

TeamSTEPPS™ Train-the-Trainer Course

New Jersey Hospital Association, Princeton, NJ

May 19, 2016

| Registration: | 8 a.m. | Location: | NJHA Conference Center |
|----------------------|-----------------------|-----------|----------------------------------|
| Program: | 8:30 a.m. – 4:15 p.m. | | 760 Alexander Rd., Princeton, NJ |
| Seminar No.: | EDU 1612 | Fee: | Member/Non-member: \$195 ea. |

TeamSTEPPSTM is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among healthcare professionals. Through the use of a comprehensive set of ready-to-use materials and a training curriculum, the implementation of TeamSTEPPSTM in any organization facilitates successful integration of teamwork principles into any healthcare environment.

OBJECTIVES:

- 1. State the role of teamwork and communication skills in creating a culture of safety
- 2. List essential skills needed to function as an effective team member
- 3. Identify key tools to enhance situation monitoring, mutual support and coaching for team members
- 4. Identify resources that can be used to create a training program for front-line staff
- 5. Recognize implementation and sustainment techniques
- 6. Discuss the different roles of the coach
- 7. Create an action plan to implement the TeamSTEPPSTM model in participant organization.

TARGET AUDIENCE:

Physicians, nurses, pharmacists, healthcare technicians, social workers and case managers.

CONTINUING EDUCATION CREDIT:

Accreditation Statement

HRET is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

AMA Credit Designation Statement

HRET designates this live activity for a maximum of <u>6.25</u> AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Health Research and Educational Trust is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number P131-1/15-18.

This activity provides <u>6.25</u> contact hours.

There are no conflicts of interest, sponsorship or financial/commercial support being supplied for this activity. Accredited status does not imply endorsement by the provider or American Nurses Credentialing Center's Commission on Accreditation of any commercial products displayed in conjunction with an activity.

DISCLOSURE INFORMATION: Full disclosure will be provided at the educational activity.

HRET has been approved by the New Jersey Department of Health as a provider of New Jersey Public Health Continuing Education Contact Hours (CEs). Participants who successfully complete this educational program will be awarded <u>6.25</u> New Jersey Public Health Continuing Education Contact Hours (CEs). (*Credits Pending*.)

Application for pharmacy credits has been submitted to the N.J. Board of Pharmacy. (*Credits pending.*)

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Agenda

| 8 a.m. | Registration and Networking Continental Breakfast |
|------------|---|
| 8:30 a.m. | Welcome and Introduction |
| 8:45 a.m. | Building the Team |
| 9:15 a.m. | Communication, Situation Monitoring, and Mutual Support Tools |
| 10:15 a.m. | Break |
| 10:30 a.m. | Group Activity- Using the Tools |
| 11:15 a.m. | Effectively Coaching the Team |
| 12:15 p.m. | Networking Luncheon |
| 1 p.m. | Measurement and Implementation |
| 2:30 p.m. | Break |
| 2:45 p.m. | Designing a TeamSTEPPS Training for Frontline Staff |
| 3:30 p.m. | Summary: Putting it all Together |
| 4 p.m. | Questions and Answers, Evaluations |
| 4:15 p.m. | Adjournment |

FACULTY:

Nancy E. Schafer Winter, MSN, RN, NE-BC Director, Clinical Quality and Program Development *New Jersey Hospital Association*

PAYING BY CREDIT CARD

<u>Guarantee</u> your seat now by paying for your registration online with a credit card. It's secure and easy.

<u>Note</u>: For security purposes, **DO NOT** mail credit card information with your security code to the PO Box. Save time and register online through our secure Web site.

PAYING BY CHECK

Fax your registration form prior to mailing with payment. Reference the seminar number on the face of the check. Your registration will not be confirmed until your payment is received by HRET. The registration form must accompany checks in order to allocate payment properly.

FAX: 609-275-4271

Make check payable to: HRET of NJ

Mail to: HRET of NJ – P.O. Box 828691 – Philadelphia, PA 19182-8691

Payments by mail must be postmarked no later than Monday, May 9, 2016

After May 9, check payments must be presented at the time of registration the day of the program.

GENERAL INFORMATION

- HRET-NJ/NJHA staff reserve the right to refuse entrance if payment is not received in full at the time of registration.
- <u>Onsite registration</u>: NJHA will do its best to accommodate walk-ins, but cannot guarantee seating. Call 609-275-4180 the day preceding a conference to inquire about availability. If NJHA can accommodate you, payment in full is due at the registration table via check or credit card. No exceptions.
- For registration and payment inquiries, call 609-275-4180 or e-mail HRETEducation@njha.com
- For program inquiries, contact Nancy Winter at <u>nwinter@njha.com</u>
- For disability and special needs accommodations, call 609-275-4180 or email <u>HRETEducation@njha.com</u>
- For directions visit NJHA at: <u>http://www.njha.com/directions.aspx</u>
- Ample parking is available behind the conference center building.

CANCELLATION POLICY

- Cancellations received by May 16 will receive a refund minus a \$50 administrative fee.
- No refunds will be issued after the deadline or for no-shows.
- Registrants unable to participate may transfer their enrollment to an alternate participant from the same organization. Alternate participants must be registered with HRET-NJ at least two business days prior to the scheduled event. Their contact information should be forwarded to <u>HRETEducation@njha.com</u> and include the program number (EDU 1612) in the subject line of the e-mail.

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| Date: | May 19, 2016 | |
|----------------------------|---|--|
| Registration Start: | 8 a.m. | |
| Program Start: | 8:30 a.m. | |
| Location: | New Jersey Hospital Association | |
| | 760 Alexander Road, Princeton, NJ 08543 | |
| Fee: | \$195 each | |
| Seminar: | EDU 1612 | |

REGISTRATION FORM FOR FAX AND MAIL

Type information directly into this PDF form before printing.

<u>Note</u>: Your registration will not be complete until payment has been received. Payment must be postmarked no later than May 9, 2016.

CREDIT CARD REGISTRATION

To register online with a credit card, do not type into this form. Instead click "Register for this Event" below.

| Registrant Name: | Additional Registrant: | |
|---|---|--|
| Job Title: | Job Title: | |
| Degrees/Credentials (MD, RN, LNHA, etc.): | Degrees/Credentials (MD, RN, LNHA, etc.): | |
| Email: | Email: | |
| Phone number: | Phone number: | |
| Organization: | Additional Registrant: | |
| Organization Address: | Job Title: | |
| City, State, Zip: | Degrees/Credentials (MD, RN, LNHA, etc.): | |
| Registration Contact: | Email: | |
| Contact email: | Phone number: | |
| Contact phone: | Additional Registrant: | |
| Payment Information: Check Credit Card Check / Credit Card No.: Credit Card No.: Credit Card No.: | Job Title: | |
| Expiration Date: Security Code: | Degrees/Credentials (MD, RN, LNHA, etc.): | |
| Name on credit card: | Email: | |
| Billing Address: (street, city, state, zip) | Phone number: | |