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6 Ways to Improve Medical Emergency Team Performance

When Medical Emergency Teams (METs) or Rapid Response Teams (RRTs) are called to respond to a rapidly deteriorating patient by definition they need to perform under pressure. Effective teamwork is vital. Australian researchers describe 6 habits that can optimise teamwork in such situations, in an article published in *Australian Critical Care*.

Erich C.Fein, School of Psychology and Counselling, University of Southern Queensland, Toowoomba, Australia, and colleagues, explore the elements of effective team decision making based on shared mental models (SMMs) and action learning processes.

They describe six habits of practice that promote higher team performance under stress. 'Habits' are defined as "the intersection of knowledge, or 'what to do, 'skill or 'how to do' something, and desire, or the commitment of 'wanting to do' something." They suggest that the proposed habits can promote better implementation of group-influenced decisions in METs.

See Also: Can Rapid Response System Use Be More Efficient?

Six Habits

Habit 1: no surprises - principle of shared expectations
MET members should contribute their views and knowledge and should establish the team roles in advance.

Habit 2: know the endpoints - principle of shared goals
All MET members must know clinical endpoints for patients.

Habit 3: back yourself - principle of self-efficacy
MET members must believe in their abilities to provide appropriate and timely care in settings with deteriorating patients.

Habit 4: confident leaders get hard things done - principle of team leader self-efficacy
This includes recognising the skills and knowledge of other team members, and harnessing these when needed.

Habit 5: wisdom in asking questions - the principle of reflective practice

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Habit 6: the value of mateship - principles of team cohesion
“Mateship” emphasises equality, friendship and solidarity. Team members need to feel supported by colleagues and communication should be constructive. This applies also to debriefings, suggest the authors.

Fein et al. suggest that these habits can be tested in training, including role play and guided discussion interventions. They are also intended to be used to form testable hypotheses, they write.

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