

2016

Education Program for Nurses Working in an Immigration Detention Facility

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Walden University

College of Health Sciences

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Tiney Ray

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the review committee have been made.

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Walden University
2016

Abstract

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by

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PhD, Walden University, 2014

MSN, College of New Rochelle, 2004

BSN, College of New Rochelle, 1997

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

December 2016

Abstract

Nursing response to medical emergencies has been an ongoing issue in immigration detention centers. Lack of teamwork and poor communication with medical and security staff have resulted in detainees sustaining injuries during medical emergencies. This project was developed to persuade Immigration and Customs Enforcement Health Service Corps (IHSC) leaders to consider piloting the TeamSTEPPS emergency response curriculum for nurses working in the immigration detention center. Tuckman and Jensen's model of group development will provide guidance to IHSC leaders in understanding the transformational stages of forming a successful team. TeamSTEPPS will address gaps in emergency health care competency by improving collaboration, communication, and detainee outcomes. Evaluation questionnaires will be offered after each training module and several months after the conclusion of the program. Questionnaires will be distributed, analyzed, and interpreted by IHSC leadership or their designee. Implementation of the TeamSTEPPS curriculum may result in increased staff morale, decreased staff turnover, and improved detainee outcomes.

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Dedication

I dedicate this to my wonderful husband who has been patient with me through my years of continuing education. I love you. I would also like to thank my patient committee members, Dr. Dana Leach and Dr. Allison Terry, for their expertise and guidance in helping me finish my project in an unbelievable timely manner. Lastly, I would like to thank my practicum preceptor, Dr. Eugene Charbonneau. I will never forget your wisdom, patience, and calm demeanor.

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Section 1: Introduction of the Problem

Background

The lack of emergency medical training and teamwork of nurses at the immigration detention facility is a major professional issue at the immigration detention center. Medical emergencies are quite common, occurring three to five times a day at the immigration facility. Some situations (e.g., toothache) are less serious than others (e.g., chest pain). Regardless of the complaint, once a medical emergency is called, medical personnel have the responsibility to respond. In a recent event, a detainee went into cardiac arrest while he was in his unit. Poor communication with security and medical staff caused the detainee to sustain injuries while in transport. The medical staff panicked, and there was a series of missteps (no lead person in charge, suction machine not working, no vital signs taken, automated external defibrillator [AED] not used) that caused the detainee to be intubated by EMS. The detainee survived this event, but this was a wake-up call for everyone involved that emergency training is needed.

A medical error is defined as a “preventable adverse outcome that results from improper medical management” (Van Den Bos et al., 2011, p. X). Medical errors cost 17 billion dollars (Van Den Bos et al., 2011), and 3.5 billion of those dollars are a result of nursing errors (Anderson & Townsend, 2011). The literature indicates poor communication to be the root cause of over 60% all adverse events (Anderson & Townsend, 2011; Desai, Williams, Greene, Pierson, & Hansen, 2011; National Commission on Correctional Health Care, 2015). In addition, lack of teamwork is a perceived barrier among nurses working in correctional settings (Chafin & Biddle, 2013).

The National Commission on Correctional Health Care (2015) revealed that over 70% of medical staff witnessed unsafe behaviors among other staff members. Unfortunately, the type of behaviors observed was not but revealed. Data on nursing errors that occur in correctional institutions are lacking in the literature.

Problem Statement

The problem is the need for nurses working in the immigration detention center to improve their response to medical emergencies. In this DNP project, I proposed an education program including the evidence-based TeamSTEPPS emergency response curriculum to address nurses' competency gaps. The education program will focus on effective communication and team building through reenactment of scenarios that have occurred at the facility.

Purpose of the Project

This project was developed as an independent proposal for the Immigration and Customs Enforcement Health Service Corps (IHSC), who is responsible for the health care of all immigrants housed in detention facilities. The goal in submitting this proposal was to persuade IHSC to view the TeamSTEPPS curriculum as a valuable tool to accomplish the agency's mission. The TeamSTEPPS emergency response curriculum will assist immigration correctional leaders in understanding how to improve the quality of care for immigrants detained in U. S. correctional facilities. The curriculum would help improve teamwork, communication, and patient outcomes.

The objectives of the project would be achieved in four steps:

1. assess the nurses' understanding of basic life support,

2. identify gaps in communication,
3. identify gaps in teamwork, and
4. implement an education program to address these gaps.

Project Questions

The question for this quality improvement (QI) project was what can be done to increase the clinical performance of novice and experienced nurses working in the immigration detention center?

Conceptual Framework

The need for teamwork is not new, but it seems to be a recurring problem in health care settings. The theory applied to my project was Tuckman and Jensen's model of group development (Tuckman & Jensen, 1977). A group working together over a long period of time goes through five stages of team development: (a) forming, (b) storming, (c) norming, (d) performing, and (e) adjourning (Betts & Healy, 2015; Tuckman & Jensen, 1977). When people are put in a group, they go through stages including not trusting the group, possibly sabotaging the mission, and forming a strong bond with the group. Tuckman and Jensen's model of group development will guide the TeamSTEPS emergency response curriculum, which will include a hands-on instructional program to train the nurses at the immigration detention center. This program will provide middle management and nurses with effective communication and team-building tools to enhance their ability to (a) monitor the performance of one another and provide reinforcement, (b) plan and organize team roles, and (c) communicate with one another

efficiently and effectively (H.B. King et al., 2008). These skills will contribute to the development of a competent and resilient nursing team.

