or in different ways?
- What is working well?
 - What is working and why? Should we keep doing this?

This process may take multiple meetings since there may be many suggestions and priority areas.

OVERVIEW: FEEDBACK

- Of all forms of communication, feedback is perhaps the hardest to give and receive.
- Most often, the objective of feedback is to help people improve performance.
- The challenge is that giving negative feedback “*Here’s what you’re doing wrong*” reduces engagement.
 - The recipient may feel shame “*You’re not good enough, you need to change.*”
- Even positive feedback can be a form of criticism in that you approve of one behavior, but not another.



If your feedback goal is to:

Try this feedback approach:

- Change a behavior



- [Situation – Behavior – Impact \(p.152\)](#)

- Provide instruction

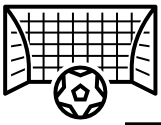


- Be [specific, timely and kind \(p. 154\)](#)

- Help people [thrive, excel and learn \(p. 153\)](#)



- Provide positive feedback on what is working followed by questions to stimulate reflection



KICK OFF INTERVENTION: SITUATION-BEHAVIOR-IMPACT

This method allows you to address both strengths and weaknesses in a clear, specific, professional and caring way.

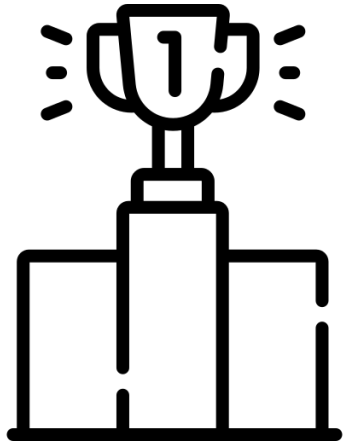
- Situation: Note the first time and place in which a behavior occurred
- Behavior: Describe the behavior – what you saw and heard.
- Impact: Describe the impact the behavior had in terms of your thoughts, feelings or actions
 - End with a question that opens a discussion



“In our staff meeting this morning when we were talking about the new equipment, you interrupted Chris and said, “I’ve worked with this before, I’ll just do it”, before he had a chance to finish.

That left me disappointed, for I didn’t get to hear more from him, and I didn’t feel able to restart the conversation. What was going on when this happened?”

PRACTICE: THRIVE AND EXCEL FEEDBACK



- Whenever you see a colleague doing something well – stop for a minute and highlight it.
 - *“Did you see how you set this up? That is the perfect way to label your sterile field! Anyone could take over for you and know what is what”*
- If a colleague requires feedback on their performance, explore the present, past, and future.
 - Present: *What is working for you right now?*
 - Past: *When you had a problem like this in the past, what did you do that worked?*
 - Future: *What do you already know you need to do? What do you already know what works in this situation?*
- Focus on the What instead of the Why – to move towards concrete plans:
 - *“What do you actually want to have happen now?”*
 - *“What are a couple actions you can take now?”*

PRACTICE: FEEDBACK LANGUAGE TO TRY

Instead of	Try
Can I give you some feedback?	Here's my reaction.
Good job!	Here are three things that really worked for me. What was going through your mind when you did them?
Here's what you should do.	Here's what I would do.
Here's where you need to improve.	Here's what worked best for me, and here's why.
That didn't really work.	When you did x, I felt y.
You need to improve your communication skills.	Here's exactly where you started to lose me.
You need to be more of a team player.	When I don't hear from you, I worry that we're not on the same page.
You should do x [in response to a request for advice]	What do you feel you're struggling with? What have you done in the past that's worked in a similar situation.

RESOURCES FOR MORE LEARNING



Level 1: <30min/week:

YouTube Videos (Free to VA Staff)

- [Giving Feedback](#)– UNSW Health
- [Constructive Feedback for Managers](#)– Primecast US

[The Way We Work](#) TEDTalk Video Series

- [The Secret to Giving Great Feedback](#)– LeeAnn Renninger
- [3 Rules for Better Work-Life Balance](#) – Ashley Whillans
- [5 Ways to Create Stronger Connections](#) – Robert Refkin

Level 3: 1-3 hours/week:

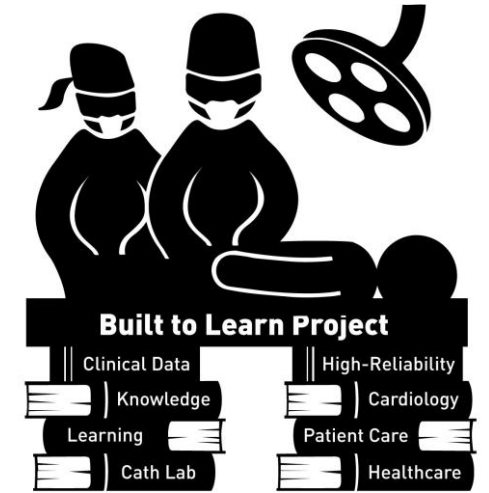
[Giving Helpful Feedback](#)– Tracy Jennings - University of Colorado

- This course teaches you the simple principles expert managers use to improve and motivate employee performance. You'll never have to avoid telling an employee “the truth” again, because the seven techniques we teach will not make employees defensive or afraid.

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CHAPTER 4: CREATING JOY IN WORK



Chapter Layout:

- [Burnout \(p. 159\)](#)
- [Joy and Happiness \(p. 168\)](#)
- [Gratitude \(p. 182\)](#)

Kick Off Interventions:

- [Understanding What Matters \(p. 170\)](#)
- [Was it Worth It? \(p. 174\)](#)
- [Gratitude Huddle \(p. 184\)](#)

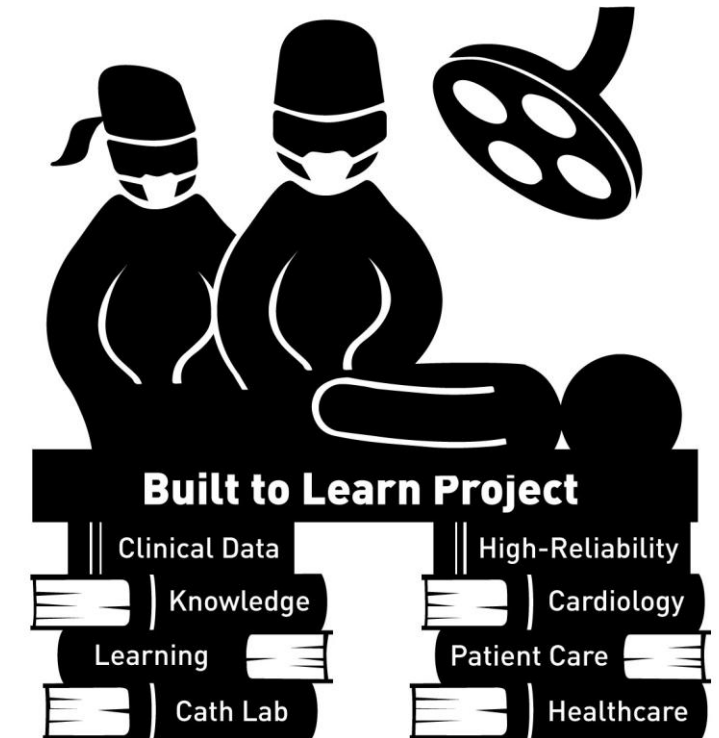
HEALTHCARE VOICES

“...even though the environment’s a little toxic at times, it's totally worth putting up with that because the job’s good, the hours are good, the call is good. Our attendings are good, you know, and for the most part we all get along.”

34-year-old Cath Lab nurse, 2 years in VA

BURNOUT

Relational Playbook in Healthcare Teams



OVERVIEW: BURNOUT

- It is widely acknowledged that healthcare workers are emotionally and physically exhausted.
- Multiple studies report high levels of anxiety, depression, burnout, and post-traumatic stress disorder in physicians, nurses and allied health professionals across the world.
- **A key fact is that burnout is not caused by broken people. It is caused by broken systems.**
- Leaders and clinical teams cannot cure burnout on their own. However, there are things that teams can do - on their own - to help.
- First, it is important to understand the drivers of burnout in healthcare and practices that can address these challenges.



System Level Drivers of Burnout

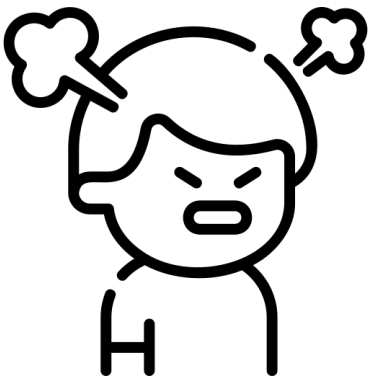
- Excessive workload
- Unmanageable work schedules
- Inadequate staffing
- Administrative burdens
- Workflow/interruptions/distractions
- Inadequate technology usability
- Time pressures



Team Level Practices to Address Burnout

- Allow staff more [control over how they work \(p. 146\)](#)
- Allow staff [more flexibility about when and where they work \(p. 148\)](#)
- Increase the stability of staff schedules
- Provide opportunities to [identify and solve workplace problems \(p. 149\)](#)
- Maintain adequate staffing and reasonable workloads
- Support employees' personal needs
- [Foster a sense of belonging and personal connections \(p. 61\)](#)

ASSESSING YOUR TEAM'S STRESS LEVEL



- The next step is to understand the level of burnout in your organization or workgroup.
 - You can find this information in the annual VA All Employee Survey results.
- Then it's time to check-in on the stress level of your colleagues.
- To understand the current state, you can survey colleagues [via email or ask them questions individually \(p. 163\)](#).
- Once you have this information, check in with colleagues about their results, using a [humble inquiry approach \(p. 85\)](#) and actively listen to their experience.
 - The simple act of checking in can be powerful, especially when someone is struggling.
- To identify systems issues that are affecting the group, look for similar experiences across responses.
 - [Share this information with your team to problem solve and identify solutions \(p. 149\)](#)

PRACTICE: ASSESSING TEAM STRESS

You can copy and paste the text below into an email– or ask them these questions one-on-one.

