Module 1

Teamworking

Key learning points

- To understand the importance of good team working.
- To understand that effective communication is vital in emergency situations.
- To understand the importance of stating the problem early.
- To appreciate the different roles and responsibilities of members of a multi-professional team.
- To understand the importance of shared decision making within the team.
- To recognise the value of being able to 'stand back and take a broader view' in an emergency situation – situational awareness.

Introduction

Obstetric emergencies are unpredictable and sudden. Successful management requires a rapid coordinated response by often ad hoc multi-professional teams. The need to provide training in team coordination and communication for clinicians has been repeatedly identified as a safety priority.

The most recent Centre for Maternal and Child Enquiries (CMACE) review reported that 70% of the direct maternal deaths could have been prevented with better care;[1] a lack of multi-professional team working and communication failures were once again identified as contributory factors.[2,3] Moreover, previous Confidential Enquires into Maternal Deaths in the United Kingdom have identified poor communication and poor team working as major contributors to fetal and neonatal mortality.[4,5] The Enquiries have recommended multi-professional obstetric emergencies

training, including teamwork training, for all staff providing care for mothers and babies.

The Clinical Negligence Scheme for Trusts (CNST) Maternity Clinical Risk Management Standards mandate that there should be a systematic process in maternity units for ensuring that multi-professional drill training is provided for all relevant obstetric and midwifery staff.[6] Similar recommendations have been made in the USA and Canada.[7]

CNST is an NHS Litigation Authority (NHSLA) insurance scheme for England and Wales by which maternity hospitals with a high standard of training, guidelines and audit are rewarded with reduced insurance premiums.

Definitions

Teamwork is the combined effective action of a group working towards a common goal. It requires individuals with different roles to communicate effectively and work together in a coordinated manner to achieve a successful outcome.

Teamwork training

Conventional healthcare training has typically focused on specific, technically skilled tasks. However, with the increasingly multi-professional nature of healthcare provision, focusing on individual theoretical knowledge, technical skills and attitude may be inadequate.[8] Multi-professional team training for obstetric emergencies has been associated with improved performance,[9] improved safety attitudes[10] and improved perinatal outcomes.[11,12]

Teamwork training recognises that people make fewer errors when they work in effective teams. Each member of the team can understand their responsibilities when processes are planned and standardised, with team members 'looking out' for one another and trapping errors before they cause an accident.[13]

There is also evidence that, even when training is conducted in multi-professional teams, some clinical teams possess characteristics that make them more efficient than others, and they are better able to achieve good outcomes by performing key actions in a timely manner. However, these characteristics are not explained by differences in knowledge or skill,[8] emphasising that training needs to include other aspects of team working.

Improvements in outcomes

As previously mentioned, current evidence supports training for obstetric emergencies in multi-professional teams, the most notable evidence being the association between improved obstetric and perinatal outcomes after clinical training with integrated teamwork training.[14] However, not all training is equal, and some training programmes have increased the rate of poor perinatal outcomes rather than improving them.[15] Also, teamwork training in isolation has not proved to be effective in obstetrics.[16,17]

The key features of training programmes associated with improvements in perinatal outcome are:[14,17]

- training is conducted in-house
- 100% of maternity staff are trained regularly
- all maternity staff are trained together, incorporating teamwork principles into clinical training scenarios
- system changes are introduced, often suggested by staff after participating in the training.

In-house training appears to be the most efficient and cost-effective means of training all staff in an institution. In-house training can also address specific local issues and can be used as a driver for system changes.[10,14,18] Moreover, training within the local environment may be the most effective way of improving outcomes.[19]

Finally, in one obstetric study, it was found that more efficient teams were likely to have stated (recognised and verbally declared) the emergency earlier, and to have managed the critical task using closed-loop communication (task clearly and loudly delegated, accepted, executed and completion acknowledged). Such teams were noted to have administered magnesium sulphate within the allocated time (10 minutes), had significantly fewer exits from the labour room and used a structured form of communication.[20] It is vital that these communication skills are integrated into clinical training.

Communication

Communication is the transfer of information and the sharing of meaning. Often, the purpose of communication is to clarify or acknowledge the receipt of the information. Communication is often impaired under stress. It is important to learn effective techniques that increase awareness and help overcome these limitations.

The five requirements for effective communication and efficient team performance are:[21,22]

1. **FORMULATED**
   Give a clear message. It should be succinct and not rambling. SBAR (situation, background, assessment and recommendation/response) is a useful acronym for formulating messages and handing over information[20] and was used almost naturally by the most effective obstetric teams.[9,20] For example:

   > 'Jenny James is unwell with sepsis (S). She is 33 weeks pregnant and her membranes ruptured 1 week ago (B). She is in pain, is hypotensive and tachycardic, and her observations score 3 on the MOEWS chart (A). I would like a senior obstetrician and senior midwife to review her immediately (R).'

   Figure 1.1 is an example of a maternal SBAR form that may be used when handing over information.

