

The Six Critical Care Team Communication Competencies

Assessing Team Communication to
Improve Patient Care in Critical Care
Environments.

Critical care teams that function in critical care environments provide patient care in situations that are complex, interdisciplinary and time-sensitive. Patient safety and survival require a high level of inter-professional team performance. Delays or errors in treatment have been linked to poor communication between team members, and it's easy to see why; these are the settings where teamwork and communication can be most challenging.

Jessica Raley, Assistant Professor, at the University of Texas Health Science Center has recently created and validated the Trauma Team Communication Assessment (TTCA-24), an instrument that measures positive and negative communication behavior in clinical environments. Her research identifies an important relationship between effective team communication and medical performance in critical health care settings.

Dr. Raley's research reveals that most highly effective teams demonstrate competency in six key areas of communication. Assess your team's competence in each of these categories to identify opportunities for improvement.

1

MANAGING TEAM FLOW

Highly effective teams remain emotionally controlled, foster collaboration and maintain a cohesive, organized team approach to care.



Behaviors

Team Members:

- Are responsive, cooperative, calm, focused, alert.
- Are prepared, attentive, and decisive about duties and next steps.
- Communicate in a tone, volume, and rate normal for critical care environments.
- Maintain sense of urgency and seriousness.



Behaviors

Team Members:

- Communicate in ways that are overly exaggerated, abrupt, clipped or too relaxed.
- Behave in lackadaisical, nervous, fearful, aggravated, annoyed, or upset manner.
- Are unclear on who should perform a task.
- Are defensive to concerns, requests, or feedback.

2

TEAM RELATIONSHIPS

Successful teams are able to manage and maintain interpersonal relationships while delivering care in difficult, high-stress medical environments.



Behaviors

Team Members:

- Stay on task by talking about patient needs and calling out needed procedures.
- Are quick to respond verbally and behaviorally to requests and questions.
- Volunteer to help, provide positive feedback, encouragement, and support to teammates.
- Are perceived by teammates as credible, knowledgeable, helpful, considerate, reliable.



Behaviors

Team Members:

- Use aggressive, antagonistic, evaluative “you” language.
- Roll eyes, use mocking language, ridicule teammates.
- Are unclear on who should perform a task.
- Engage in personal communication inappropriately, e.g. when patient unstable.

Volunteer to help, provide positive feedback, encouragement, **and support to teammates.**



3

SPACE NEGOTIATION

The most effective teams function in their appropriate spots and share limited OR and bedside space by negotiating when they should move in to do their job and when to yield to teammates and step back.



Behaviors

Team Members:

- Yield to teammates to give sufficient space.
- Make best use of bedside and congested room areas to deliver best patient care.
- Recognize key team members that need to be closest and non-key members that should stand several steps back.
- Maintain sense of urgency and seriousness.



Behaviors

Team Members:

- Linger inappropriately at bedside, crowd colleagues or violate personal space.
- Gesture for teammates to stand back when trying to assist with patient care.
- Must be told multiple times to move in/away or to complete a task.

4

NOISE MANAGEMENT

Environmental and interpersonal noise are constant in critical care settings – and can lead to distraction if not properly managed. Highly effective teams manage and reduce this noise so that it does not interfere with team communication and the delivery of patient care.



Behaviors

Team Members:

- Manage noise made from patient care and operative machines (e.g. beeping, ringing, suctioning, etc.).
- Maintain focus on task regardless of environmental noise.
- Manage patient noise and movements like screaming, crying, thrashing and seizing.



Behaviors

Team Members:

- Participate in side conversations not related to patient care.
- Allow disruptive or emotive family to interfere with team's ability to communicate.

Making eye contact, asking questions and paraphrasing to convey understanding, **exhibits attentiveness to your teammates.**



5

LISTENING

The amount and quality of listening that takes place when teammates make directions, suggestions, or comments distinguishes highly effective teams from others. Highly effective teams pay attention, understand and respond to each other as they work.



Behaviors

Team Members:

- Exhibit attentiveness - making eye contact, head nodding, or walking closer to teammate.
- Ask questions and paraphrase responses to convey understanding.
- Respond verbally or nonverbally to indicate they heard in a timely fashion.



Behaviors

Team Members:

- Talk over one another, interrupt when others are communicating important patient information.
- Work in a silo, seemingly not hearing teammates.
- Provide no confirmation that they understand requests or instructions, lack eye contact.

Ask about patient history, vitals in the field, transport team information to **provide better care.**



6

TEAM LEADERSHIP

Although treatment protocols specify designated leaders, other team members will also often step up in order to avoid complications in patient care. Designated and emergent leaders will instruct others, delegate roles/duties, compensate for teammates, and ask insightful questions to close knowledge gaps.



Behaviors

Team Members:

- Demonstrate how to carry out duties.
- Assign teammates by name to tasks.
- Reiterate overall goals and plan of action in addition to individual action items.
- Respectfully step in to help teammates with difficult tasks or knowledge gaps.
- Verbally walk teammates through a procedure while performing their own task.
- Ask about patient history, vitals in the field, transport team info to provide better care.



Behaviors

Team Members:

- Do not feel empowered to move from their own "lane."
- Do not ask for or receive help willingly.
- Are too wrapped up in each medical procedure to see the big picture.

The information in this communication competency checklist is based on the research of Jessica Raley, Ph.D. Assistant Professor Department of Communications and Director of Research Operations in the Department of Surgery/Division of Trauma at the University of Texas Health Science Center in San Antonio, TX.

Dr. Raley's research interests include communication effectiveness training and curriculum development in healthcare with a concentration in interdisciplinary team communication and patient-provider interaction.

