Introduction

- You are a critical member of the emergency health care team.
- By working as a team, emergency health care providers can improve patient and provider safety and delivery better emergency care.

An Era of Team Health Care

- Community paramedicine and mobile integrated healthcare (MIH) teams may be the best examples of the team concept of continuum of care.
- The structure and effectiveness of emergency health care teams differs from system to system.

Types of Teams (1 of 2)

- Regular teams
  - EMTs consistently interact with the same partner or team.
- Temporary teams
  - EMTs work with providers with whom they do not regularly interact or may not even know.

Types of Teams (2 of 2)

- Special teams
  - Fire Team
  - Rescue Team
  - Hazardous materials (HazMat) Team
  - Tactical EMS Team
  - Special event EMS Team
  - EMS bike Team
  - In-hospital patient care technicians
  - MIH technicians

Groups Versus Teams (1 of 3)

- A group consists of individual health care providers working independently to help the patient.
  - Triage
  - Treatment
  - Transport

Groups Versus Teams (2 of 3)

- A team consists of a group of health care providers who are assigned specific roles and are working interdependently in a coordinated manner under a designated leader.

Groups Versus Teams (3 of 3)

- Five essential elements of a group
  - A common goal
  - An image of themselves as a “group”
  - A sense of continuity of the group
  - A set of shared values
  - Different roles within the group

Dependent, Independent, and Interdependent Groups

- Dependent groups
  - Each individual is told what to do, and often how to do it, by his or her supervisor or group leader.
- Independent groups
  - Each individual is responsible for his or her own area.
- Health care providers who work interdependently are functioning as a true team.

Effective Team Performance (1 of 2)

- A shared goal
- Clear roles and responsibilities
- Diverse and competent skill sets
- Effective collaboration and communication
- Supportive and coordinated leadership

Effective Team Performance (2 of 2)

- Communication and team dynamics fostered from crew resource management and team situational awareness
- CRM recommends the use of the PACE mnemonic:
  - Probe
  - Alert
Transfer of Patient Care

- Transfers introduce the possibility of patient care errors.
- General guidelines for a smooth transfer:
  - Uninterrupted critical care
  - Minimal interference
  - Respectful interaction
  - Common priorities
  - Common language or system

BLS and ALS Providers Working Together

- BLS and ALS care cannot exist without each other.
- BLS efforts must continue throughout the continuum of care.
- What may be a “paramedic only” skill in your EMS system may be common for an EMT to perform in another.

Assisting with ALS Skills

- Assisting follows a four-step process:
  - Patient preparation
  - Equipment
  - Performing the procedure
  - Continuing care

Advanced Airways (1 of 6)

- Endotracheal intubation
  - Insertion of a tube into the trachea to maintain and protect the airway
- Patient preparation
  - Preoxygenation
  - Apneic oxygenation

Advanced Airways (2 of 6)

- Equipment
  - PPE
  - Suction unit with rigid and nonrigid catheters
  - Laryngoscope handle and blade
  - Magill forceps
  - ET tube
  - Stylette or tube introducer

Advanced Airways (3 of 6)

- Equipment (cont’d)
  - Water-soluble lubricant
  - 10-mL syringe
  - Confirmation device(s)
  - Commercial ET tube securing device
  - Alternate airway management devices

Advanced Airways (4 of 6)

- Performing the procedure
  - B – Perform BVM preoxygenation
  - E – Evaluate for airway difficulties
  - M – Manipulate the patient
  - A – Attempt first-pass intubation
  - GI – Use a supraGlottic or Intermediate airway if unable to intubate
  - C – Confirm successful intubation

Advanced Airways (5 of 6)

- Performing the procedure (cont’d)
  - BVM preoxygenation
  - Evaluate for airway difficulties.
  - Manipulate the patient.
  - Attempt intubation.
  - Confirm intubation.
  - Correct issues.
Advanced Airways (6 of 6)

- Continuing care
- Monitor for:
  - Absence of end-tidal CO₂ level
  - Decreasing SpO₂ level
  - Increasing resistance when ventilating
  - Other physical signs of poor ventilation and perfusion
  - Improper positioning or dislodgement of the ET tube

Vascular Access (1 of 6)

- A procedure that gains access to a patient's circulatory system to inject or remove fluids, medicines, or blood products
- Patient preparation
  - Position the patient and equipment.
  - Explain the procedure and the reason for it.
  - Ensure the patient is comfortable and calm.