We've all been working under a lot of stress this past year. I wanted to gauge how the team is feeling and see if there's anything I can do to help mitigate feelings of burnout. Please answer these questions and send your responses back to me before the end of the week. Feel free to provide more context in any of your answers. And please be honest — the goal here is for me to find out how you're really doing, not to punish anyone for feeling unproductive or overwhelmed. Everything you say will be kept confidential.

Over the past week...

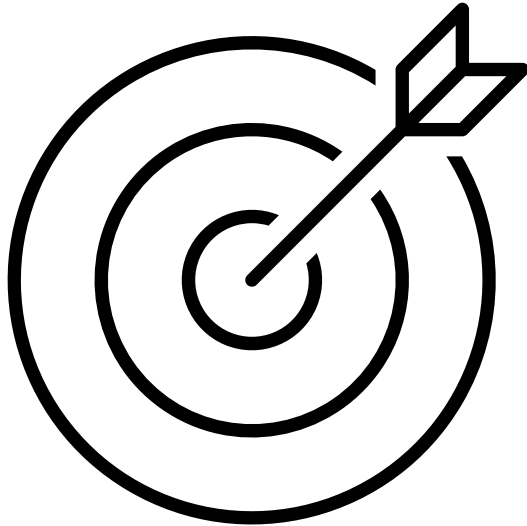
1. How overwhelmed did you feel, on a scale of 1 to 5? (1 is lowest, 5 is highest)
2. How many days did you work later than you should?
3. How many days did you bring work home with you?
4. How effective did you feel, on a scale of 1 to 5?
5. How productive did you feel, on a scale of 1 to 5?
6. How much fun did you have, on a scale of 1 to 5?

Scoring Key:

Questions 1-3: Score 3 or higher
Questions 4-6: Score 3 or lower

{ High risk for burnout

ADDRESSING BURNOUT IMPACTS PERFORMANCE



- Addressing burnout through the practices outlined in the **Relational Playbook** can positively impact:
 - Employee health
 - Employee engagement
 - Absenteeism
 - Decision making
 - Situational awareness
 - Turnover
 - Patient satisfaction
 - Patient safety

RESOURCES FOR VA STAFF

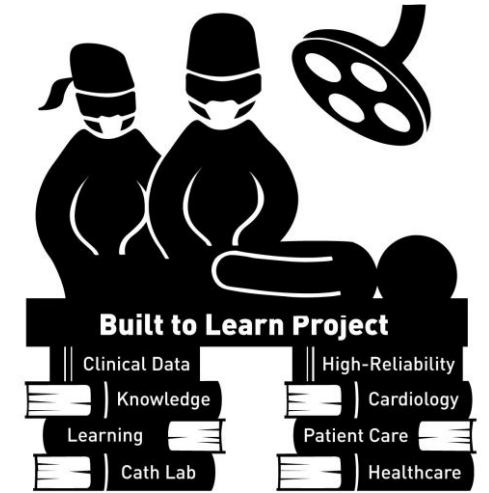
- Resources are available for VA staff that are experiencing stress, anxiety, depression, or burnout. These include:
 - Free access to on-line and in person counseling through the [VA Employee Assistance Program](#) (public access)
 - Self-care resources through the [Employee Whole Health Program](#) (public access)
- [The Reduce Employee Burnout and Optimize Organization Thriving \(REBOOT\) task force](#) (VA Intranet) is investigating system level changes to:
 - Test ways to simplify the work environment and support a more enjoyable workplace
 - Test ways to address employee mental health and promote work-life balance from a whole health approach
- The [VA chaplain service is an excellent resource](#) used by clinical teams to facilitate conversations about how teams interact and support each other, and how to build resilience.
- **If your team is in crisis**, seek professional help from your facility or VISN Leadership to fix the broken systems that are breaking apart the team.

ADDRESSING TEAM STRESS LEVELS

- There is a large body of evidence to guide leaders and staff to address stress and burnout in teams.
- This includes:
 - Promoting a sense [of joy and happiness at work \(p. 168\)](#)
 - Creating opportunities for collective sharing and support
 - [Integrating aspects of fun at work \(p. 61\)](#)
 - Recognizing and [appreciating \(p. 182\)](#) staff at work

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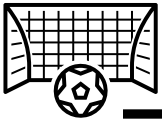
JOY AND HAPPINESS

Relational Playbook for Healthcare Teams

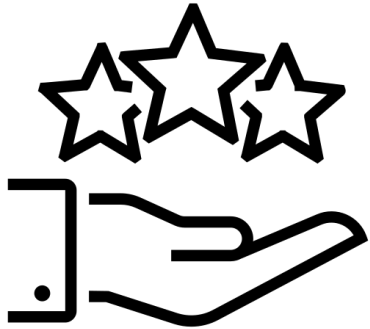
OVERVIEW: JOY IN WORK

- The [Institute for Healthcare Improvement \(IHI\)](#) has led the charge to change the focus from decreasing burnout to a focus on experiencing “Joy in Work”.
- This is because the work we do in healthcare - caring and healing - are naturally joyful activities, in addition to being intellectually, physically and emotionally demanding.
- Most of us chose to work in healthcare because it brings us meaning and a purpose in life.
- Per the IHI, joy in work is achieved by engaging colleagues in conversations about “What matters to you?” and addressing barriers to joy in work.



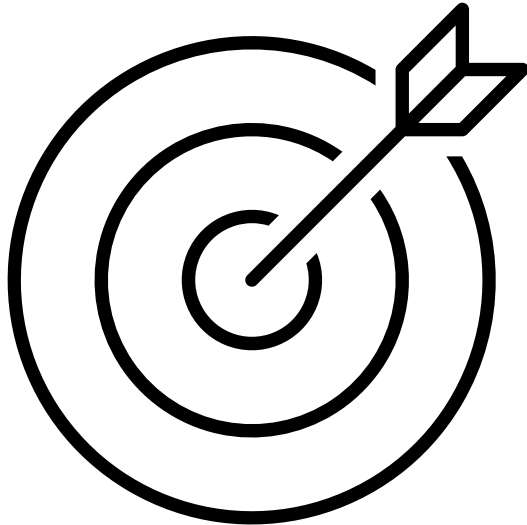


KICK OFF INTERVENTION: UNDERSTANDING WHAT MATTERS



- When leaders and clinical team members have a conversation about what really matters, it helps ensure that work is aligned with staff abilities, preferences, and purpose.
- You can't guess what matters to staff, so you need to ask.
- In a one-on-one conversation, ask the following question “*What Matters to You?*”
 - Then listen to what matters and do what matters
- If “*What matters to you?*” isn't the right fit, [appreciative inquiry \(p. 30\)](#) or the following questions are other options:
 - *What is important to you right now?*
 - *What would you like to achieve as a result of our work together?*
 - *Is there anything else you want to tell me that I haven't asked about?*
 - *What are your goals and how can I help you to achieve them?*

JOY IN WORK IMPROVES PERFORMANCE



- Organizations that focus on joy in work report:
 - **Improved** patient experience
 - **Improved** patient outcomes
 - **Improved** patient safety
 - **Lower** costs of care
 - **Improved** employee well-being

REMOVING BARRIERS TO JOY IN WORK



- Once you understand what matters most to staff, the next step is to identify and remove the daily irritants and indignities that sap energy and enjoyment.
- This practice does not ignore the larger organizational or societal challenges (e.g., boulders), it is meant to empower teams to identify and address impediments they can control.
- The process flips the “If only they would...” conversation to “What can we do today?”

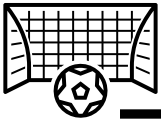
PRACTICE: THE PEBBLES IN OUR SHOES

At a team meeting, ask the group to write down or speak out loud about 1-3 little things that get in the way of experiencing joy at work. You can also send this out in an email and ask people to bring their written responses to discuss. This process may take multiple meetings since there may be many priority areas.

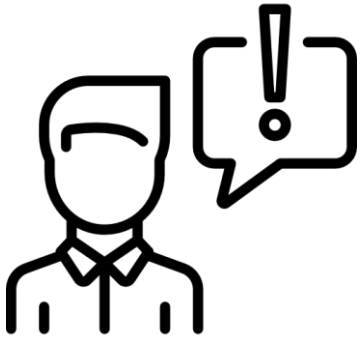
- What are the pebbles in your shoes?
 - Example: “*I have to document things in two different places – for no reason I can see*”
- What else do we need to understand about why this pebble exists?
 - Example: “*Who uses this data?*”

Provide a list of pebbles at the next meeting, ask staff to prioritize the list, brainstorm solutions, then organize a small [process improvement project](#) to address each pebble.





KICK OFF INTERVENTION: WAS IT WORTH IT?