Evidence-Based Significance of the Problem

Health care in a correctional facility is very different from health care in any other environment. Correctional facility prisoners are ordered by the court to be detained against their will. Medical care in a correctional facility is one of the top three complaints of inmates housed at a federal detention center (Gostin, Vanchieri, & Pope, 2007). The Office for Civil Rights and Civil Liberties (CRCL) supports the mission to secure the nation while preserving the civil and human rights under the law for immigrants in custody (U.S. Department of Homeland Security, 2015). If a negative outcome occurs and a particular facility is found negligent, that will result in the closing of that facility (Lee, 2015; Shadwick, 2015). Nurses are the primary health care providers in correctional facilities, and they often take the brunt of many inadequacies due to their ambiguous scope of practice within correctional health (Almost et al., 2013; Davidson, Dunton, & Christopher, 2009).

Nursing Errors

Critical thinking is process of using reasoning for clinical decision-making (Banning, 2008). Nurses who are proficient in critical thinking comply with evidence-based standards and are committed to developing and maintaining habits of sound clinical judgment (Banning, 2008; Simmons, 2010; Terry, 2015). Critical thinkers are clear, thorough, and analytical in all forms of communication (Banning, 2008; Simmons, 2010; Terry, 2015).

Critical thinking is developed over time and involves eight elements of thought:

1. What question needs to be answered?
2. Why is this question important and what is the expected outcome?
3. What is the frame of reference regarding the question?
4. What are the assumptions or personal beliefs regarding the problem?
5. What principles or concepts can be applied to the problem?
6. What does the literature or evidence say?
7. What are the data to lead to a conclusion?
8. What are the implications that follow from the conclusion made on the issue

(Delaney & Golding, 2014)?

Poor Communication

Nurses working in a correctional setting should attempt to avoid confusion or ambiguity when communicating with detainees and colleagues. Poor communication has been cited as one of the main causes of error in all fields that have a high risk of injury to the public. Frydenberg and Brekke (2011) explored the impact of poor communication on medication errors with hospitalized patients. Frydenberg and Brekke provided a clear definition of medication errors including patients not disclosing all medications they were taking and drug interactions during hospital admission. In this case study of 30 participants prescribed over 200 medications, 50 medication errors were found (Frydenberg & Brekke, 2011). Eighteen of the 50 cases included adverse reactions, and 27 were potentially harmful (Frydenberg & Brekke, 2011). Frydenberg and Brekke identified the causes of the errors including patients not having a medication list and

medical providers not fully completing referral slips. Even though the study sample was small, it raised awareness of how easy it is for those in the medical profession to leave out information. Nurses and other medical staff are very busy, and they encounter many patients each day. Medical staff must be diligent in encouraging patients to carry completed medication lists, or staff must provide their patients with a printed copy of their medications at each visit for them to carry in their wallet or purse. Many of the new electronic medical records (EMR) can be used to produce a detailed patient referral sheet to ensure that the referral staff have the complete picture of what is going on with the patients they are evaluating.

Nursing Turnover

The negative impact of nursing turnover on health care organizations has been widely studied, but research on the impact of nursing turnover in correctional facilities is scant. Nei, Synder, and Litwiller (2015) conducted a meta-analysis of over 100 research studies to determine the predictors of nursing turnover in health care institutions. Nei et al. (2015) concluded that lack of leadership support, limited communication, conflict within the workplace, and lack of teamwork were the main causes of turnover. Almost et al. (2013) conducted a mixed-methods study to explore the perceived work environment for 270 nurses at a correctional facility. Results were similar to Nei et al.'s (2015), but one alarming finding from Almost et al. (2013) was that over 55% of nurses reported emotional abuse and bullying among their coworkers, which led to conflict, poor communication, lack of teamwork, and nurses resigning.

Nature of the Project

This project was conducted to encourage the implementation of the TeamSTEPPS emergency response curriculum to assist nursing staff and managers in improving their response to medical emergencies, thereby enhancing detainees' quality of care. The curriculum is an evidence-based web-based program offered by the Agency of Healthcare Research Quality (AHRQ, 2011) that includes team strategies and tools to foster teamwork. This curriculum contains materials and training modules to facilitate integrative teamwork in all areas of clinical practice (AHRQ, 2011). The TeamSTEPPS curriculum involves the immigration detention health service administrator (HSA) or designee being the point person certified as a master trainer. The self-paced instruction requires the HSA or designee to complete the 11-module course and become certified as a master trainer within 210 days (AHRQ, 2015). If the HSA or designee dedicates 1 hour per week, the course can be completed within 11 weeks (AHRQ, 2015). Once the master trainer is certified, the curriculum can be introduced to the nurses in the workplace.

