

Fostering Psychological Safety: Building Team-Based Care Communication Skills

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Communication is critical for effective team-based care. Since the 1999 “To Err is Human” report by the Institute of Medicine, poor communication has been associated with 70% of all health care errors and near misses [1]. However, just as poor communication can lead to catastrophic outcomes, effective communication can improve the quality of care, increase patient and family satisfaction, and improve the morale of team members [2]. Many frameworks for communication and “teaming” are utilized today in a variety of care settings. Interprofessional, integrated teams require clear communication strategies and protocols to facilitate communication, which may include in-person meetings, impromptu huddles, messaging on virtual platforms, electronic medical record documentation, and protocols for connecting with community partners [5]. As health systems continue to advance integrated models of care, communication remains a central facet of how interprofessional team members can concurrently address physical health, behavioral health, and social needs [3, 4].

Regardless of setting or method, it is important that teams communicate daily and consistently so that collaboration and coordination become a routine part of the culture, making this the norm rather than the exception. The most common breakdown in communication occurs during care transitions and handoffs. In 2006 the Institute

of Medicine partnered with the Agency for Healthcare Research and Quality to launch the TeamSTEPPS curriculum as way to create a uniform communication platform for teams [6].

The TeamSTEPPS Framework

The TeamSTEPPS framework enumerates the skills needed to help teammates achieve care that is reliable, safe, patient centered, timely, equitable, and effective (IOM quality pillars). TeamSTEPPS was initially implemented in acute and critical care settings, but in 2015 a primary care and outpatient framework was launched [7]. The updated 2023 model includes changes in health care delivery and learning methods and emphasizes active patient involvement in care [8]. TeamSTEPPS is an evidence-based framework for optimizing team performance across the health care delivery system that is based on four skills—communication, team leadership, situation monitoring, and mutual support. Each skill alone can make an impact; however, when used together there is strong evidence of team satisfaction, reduced stress levels, and better patient outcomes.

In situations where a patient care decision warrants the attention of other team members, structured communications like the CUS tool (Concerned, Uncomfortable, and Safety issue) can raise concerns without challenging

other team members' authority or expertise. For example, CUS could be used to raise awareness regarding pain management and escalate assessment needs: "I am concerned about Mr. Martinez, who has 10/10 abdominal pain despite the maximum pain management provided. I am uncomfortable providing additional medication and feel it is a safety issue to do so without further assessment."

Establishing psychological safety within a team is probably the most important intervention for successful teaming [10]. Another structured communication technique used in TeamSTEPPS is the SBAR (Situation, Background, Assessment, and Recommendation) tool [9]. The Recommendation aspect of SBAR is often forgotten, primarily because of a lack of psychological safety or growth mindset, or a fear of not being able to make the "right" recommendation. Strong teams take the time to build consistent practice and establish psychological safety amongst team members regardless of the communication strategy used. Psychological safety creates a culture where it is not only acceptable but expected for team members to watch out for each other, ask questions, and speak up without fear. Cross-monitoring is a TeamSTEPPS tool that allows each team member to feel empowered to mutually support one another.

Psychological Safety

Best practices for building psychological safety within teams and maximizing communication strategies include:

Consistent use of team huddles, briefs, debriefs, and check-ins: Allow teams to communicate and establish a plan, evaluate how an event went, or simply build the team through icebreakers. If teams are hierarchical, rotating the responsibility of who leads these activities can help

all team members feel empowered to contribute. Asking open-ended questions can also provide an opportunity for team members to communicate. For example, asking, "What did I miss or leave out?" versus "Did I miss or leave out anything?" can encourage communication and feedback.

Solicit feedback through team meetings, one-on-one meetings with all members of the team, surveys, or quick "temperature checks" in the moment. Making feedback a daily activity rather than something that is only done when an event goes well (or doesn't) sets a norm that feedback is a regular expectation with the purpose of helping the team grow, rather than a punishment.

Set team norms and expectations. These are made by the group and are reassessed every time a new team member arrives. Team norms should be visible (i.e., posting at the top of agendas or in a breakroom) and should be referred back to regularly. Every team has its own culture, and making these norms explicit builds trust and keeps individuals from guessing what the expectations are or feeling punished when they "break a rule" they did not know existed.

Reward team members when frameworks like TeamSTEPPS are used in regular practice. This includes thanking team members for their communication and being receptive to feedback in non-defensive ways.

Implementing psychological safety within health care teams requires an emphasis on implementation and evaluation. Despite an abundance of evidence on the importance of psychological safety in how teams communicate and function, more can be done organizationally to foster improved teaming. For example, an assessment of physical space and workflows may help communication patterns and clinical functioning. Likewise, virtual mechanisms to

support team interaction and consideration of organizational culture can encourage collaborative environments.

Conclusion

Facilitating successful teaming warrants individual-level, clinical-level, and macro-level interventions. As health care systems continue to evolve, increased attention to how communication can be harnessed will require sustained effort. Importantly, technology and digital aspects of health care delivery require communication that utilizes both in-person and digital approaches to collaborative care. Furthermore, as hybrid working arrangements have created new challenges and opportunities for communication amongst team members and in patient interactions, communication will continue to be an integral aspect of how teaming occurs and how it can advance collaborative practice. NCMJ

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References

1. Institute of Medicine (US) Committee on Quality of Health Care in America; Kohn LT, Corrigan JM, Donaldson MS, eds. *To Err is Human: Building a Safer Health System*. National Academies Press (US); 2000. <https://www.ncbi.nlm.nih.gov/books/NBK225182/>
2. O'Daniel M, Rosenstein AH. Professional Communication and Team Collaboration. In: Hughes RG, ed. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Agency for Healthcare Research and Quality (US); 2008. <https://www.ncbi.nlm.nih.gov/books/NBK2637/>
3. Goodwin N. Understanding integrated care. *Int J Integr Care*. 2016;16(4):6. <https://doi.org/10.5334/ijic.2530>
4. *Framework on integrated, people-centered health services: Report by the Secretariat*. World Health Organization; 2016. Published April 15, 2016. Accessed 2024. https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf
5. González-Ortiz LG, Calciolari S, Goodwin N, Stein V. The core dimensions of integrated care: a literature review to support the development of a comprehensive framework for implementing integrated care. *Int J Integr Care*. 2018;18(3):10. <https://doi.org/10.5334/ijic.4198>
6. King HB, Battles J, Baker DP, et al. TeamSTEPPS™: Team Strategies and Tools to Enhance Performance and Patient Safety. In: Henriksen K, Battles JB, Keyes MA, et al., eds. *Advances in Patient Safety: New Directions and Alternative Approaches (Vol. 3: Performance and Tools)*. Agency for Healthcare Research and Quality (US); 2008. <https://www.ncbi.nlm.nih.gov/books/NBK43686/>
7. Improving Patient Safety Culture through Teamwork and Communication: TeamSTEPPS®. Health Research & Educational Trust. Accessed February 21, 2024. <http://www.hpoe.org/resources/aharet-guides/2598>
8. Tool: SBAR. Agency for Healthcare Research and Quality. Last reviewed November 2019. Accessed February 21, 2024. <https://www.ahrq.gov/teamstepps-program/curriculum/communication/tools/sbar.html>
9. O'donovan R, Mcauliffe E. A systematic review of factors that enable psychological safety in healthcare teams. *Int J Qual Health Care*. 2020;32(4):240-250.
10. AHRQ Releases TeamSTEPPS 3.0 Training Curriculum To Improve Safety. Agency for Healthcare Research and Quality. Last reviewed July 2023. Accessed February 21, 2024. <https://www.ahrq.gov/news/improve-safety.html>

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