- It is important to check in with clinical teams who are implementing new processes or projects to understand their perceived value of the work.
- Learning if the work was “worth it” early in a project can stop wasteful or non-productive work that can become a “pebble in their shoe”.
- To collect this information, ask staff the following question:
 - *Was it worthwhile to implement [describe process or project here]?*
- Use the information to start a conversation about what should be changed to make the process or project worthwhile.

HEALTHCARE VOICES

“... Another positive that I think came out of COVID is family balance... I think that's been a revelation of, ‘man, there has to be some sort of work life balance now more than ever.’”

52-year-old Cath Lab nurse, 6.5 years in VA

HAPPINESS AT WORK

- There are many factors that support happiness. These include:
 - Trust and the ability to count on others.
 - *The feeling that if you lost your wallet, it would be returned if found by a stranger or neighbor.*
 - Feeling a sense of connection with others and society
 - Achieved through knowing about [someone's life outside of work \(p. 61\)](#), [gratitude practices \(p. 182\)](#), volunteering, exercise, and having a pet.
 - At work, [supportive management \(p. 117\)](#), job flexibility a focus on work-life balance and learning new things.
- These factors have been shown to support happiness more than income, unemployment and major health issues.



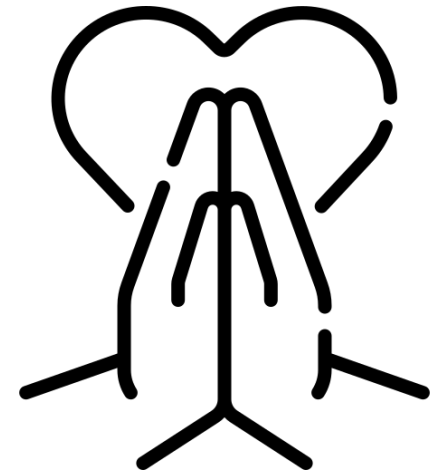
PRACTICE: WALK AND TALK



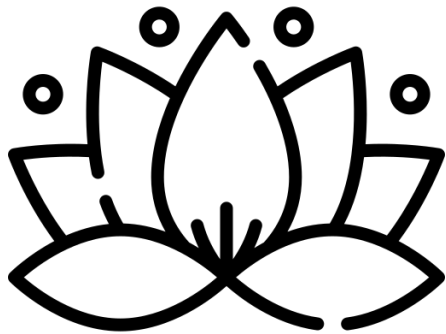
- Exercise is a known contributor to happiness.
- A walking meeting is one way to combine exercise and work.
- Walking meetings are not a break from work – they are meetings that would have happened regardless of where they are held.
- Walking meetings have been reported to:
 - Lead to more honest exchanges because you're walking side-by-side, not facing each other across a desk or table.
 - Increase creative thinking because our brains are more relaxed due to the release of neurochemicals.
- Walking meetings can be inside a building or outside – it's the movement that matters.

MINDFULNESS AND BURNOUT

- Burnout has been related to a lack of control and a loss of meaning.
- Studies in healthcare have suggested that “being present” helps find meaning in work and can decrease stress, anxiety, and burnout symptoms.
- Mindfulness practices are a popular approach to develop the quality of being fully present and attentive in the moment during everyday activities.



MINDFULNESS ACTIVITIES



- Though we need mega-solutions for the problems facing healthcare today, mindfulness practices can provide micro-improvements for individuals and team willing to be put in the work.
- Individual mindfulness practices include [meditation](#), [yoga](#), guided imagery, and focused awareness on daily tasks ([VA Whole Health program](#); [21 Mindfulness Exercises for Adults](#)).
- Team-based mindfulness practices include creation of quiet spaces and guided pauses and reflection throughout the day.
 - See: [Mindfulness for Healthcare Professionals](#); [11 Adult Mindfulness Exercises For Groups](#); [Practicing Mindfulness in Groups: 8 Activities and Exercises](#); and you can find many other resources online!

PRACTICE: MINDFUL HAND HYGIENE

Hand hygiene is a habitual procedure before and after patient contact. To reframe hand washing as a moment of mindfulness – post this guidance above commonly used sinks or alcohol gel stations to inspire staff to pause, be present and take a deep breathe during a busy day.

A moment of mindfulness

Focus your attention on your thoughts and emotions. Stay present and accept whatever arises, just as it is, without reacting.

Set an intention—be it listening with intent, choosing your words mindfully, or acting with compassion in your next encounter.

Smile to acknowledge this act of kindness to yourself and to your patient.

Alcohol based hand rub

Pause, take a breath, and notice the sound and feel of hand rub being delivered to your palm.

Be present in the moment and experience the sensation of rubbing the foam/gel into your wrists, hands, and fingers until the product evaporates and leaves you clean.

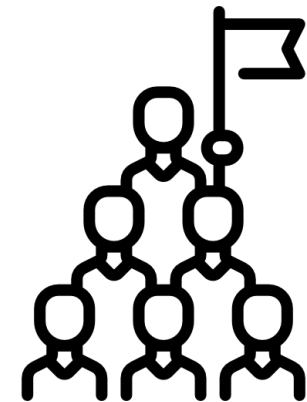
Soap and water

Pause, take a breath, notice that you are turning on the faucet, and regard the feeling of water flowing from your wrists to your fingers.

Be present in the moment and experience the sensation of rubbing soap into your wrists, hands, and fingers, and then washing it all down the drain.

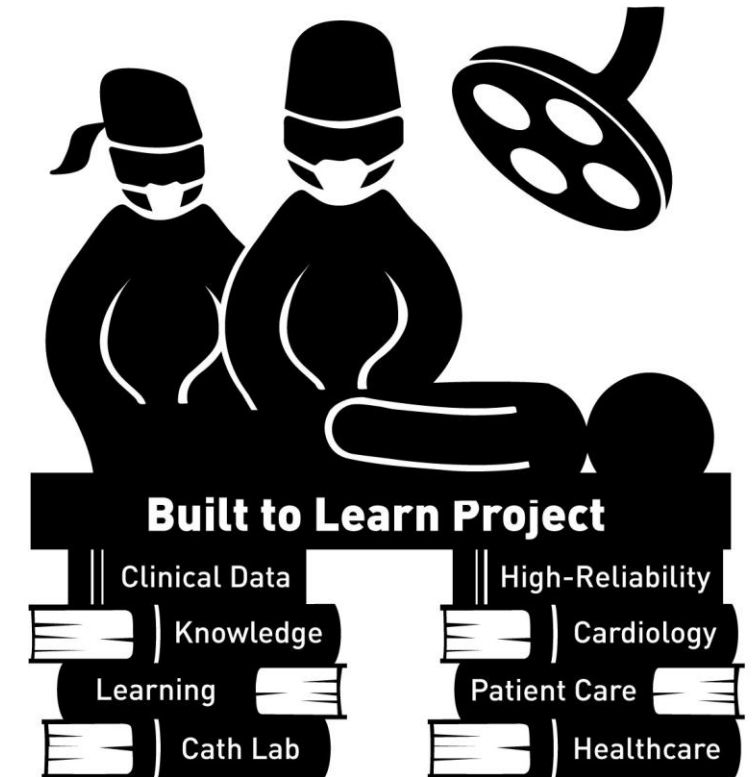
PRACTICE: MINDFUL MOMENTS

- Many healthcare teams start off daily meetings or huddles with mindful moments.
- They can be requesting everyone to close their eyes, feel their feet on the floor, and take three breaths together (in through the nose, out through the mouth).
- More formal moments can be scripted and assigned to the team lead of the day:
 - Ring a bell to start the session and ask the group to breathe quietly together.
 - This is followed by a few spoken words such as reading a poem, sharing gratitude, or setting an intention for the day.
 - The leader then invites others to add their perspectives – which can inspire a moment of sharing and deep listening.
- When starting this type of practice, there might be some eye-rolling and general confusion. However, over time, most teams report mindful moments are a much-appreciated ritual.



GRATITUDE

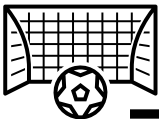
Relational Playbook in Healthcare Teams



GRATITUDE AT WORK

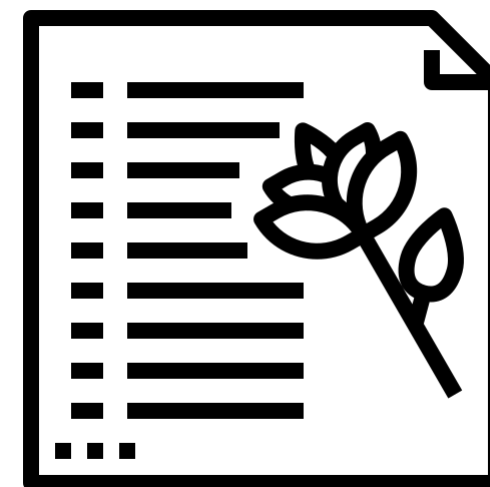


- Gratitude is defined as a readiness to show appreciation for kindness and to return kindness.
- Appreciating and expressing gratitude at work is a simple way to support joy in work.
- Gratitude is viewed as a relationship strengthening emotion because it requires us to see how we've been supported and appreciated by others.
- Hundreds of studies have documented the [social, physical and psychological benefits of gratitude](#).
- Luckily, feeling and expressing gratitude is a skill that can be developed. Some practices include:
 - [Three Good Things practice \(p. 21\)](#)
 - [Gratitude letter](#) and gratitude journaling
 - [Savoring walks](#)