In my project, evaluation tools in the form of questionnaires will be offered after each module and several months after the conclusion of the program, and will be distributed by the HSA or designee. The evaluation will focus on the activities, characteristics, and learning outcomes of the TeamSTEPPS curriculum, which will provide guidance to tailoring the curriculum for future implementation in different immigration detention facilities in the United States (Hodges & Videto, 2011). The AHRQ (2012) developed customized evaluation templates such as the Readiness Assessment Survey (RAS) (Appendix C) and pre- and postbehavior surveys (Appendix F

& G). Data from the questionnaires will be analyzed and interpreted by the QI administrators at the immigration detention facility.

Definitions

The following definitions were used for this evidence-based project.

Detainee: An immigrant man, woman, or child temporarily housed in a federal housing facility to resolve his or her legal status, and who possibly faces deportation back to his or her native country (Detention Watch Network, 2012).

Evidence based: A set of parameters guiding improvements in practice and patient care outcomes (Terry, 2015).

Health service administrator: An appointed person involved in planning, developing, and directing the medical and mental health needs within an organization (Navajo Nation, 2013).

Immigration detention center: Temporary housing for immigrant men, women, and children who are resolving their legal status and who possibly face deportation back to their native country (Detention Watch Network, 2012).

Licensed practical nurse (LPN): A licensed nurse supervised by a registered nurse to assess and intervene in medical situations and to dispense medications (Corazzini, Anderson, Mueller, Thorpe, & McConnell, 2013).

Registered nurse (RN): A licensed professional nurse who is authorized to assess medical situations, plan care, delegate, and supervise LPNs (Corazzini et al., 2013).

Teamwork: A group of individuals coming together to achieve a goal, going through changes over time in-group behavior over the life of the group (Garfield & Dennis, 2013).

Assumptions

I assumed that IHSC leaders were ready to implement the TeamSTEPPS curriculum to improve safety for detainees. I also assumed that the HSA or designee would be allowed to participate in the master trainer program, and that the organization leaders would set aside time for the nurses to complete the training. The two organizations that facilitate this educational program are the Department of Defense (DOD) and Immigration Customs and Enforcement (ICE). The DOD has an education department that is open to medical professionals and outside volunteer organizations. The DOD certifies trainers in the TeamSTEPPS curriculum. The class is free, but the only obligation is for the trainer to teach one TeamSTEPPS class at the local military base once a month during new employee orientation. The immigration detention center administrator (a uniformed Public Health Service [PHS] officer) will most likely be certified and provide training to the immigration medical staff.

I also assumed that ICE would facilitate this education program. ICE is responsible for the welfare of the detainees, and if anything bad happens to them while in custody, the federal agency would be liable. Therefore, it is in ICE's best interest to make sure the staff is trained properly.

Scope and Delimitations

I conducted an independent project for the IHSC who is responsible for the health

care of all immigrants housed in detention facilities. I presented an unsolicited proposal to demonstrate that government support could be worthwhile, and that the project could benefit the agency's mission. If the IHSC agrees to implement the TeamSTEPPS emergency response curriculum, it will be offered to all nursing leadership, LPNs, and RNs working at the immigration detention center.

Limitations

Over 90% of the medical staff are contract workers, and the remaining 10% are PHS officers. Job security for contract workers is a problem because Georgia is an at-will state, meaning the organization can fire an employee at any time with no warning (Phillips, 2003; Kalleberg, 2000, 2009). There continues to be high turnover of nurses for various reasons. Due to the high turnover of medical staff, PHS administrators may not send their staff out for training due to insufficient coverage in the medical office. As a contract worker, overtime is usually prohibited except for special circumstances. More than likely, training would fall on a day when the nurse is off. It may be difficult to get the contract company to agree to pay the nurses overtime, and the nurse may not be willing to do the training on her or his day off. The immigration detention high-ranking administrators (IHSC) are located in Washington, D.C., and they make the final decision on training needs for the medical staff. If the organization decides not to entertain the program idea, then the medical staff would continue business as usual.

Project Significance

The short-term implications of not addressing proper nursing education overlaps with the long-term implications. For example, a medical emergency may be called on a

detainee housed in segregation, who is complaining of chest pain. The correctional officers and nursing staff may think the detainee is malingering, and they may not respond or may take too long to respond. The detainee may die before arriving at the local hospital, which may jeopardize the staff's employment status due to neglect.

Other implications of not addressing staff education include nursing turnover, low staff morale, low practice efficiency, incompetence, and detainee dissatisfaction resulting in complaints against medical staff and possible lawsuits.

The Institute of Medicine (IOM) revealed that health care quality was poor and unsafe (as cited in Page, 2008). Practice implications noted in the IOM report included ongoing learning and clinical decision-making support for nursing staff (Page, 2008). Nurse training should include a formal orientation program, cross-training, and continuing professional, advising, promotion development, and personal development (Hunt, 2009).

Social change involves identification of issues affecting a community or environment. Social change results from identifying problems and creating successful and measurable practices supported by evidence-based frameworks or models. The TeamSTEPPS emergency response curriculum will improve detainee safety and increase satisfaction among nursing staff by increasing communication and teamwork (Lundeen & Padilla, 2013).

Summary

Nurses working in corrections play many roles in this highly protective environment such as the security guard, emergency room nurse, primary care nurse, and

critical care nurse (Flanagan & Flanagan, 2001; Perdue, 2013; Schoenly, 2015). Medical emergencies, both inauthentic and genuine, occur at correctional facilities on a daily basis. All medical emergencies have to be treated as genuine until proven otherwise. Therefore, nurses require specific training, knowledge, and skills to perform in a complex and secure environment (Lapworth, Bennett, & Perry, 2010).

