

TeamSTEPPS® for Diagnosis Improvement Knowledge Assessment

This knowledge assessment tests the participants' knowledge of the teamwork principles demonstrated in the TeamSTEPPS for Diagnosis Improvement course.

1. TeamSTEPPS provides resources to optimize team performance across organizations. Several defining properties make it unique among teamwork and performance improvement programs. TeamSTEPPS is:
 - a. Evidence based, comprehensive, and customizable.
 - b. Evidence based, practical, and effective if you follow training exactly.
 - c. Evidence based, low cost, and has master trainers available in every state.
 - d. Evidence based, available in multiple languages, geared toward nurses and ancillary staff.
2. TeamSTEPPS is composed of four teachable-learnable skills. These four skills include.
 - a. Mutual support, coaching, communication, problem solving.
 - b. Leadership, SBAR, situation monitoring, handoffs.
 - c. Leadership, situation monitoring, mutual support, communication.
 - d. Team structure, coaching, leadership, situation monitoring.
 - e. Coaching, leadership, communication, mutual support.
3. Which of the following statements best describes briefs, huddles, and debriefs?
 - a. They are situation monitoring strategies used to create situational awareness.
 - b. They are leadership strategies that structure team events for planning and learning.
 - c. They are mutual support strategies used to resolve information conflict.
 - d. They are communication strategies used to structure information exchange.
 - e. They are team strategies used by situational leaders.
4. SBAR provides a structured framework for communication among team members and stands for:
 - a. Situation, Background, Action, Recommendation.
 - b. Status, Background, Action, Recommendation.
 - c. Situation, Background, Assessment, Recommendation.
 - d. Setting, Background, Action, Results.
 - e. Situation, Behavior, Assessment, Results.
5. All of the following statements about conflict resolution to improve diagnosis are true EXCEPT:
 - a. It is important to reprimand those involved in diagnosis-related communication conflicts.
 - b. Personal conflicts can affect patient care.
 - c. Advocating for the patient can result in conflict.
 - d. The Two Challenge Rule or CUS can be used to resolve information conflicts.
 - e. Resolving conflict can prevent harm to patients.

6. A medical assistant corrects a lab value misstatement made by the physician to a patient, but the physician ignores the correction. What should the MA do in this situation?
 - a. Dismiss the incident because the physician is in charge.
 - b. Voice his or her concern a second time, more forcefully, to ensure the correction is heard.
 - c. Write up the physician using the online reporting system.
 - d. Arrange a meeting with their supervisor to report the incident.
 - e. Quit and go to work somewhere else where their voice is respected.

7. TeamSTEPPS To Improve Diagnosis uses the National Academy of Medicine definition of diagnostic error: “the failure to establish an accurate and timely explanation of the patient’s health problem(s) or communicate that explanation to the patient.” Using this definition, which of the following may be considered a diagnostic error?
 - a. Two days after an emergency department visit due to a bicycle accident, a patient receives a call that says to contact an orthopedic physician; a wrist fracture was just discovered on an x ray taken when they presented at the ER.
 - b. Mrs. Jones goes in for her annual mammogram and is asked if she followed up on the exam from last year, which showed a small suspicious mass. Mrs. Jones says she was never notified about the suspicious mass and it was not mentioned by her primary physician.
 - c. Mr. Godfrey, 58 years old and a former construction worker, has a long history of intermittent back pain that has been attributed to arthritis and treated with anti-inflammatory medications by his primary care provider. One Saturday morning, Mr. Godfrey drops dead as he is getting ready for the day’s activities. Autopsy confirms Mr. Godfrey died from a ruptured abdominal aortic aneurysm.
 - d. All of the above.
 - e. None of the above.

8. The _____ is always at the center of the diagnostic team.
 - a. Primary care physician
 - b. Nurse/nurse practitioner
 - c. Patient
 - d. Administrator/manager
 - e. Surgeon

9. Causes of diagnostic error may include:
 - a. Poor clinical reasoning.
 - b. Lack of reliable test results.
 - c. Incomplete communication between patients, families, and clinicians.
 - d. All of the above.
 - e. None of the above.

10. Diagnostic error is:
 - a. Common, harmful.
 - b. Costly and often preventable.
 - c. A problem in hospitals but rare in outpatient settings.
 - d. A & B.
 - e. All of the above.

11. Leader attributes for diagnosis include:
 - a. Humility.
 - b. Clinical skill.
 - c. Experience.
 - d. Flexibility.
 - e. A. & D.

12. Reflective practice:
 - a. Is a tool designed for individuals who have made a diagnostic error.
 - a. Is part of the improvement process.
 - b. Involves conscious consideration and analysis of beliefs and actions for the purpose of learning.
 - c. B. & C.
 - d. A. & B.