Vascular Access (2 of 6)

- Equipment
  - PPE
  - A properly sized bag or syringe of the IV solution
  - IV tubing and rip set
  - Skin preparation pads
  - Adhesive tape
  - Gauze
  - Commercial IV securing system
  - IV "pigtail" catheter

Vascular Access (3 of 6)

- Equipment (cont'd)
  - If IV access:
    - Venous constricting band
    - IV catheter
  - If IO access:
    - IO needle
    - Mechanical IO driver or insertion device

Vascular Access (4 of 6)

- Spiking the bag
  - Remove rubber pigtail on the end of the IV bag.
  - Slide the spike into the IV bag port until you see fluid enter the drip chamber.
  - Squeeze and release drip chamber until about half full.
  - Unclamp tubing.
  - Let fluid flow until air bubbles are removed from line before turning the roller clamp wheel to stop the flow.

Vascular Access (5 of 6)

- Spiking the bag (cont'd)
  - Check the drip chamber; it should be only half filled.
  - Hang the bag.
  - Attach the drip set to the fluid bag.
  - Fill the drip chamber halfway by squeezing it.
  - Flush or "bleed" the tubing to remove any air bubbles.
  - Make sure there are no bubbles in the tubing.

Vascular Access (6 of 6)

- Performing the procedure
  - Stabilize the patient's limbs.
  - Provide comfort to the patient.
- Continuing care
  - Observe the access site for:
    - Swelling
    - Bleeding
    - Discoloration
    - Leaking
Troubleshooting Team Conflicts

- The patient comes first.
- Do not engage.
- Keep your cool.
- Separate the person from the issue.
- Choose your battles.

Review

1. Which of the following is a characteristic of a regular team?
   A. They serve a specialized role within the larger emergency health care system.
   B. Members consistently interact with the same partner.
   C. The team performs special functions across geographic boundaries.
   D. Regular teams are more common in volunteer EMS systems.

Answer: B
Rationale: Members of a regular team consistently interact with the same partner. This allows them to perform as a seamless unit. Special teams serve a specialized role within the larger emergency health care team. Groups perform special functions across geographic boundaries. Temporary teams are common in volunteer EMT systems.

Review

1. Which of the following is a characteristic of a regular team?
   A. They serve a specialized role within the larger emergency health care system.
   B. Members consistently interact with the same partner.
   Rationale: Correct answer

Review

1. Which of the following is a characteristic of a regular team?
   C. The team performs special functions across geographic boundaries.
   D. Regular teams are more common in volunteer EMS systems.
   Rationale: Temporary teams are more common in volunteer systems.

Review

2. Essential elements of a group that people must share include:
   A. focusing on individual goals.
   B. placing emphasis on one way of accomplishing a task.
   C. working with a set of shared values.
   D. promoting a personal identity.

Answer: C
Rationale: It is important for groups to have a set of shared values (how the group wants to get things done). In a group the focus needs to be on a common goal. Group members must have a sense of continuity and remember that the group may work together more than once in a different configuration. Finally, a group member should put forth an image of the group as a whole, not one person.

Review

2. Essential elements of a group that people must share include:
   A. focusing on individual goals.
   B. placing emphasis on one way of accomplishing a task.
   Rationale: Group members must have a sense of continuity and remember that the group may work together more than once in a different configuration.

Review

2. Essential elements of a group that people must share include:
   C. working with a set of shared values.
   Rationale: Correct answer
D. promoting a personal identity.
   Rationale: A group member should put forth an image of the group as a whole, not one person.

Review

3. Members of an interdependent group:
   A. focus on the goals of their own individual areas.
   B. rely on the group leader for task assignments.
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C. have limited ability to adapt and deliver critical care medical care in an uncontrolled field environment.
D. work together with shared responsibilities, accountability, and a common goal.

37 Review
Answer: D
Rationale: Members of an interdependent group work together with shared responsibilities, accountability, and a common goal. People who are part of an independent group focus on the goals of their own individual area. Individuals who are part of a dependent group rely on the leader for task assignments and have limited ability to adapt and deliver critical medical care in an uncontrolled field environment.

38 Review
3. Members of an interdependent group:
   A. focus on the goals of their own individual areas.
   Rationale: People who are part of an independent group focus on the goals of their own individual areas.
   B. rely on the group leader for task assignments.
   Rationale: People who are members of a dependent group rely on the group leader for task assignments.

39 Review
3. Members of an interdependent group:
   C. have limited ability to adapt and deliver critical medical care in an uncontrolled field environment.
   Rationale: People who are part of a dependent group have limited ability to adapt and deliver critical medical care in an uncontrolled environment.
   D. work together with shared responsibilities, accountability, and a common goal.
   Rationale: Correct answer

40 Review
4. When a team member speaks, you should repeat the message back to him or her. This is an example of:
   A. closed loop communication.
   B. a clear message.
   C. constructive intervention.
   D. courtesy.
   B.