KICK OFF INTERVENTION: GRATITUDE HUDDLE

- There is a lot of unspoken gratitude in healthcare that many feel, but don't express out loud.
- To give staff an opportunity to verbalize gratitude, you can end a daily huddle with a moment for everyone to say something they felt grateful for at work.
- For example:
 - *Recognize a colleague who picked you up lunch from the cafeteria*
 - *Recognize a patient who thanked you for helping them get into a better position*
 - *Recognizing a leader who followed up about an issue you had brought up*
- Other options include:
 - *A gratitude moment during shift handoff*
 - *A gratitude board where staff can anonymously express thanks to colleagues or patients*



VA WHOLE HEALTH RESOURCES

Level 1: Videos

Supervisors Helping their Employees Section – [Employee Whole Health](#)

- Supporting Leaders, Supporting Employees – Caring for those who care for others
- Be a Leader that Nobody Wants to Leave – Outstanding Leadership is a Choice
- Employee Experience: Improving Employee Recognition Part 1 & 2

Staying VA Strong - [Employee Whole Health](#)

- Burnout Prevention
- Smile Behind the Mask
- Finding Gratitude When Life is Hard

Level 2: Practices

Supervisors Helping their Employees Section – [Employee Whole Health](#)

- #VA Gratitude: Send messages of appreciation
- Own the moment cards

Stress Management and Addressing Burnout - [Employee Whole Health](#)

- Meditation audios and videos
- Moving the Body videos – Tai Chi, Qigong, Interval Training, Latin Dance, Strength Training

RESOURCES FOR MORE LEARNING



Level 1: Videos

- [The surprising science of happiness](#) – Dan Gilbert
- [Want to be happy? Be grateful](#) – David-Steindl-Rast
- [Moving Through Stress as a New Manager](#)- Lianne Weaver
- [How to Keep Burnout at Bay](#)– Todd Dewett

Level 2: Toolkits

[Gratitude Practices for Nurses. A Toolkit for Well-being](#)

- Toolkit with resources to help cultivate more gratitude in life and in the workday

[National Academy of Medicine: Action Collaborative on Clinician Well-being and Resilience](#)

- Resource for research and practices to support clinician well-being

[A Guide to Promoting Health Care Workforce Well-being During and After the COVID-19 Pandemic](#)

- The guide provides ideas and lessons learned to improve the well-being in the health care workforce.

Level 3: On-line Course

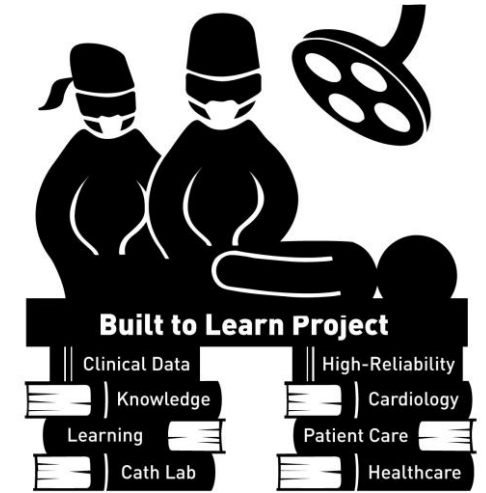
[The Science of Happiness Course](#) – Free EdX course

- A free 8-week course that offers practice, research-backed tips on living a happy and meaningful life.

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CHAPTER 5: COMMUNICATION AND HIGH RELIABILITY



Chapter Layout:

- [Effective Communication \(p. 192\)](#)
- [High Reliability Practices \(p. 206\)](#)
- [VA Clinical Team Training \(p. 212\)](#)
- [Speaking Up & Psychology Safety \(p. 214\)](#)
- [Huddles & Debriefs \(p. 219\)](#)
- [Crisis Communication \(p. 225\)](#)
- [Training as a Team \(p. 231\)](#)

Kick Off Interventions:

- [Start of Day Huddle Guide \(p. 221\)](#)
- [Debrief Guide \(p. 224\)](#)

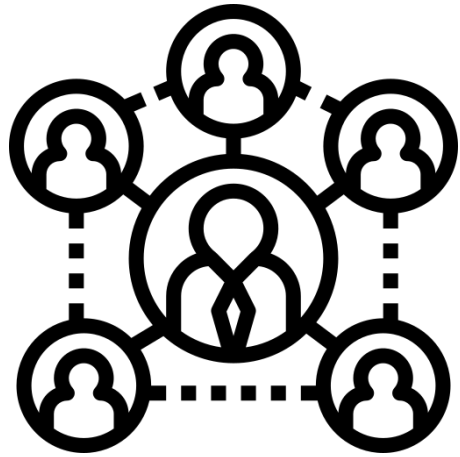
HEALTHCARE VOICES

Tell me about teamwork in your unit:

“Everything could be summed up with relationships, communication, and think as a team...absolutely.”

58-year-old Cath Lab Nurse, 6.5 years VA

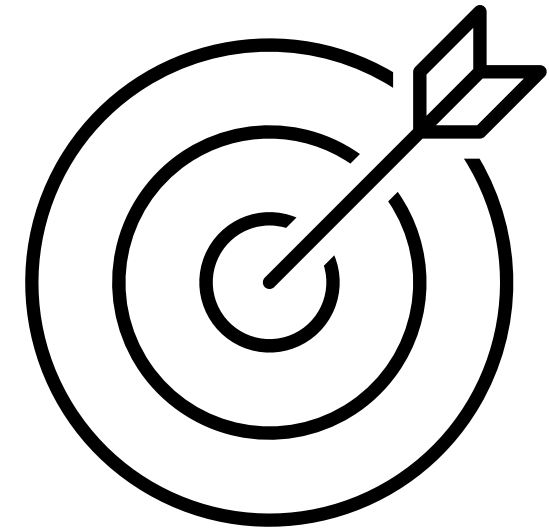
OVERVIEW: COMMUNICATION

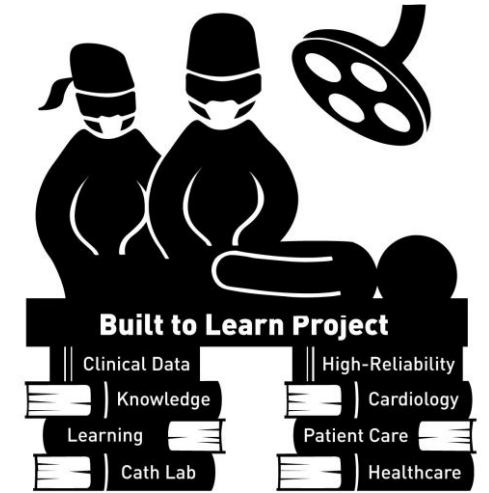


- Communication is a core clinical skill in healthcare
 - Communicating with patients and families
 - Communicating with leaders and colleagues
- However, most physicians, nurses and allied health professionals receive little formal training in communication skills.
- We mostly learn how to communicate from observing others – which can reinforce poor practices.
- This is a problem that has led **ineffective communication to be a significant cause of medical errors in the United States.**

COMMUNICATION IMPACTS PERFORMANCE

- **Effective communication skills** have been shown to:
 - **Improve** patients' satisfaction with care
 - **Decrease** risks of litigation for malpractice
 - **Improve** everyday stress
 - **Improve** job satisfaction
 - **Lower** burnout
 - **Improve** professional satisfaction
 - **Decrease** preventable medical errors

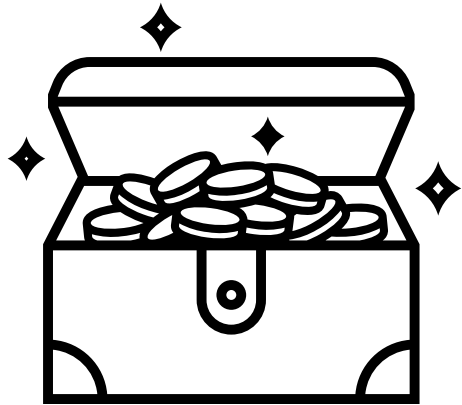




EFFECTIVE COMMUNICATION

Relational Playbook for Healthcare Teams

EFFECTIVE COMMUNICATION



- Effective communication (e.g., sending the right message to the right person at the right time) is not an exact science
- The diversity of every message and audience means one approach may work well with some and not well with others
- If you follow some basic rules, you can become a more effective communicator with colleagues, patients and caregivers:
 - Know your audience
 - Timing is everything
 - What you say is less important than what other people want to hear
 - Don't confuse broadcasting with communication
 - Follow the Golden Rules of communication
 - Be a good listener
 - Leave your ego at the door

PRACTICE: KNOW YOUR AUDIENCE



Knowing your audience involves understanding others, their perspectives, and expectations.

Ask yourself these questions while you prepare to communicate:

Question:		Colleagues	Leaders	Patients
What do they want?	➡	Details on a new process starting today	Patient and staffing data	Answers to questions about a procedure
What motivates them?	➡	Desire to do their job well	Desire to meet metrics and support frontline	Hope to receive high quality & safe care
How do they want to be engaged?	➡	Face-to-face with time for discussion and clarification	Written morning report	Sitting at the bedside with family present

Once you know this information, tailor your messages and approach.

HEALTHCARE VOICES

Tell me about communication in your unit:

“We have huddles every two weeks. I initiated the huddles so that we all meet for 30 minutes and talk about what's going on in the lab. That's where we discuss the incoming procedures, new practices, and that kind of thing.”

34-year-old Cath Lab Nurse, 2 years in VA

PRACTICE: TIMING IS EVERYTHING

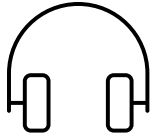


Determine what is the best approach and time to connect with your audience?