13. Inappropriate testing, wrong treatments, and diagnosis-related malpractice lawsuits result in expenses of over:
 - a. \$200 billion per year.
 - b. \$ 75 billion per year.
 - c. \$100 billion per year.
 - d. \$ 100 million per year.
 - e. None of the above.

14. What do we know about diagnostic process breakdowns?
 - a. They are real and common.
 - b. They are sometimes harmful.
 - c. Consequences may include lawsuits, business losses, and adverse media coverage.
 - d. They often result in provider burnout, increased errors, and workforce reduction.
 - e. All of the above.

15. Ask, Listen, and Act are components of:
 - a. Huddles.
 - b. Reflective Practice.
 - c. Briefs.
 - d. Mutual Support.
 - e. Situation Monitoring.

16. Several types of teams participate in the diagnostic process. Which of the following is true about the diagnostic “core team”?
 - a. The diagnostic core team consists of team leaders and team members who are involved in the direct care of the patient.
 - b. The diagnostic core team is clinicians who are responsible for day-to-day diagnostic management and coordination functions.
 - c. The diagnostic core team leadership is dynamic; leaders are required to take on different roles at various points in the plan of care.
 - d. A. & C.
 - e. All of the above.

17. SBAR is a communication tool that can be used:
 - a. To communicate with patients.
 - b. To communicate among providers in a practice or care unit.
 - c. To communicate with referring providers.
 - d. None of the above.
 - e. All of the above.

18. The five “Whats” of diagnostic reflective practice include:
 - a. What do I know, what are the alternatives, what information would help, what are the consequences, what are the next steps.
 - b. What is the problem, what are solutions, what has already been tried, what am I concerned about, what are the next steps.
 - c. What am I concerned about, what do I know, what information do I need, what has already been tried, what are the next steps.
 - d. What do I know, what information is missing, what can I do to obtain missing information, what has already been tried, what are the next steps.
 - e. What is the problem, what are the consequences, what help do I need, what has been tried, what are next steps.

19. Mutual support in the diagnostic process may include:
 - a. Use of assertive statements to raise concerns and suggestions to authority.
 - b. Use of the Two Challenge Rule to ensure that your concern has been heard.
 - c. Use of chain of command when concerns are not responded to acceptably.
 - d. All of the above.
 - e. None of the above.

20. The Diagnostic Team Assessment Tool is completed by each course participant after the course introduction in order to:
 - a. Identify who should lead the diagnostic team.
 - b. Assess knowledge and skill of individual team members.
 - c. Assess maturity phase in your practice setting and identify strengths and opportunities to increase teamwork, set priorities, and develop action plans to enhance communication for diagnostic improvement.
 - d. Clarify what your diagnostic team structure should be.
 - e. Recognize units with the highest diagnostic team skills so they can role model and mentor other units.

TeamSTEPPS® for Diagnosis Improvement Knowledge Assessment: Answer Key

The following are the answers to the Knowledge Assessment and their associated course section.

Q	Answer	Associated Module
1	A. Evidence based, comprehensive, and customizable.	Module 1: Introduction
2	C. Leadership, situation monitoring, mutual support, communication.	Module 1: Introduction
3	B. They are leadership strategies that structure team events for planning and learning.	Module 4: Leadership
4	C. Situation, Background, Assessment, Recommendation.	Module 3: Communication
5	A. It is important to reprimand those involved in diagnosis-related communication conflicts.	Module 6: Mutual Support
6	B. Voice his or her concern a second time, more forcefully, to ensure the correction is heard.	Module 6: Mutual Support
7	D. All of the above.	Module 1: Introduction
8	C. Patient.	Module 2: Diagnostic Team Structure
9	D. All of the above.	Module 1: Introduction
10	D. A & B.	Module 1: Introduction
11	E. A & D.	Module 4: Leadership
12	D. B & C.	Module 1: Introduction
13	C. \$100 billion per year.	Module 1: Introduction
14	D. All of the above.	Module 1: Introduction
15	B. Reflective practice.	Module 1: Introduction
16	D. A & C.	Module 2: Diagnostic Team Structure
17	E. All of the above.	Module 3: Communication
18	A. What do I know, what are the alternatives, what information would help, what are the consequences, what are the next steps.	Module 5: Situation Monitoring
19	D. All of the above.	Module 6: Mutual Support
20	C. Assess maturity phase in your practice setting and identify strengths and opportunities to increase teamwork, set priorities, and develop action plans to enhance communication for diagnostic improvement.	Module 1: Introduction