Video til High-performance teams

Sådan kommer du i gang med performance evaluering (de teknisk og ikke tekniske færdigheder)

SYSTEMATIC REVIEW

Observer-based tools for nontechnical skills assessment in simulated and real clinical environments in healthcare: a systematic review

Helen Higham, ¹ Paul R Greig, John Rutherford, Laura Vincent, Duncan Young, Charles Vincent

Udvikling af scoringsredskab til kliniske performance

Academic Medicine. 89(7):996-1005, JULY 2014

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Five Steps to Develop Checklists for Evaluating Clinical **Performance: An Integrative Approach**

Jan Schmutz; Walter Eppich; Florian Hoffmann; Ellen Heimberg; Tanja Manser;

+ Author Information



AOGS ORIGINAL RESEARCH ARTICLE

Development of the TeamOBS-PPH – targeting clinical performance in postpartum hemorrhage

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TEAM OBS Evaluation of clinical performance in management of postpartum haemorrhage

	management	Stage of	
	Item description	No. Item	
•	weight indicated	Item Not	
	ated assessed weight	ot Cannot be Item	
Considered	eight or not	em Not done	
or not done in a timely	incorrectly done	Partially or	
completely and in a citicity individe	completely and in a timely manner	Done correctly,	
***	WO	Ite	

Scoring: Put a cross in the box and give "not indicated", "cannot be assessd", "0", "1" or "2"

	Clinical performence score: (Patient safety score + Weighted score total)/2:	% = Patient safety score	Excellent	le 1ce	Acceptable performance		Patient safety is threatened/ Non-acceptable performance
	Weighted score: (/ 130 - / 100 = / sum sum	,	100%			50%	0%
			_	T T			Tarkin stirch scote 1-1
	Full documentation – regular verbalisation to team	or verbalisation to team				3,5	_
	Appropriate monitoring of pulse, blood pressure, [Incomplete monitoring of pulse, blood pressure, (respiratory rate)				4	-
	Weighing all swabs and measuring blood loss	Visual blood loss estimation or other subjective methods				4	+
	Done in a timely manner	Done, but not in a timely manner				3,5	acenta 5-1
	Correct dose, administration & timinng	Incorrect dose or <u>route</u> of administration.				2,5	4-5
	Correct dose, administration & timing	Incorrect dose or <u>route</u> of administration. Delayed administration				2,5	
	Correct dose, administration & timing	Incorrect dose or route of administration. Delayed administration				2,5	+
	Correct dose, administration & timing	Incorrect dose. Delayed administration (not used as primary intervention)				4	
	Correct dose, administration & timing (Cave hypertension)	Incorrect dose. Delayed administration (not used as primary intervention)				ω	
	Team ensure the bladder is empty or insert a catheter	Delay in emptying bladder or no clear decision made				3,5	3-3
	Appropriate uterine compression (aortic compression was considered & used if indicated)	Delayed or inadequate uterine compression (aortic compression was not considered if indicated)				3,5	
	Considered and assessed for all causes of PPH	Assessment of possible causes incomplete or inadequate				4	-
	Blood called for in a timely manner (ORh negative, whole blood or packed cells +/- other components according to local guidance)	Arranged to call, but late or local guidance not followed				3,5	2-4 Call for delivery of blood
	Correct fluid (NaCl or Ringers'), appropriate volume and administered in time	Fluid treatment initiated, but inadequate volume or timing. Wrong kind of fluid chosen.				4	2-3 Intravenous fluid resuscitation
	Blood taken for analysis & blood cross matched	Delayed or no FBC or cross match requested				3,5	+
	Establish IV access x 2 and uses appropriate gauge cannulae	Delayed IV access / only x1 IV cannula / cannula gauge too small				4	+
	Positioning appropriate and in time	Positioning done later				ω	1-3
	Oxygen by mask at high concentration (10-15 L/min)	Oxygen at low concentration				2,5	1-2 Oxygen supply
	Done correctly and in time	Delayed call for help				4	General tasks 1-1 Call for sufficient help
points	2 points	1 point	ts 0 points	2 points points	2 points 2 p		
Item weight ×	Done correctly, completely and in a timely manner	Partially or incorrectly done, or not done in a timely manner	Not done or not considered	Cannot be Item assessed weight x	Not Car indicated ass	Item weight ii	Stage of No. Item management Item description Category
					9		