You will get better results if you engage others when they are ready to engage with you.

Communication Approach	Bad Timing	Good Timing
<u>Email</u> : Important updates or questions for individuals or group	First thing Monday morning (inbox overflowing) or late Friday (requires attention over weekend)	Monday afternoon through Friday <u>Tip: Schedule emails during this timeframe</u>
<u>Hallway conversation</u> Clarifying questions	Person is engaged in other work (seeing patients, heading to a meeting)	They say they have a couple minutes to talk
<u>Phone call or text</u> ASAP information	Weekends, nights, holidays (unless emergency)	During regular business hours
<u>Meeting or huddle</u> New topic, check-in, update	Agenda is full and time is limited	Topic is on the agenda with ample time for discussion

PRACTICE: WHAT PEOPLE WANT TO HEAR



- Most communication is based on: "I need to tell ____ about this..."
- The challenge is that ____ may not be ready to receive your message, even if you understand them as an audience and picked your approach and timing well.
- To help people get ready to receive your message, start with **"Thank You"**.

Option 1: What you want to say	Option 2: What people want to hear
<p>"I know you're all busy this week, but please file your time sheets on time this week.</p> <p>The timekeepers keep sending me nasty emails about this and it's driving me crazy...</p>	<p>"Thank you for all your hard work. I can't tell you how much I appreciate the long hours you're putting in this month.</p> <p>Could I ask for one small favor though? Please try to put aside 5 minutes in your busy schedule this week to file your time sheets on time. It will give our team serious brownie points with the timekeepers!</p>

PRACTICE: BROADCASTING V. COMMUNICATION

- Talking at people (one-way communication) or sending an email or text is broadcasting – you have no idea if the person on the other side received the message.
 - Witnessed by the common phrase, “Well, I *told* them to.....”
- Real communication is two-way – it is an exchange that requires feedback.



Broadcasting	Communication
I have a favor to ask. Please try to put aside 5 minutes in your busy schedule this week to file your time sheets on time. It will give our team serious brownie points with the timekeepers!	I have a favor to ask. Please try to put aside 5 minutes in your busy schedule this week to file your time sheets on time. It will give our team serious brownie points with the timekeepers! If you're having trouble filing your timesheets, or have any other challenges, please let me know by responding to this email or giving me a call at 212-867-5309. I'll do my best to help.

THE GOLDEN RULES OF COMMUNICATION



Crafting your message is the final step. Communication experts recommend using these Golden Rules in spoken and written exchanges.

- **Be Simple:** Use small words.
- **Be Brief:** Use short sentences.
- **Be Consistent:** Repeat what you are saying to make a point.
- **Seek Participation:** Ask for them to give you feedback and share with others.
- **Check for understanding:** Ask for them to explain the message back to you.
- **Ask a Question:** A statement, when in the form of a question, can have a greater impact.
- **Provide Context and Explain Relevance:** Give people an understanding of the why.

PRACTICE: THE GOLDEN RULES



Golden Rule	Instead of this...	Try this...
Ask a question	I see we have all the patient's paperwork.	Do we have all the lab results, EKG, and the is consent signed?
Be simple	The ICU said ABGs, and INR results were sent by IM in the EMR and were fine.	The ICU sent over his lab results and they are within normal limits.
Check for understanding	Is everyone ready to start the case? Ok good.	I'm ready to start the case. Can everyone respond they are ready before we begin?
Seek participation	I left you a message with the patient results. Have you reviewed them?	I have the results up on the screen – can we review them together?
Provide context and explain relevance	Nurse, I told you to push the meds now.	Sara, can you push the pre-op antibiotic now – we're ready to role into the OR.

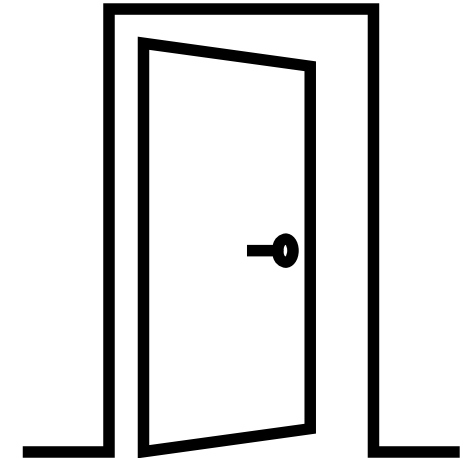
THE ROLE OF LISTENING



- Good communication involves two things – talking and listening.
- Many argue that listening is the most important part of communication.
- Listening allows you to know what your audience wants, needs or can hear.
- There are five rules for good listening that you can incorporate into your practice:
 - Be warm and attentive by focusing on talking **to** the person (encourage responses) – not **at** the person (dictation/yelling)
 - [Show that you are listening \(p. 87\)](#)
 - [Check understanding by asking questions or rephrasing \(p. 85\)](#) what you've heard
 - Be slow to offer advice or a solution – unless the person specifically asked for help
 - Use silence appropriately - often the best response is silence and a demonstration of [empathy \(p. 89\)](#)

PRACTICE: LEAVE YOUR EGO AT THE DOOR

- If your attempts at communication fail – don't blame your audience.
 - Blame yourself 😞
- You haven't conveyed the message in a way that your audience wants to hear, at a time that works for them.
- Reflect on what might have gone wrong - ask for guidance as to what could be done better next time.
 - Then move on 😊
- Communication is a haphazard business, and no one gets it right all the time.
- However, if the communication is critical or life-saving - healthcare teams should follow the practices outlined in the [VA Clinical Team Training Program](#)
 - Available in all VISNs through your High Reliability Organization group



IMPORTANT: COMMUNICATION DIFFERENCES

Sex Differences

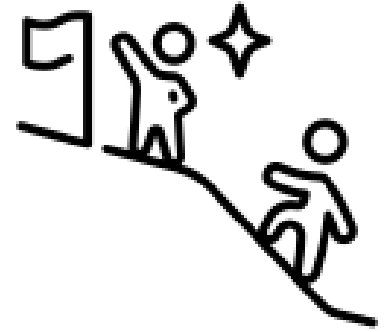
- Experts have reported that females and males communicate differently:
 - Women converse through “Rapport talk”
 - Men converse through “Report talk”
- Gender stereotypes can impact who speaks up in teams and who is ultimately heard.
- Awareness of gender stereotypes will lessen misunderstandings and incorrect assumptions.

Cross-Cultural Differences

- Communication styles are grounded in our cultural background.
- Cross-cultural communication refers to interactions between people of:
 - Different countries of origin, race, language, gender identity
 - Different education, literacy, social status, profession
- Poor cross-cultural communication negatively impacts patient health and satisfaction at work.

Self-awareness of gender and cross-cultural differences and attention to the Golden Rules can improve communication.

RESOURCES FOR MORE LEARNING



Level 1: <20 minutes a day

TEDTalks

- [The art of effective communication](#): Marcus Alexander Velazquez
- [How to speak so people want to listen](#): Julian Treasure
- [How great leaders inspire action](#): Simon Sinek
- [5 Ways to listen better](#): Julian Treasure
- [Listen, learn... then lead](#): Stanley McChrystal
- [7 Secrets for Effective Team Communication](#)- Project Manager

Level 2: ~ 1 hour a day

LinkedIn Videos

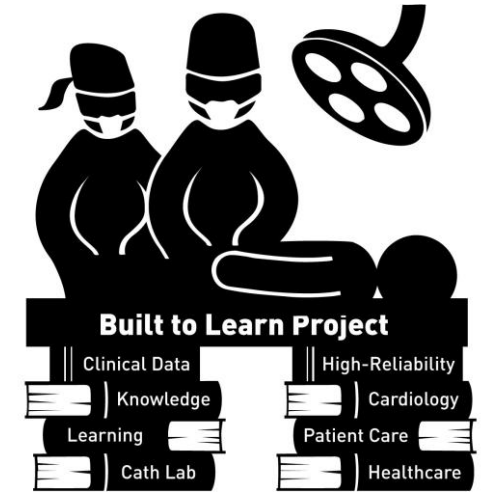
- [Communicating with confidence](#): Jeff Ansel
- [Improving your leadership communications](#): Colleen Hauk and Madecraft

Level 3: ~ 1-3 hours a week

- [Improving communication skills](#): Dr. Maurice Schweitzer. University of Pennsylvania. Free Coursera course
 - Learn how to discover if someone is lying (and how to react if they are), how to develop trust, the best method of communication for negotiation, and how to apologize.
 - [Teamwork skills: Communicating effectively in groups](#): Dr. Matthew Koschmann. University of Colorado Boulder. Free Coursera course.
 - Learn how to make better decisions, be more creative and innovative, improve group communication in virtual environments, develop a better overall understanding of human interaction, and work more effectively as a team.
-

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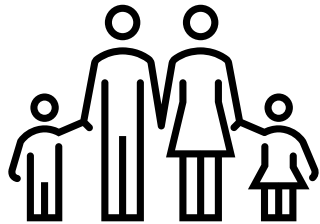


HIGH RELIABILITY PRACTICES

Relational Playbook for Healthcare Teams

TO ERR IS HUMAN

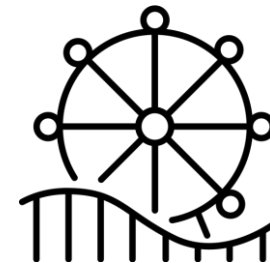
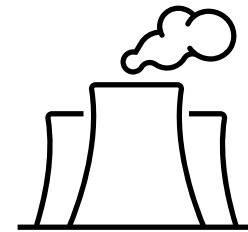
ALEXANDER POPE, 1771