The requirements of an immigration detention nurse include having strong assessment skills and confidence in her or his clinical approach. Correctional institutions are charged with training nurses appropriately to handle medical emergencies. Having practical hands-on training related to job function has been shown to not only increase work satisfaction but also to stabilize nurse turnover (Chafin & Biddle, 2013), increase self-confidence (Gardner, Ahmed, George, & Frey, 2013), and improve teamwork in a group (Jensen & Forsyth, 2012). The TeamSTEPPS emergency response curriculum will be used to (a) assess, (b) train, (c) improve clinical and critical thinking competencies, (d) promote team building, and (e) promote effective communication among nurses working in an immigration detention facility. These skills will allow nurses to effectively respond to emergency situations. Section 2 includes the common issues encountered by nurses in correctional facilities, and provides a detailed description of the theory of team building.

Section 2: Review of Literature and Conceptual Framework

This purpose of this project was to help nurses enhance communication and team building skills among nurses working at an immigration detention center. The purpose of this literature review was to analyze peer-reviewed, evidence-based literature for the expected competencies of nurses, and examine team approach models used in health care. In this section, I also explored the barriers and consequences of ineffective teamwork.

Literature Review Strategy

Studies have addressed the negative effects of ineffective communication. In a correctional setting, the welfare and safety of detainees and staff are critical and should be the number one priority of the organization. I searched a wide range of databases through the Walden University library such as SAGE, ProQuest, EBSCO, and Science Direct. I also used the ResearchGate and Google Scholar search engines and searched the *New England Journal of Medicine*. Search terms included *practice collaboration, communication in healthcare, nursing turnover in correctional facilities, nursing turnover, medical errors, TeamSTEPPS, teamwork culture, patient safety, leadership role in safety, and quality improvement*. The AHRQ government website provided the TeamSTEPPS curriculum and evaluation tools. There were limited articles regarding nursing practice issues among correctional nurses; therefore, there were no restrictions on publication dates. However, there considerable information on nursing turnover, communication, medical errors, safety, and TeamSTEPPS, so I focused on publications from 2008 to the present.

For the theoretical framework, I searched *Tuckman and Jensen's model of group development, group development theory, group development, and teamwork model*. I found only article using the Walden University databases, but Google Scholar searches yielded multiple articles. No publication date restrictions were used for this framework.

Teamwork Competencies in Health Care

In this section, I focus on the teamwork competencies nurses need to ensure patient safety and staff safety in a correctional setting. Repercussions of correctional organizations not addressing faulty communication and limited teamwork are also addressed. In addition, I explore the origin of the teamwork model.

The growth of correctional facilities is increasing throughout the United States. According to the Bureau of Justice Statistics, in 2010 there were over 1.6 million incarcerated individuals (U.S. Department of Justice, 2011). A weak medical unit can jeopardize the safety of detainees and staff and cause legal ramifications for the organization. The Bureau of Prisons (BOP) reported that the number of inmates age 65 and older represented 86% of incarcerated individuals from 2009 to 2013 (Office of the Inspector General, 2015).

Nursing Role in a Correctional Institution

Nurses working in corrections fulfill many roles in this highly protective environment, such as the security guard, emergency room nurse, primary care nurse, and critical care nurse (Flanagan & Flanagan, 2001; Perdue, 2013; Schoenly, 2015). For example, in the correctional institution used in the project, a detainee had an anaphylactic reaction to oleoresin capsicum spray deployed to control the detainees during a riot.

Other emergency situations include cardiac arrest, stab wounds, and suicide attempts. All medical emergencies (real and fake) have to be treated as genuine until proven otherwise. Therefore, nurses require specific training, knowledge, and skills to perform in a complex and secure environment (Lapworth et al., 2010). Researchers have noted that preventable errors are often not related to failure of technical skill, training, or knowledge but represent cognitive, system, or teamwork failures (Wahr et al., 2013). Nontechnical skills such as communication, collaboration, coordination, and leadership are the standard framework for teamwork (Wahr et al., 2013). Ineffective interpersonal skills may result in negative events and errors (Wahr et al., 2013).

Nursing Continuing Education Training in Corrections

Nurses attend conferences and do self-study activities to keep in touch with the latest information. The requirements of clinical nurses include having strong assessment skills and being confident in their clinical approach. Correctional institutions employing nurses are charged with training nurses appropriately to handle medical emergencies. In this project, I proposed the use of the TeamSTEPPS emergency response curriculum to (a) assess, (b) train, (c) improve clinical and critical thinking competencies, (d) promote team building, and (e) promote effective communications among nurses working in an immigration detention facility correctional setting. These skills will allow nurses to effectively respond to emergency situations as a team. Despite the fact that staff training reduces the availability of staff to cover the medical unit, effective and regular training can prevent many staffing problems (Gardner et al., 2013). Staffing problems can prevent

clinic managers from providing necessary training. However, staff training should not be seen as a luxury, but as a necessary component of nursing preparation.