2. **ADDRESSED TO SPECIFIC INDIVIDUALS (DELEGATED)**
   Use names of staff, and/or establish visual contact. Allocate appropriate tasks to an identified recipient.

   > 'Liz and Susan (midwives), please can you help get Mrs Jones into McRoberts' position.'

   > 'Hazel (maternity healthcare assistant), please could you document times and actions as they are called out, on this laminated pro forma. Thanks.'

3. **DELIVERED**
   The message should be sent clearly, concisely and calmly. When the obstetric emergency team arrives in your room, say:

   > 'Susan Jones is having a postpartum haemorrhage. She has lost approximately one litre of blood. Her placenta has been delivered and appears complete, and she has an intact perineum. I have given her one dose of IM Syntometrine but her uterus still feels atonic.'

SBAR report to clinician about a clinical obstetric situation

S — Situation

I am calling about (woman's name): _____ **Ward**: _____ **Hosp No:** _____

The problem I am calling about is: _____

I have just made an assessment:

The vital signs are: Blood pressure ____ /____ Pulse ____ Respirations_____ SPO_2 _____% Temperature_____^{0}C

I am concerned about:

Blood pressure because it is:
- systolic over 160
- diastolic over 100
- systolic less than 90

Pulse because it is:
- over 120
- less than 40

Respirations because they are:
- less than 10
- over 30
- The woman is having oxygen at _____ l/min

Maternal temperature because it is: ___^{0}C

Maternal serum lactate because it is:_____mmol/l

Urine output because it is:
- less than 100mls over the last 4 hours
- significantly proteinuric (+++)

Haemorrhage:
- Antepartum
- Postpartum

Fetal wellbeing:
- Pathological CTG

FBS Result: pH _____
Time sample taken: _____ hrs

Obstetric Early Warning Chart Score: ☐ ☐

B — Background (tick relevant sections)

The woman is:
Primparous Multiparous Grand multparous
Gestation: _____ wks Singleton Multiple
Previous Caesarean section or uterine surgery

Fetal wellbeing
Abdominal palpation:
Fundal height:_____cms Presentation:_____ Fifths palpable: _____ FH rate:_____bpm
CTG: Normal Suspicious Pathological

Antenatal
A/N problem (details): _____

Labour
Spontaneous onset Induced
IUGR Pre eclampsia Reduced Fetal movements Diabetes APH
Syntocinon
Most recent vaginal examination: Time _____hrs
Cervical dilatation: _____cms Station of presenting part: _____ Position: _____
Membranes intact Meconium stained liquor Fresh red loss PV
Third stage complete Retained placenta

Postnatal
Delivery date: _____ Delivery time:_____hrs
Type of delivery:_____ Perineal trauma:_____
Blood loss: _____mls Syntocinon infusion
Fundus: High Atonic Uterus tender Abdominal/perineal wound oozing

Treatment given / in progress:_____

A — Assessment

I think the problem is: _____

I am not sure what the problem is but the woman is deteriorating and we need to do something

R — Recommendation

Request:
- **Please come to see the woman immediately**
- **I think delivering needs to be expedited**
- **I think the woman needs to be transferred to delivery suite**
- **I would like advice please**

Reported to: _____ **Response:** _____

Person completing form (name):_____Date:_____ Time: _____

SBAR Clinical Obstetric reporting sheet. Please photocopy form and file original in woman's notes and copy with Risk Incident form

Figure 1.1 Example SBAR handover sheet

rather than:

> 'Oh dear, Susan has just had a really big baby and I gave her Syntometrine but she is bleeding, really, really heavily. Oh dear, please can someone help me.'

4. ACKNOWLEDGED

Adequate volume used and repeated back:

> 'You would like me to give a second dose of Syntometrine intramuscularly straight away?'

5. ACTED UPON

Meaning acknowledged and action performed:

> 'OK. That's one ampoule of Syntometrine given intramuscularly at 15:30.'

In addition, the use of non-verbal communication, including making eye contact with individuals, helps to prevent ambiguity and promotes a shared knowledge of intention. Improper terminology, inaudible communication, excess chatter and incomplete reports should be avoided.

Leadership: roles and responsibilities

Team leadership involves providing direction, structure and support for other team members. The team leader is often the most senior obstetrician present,[22] but may be the midwifery coordinator or anaesthetist – whoever knows the team members' roles and responsibilities and has adequate experience to anticipate the possible end to an emergency.[22] It is essential that the team leader is nominated, declared verbally and accepted by the rest of the team as early as possible.[22]

Team leaders vary in their level of expertise when involved in a particular emergency situation and also in their readiness to lead. The team leader requires a certain level of competence; however, it is unlikely that they will possess all the abilities of every team member present. Therefore, the team leader's role should be to coordinate the activities of the specialists within the team by communicating clearly and simply, delegating tasks appropriately and planning ahead.[22] In addition, a good team leader respects the expertise of each team member, is willing to listen and is open to criticism and constructive feedback.[22]

Other members of the team should have their individual roles identified and agreed as early as possible. The leader should allocate critical tasks to the team members, including a designated person to talk to the woman and her family.[22,23] Team members should be mutually supportive, communicate clearly and give regular updates. They should avoid becoming fixated on minutiae or running around aimlessly.[20]

Situational awareness: the bigger picture

Situational awareness is how we notice, understand and think ahead in a fast-paced, constantly changing situation. It is that 'gut instinct' or 'sixth sense' that makes an expert midwife, obstetrician or anaesthetist. It involves recognising and understanding important cues, anticipating problems and sharing them with the team so that shared decision making and goals are achieved.