41 Review
Answer: A
Rationale: Closed loop communication helps confirm that you heard and understood the message, and will act on it. A clear message is delivered when you speak calmly, confidently, and concisely so that the information delivered or the action requested is clear to the listener. Constructive intervention takes place when it is necessary for you to respectfully question or correct a team member or leader. You extend courtesy when speaking politely to members of the group.

42 Review
4. When a team member speaks, you should repeat the message back to him or her. This is an example of:
   A. closed loop communication.
   Rationale: Correct answer
   B. a clear message.
   Rationale: A clear message is delivered when you speak calmly, confidently, and concisely so that the information delivered or the action requested is clear to the listener.

43 Review
4. When a team member speaks, you should repeat the message back to him or her. This is an example of:
   C. constructive intervention.
   Rationale: Constructive intervention takes place when it is necessary for you to respectfully question or correct a team member or leader.
   D. courtesy.
   Rationale: You extend courtesy when speaking politely to members of the group.

44 Review
5. A team leader:
   A. helps individual team members to work together.
   B. is often defined by policy, procedure, or statute.
   C. provides coordination, oversight, centralized decision making and support for the team.
   D. All of the above.
   D.

45 Review
Answer: D
Rationale: A team leader is an essential part of successful team. The team leader is often defined by policy, procedure, or statute. He or she provides coordination, oversight, centralized decision making and support for the team. In addition, the team leader will help individuals to not only do their jobs, but also to work together.
Review
5. A team leader:
   A. helps individual team members to work together.
   Rationale: Correct answer. A team leader helps individual team members to work together.
   B. is often defined by policy, procedure, or statute.
   Rationale: Correct answer. A team leader is often defined by policy, procedure, or statute.

Review
5. A team leader:
   C. provides coordination, oversight, centralized decision-making and support for the team.
   Rationale: Correct answer. A team leader will provide coordination, oversight, centralized decision-making and support for the team.
   D. All of the above.
   Rationale: Correct answer

Review
6. The mnemonic BE MAGIC helps you remember the six typical steps of endotracheal intubation. Which of the following is not part of the mnemonic?
   A. Performing BVM preoxygenation
   B. Achieving venous access
   C. Manipulating the patient
   D. Evaluating for airway difficulties
   
Review
Answer: B
Rationale: Although a patient who requires endotracheal intubation will also require venous access, gaining venous access is not part of the BE MAGIC mnemonic. Performing BVM preoxygenation, manipulating the patient, and evaluating for airway difficulties are all components of the BE MAGIC mnemonic.

Review
6. The mnemonic BE MAGIC helps you remember the six typical steps of endotracheal intubation. Which of the following is not part of the mnemonic?
   A. Performing BVM preoxygenation
   Rationale: Performing BVM preoxygenation is part of the BE MAGIC mnemonic.
   B. Achieving venous access
   Rationale: Correct answer

Review
6. The mnemonic BE MAGIC helps you remember the six typical steps of endotracheal intubation. Which of the following is not part of the mnemonic?
   C. Manipulating the patient
   Rationale: Manipulating the patient is part of the BE MAGIC mnemonic.
   D. Evaluating for airway difficulties
   Rationale: Evaluating for airway difficulties is part of the BE MAGIC mnemonic.

Review
7. As you ventilate an intubated patient, which of the following observations would cause you to immediately alert the team leader?
   A. Ventilation is creating equal chest rise.
   B. The patient's cyanosis is disappearing.
   C. The oxygen saturation level is now at 94%.
   D. The BVM is offering more resistance.
   
Review
Answer: D
Rationale: Increasing resistance while ventilating with the BVM could be indicative of a critical airway or breathing problem, such as an esophageal intubation, that needs to be addressed. Other observations that need to be immediately reported to the team leader include a decreasing SpO2 level (especially below 94%), physical signs of poor ventilation and perfusion, and improper positioning or dislodgement of the ET tube.

Review
7. As you ventilate an intubated patient, which of the following observations would cause you to immediately alert the team leader?
A. Ventilation is creating equal chest rise.
   Rationale: Equal chest rise is a sign that the endotracheal tube is in proper position.
B. The patient’s cyanosis is disappearing.
   Rationale: Improving cyanosis is a sign that the endotracheal tube is in proper position.