SUNNYBROOK HEALTH SCIENCES CENTRE

USER HANDBOOK FOR THE ASSESSMENT OF OBSTETRICAL TEAM PERFORMANCE

SUNNYBROOK HEALTH SCIENCES CENTRE

Funded by:
Canadian Patient
Safety Institute
(CPSI) and Salus
Corporation



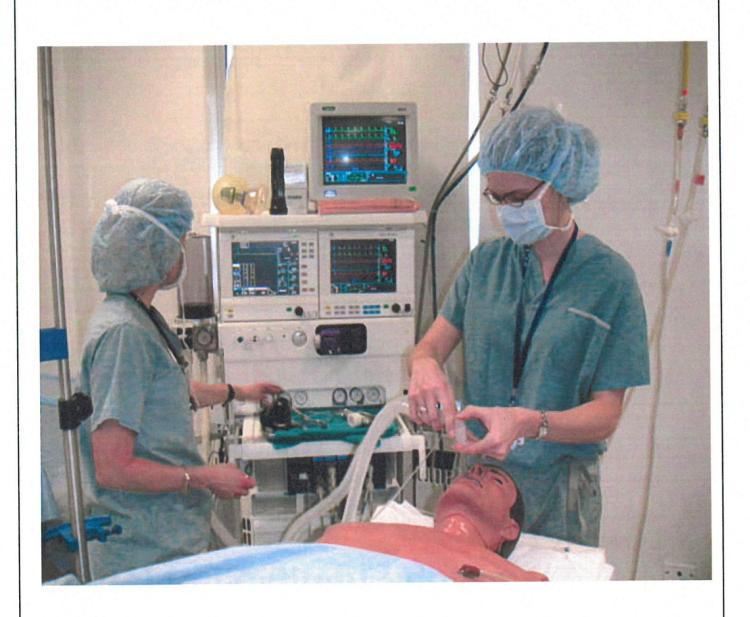






Behavioural Marking
System for Obstetrical
Team Training Using
High-Fidelity Simulation

A Behavioural Marking System for Obstetrical Team Training Using High-Fidelity Simulation" High-Fidelity Simulation Information Sheet



GAOTP	Poor team performance (1)	Excellent team performance (5)
Communication with patient and partner	Team members do not introduce themselves to the patient / partner; patient / partner has to ask for information about what is happening and about the baby's condition; patient / partner become extremely anxious as situation unfolds and engage in disruptive behavior	Active and continuous information sharing and involvement of patient / partner in care decisions; sensitivity to changing patient / partner needs; effective intervention to avoid or dispel patient / partner's disruptive response to changing clinical situation
2. Task / Case management	Lack of urgency; team members are indecisive and hesitant as to how to proceed; actions are initiated without adequate preparation and availability of team members and equipment; unable to access equipment / supplies; lack of knowledge of how to use equipment; ineffective use of people / equipment	Urgency of the clinical situation is recognized; goals are set and communicated with team members; resources are effectively utilized; team members adapt to changing situation
3. Teamwork	There is no obvious team leader or leader is autocratic and the leadership approach limits open exchange; team members not engaged in problem identification / problem solving; unclear roles and responsibilities; roles not quickly established; team members do not monitor each others performance or provide feedback on improvement	Leader identified and encourages participation and identifies opportunities for improvement; roles and responsibilities are clear; roles quickly established; trust and respect demonstrated among team members; team members monitor each others performance and provide feedback

GAOTP	Poor team performance (1)	Excellent team performance (5)
4. Situational awareness	Impending problems not recognized and there is a slow response despite clear urgency of the situation; there is a delay in calling for help; team members are slow to recognize their limitations related to knowledge, skills and ability; team members focus on one event to the exclusion of what is going on around them; team members' attention drifts	Early recognition and rapid response to critical situation; extra personnel summoned in a timely fashion; team members recognize their limitations related to knowledge, skills and ability and pre-emptive actions taken; team members remain vigilant and alert to the clinical situation
5. Communication with team members	Team members talk to the room, do not address co-workers by name and many people are talking at once; requests for help go unanswered; orders are being given but no one acknowledging receipt of order or confirmation that orders have been executed	Focused communication with clear questions / instructions directed to a specific person; receiver acknowledges receipt of message; there is confirmation that requested actions are completed
6. Environment of the room	Tense atmosphere with team members demonstrating signs of stress; there are multiple side conversations that distract team members, personal issues dominate conversation; team members' disruptive behaviour (e.g., yelling, rudeness) is ignored furthering tension within the team, there is an air of confusion and chaos in the room	Dialogue is focused on the clinical situation; team members' disruptive behaviour (e.g., yelling, rudeness) dealt with efficiently to regain focus on clinical situation; demeanor is controlled and voices remain calm and focused on clinical situation; orderly and controlled environment