Three levels of situational awareness have been suggested.[24] These levels are listed below and include examples related to obstetric emergencies.

1. **NOTICE**
   Be aware of the patient's status, the team members' status and all available resources; anticipate potential errors by noticing cues and sharing decision making:

   'The labour ward coordinator and the senior obstetrician on call are reviewing the labour ward board, as the labour ward is full and two of the women are very ill: one has severe pre-eclampsia and poor urine output and the other has had a 1000 ml postpartum haemorrhage and requires an examination under anaesthesia. In such circumstances, it is vital that both the midwifery and obstetric lead for the shift have an awareness of the serious problems that may develop. They can then anticipate and plan how to manage the cases and also consider which team members may be required to assist with the problems.'

2. **UNDERSTAND**
   Share information with the team, think what these cues and clues may mean, be aware of common pitfalls, re-evaluate/stand back at regular intervals, seek to engage other team members in decisions.

'On review of all the cases on the labour ward, the midwife coordinator and the senior obstetrician identify that there are several complicated problems that need decisions and action. They are considering whether it may be wise to call in the consultant obstetrician and anaesthetist for support and to assist with the management of these problematic cases. Before they can make this decision, both the midwife and the senior obstetrician go to each room for a thorough review, requesting an update from each of the midwives providing care. They then seek the opinion of the on-call anaesthetist to gain further information that may influence the actions to be taken.'

3. THINK AHEAD

Anticipate, plan and prioritise:

'Having sought further information and also the opinion of other team members, the labour ward coordinator and the senior obstetrician are now able to identify potential problems and therefore prioritise the cases to formulate an action plan. Their ability to do this is based not only upon the information provided by the other team members but also on their own knowledge and previous experience. In this instance, they both agree that their first action should be to call in the obstetric consultant for support and guidance in the management of the complicated cases.'

Situational awareness allows individuals to be 'ahead of the game'. Experienced clinicians usually have good situational awareness; they often pick up subtle cues, understand their significance and use them to anticipate and pre-empt problems.[22]

Recognising cues for loss of situational awareness

In extreme situations, people can sometimes enter 'fast time', whereby their capacity to reason is so severely impaired by the stress of the workload that they are no longer able to function interactively with the rest of the team.

Characteristic signs of 'fast time' include:

- poor communication
- inability to plan ahead
- tunnel vision
- fixation on irrelevant issues (such as less than ideal equipment) or displacement activities such as unnecessary disputes with colleagues.

'Fast time' at its worst can cause even good team players to completely 'freeze up'.

Maintaining/regaining situational awareness

One suggested way of maintaining situational awareness is to adopt the philosophy of the 'non-participant' leader: try not to become engaged in practical tasks that can be undertaken by others. This allows the leader to take a step back and maintain a broader view of the unfolding crisis. Team leaders sometimes have difficulty doing this in practice because they often have the particular 'hands on' skills required to deal with the problem.

To regain control of a situation, the following strategies should be tried:

- Take the 'helicopter view': stand back to get the bigger picture.[22]
- Declare an emergency early: you will engage everyone's attention and boost the available human resources. Early declaration is associated with improved clinical team performance and efficiency[20] but also with improved patient perception of care.[23]
- Communicate clearly and simply, starting with the critical tasks for each emergency.[23]
- Plan ahead: for example, prepare for a perimortem caesarean section early in cases of maternal collapse.
- Delegate the critical tasks appropriately.[20]

Team working under pressure

Pressure situations give us the feeling that everything needs to be done immediately and so the tendency to rush increases. Rushing tasks while under pressure increases the potential for making errors. Therefore, a good team leader should try to manage the emergency at a steady but efficient pace.

What makes a good team member?

- Good communicator
- Good understanding and acceptance of own limitations
- Awareness of environment and limitations of others
- Assertive
- Non-confrontational but willing to challenge if necessary
- Receptive to the suggestions of all other team members
- Thinks clearly

Key points

- Good team working is important because poorly functioning teams are associated with patient harm.
- More efficient teams state the emergency earlier and use closed-loop communication.
- Teamwork training may improve clinical outcomes when incorporated into clinical training.
- Multi-professional training locally for all staff has been associated with improved teamwork, improved safety attitudes and, most importantly, improved perinatal outcomes.

References

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