- Healthcare is a complex, dynamic, fast-paced, and rapidly changing profession.
- It is extremely challenging to deliver high quality and safe care to every Veteran, in every environment, every time.
- [To Err is Human](#), a landmark report from the National Academy of Medicine stated:
 - *"The problem with medical errors is not bad people in healthcare – the problem is good people work in bad systems that need to be made safer."*
- To build systems of care that support continuously high quality and safe care, the VA has looked to high reliability science.
 - The goal is to help every team reach levels of quality and safety that are comparable to high reliability organizations (e.g., nuclear power plants, aircraft carriers)

OVERVIEW: HIGH RELIABILITY

- Commercial air travel, nuclear power and amusement parks have achieved and sustained remarkable levels of safety.
- These industries have been studied to understand what characteristics and behaviors create these “high reliability organizations”
- [Five high reliability principles \(p. 209\)](#) have been identified and guide the VA journey towards high reliability.
- **The impact of adopting high reliability principles:**
 - Fewer accidents or events of harm
 - Creation of positive, safe, and just workplaces
 - The creation of a mindful and resilient workforce



HIGH RELIABILITY ORGANIZATION PRINCIPLES



Sensitivity to Operations

Focus on front line staff and care processes.



Preoccupation with Failure

Anticipate risk, for every staff member is a problem solver.



Reluctance to Simplify

Get to the root causes.



Commitment to Resilience

Bounce back from mistakes.

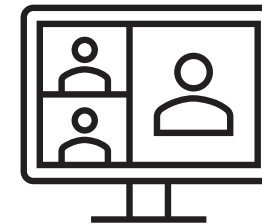
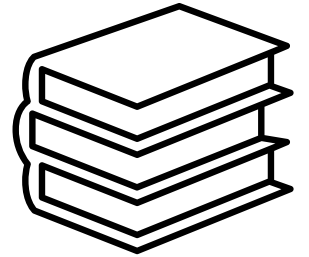


Deference to Expertise

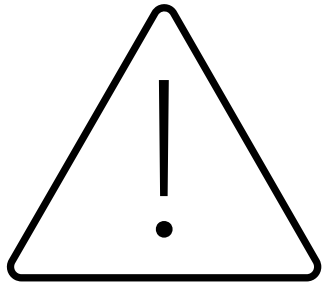
Empower and value expertise and diversity.

VA HIGH RELIABILITY ORGANIZATION RESOURCES

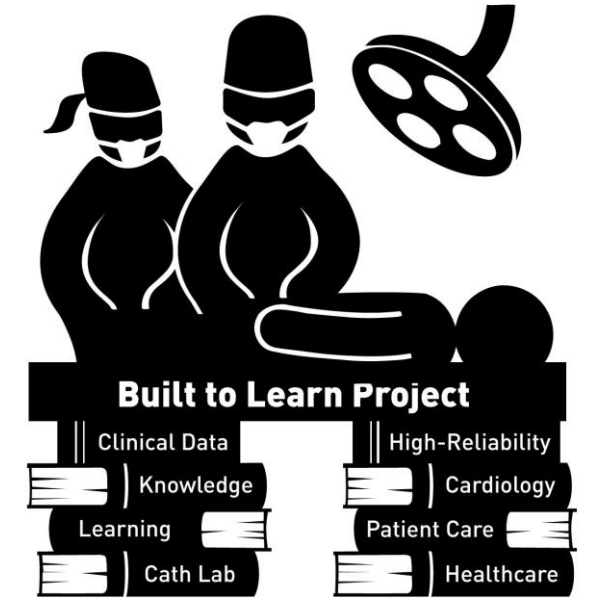
- The [VA HRO journey](#) is led by the [VHA National Center for Patient Safety](#).
- Training tools and extensive resources for learning and implementing high reliability practices are available on the [VA HRO SharePoint](#) (VA intranet)
 - HRO training for executive leaders, supervisors and staff
 - Coaching tools
 - Training tools
 - Experiential training tools
 - Clinical Team Training Materials
 - Talent Management System HRO courses
 - Continuous Process Improvement (e.g., Lean) courses



NOTICE: HIGH RELIABILITY TAKES TIME



- Implementing high reliability practices can be relatively simple (speaking up tools) or complex (dry runs)
 - You do not have to do this alone - expert guidance is available through your HRO department and Clinical Team Training program.
- Be aware, high reliability practices will initially increase workload due to:
 - Expectation for all staff to be present and engaged at new times during the day
 - Testing and adapting practices to your team and setting
 - Time and effort to address any issues identified
- Over time, teams will recognize the benefits on communication and workflow including:
 - Decrease in email communication
 - Increase in work efficiencies
 - Increase in response time to patient safety concerns



VA CLINICAL TEAM TRAINING

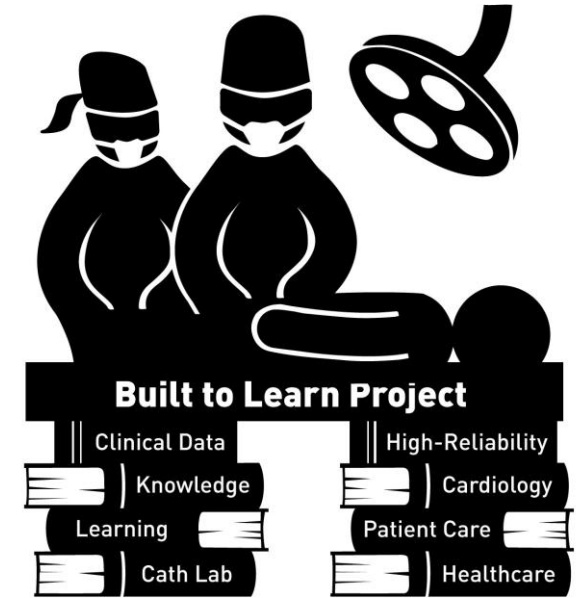
Relational Playbook for Healthcare Teams

OVERVIEW: VA CLINICAL TEAM TRAINING

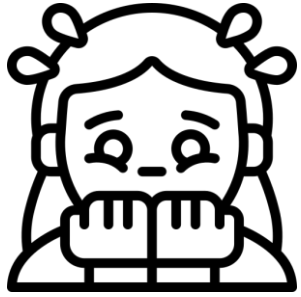
- Clinical Team Training (CTT) focuses on enhancing patient safety by improving communication and teamwork.
- This multidisciplinary program uses [Crew Resource Management](#) principles and is designed specifically for VA front-line staff and teams.
- The clinical team would participate in the training – which ensures all staff are exposed to the concepts within the context of their day-to-day work environment.
- CTT communication content includes:
 - Speaking up techniques such as the Effective Followership Algorithm
 - Error avoidance tactics such as huddles and debriefs
 - Trapping techniques such as timeouts, crosschecking and team monitoring
- CTT is offered in every VISN, free of charge in both virtual and in person formats.
- After the training, teams implement a unit-based safety program over 12 months on an identified safety problem or work challenge with help from CTT coaches.

SPEAKING UP & PSYCHOLOGICAL SAFETY

Relational Playbook for Healthcare Teams



OVERVIEW: SPEAKING UP & PSYCHOLOGICAL SAFETY

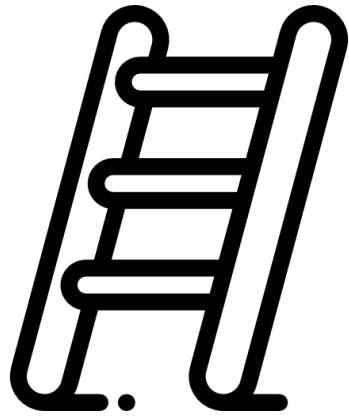


- Speaking up to colleagues about mistakes, lapses, rule breaking or failure to follow protocols is a key aspect of high reliability organizations.
 - However, speaking up can be hard to do.
- Speaking up behaviors are supported in a culture of psychological safety:
 - An environment where most employees believe they will not be penalized for making errors, asking for help or seeking feedback.
- A culture of psychological safety lives at the team or department level, meaning you have control and can take action if there are issues.
- How do you know if your team feels safe to speak up?
 - *Review your VA All Employee Survey – psychological safety data*
 - *Ask staff individually if they feel safe speaking up*
- There are [actions \(p. 216\)](#) every member of a team can take to support speaking up and a culture of psychological safety.
- There are high reliability practices teams can use to standardize speaking up during [routine team interactions \(p. 216\)](#) and in [crisis situations \(p. 216\)](#).

DAILY ACTIONS THAT SUPPORT SPEAKING UP

Action	Explanation
Model civility	Show civility and respect when you communicate with others.
Act unselfishly	Let team goals, rather than individual preferences, drive behavior.
Make room for reflection	Carve out time to regularly discuss how the team performs.
Nurture positive climate	Provide feedback to improve team relationships.
Listen and hear	Show good listening skills when getting input from colleagues.
Be inclusive	Seek input and ideas. Invite feedback and encourage participation.
Reinforce speaking up	Encourage and praise those who do speak up.
Support collaboration	Adopt team norms that encourage people to help one another.
Give and take help	Ask for help when you need it and give help when needed.