Mission of IHSC

The mission of IHSC is to provide access to medical care to immigrants detained by the Immigration and Customs Enforcement (ICE). Working in the correctional setting can be challenging, and it requires medical staff, correctional officers, and administrators to work as a team and communicate effectively to ensure the safety of the detainees as well as the staff. Changing organizational culture can take a long time and may involve resistance from employees (Stanley et al., 2010). Kettner, Moroney, and Martin (2008) recommended having a realistic, clear definition of the problem to increase the likelihood of having a successful resolution. Two strategies in framing this problem as a social issue include (a) having a well-established frame of reference such as the Institute of Medicine (IOM) recommendation and (b) demonstrating how this problem can affect other lines of business.

Leadership Efforts

My project aligned with the IOM's (2001) recommendations for quality improvement having (a) a national focus on leadership, (b) established tools and protocols for safety, and (c) standards of oversight. Several researchers endorsed the IOM's recommendation of trust and safety as being the main ingredients of quality improvement (Albanese et al., 2010; Best & Neuhauser, 2006; Chandranm, Furey, Goldberg, Ashley, & Anadarajah, 2015; Wahr et al., 2013).

Clinical leaders with a quality improvement (QI) background can bolster

employee confidence in diagnosing problems and executing evidence-based solutions (Millar, Mannion, Freeman, & Davies, 2013; Wahr et al., 2013). A leadership initiative authenticates the organization's QI program (Wahr et al., 2013). Millar et al. (2013) reviewed over 120 papers that addressed hospital leadership tackling quality and patient safety. Millar et al. noted that since the IOM 1999 and 2001 report, the literature has expanded on improving quality and safety measures. Another emerging theme was the importance of having all aspects of leadership input and oversight to achieve quality improvement (Millar et al., 2013). It is not enough to have programs and systems in place if there is no oversight to keep everyone on task or to quickly change something that is not working. Waiting for something bad to happen is an inept and irresponsible way to run a correctional facility. When there is a breakdown in the quality and safety of the detainees and staff, it has a negative impact on CCA, ICE, and PHS.

Negative Impact of Other Lines of Business

A typical immigration detention center has three separate agencies within the one organization. These agencies include the (a) Corrections Corporation of America (CCA), (b) Immigration Customs and Enforcement (ICE), and (c) Public Health Service (PHS). CCA (n.d.) is a private corrections organization that provides the facilities, correctional officers, transportation, food, uniforms, and other materials for all detainees. The goal of ICE is to capture illegal immigrants, prevent terrorism, and eliminate illegal immigration trafficking in the United States (U.S. Department of Homeland Security, 2015). PHS falls under IHSC and includes a team of uniformed commissioned officers trained to provide public health services to the nation (U.S. Department of Health and Human Services,

2015). PHS takes care of all of the health care needs of individuals who come in and out of custody. The medical department of the detention center is operated by PHS, and approximately 90% of the staff (RNs, LPNs, physicians, and medical records staff) perform administrative roles only.

Health care in a correctional facility is very different from health care in other facilities in that the correctional facility detainees are ordered by the court to be detained against their will. Medical care in a correctional facility is one of the top three complaints of inmates housed at the detention center (Gostin, et al., 2007). The Office for Civil Rights and Civil Liberties (CRCL) is an organization that supports the organization's mission to secure the nation while preserving the civil and human rights under the law for immigrants in custody (U.S. Department of Homeland Security, 2015). If a negative outcome occurs and a particular facility is found negligent, it can result in steep fines or the closing of that facility (Lee, 2015; Shadwick, 2015). Nurses are the primary health care providers in correctional facilities, and they often take the brunt of many inadequacies due to their ambiguous scope of practice within correctional health (Almost et al., 2013; Davidson et al., 2009). It is in the best interest of all stakeholders to improve nursing response to emergency service at the immigration detention center.

Nursing Turnover

Nursing turnover at the immigration detention institution is a major problem within the organization, and is of particular concern with PHS and all other lines of business. Jones (2005) estimated that the average loss of revenue for employers could be \$60,000 or more per nurse. However, much of the literature is focused on why nurses

leave and less on the cost. The major issues voiced from nurses working at the detention center include not being heard, lack of training, and the feeling of being overwhelmed. Twigg Gelder, and Myers (2015) used nursing staff and patient data to document the number of understaffed nursing shifts at each patient's hospital stay. Twigg et al. found that "the mean number of understaffed shifts that patients were exposed to was 122 shifts (*SD* 275 shifts) for all patients, 122 shifts (*SD* 271 shifts) for medical patients and 124 shifts (*SD* 283 shifts) for surgical patients" (p. 5). Nursing shortages restrict the pool of accessible staff needed to fill gaps in the schedule (Jones, 2005). An understaffed correctional facility is a recipe for disaster for all involved. With the unpredictable setting, being short-staffed increases the risk of injury and mortality (UCLA Public Health, 2011). Given these concerns, I conducted this project to introduce the TeamSTEPPS emergency response curriculum at the detention center, which will offer the leaders team-building resources to keep their current nurses and attract new ones. Before implementing this curriculum, it will be important for leaders to draw from the teamwork theory that will assist in their understanding of the expected levels of group development.

Teamwork Theory

I used Tuckman's model of group development for this project (Tuckman & Jensen, 1977). According to teamwork theory, a group working together over a long period of time goes through five stages of forming a cohesive team: (a) forming, (b) storming, (c) norming, (d) performing, and (e) adjourning (Betts & Healy, 2015; Tuckman & Jensen, 1977).

