

San Francisco VA Center of Excellence in Primary Care Education Huddle Scenarios for Faculty / Coach Development

Background and Instructions: These are a few scenarios of challenging situations that you might encounter as a huddle coach. They are based on real events observed in huddles. The scenarios cover basic issues (for “forming teams”), intermediate issues (“norming” and “semi-performing” teams), and advanced issues (“storming teams” and “high-performing teams”). Some of the concepts and skills relevant each scenario have been identified. Consider what you might do if you were coaching this huddle. Then review the suggested tips and strategies.

Scenario 1 (accountability, setting expectations):

Huddle coach arrives at the NP student room and finds the NP student alone, reviewing notes in CPRS. The coach checks the huddle schedule to verify that huddle is scheduled to occur in the NP student’s room at 8:15. It is already 8:17.

TIPS & STRATEGIES FOR COACHES IN THIS SCENARIO:

- *Coach could check in with NP student to find out where the rest of the team is (e.g., is it that the team huddled early or that they don’t know where the huddle is occurring/ are busy / forgot about huddle?; did the NP student forget that huddle should be happening or is he/she just waiting for everyone to arrive?; is there a more complex issue of NP student and/or other team members not feeling included in team or not finding huddle to be valuable?).*
- *If team has not already huddled, Coach can suggest that the NP student come with her to round up the team members. Coach can explain to NP student that he/she may need to do this sometimes, especially early on.*
- *If team has already huddled, Coach could remind team to come find her so she can be sure to join the huddle.*
- *Coach could work with NP student to troubleshoot the issue, ideally by asking probing questions to help NP student arrive at solutions on his/her own (e.g., if NP student is feeling overwhelmed by amount of work and doesn't feel he/she has time for huddle, Coach could set aside time to validate these feelings and help NP student work on his/her efficiency).*
- *At next huddle, Coach can prompt discussion with PACT team about expectations for the team (e.g., team agrees everyone should come on time to huddle each week), and can guide team to come up with a plan for what to do if a team member is not there (e.g., who will be responsible for going to look for team members, do team members like to be called on cell phone, paged etc.).*

Scenario 2 (collaborative behaviors, non-verbal communication):

The resident on the team rarely arrives to huddle on time. The RN makes a consistent effort to track her down each week and often gets a frustrated response from the resident that she has a telephone visit that always runs over. The RN often returns to the huddle reporting that the resident will be late. When the resident arrives, she has missed check in and most of the reports on the NP students’ patients. She says very little during huddle and when it’s time to review her schedule she says things like “you can just read my pre-visit planning notes. I provided very clear, specific instructions there.”

TIPS & STRATEGIES FOR COACHES IN THIS SCENARIO:

- *Coach can talk with RN, empathize with how she may feel very frustrated by the resident’s behavior.*

Coach can also discuss one on one with RN whether she feels comfortable approaching the resident to give her feedback about how she is affecting the team. In a high-functioning team, the goal is for team members to give each other feedback, either in group or one on one setting, with Coach providing guidance on this but not actually delivering the feedback.

- *Coach can also talk with resident, starting with very non-judgmental, empathetic approach to probe for why resident is not engaging in huddle. Coach can ask questions to try to get resident to troubleshoot issues (e.g., for logistics issue of getting there late, coach could help resident arrive at solution of moving telephone visit to a different time of the day). For more challenging issue of resident not engaging in the huddle, Coach can probe for underlying issues (e.g., has resident felt that huddle is not helpful) and guide resident to take ownership of huddle to make it a productive use of her time.*
- *Coach can also guide the team to include a debrief on group process as a routine part of huddle (e.g., at least monthly).*

Scenario 3 (feedback, systems issues, discuss team process):

The MSA consistently “forgets” to bring a print out of the patients scheduled with each trainee next week. This list helps the team review patients for next week and is what the LVN uses as her “scrub sheet.” The schedule often changes after it is printed out and the trainees complain about the inaccuracies, so the MSA doesn’t see why it matters if he brings the list to huddle.

TIPS & STRATEGIES FOR COACHES IN THIS SCENARIO:

-If the group does not raise this issue themselves during a huddle, the coach could role model doing a check-in on this process. It can start simply as an opportunity for team members to understand one another’s perspective on the process. “It can be helpful to check in on our processes as a team. How does everyone feel our process for reviewing the printed list of patients scheduled for the next week is going thus far?”

-Can use this as an opportunity to clarify roles. “Since some of us are newer to PACT, what do you think ideally should be the role for each member of the team in this process so that everyone is working at the top of their licensure”.

-Encourage the team to work out a process that works best for them. “Do we feel this is a useful way to spend our team’s time?” “If so, does anyone need further support or resources to complete their part of the task.”

-Role model using process improvements that are more complicated for huddles to address as an opportunity for clinic/systems QI. This can be a good place to review how systems improvement is handled in your clinic setting. “It sounds like this may be something that could be a quality improvement process for the whole clinic and may be a larger systems issue that we can’t work out in just our team. How should we share our concerns with clinic leadership?”

Scenario 4 (role clarification, ISBAR):

The new cohort of psychology fellows just arrived (2 months after all other trainees started) and fellows are joining team huddles. One fellow jumps right in – introduces himself, asks the team how they’ve worked with the previous fellow and offers some options about how they might work together going forward. Another fellow arrives and stands quietly near the door. He briefly introduces himself and listens to the discussion of the patients. He has some questions about a few of the patients and a few suggestions, but isn’t sure when it’s appropriate to speak up. He waits for one of the team members to ask his thoughts, but no one does.

TIPS & STRATEGIES FOR COACHES IN THIS SCENARIO:

- *The huddle coach can remind the team of the presence of the psychology fellow and invite their suggestions/feedback when appropriate.*
- *If the huddle is discussing a complicated patient, consider using nominal process by going around the room and asking each member of the huddle to share their thoughts/suggestions and then coming together as a group after all have spoken to decide on next steps. This can be beneficial in groups with members who have a difficult time speaking up.*
- *The huddle coach might consider connecting the two psychology residents so the more engaged resident can provide feedback to his peer about how to use huddles to improve patient care and team relationships.*
- *Consider inviting the less assertive psychology fellow to shadow his peer to see first-hand the role the psychology fellow can play.*
- *The coach could set aside time to meet with the psychology fellow outside of the huddle to discuss their role and help them troubleshoot any issues that may prevent them from being more engaged*

Scenario 5 (systems teaching, collaborative skills, relationship-building):

The team RN tells the NP student that her 2pm patient needs an opioid contract. The NP student tells the RN that she's never done an opioid contract and isn't sure how to do it. [*In this particular instance, the medicine resident (R2) looked at her schedule and said "I have a patient at 10:30 who needs an opioid contract. If you are free then, you are welcome to join my visit with the patient and see how I do it."]

TIPS & STRATEGIES FOR COACHES IN THIS SCENARIO:

- If resident hadn't offered, Coach could ask resident if she has any patients who need a contract today and if NP student could observe her doing this. This provides an example of IP collaboration and sets an expectation for the future. Hopefully the resident would consider offering this in the future without prompting from the coach.*
- If NP student is unavailable OR resident doesn't offer, Coach could ask RN if she has a few minutes to walk the NP student through the process? Also if Psych fellow is present, could ask if Psych Fellow, R2 or any other team members have any tips for the conversation. Coach could also share how he approaches an opioid contract.*