TeamSTEPPS Glossary

For more information about TeamSTEPPS theory, concepts and educational materials visit the AHRQ TeamSTEPPS website.

Concept	Definition
Brief	Short planning session prior to start to discuss team formation; assign essential roles; establish expectations and climate; anticipate outcomes and likely contingencies.
Huddle	Ad hoc problem solving planning to reestablish situation awareness; reinforcing plans already in place; and assessing the need to adjust the plan.
Debrief:	Informal information exchange session designed to improve team performance and effectiveness; after action review.
Step Process:	A tool for monitoring situations in the delivery of health care. Components of STEP situation monitoring include: 1) Status of the patient (S): patient history, vital signs, medications, physical exam, plan of care, psychosocial 2) Team members (T): fatigue, workload, task performance, skill, stress 3) Environment (E): facility information, administrative information, human resources, triage acuity, equipment 4) Progress toward goal (P): status of team's patients, established goals of team, tasks/actions of team, plan still appropriate.
Two-Challenge Rule:	When an initial assertion is ignored it is your responsibility to assertively voice the concern at least two times to ensure it has been heard. The team member being challenged must acknowledge. If outcome is still not acceptable, take a stronger course of action or use chain of command.
CUS:	Statement of: I am Concerned, I am Uncomfortable, This is a Safety Issue!
DESC Script:	Approach to managing and resolving conflict. 1) Describe the specific situation or behavior; provide concrete data 2) Express how the situation makes you feel/what your concerns are 3) Suggest other alternatives and seek agreement 4) Consequences should be stated in terms of impact on established team goals; strive for consensus
SBAR:	Technique for communicating critical information that requires immediate attention and action concerning a patient's condition: 1) Situation (what is going on with the patient?), 2) Background (what is the clinical background or context?), 3) Assessment (what do you think the problem is?), 4) Recommendation and Request (what would I do to correct it?).
Call-Out:	Strategy used to communicate important or critical information. E.g. Team Leader Calls out ="*Airway status?",* Assessing Clinician Response= *"Airway status clear"*
Check Back:	Process of employing closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended. E.g. Team leader *"Give 25 mg Benadryl IV push"*, Clinician: *"25 mg Benadryl IV push",* Team Leader *"That's correct"*
Hand-Off Techniques:	Transfer of information (along with authority and responsibility) during transitions in care across the continuum; to include an opportunity to ask questions, clarify, and confirm.

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