Forming

The forming process will prepare the HSA or designee and the other team members for the task at hand. This is the first stage in which everyone gets to know one another. The forming stage gives everyone an opportunity to set ground rules, understand the objectives, focus on the role they will play, and provide opportunities to modify the program (Betts & Healy, 2015; Tuckman & Jensen, 1977). Jahng and Bullen (2012) analyzed participant behaviors while engaging in online group activities. Small and large group discussions were examined and correlation analysis was used to evaluate individual interactions in small group activities. Jahng and Bullen found that small cohorts encountered more interaction and in-depth conversation compared to large cohorts engaged in large group discussions. Jahng and Bullen concluded that smaller groups were much more effective and allowed for all participants to be heard. Even though the Jahng and Bullen's study sample was small and only one online course was evaluated, McCambridge, Witton, and Elbourne (2014) supported the findings in their systematic review of 19 randomized control, quasi-experimental, and observational studies. Twelve of the 19 studies indicated that small cohorts yield better results (McCambridge et al., 2014). Based on these findings, I will recommend small team-building sessions to participants at the detention center. It is important for each nurse participating in the TeamSTEPPS emergency response curriculum to be engaged in-group development.

Storming

The storming phase will be the most challenging stage, because interpersonal

difference will be tested (Betts & Healy, 2015; Tuckman & Jensen, 1977). The participants may question the entire process, each other, and even the mission. The HSA will need to understand this is a normal process. Haines (2014) hypothesized that virtual teams and face-to-face teams deal with the same pressures of mistrust and the tension, resulting in low commitment over time. Successful conflict management requires listening, and creating alliances with one another (Betts & Healy, 2015). Furthermore, it is important for the facilitator to remain steadfast and optimistic during this stage, especially when some of the nursing staff will challenge leadership authority (Betts & Healy, 2015).

Norming

As conflict subsides the participants will move into the norming stage in which everyone in the group starts to accept and understand each other (Betts & Healy, 2015; Tuckman & Jensen, 1977). This is where transformation into a team begins. Achieving the objectives and goals becomes the main focus of the team's attention (Betts & Healy, 2015; Tuckman & Jensen, 1977). Communication, offering constructive feedback, and giving positive reinforcement when appropriate helps the team strive to excellence. Garfield and Dennis (2013) conducted a randomized case study on 6 newly formed groups to evaluate how groups progressed through the group stages. The researchers concluded that that norming stage is a set of routine processes that guided their behavior. Individual experiences along with guidance from the lead person will move the group along to the next step of performing (Garfield & Dennis, 2013). A perfect example of not addressing expectations is when researchers Scherrer et al. (2015) evaluated the

significance of group dynamics on 11 doctoral international students. The students were flown to America and housed in dormitories (Scherrer et al., 2015). One student ended up leaving the program due to irreconcilable differences among the group, and intervention between the remaining group was near impossible (Scherrer et al., 2015). The remaining participants demanded to stay in a motel for the remainder of the study, which was not in the study budget. To save the study the researchers agreed. In hindsight the researchers agreed that ground rules should have been set as early as the forming stage and reiterated during the storming stage (Scherrer et al., 2015).

Furthermore, it is important for the facilitator to remain steadfast and optimistic during this stage, especially when some of the nursing staff will challenge leadership authority (Betts & Healy, 2015).

Performing

The performing stage is where the team is comfortable with each other and all differences are put aside as group normalcy is achieved (Betts & Healy, 2015; Tuckman & Jensen, 1977). Team harmony is high during this stage, which results in a powerful operation. The performing stage will exemplify the overall effectiveness of the TeamSTEPPS program (Appendix E). Despite Scherrer et al. (2015) mishap of not setting clear goals and boundaries, they were able to achieve the performing stage. The participants were able to focus on the goal at hand, and even made plans to collaborate on future projects (Scherrer et al., 2015). Haines (2014) believed this sense of belonging makes the group more committed to the process and can lead to unsolicited future projects.

Adjourning

Adjourning is the conclusion of the group activity, and Tuckman and Jensen (1977) described it as a regressive stage from giving up control to giving up inclusion in a group. At the end of the TeamStepps education program, the team will proceed to the adjourning stage. The team forms a cohesive bond and when some one leaves there will be a sense of loss (Betts & Healy, 2015; Tuckman & Jensen, 1977). At this stage it is important for the HSA to recognize the team's accomplishments. The team will remember the appreciation and continue to work hard to live up to the mission, while performing safe emergency care. Teamwork is the foundation of nursing practice and it is critical to establish a safe working environment, upholding the IOM recommendation for better nursing.