**Review**

7. As you ventilate an intubated patient, which of the following observations would cause you to immediately alert the team leader?
   C. The oxygen saturation level is now at 94%.
      Rationale: An increasing oxygenation saturation level is a sign that the endotracheal tube is in proper position.
   D. The BVM is offering more resistance.
      Rationale: Correct answer

**Review**

8. You are assisting the paramedic with vascular access. When you spike the IV bag, it is important for you to use _________ technique.
   A. sterile
   B. clean
   C. aseptic
   D. reduction

   Answer: A
   Rationale: Sterile technique involves thorough decontamination as well as the use of sterile fields around the procedure and sterile PPE. When you assist with ALS skills such as spiking an IV bag, it is important for you to use sterile technique. Clean technique refers to minimizing the amount of pathogens or “unclean” materials that you pick up or transfer through the use of routine handwashing. Aseptic technique is often used for fast, invasive procedures such as starting an IV line and refers to techniques that help ensure that pathogens are not introduced anywhere in the procedure. There is no reduction technique.

**Review**

8. You are assisting the paramedic with vascular access. When you spike the IV bag, it is important for you to use _________ technique.
   A. sterile
   Rationale: Correct answer
   B. clean
   Rationale: Clean technique refers to minimizing the amount of pathogens or “unclean” materials that you pick up or transfer through the use of routine handwashing.

**Review**

8. You are assisting the paramedic with vascular access. When you spike the IV bag, it is important for you to use _________ technique.
   C. aseptic
   Rationale: This is often used for fast, invasive procedures such as starting an IV line and refers to techniques that help ensure that pathogens are not introduced anywhere in the procedure.
   D. reduction
   Rationale: There is no such thing as reduction technique.

**Review**

9. When verbal transfer of care occurs, all team members should do their best to ensure that:
   A. the transfer of care occurs in a place where many staff members are present to hear.
   B. lifesaving care is not interrupted if it is being performed by the person giving report.
   C. everyone is respectful of each team member’s role.
   D. patient care is centered around what you believe is the correct treatment.

   Answer: C
   Rationale: Whenever the verbal transfer of care occurs, all team members should do their best to ensure that each team member is respectful of each other. Transfer of care should occur in a location with the least interference possible. The team member giving the report and the member receiving report should hand off lifesaving care to another team member. Finally, it is important to remember that the team members involved in the transfer of care focus on doing what provides the best care
for the patient.

**Review**

9. When verbal transfer of care occurs, all team members should do their best to ensure that:
   A. the transfer of care occurs in a place where many staff members are present to hear.
      Rationale: The transfer of care should occur in a location with the least interference possible.
   B. lifesaving care is not interrupted if it is being performed by the person giving report.
      Rationale: Lifesaving care should be handed off to another team member.

**Review**

9. When verbal transfer of care occurs, all team members should do their best to ensure that:
   C. everyone is respectful of each team member's role.
      Rationale: Correct answer
   D. patient care is centered around what you believe is the correct treatment.
      Rationale: Team members involved in the transfer of care must focus on their common priority: the best possible patient outcome.

**Review**

10. Your partner is working a 48-hour shift and has had little sleep. He disagrees with you over how to position the patient and how you should drive to the hospital. You should:
    A. follow your partner's orders and discuss the call after the patient has been dropped off at the hospital.
    B. confront your partner about his or her behavior in front of the patient.
    C. tell your partner he or she does not know that they are talking about.
    D. ask the patient who he or she thinks is correct.

   *Answer: A*
   Rationale: If the problem causing the conflict does not directly and immediately impact patient care, it is best to wait until after the call to discuss the matter with your partner. It is also important to not have a heated discussion in front of the patient. Rather than contribute to a conflict, take a deep breath and count to 10. Let cooler heads prevail. Finally, do not involve the patient in a conflict; it takes the focus off of patient care.

**Review**

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    A. follow your partner's orders and discuss the call after the patient has been dropped off at the hospital.
    B. confront your partner about his or her behavior in front of the patient.
    C. tell your partner he or she does not know that they are talking about.
    D. ask the patient who he or she thinks is correct.

   *Rationale: Correct answer
   Rationale: Do not confront your partner in front of the patient. Keep the focus on providing quality patient care.

**Review**

10. Your partner is working a 48-hour shift and has had little sleep. He disagrees with you over how to position the patient and how you should drive to the hospital. You should:
    C. tell your partner he or she does not know that they are talking about.
    D. ask the patient who he or she thinks is correct.

   *Rationale: Never involve a patient in a personal conflict. Remain focused on the goal: quality patient care.