Explorations of Team-Based Communication

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Background and Study Purpose

In any service or industry, communication is essential for not only the efficiency but also the effectiveness of the entity. This fact remains true for the healthcare industry. Because the lives of people are at stake, team communication in a healthcare setting could potentially be the deciding factor between life and death. With a misinterpretation or a lacking of given critical information, situations in which medical errors can occur are created. According to the Joint Commission, the number of medical errors that occur, if they were included in the National Center for Health Statistic’s list of top reasons for death, would rank ahead of accidents and be placed at number five. Moreover, the Joint Commission also cites that failures in communication are the leading cause for medical error. These errors include delays in treatment, incorrect surgical procedures performed, improper administration of medication, and the like (Hughes, RG).

The purpose of this study was to:
• observe and document the existing team-based communication
• analyze these observations
• make suggestions to enhance and improve the quality and efficiency of care

Methodology

Participants
Neurology Division team at the VA Bay Pines consists of 10 team members: Five Neurologists, Two Electroencephalograph Specialists, One Physician Assistant/Doctor of Eastern Medicine/Acupuncturist, One Administrative Assistant, One Research Coordinator

Data Collection
• Four individual interviews were performed with four out of five neurologists
• Surveys on team communication were given to all ten team members and collected in an enclosed white envelope for anonymity

Data Analysis
• Each interview transcript was reviewed by the two researchers, and key responses were identified and discussed to highlight
• Survey data and results were compiled and analyzed
• Data that could be represented via visual representation was transposed into graphs
• Researchers identified and compiled responses from the interview transcripts that correlated to survey responses

Preliminary Findings

Q: Please describe your team’s communication weaknesses.
• “no regularly scheduled meetings”
• “…not being able to spend time with students or residents…”
• Confusion of which physician is on call for the week
• Overlapping patient appointments
• Restriction of 20 minute follow-up appointments and 40-minute new patient appointments

Q: What are some changes that could potentially improve team communication?
• “regularly scheduled meetings”
• Use same media of communication
• “…time to discuss patient care, operational aspects, grand rounds”
• Add nurse and neurosurgeon to the team
• Get rid of beepers and implement use of cell phones

Q: How satisfied are you with the current state of communication among team members at team meetings? (n=6)

Q: Would you want to increase the frequency of scheduled team meetings? If ‘Yes’, how often (per month)? (n=6)

Q: What should team meetings be geared towards?
Please check all that apply. (n=6)

Highlighted Findings and Future Plans

Highlighted Findings
After the results were reviewed, the following findings were particularly of interest.
• Team members recognized the need for and wanted a regularly scheduled meeting when one was lacking
• Team members would like to see a variety of topics at team meetings

Future Plans
Plans were discussed that included the following to assure for successful team communication in the healthcare setting:
• Team-STEPPS training, to facilitate efficiency and effectiveness of communications between and among each team member
• An assigned facilitator at the formal team meetings for moderation
• Regularly scheduled team meetings that would reinforce team communications and enhance the patient safety of each patient on their service as well as meet the individual needs of the members among the team

Overall, these three key steps can be implemented in any healthcare setting to ensure proper team communication while limiting medical errors.

Secondary Findings

Q: What are the typical means of communication on the team?
• “…informal communication…10% email, 90% face-to-face”
• “…on the spur of the moment we talk about patient issues…”
• “…we don’t have regularly scheduled sit-downs…”
• “…previously, staff meetings were every couple of months…”
• “…no resolution or follow-through…”

Q: Please describe your team’s communication strengths.
• “I don’t know about the strengths…”
• Proximity of offices to each other
• “…all full time…”
• “…very open to each other…” when talking about patient care
• “…keep strength of friendship and colleagues…” with potlucks or office parties

Q: How often do you have scheduled team meetings?
• “One this year”
• “never”
• “once in two years”
• “Team meetings are not scheduled on a regular basis…have had one such meeting in almost two years.”