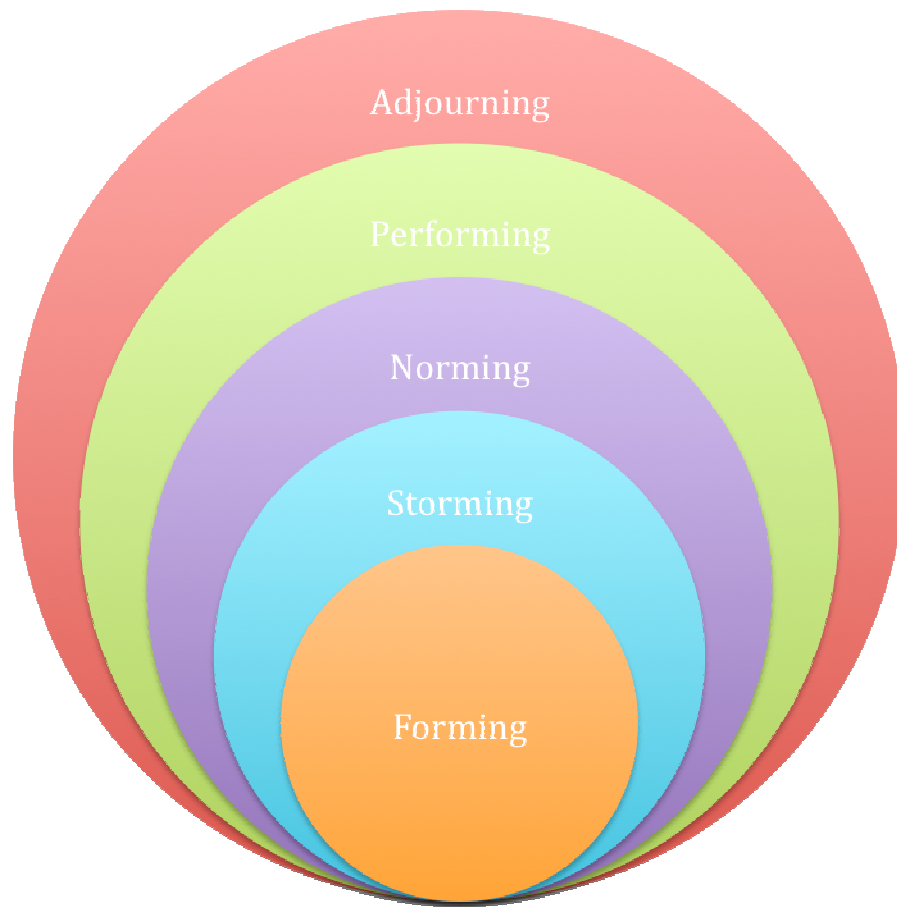


Figure 1. Tuckman and Jensen model of group development. Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small-group development revisited. *Group & Organization Management*, 2(4), 419-427. Retrieved from [http://www.freewebs.com/group-management/BruceTuckman\(1\).pdf](http://www.freewebs.com/group-management/BruceTuckman(1).pdf)

Summary

It is important for IHSC leaders to develop and support teamwork initiatives, in order to ensure the health and well being of the detainees incarcerated. Bad outcomes that occur in correctional facilities can result in extensive fines, job loss or closing of that facility (Lee, 2015; Shadwick, 2015). Nurses are the primary health care providers in correctional facilities, and they often take the brunt of many inadequacies due to their ambiguous scope of practice within correctional health (Almost et al., 2013; Davidson et al., 2009). It is in the best interest of all stakeholders to improve nursing response to emergency service in the immigration detention center. Rosser et al. (2011) reported that the Canadian health care system evaluates their quality and safety by analyzing billing data and generates annual reports on the strengths and weakness of primary care. Medical students reported that teamwork strategies enhanced patient visits by emphasizing a team approach and the ease of managing patients with chronic diseases, prevention measures, and monitoring and management of high-risk patients within a practice (Chandran et al., 2015). The following section will introduce the TeamSTEPPS emergency response curriculum, which allow nurses working at an immigration detention center to effectively respond to emergency situations as a team.

Section 3: Project Design

Proposal for Nursing Education Competency Program

This project was an independent proposal for the IHSC who is responsible for the health care of all immigrants housed in detention facilities. This was an unsolicited, detailed proposal to show that government support could be worthwhile, and that the proposed program could benefit the agency's mission. The proposed TeamSTEPPS emergency response curriculum may assist immigration correctional leaders in improving the quality of care of immigrants detained in U.S. correctional facilities. The purpose of this project was to propose an education program to IHSC to address team building and communication gaps among nurses working at an immigration detention center. The TeamSTEPPS emergency response curriculum includes an evidence-based competency model and a team-based ideology to effect positive change (AHRQ, 2015). In this section, I describe the implementation of the TeamSTEPPS curriculum. A formal plan of study that embraces the philosophical foundation, objectives, and protocol for the delivery of any education program (Morcke, Dornan, & Eika, 2013) is also discussed in this section.

The TeamSTEPPS emergency response curriculum is unique in that it simultaneously covers medical team training and emergency response (AHRQ, 2015). The immigration detention center has its own emergency response system in place, so this curriculum will enhance the existing method and add an evidence-based approach to addressing the scenarios (AHRQ, 2015). This education program will provide middle management and nurses with effective communication and team-building tools to

enhance their ability to (a) monitor the performance of one another and provide reinforcement, (b) plan and organize team roles, and (c) communicate with one another efficiently and effectively (King et al., 2008). These skills will contribute to the development of a competent and resilient nursing team.

