3-26-2021

Building a psychologically safe and collaborative working environment on L&D

Shant H. Adamian  
*Advocate Aurora Health, shant.adamian@aah.org*

Callie Cox Bauer  
*Advocate Aurora Health, callie.coxbauer@aurora.org*

Nicole Salvo  
*Advocate Aurora Health, nicole.salvo@aah.org*

Deb Simpson  
*Advocate Aurora Health, deb.simpson@aah.org*

Jennifer Vollstedt  
*Advocate Aurora Health, jennifer.vollstedt@aah.org*

*See next page for additional authors*

Follow this and additional works at: [https://institutionalrepository.aah.org/obgynresidents](https://institutionalrepository.aah.org/obgynresidents)

**Recommended Citation**


This Oral/Podium Presentation is brought to you for free and open access by the Aurora Residents and Fellows at Advocate Aurora Health Institutional Repository. It has been accepted for inclusion in Aurora Ob/Gyn Residents by an authorized administrator of Advocate Aurora Health Institutional Repository. For more information, please contact AAH-Library@aah.org.
Authors
Shant H. Adamian, Callie Cox Bauer, Nicole Salvo, Deb Simpson, Jennifer Vollstedt, and Cynthia Wick

This oral/podium presentation is available at Advocate Aurora Health Institutional Repository: https://institutionalrepository.aah.org/obgynresidents/19
BUILDING A PSYCHOLOGICALLY SAFE AND COLLABORATIVE WORKING ENVIRONMENT ON L&D

Shant Adamian, DO, Callie Cox Bauer, DO, Nicole Salvo, MD, Deborah Simpson, PhD, Jennifer Vollstedt, RN, Cynthia Wick, RN
Ob/Gyn Residency Program, Milwaukee, Wisconsin
Q1. What did you hope to accomplish?

AIM: create a collaborative, interdisciplinary learning environment where team members feel confident to speak up without fear of being put-down or retribution.

- Utilize SBAR to create practice scenarios for residents and nurses
  > Allow individuals to provide an assessment and recommendation to ensure collaboration

- Shift live in-person SBAR practice scenarios to virtual mediums
  > Short < 2-minute videos distributed via links to a YouTube channel
  > Half-page written SBAR scenarios handouts placed in L&D team meeting room
Q2. What were you able to accomplish?

- **PRE-COVID:** created role play scenarios and enacted them live with resident/faculty and a nurse during am transitions
- **DURING COVID:** produced and disseminated SBAR videos and handouts both highlighting effective/ineffective uses of SBAR
- **RESULTS:** Increased interprofessional dialogue during transitions of care using SBAR
  > Collaboration/teamwork with nurses in providing Assessment and Recommendation
  > From Baseline (November 2019) to Present (February 2021) improvements were noted in all Clinical Learning Environment Quick Survey (CLEQs) items

<table>
<thead>
<tr>
<th>Survey Items</th>
<th>Overall (N=40)</th>
<th>Nurses (N=20)</th>
<th>Residents (N=9/12)</th>
<th>Faculty (N=6/9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MY SBAR use has increased by ____%</td>
<td>39%</td>
<td>58%</td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>OTHER’s SBAR use has increased by ____%</td>
<td>31%</td>
<td>57%</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>Use of SBAR on L&amp;D has ___ influenced achievement of project aim (collaborative learning environment) (1=Very Negatively to 5 = Very Positively)</td>
<td>3.7 (.56)</td>
<td>3.9 (.50)</td>
<td>3.5 (.50)</td>
<td>3.3 (.45)</td>
</tr>
</tbody>
</table>

Q3. Knowing what you know now, what might you do differently?

- Be prepared for team member departures/changes:
  - Two of early nursing leads changed roles/left the organization, residency program director transitions/maternity leaves, etc.

- Actively Engage Team members:
  - Enlist more help and identify specific roles for each team member with accountabilities supported by their supervisors

- Attempt to ensure that the same team members are surveyed pre and post to have most accurate data
Q4. What surprised you and why?

- Difficulty of effecting change in communication without being able to complete interventions face to face
- Strong support of nurse educators for the project
- Nurses self-reported SBAR increased use and improvement was juxtaposed with residents still perceiving communication challenges.
- Adaptability of project during a pandemic that restricted interpersonal interactions
  - Alternative mechanisms of dissemination of information
Q5. Cohort One – Success Factors

- The most successful part of our work was...
  > Ability to adapt and pivot project with impacts of Covid-19 on no face-to-face meetings
    • Result: endurable resources (videos, handout)

- We were inspired by...
  > Tenacity and resilience of resident project leader in continuing the project and willingness of others to participate in the face of multiple competing demands
Results: Clinical Learning Environment Quick Survey

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SCALE</th>
<th>Mean 08/20</th>
<th>Mean 02/21</th>
<th>Change</th>
</tr>
</thead>
</table>
| I feel supported by team/unit members in my/team’s everyday on-going learning. | 1 = Strongly Disagree
3 = Neither Agree nor Disagree
5 = Strongly Agree | 3.85       | 4.24       | 0.39    |
| People in this work area/unit treat each other with respect, trust each other and are inclusive. | 1 = Strongly Disagree
3 = Neither Agree nor Disagree
5 = Strongly Agree | 3.74       | 3.90       | 0.16    |
| The inter-professional teams in this area/unit work together effectively using ongoing communication, collaborative decision making and coordinated team-based care. | 1 = Not at All Effective
3 = Somewhat Effective
5 = Extremely Effective | 3.38       | 3.66       | 0.28    |

Average Responses to CLEQS

<table>
<thead>
<tr>
<th>Role</th>
<th>08/20 (N)</th>
<th>02/2021 (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Attending</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Nurse</td>
<td>43</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>42</td>
</tr>
</tbody>
</table>