OVERVIEW: COMMUNICATION & HIERARCHIES

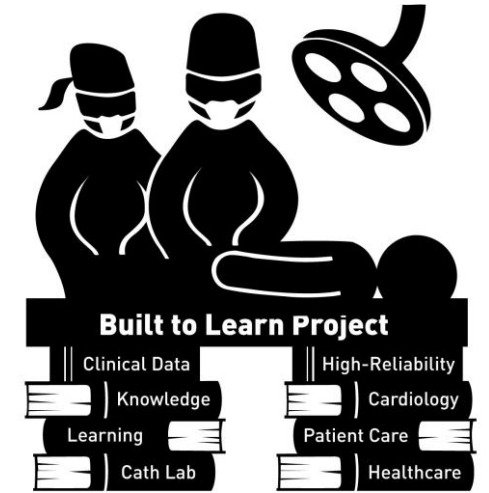


- A major challenge to speaking up in healthcare teams is professional hierarchies that place one role at a higher status than another (e.g., physicians over nurses, nurses over technicians).
- Speaking up the hierarchical ladder is intimidating and can result in team members failing to challenge decisions or safety concerns.
- High reliability practices can support respectful and impactful communication in routine and crisis situations – no matter where you sit on the ladder.

HEALTHCARE VOICES

“We always introduce new people to our physicians...we tell them this is a nurse from the ICU that doesn’t have any idea about the [cath lab]. We do a small huddle prior to the case ... so all of us feel comfortable.”

43-year-old Cath Lab Nurse, 2 years in VA



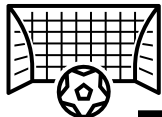
HUDDLES & DEBRIEFS

Relational Playbook for Healthcare Teams

OVERVIEW: HUDDLES

- A huddle is a short, stand-up meeting typically used at the start of a procedure, the start of a shift, or workday.
 - Huddles can also be used at the end of procedures or shift (debriefing)
- Huddles give teams a way to proactively discuss concerns and look back to review performance.
- Huddles work best when:
 - Implemented in an environment of [psychological safety \(p. 214\)](#)
 - Guided by guided by checklists or standard questions
 - Led by the team lead, manager, interventional cardiologist or fellow to ensure consistent practice and accountability.
- Team-based huddles contribute to high reliability by systematically promoting situational awareness and addressing risk.





KICK OFF INTERVENTION: START OF DAY HUDDLES

Start of day huddles in the cath lab can follow a standard 5-item agenda:

1. Safety and quality successes and concerns from the previous day
 - **Successes:** *We were very efficient yesterday and finished our cases early!*
 - **Concerns:** *Yesterday a nurse reported she planned to follow-up on potential low supply of catheters*
2. Safety and quality concerns for patients on today's schedule
 - **Today:** *All catheter supplies are adequate – no concerns there. Two patients did not attend a pre-op appointment, so their arrival may be delayed.*
3. Review of issues previously identified
 - **In progress:** *We are still working on the same-day discharge process, we're not ready to trial it yet.*
4. Input on other (non-procedure related) safety concerns
 - **Staffing:** *We will have ICU nurses rotating through while Aidan is on vacation. Plus, new fellows will be coming next week.*
5. Announcements, gratitude, mindful moment
 - **Gratitude:** *I want to recognize Dr. Manning for bringing in doughnuts today – we appreciate you swinging by our FAVORITE bakery on your way here.*



To receive coaching on this practice - attend a local Clinical Team Training program.

HEALTHCARE VOICES

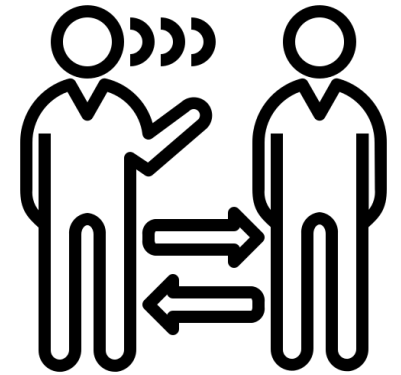
“Debriefs, the thing is, it's not punitive. It's supposed to be an environment where you are not going to punish anybody or blame somebody.

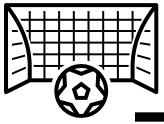
It's just like “what went wrong and what can we do to make it better next time?” It's been an enlightening thing, even for me at this point in my life, there's always something to learn.”

58-year-old Cath Lab Nurse, 6.5 years VA

OVERVIEW: DAILY DEBRIEFS

- Daily debriefs are short, stand-up meetings typically held at the end of a procedure, or workday.
 - **Note:** Daily debriefs are different than adverse event debriefs
- Daily debriefs give teams a chance to reflect on procedural cases and team performance – everyday – not just after an adverse event.
- Debriefs work best when:
 - Implemented in an environment of [psychological safety \(p. 220\)](#)
 - Guided by guided by checklists or standard questions
 - Led by the charge nurse or lead physician to ensure consistent practice and accountability.
- Post-procedural debriefs have been reported to enhance safety and document rare events.



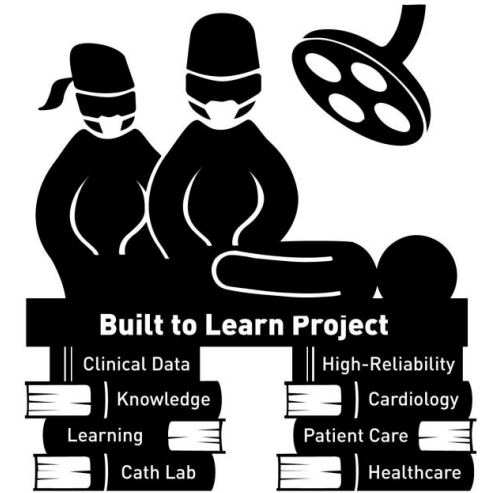


KICK OFF INTERVENTION: DAILY DEBRIEFS

Daily debriefs for the cath lab can follow a standard 3-item agenda



- What went well?
 - *We did a great job talking through the need to move a critical patient to the ICU and I appreciate everyone having all equipment on hand so quickly.*
- What did not go well?
 - *We did not react fast enough when the patient stated they were uncomfortable and having trouble breathing.*
- What can we do to improve for the next time?
 - *Can we have the non-rebreather mask near patients who are on oxygen? So the staff don't have to go searching?*
 - *What would that look like? Do we need a Standard Operating Procedure for this? Or is it just increased awareness?*
 - *John, you were with that patient today – can you talk with the nurse manager tomorrow to decide if we need an SOP or education?*



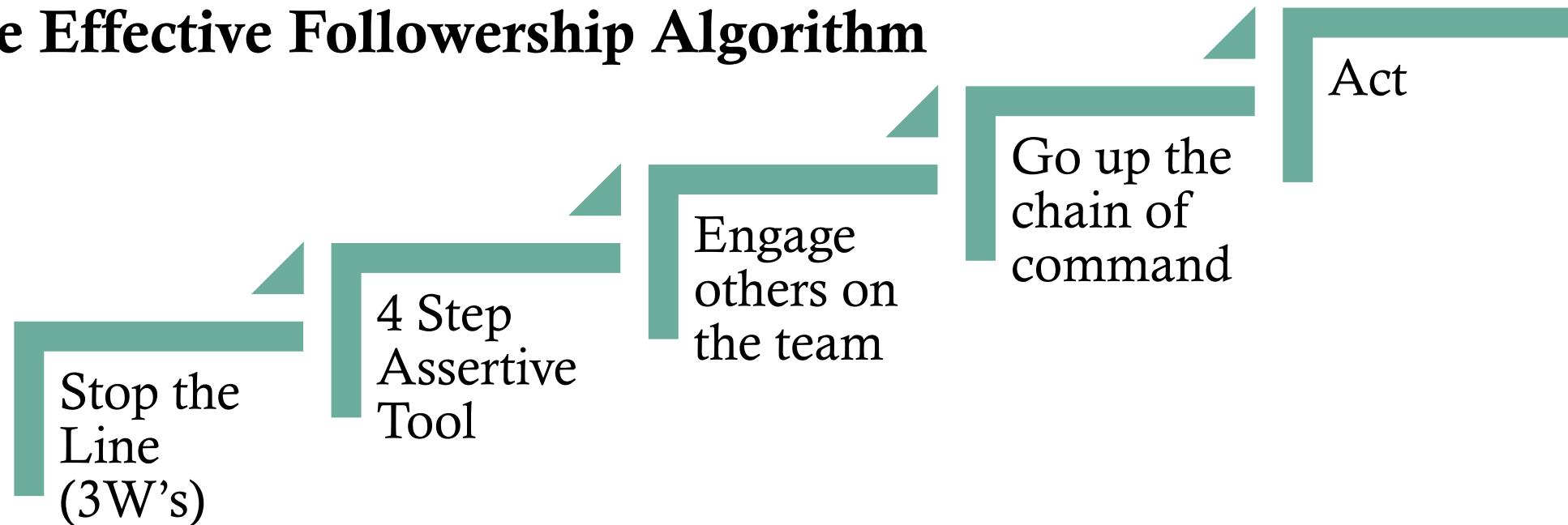
CRISIS COMMUNICATION

Relational Playbook for Healthcare Teams

OVERVIEW: CRISIS COMMUNICATION

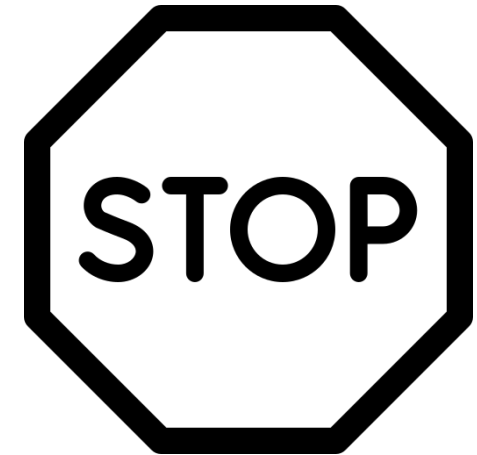
- In crisis moments, you may not have time to pause or huddle to work through a checklist.
- During critical patient safety moments, respectful and assertive communication using factual comments and observations are most effective.
- An environment that supports [psychological safety \(p. 220\)](#) and speaking up supports crisis communication

The Effective Followership Algorithm



PRACTICE: STOP THE LINE – THE 3 W’S

- The **Stop the Line** questions (The 3 W’s) provide a direct and concise way to speak up about concerns during clinical care.
- The statements are solution oriented and leave little doubt as to the patient presentation, concerns, and desired action.
 - **What I SEE** *is the patient is starting to have difficulty breathing.*
 - **What I’m CONCERNED ABOUT** *is the patient may decompensate quickly and we don’t have anesthesia here to intubate.*
 - **What I WANT** *is to pause the procedure and call anesthesia STAT.*



PRACTICE: 4-STEP ASSERTIVE TOOL

If the person you are addressing using the 3 W's does not respond, the next step is the Assertive Tool.

Get Attention: Use title or first name “Dr. Tang – Calvin”



```
graph TD; A[Get Attention: Use title or first name “Dr. Tang – Calvin”] --> B[State Concern: “I’m uncomfortable with how the patient is breathing and want anesthesia here to intubate if needed.”]; B --> C[Offer Alternative: “Please pause the procedure while we page anesthesia and reposition the patient”]; C --> D[Pose Question To Get Resolution: “Do you agree to pause until anesthesia arrives?”];
```

State Concern: “I’m uncomfortable with how the patient is breathing and want anesthesia here to intubate if needed.”

Offer Alternative: “Please pause the procedure while we page anesthesia and reposition the patient”

Pose Question To Get Resolution: “Do you agree to pause until anesthesia arrives?”

Engage the Team

- The next step if the safety concern has not been addressed is to involve other team members.
- Bringing in other voices increases the likelihood the concern will be heard:
 - *“Does anyone else share my concerns about the patient’s breathing and the need to call anesthesia?”*



Chain of Command & Take Action

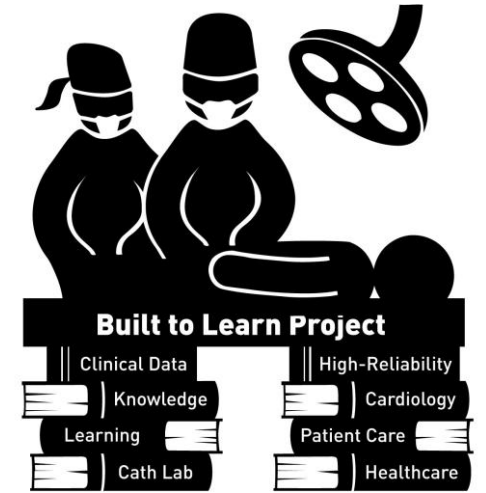
- In the inpatient setting , the Attending Hospitalist is at the top of the ladder.
- If a critical safety concern is not addressed, it is prudent to engage the Attending
 - *“Dr. Tang, we don’t agree on the urgency of the patient’s condition. I am going to call Dr. Chopra, the Attending.”*
- The last line of defense in critical moments is to act:
 - *“I am calling anesthesia”*

Taking action is an option at any point in unfolding situations to preserve safety.

PRACTICE MAKES PERFECT



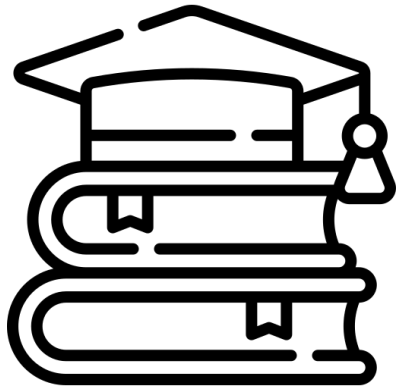
- It is important to practice using the Effective Followership Algorithm periodically as a team.
 - To ensure all are comfortable using the questions.
 - To build an environment of psychological safety and speaking up
- Posting the questions on a white board or poster within the cath lab can support instant recall during critical moments.
- To receive coaching on the speaking up practices, attend a VA Clinical Team Training course with your team.



TRAINING AS A TEAM

Relational Playbook for Healthcare Teams

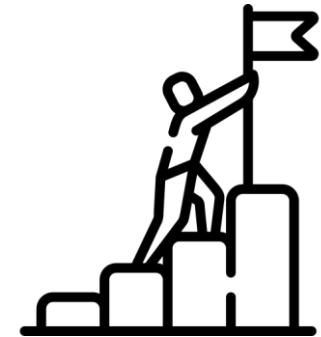
OVERVIEW: TRAINING AS A TEAM



- Few healthcare teams train together in the clinical setting.
- Most healthcare training occurs within – not across professions:
 - **Information-based methods:** Education days, lectures, professional conferences, eLearning
 - **Demonstration-based methods:** Industry representative presentations, videos
 - **Practice-based methods:** Crisis-based simulation (e.g., Advanced Cardiac Life Support)
- Current evidence supports combining the learning and practice approaches into unit-based learning opportunities for all team members (e.g., Interventional cardiologist, fellows, nurses, technicians).
 - The VA has been a national leader of team training through the Clinical Team Training program which is now available to every team in every facility in the VA.
- The impact of teams training together is significant:
 - 13% reduction in mortality
 - 18% reduction in medical errors
 - 14% increase in patient satisfaction

CHALLENGES TO TRAINING AS A TEAM

- Healthcare teams are strapped for time
 - **Potential solutions:**
 - Schedule some education days that are led by the physician group (so they are available to attend)
 - Have education and [dry run \(p. 235\)](#) exercises ready if cases are delayed or canceled
- Creating cath lab specific education and just-in-time training is time consuming
 - **Potential solutions:**
 - Request physician teams to present their research or conference presentations to staff
 - Crowdsource training ideas from local education staff or through the VA cardiology email group
- Healthcare teams rotate – fellows, nursing and technician staff
 - **Potential solutions:**
 - Include brief training moments in daily huddles based on anticipated cases that day (e.g., review of equipment checklists, location of critical equipment)
 - Ask new members of team to speak in debrief about what they learned that day, what they want to know more about, what the next rotating staff should know.



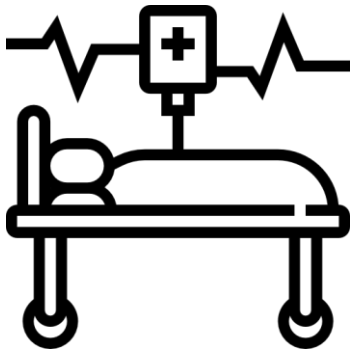
HEALTHCARE VOICES

“We did rather elaborate and expensive dress rehearsals, which included opening trays that had been sterilized and so forth to go through the motions and act like we were doing a real procedure.”

I think that went a long way towards making everybody feel comfortable, invested, and listened to.”

43-year-old Interventional Cardiologist, <1 year in VA

PRACTICE: DRY RUNS



- Dry runs are simulated procedures that occur in the cath lab with all members of the team (with or without a patient “actor” or simulation manikin).
- Dry runs are recommended prior to starting new procedures, when bringing in new staff or fellows or for critical events
 - Combining OR and cath lab teams for structural heart procedures
 - Critical events such as perforation or hemodynamic collapse
- Benefits of dry runs:
 - Teams can identify issues before the procedure/process is performed on a patient
 - Safety and team satisfaction is improved for the “kinks” are worked out ahead of time
 - Teamwork is improved for staff see how each role functions and can observe personalities and work styles
 - If there are errors, they can be reported and addressed in a safe environment
- Dry runs can be conducted weeks ahead or just prior to starting a new procedure or process or on the first day of onboarding new staff.

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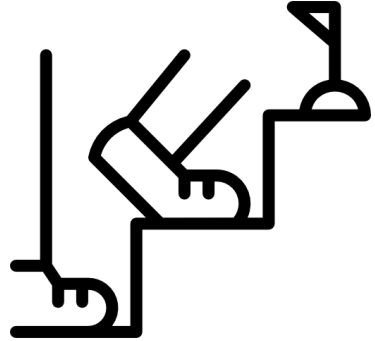
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INSPIRATION & ENCOURAGEMENT

- The Relational Playbook practices are designed to be a first step that anyone can take to improve relationships and communication in teams.
- Though healthcare is challenged by complex problems, simple things can work:
 - *“People don’t need much to get moving – just a little kernel of meaning.” Karl Weick*
- When you aren’t sure where to turn, when every solution looks too big or hard to implement:
 - *“Doing something can be better than doing nothing...”*
- The Relational Playbook practices have been designed to be low risk for busy teams:
 - *“You’ll never know how it will go, until you go...”*





Great things can be achieved by
taking one step, stumbling,
standing up, dusting yourself off,
then taking another step.

You can do this.

A RELATIONAL PLAYBOOK FOR HEALTHCARE TEAMS