Measuring competency gaps within the immigration detention center and addressing them proactively allows leaders to focus on the areas needed to have a positive impact on nursing performance, employee engagement, and retention (Theisen & Sandau, 2013). AHRQ has designed all of the evaluation tools for the TeamSTEPPS curriculum, which can be altered to fit the needs of the immigration detention center. One of the tools is the pre-training behavior survey (Appendix F). Ideally, the survey should be administered to the HSA or designee and the nurses prior to implementing the training. The purpose of this pre-training behavior survey is to offer the organization leaders insight into the disjointed and disconnected health environment that makes it impossible to fulfill the organization's mission. Another advantage to measuring competency gaps is it allows leaders to keep their training programs focused to cultivate a sustainable medical staff.

Successful organizations have clearly articulated competencies. Nurses can be expected to bear more responsibility for developing those competencies, but it is up to the employer to provide the tools. Introducing the TeamSTEPPS emergency response curriculum is one way to provide nurses with the tools and develop the skills of critical thinking and teamwork. In addition, nurses could formulate development goals that arise during the TeamSTEPPS program. The immigration detention HSA or designee will

engage in quarterly communication plans with the nursing staff. HSA leaders will also assess the nurses' personal progress toward their goals and focus on the clear roles and responsibilities that align with the organization's mission.

The IOM report *To Err Is Human* revealed that health care quality was poor and unsafe (King et al., 2008; Page, 2008). The IOM report recommended that the priority for health care leaders should be learning and clinical decision-making support for nursing staff (King et al., 2008; Page, 2008). Organizations that employ nurses should provide a formal orientation program. In addition, organizations who invest in their nurses by providing cross training, continuing education skills, coaching, career, and personal development will have happy employees.

Teamwork Theory

Tuckman and Jensen's (1977) model of group development is a teamwork model used to guide team coordinators through a process of group development. Tuckman and Jensen noted that a group working together over a long period of time goes through five stages of forming a cohesive team: (a) forming, (b) storming, (c) norming, (d) performing, and (e) adjourning (Betts & Healy, 2015; Tuckman & Jensen, 1977). As the HSA or designee and group participants transform into a well-informed close-knit group, then changes will be visible, including happier employees, well cared for detainees, and fewer nurse turnovers.

TeamSTEPPS Emergency Response Curriculum

The model that will be used for my proposal to the immigration detention center is the TeamSTEPPS emergency response curriculum. The TeamSTEPPS model was

developed as a result of the 1999 Institute of Medicine's report, which recommended improvement and safety in health care (AHRQ, 2011; King et al., 2008). Teamwork was emphasized in this report because human factors were identified as one of the major reasons for medical errors (AHRQ, 2011; King et al., 2008).

Program Description

TeamSTEPPS emergency response is an evidence-based curriculum that includes team strategies and tools to foster teamwork and improve communication (AHRQ, 2011). TeamSTEPPS contains an inclusive series of materials and training modules to facilitate integrative teamwork in all areas of clinical practice (AHRQ, 2011; King et al., 2008). The TeamSTEPPS emergency response curriculum would be an effective tool for the immigration detention center because its design is team driven in response to serious medical events.

According to the AHRQ (2011) and King et al. (2008), the foundation of the TeamSTEPPS model includes (a) monitoring, (b) mutual support, and (c) communication. This unique model is used to promote leadership and staff guidance, to build on knowledge and skills, and to identify the perspectives of the user and complicated human elements (AHRQ, 2011; King et al., 2008). The participants who are involved in the TeamSTEPPS emergency response curriculum are expected to (a) share a clear vision, (b) employ organized communication methods, (c) adjust quickly to changing conditions, (d) maximize available resources for optimal outcomes (AHRQ, 2011; King et al., 2008).

Program Objective

Upon completion of the program, the participants (immigration detention nurses and the HSA or designee) will (a) be familiar with and implement the event-based approach to training, (b) create TeamSTEPPS training scenarios, (c) create TeamSTEPPS performance measures, (d) be familiar with and implement effective debriefs of team performance (AHRQ, 2014). Table 1 shows the program objectives.

Table 1

TeamSTEPPS Competency to Enhance Performance and Safety for Immigration

Detention Center Nurses

Teamwork Competency	Definition	Behaviors and Skills	Outcomes	Tools and strategies
Leadership	Ability to direct, assign tasks, motivate the team members, be an available resource, and facilitate optimal team performance.	Clarify the roles, responsibilities, and expectations	Shared Mental Model	Resource management Delegation Brief Huddle Debrief
Situation Monitoring	Ability to develop common understandings of a team environment and apply appropriate strategies to accurately monitor teammate performance;	Anticipate and predict each other's needs through cross monitoring the actions of fellow team members; provide feedback early, which allows a team member to self-correct, establish a safety net, and	Mutual Trust Team Orientation	Situation Awareness Cross Monitoring STEP I'M SAFE

	maintain a shared mental model.	watch each other's back.		
Mutual Support	Ability to anticipate other team members' needs through accurate knowledge, and shift workload to achieve balance during high periods of workload or pressure.	Correct deficiencies in workload distribution through shifting of responsibilities to underutilized team members; give and receive constructive and evaluative feedback; resolve conflict; advocate and assert.	Adaptability Accuracy Productivity Efficiency Safety	Task assistance Feedback Advocacy & Assertion Two-Challenge Rule CUS DESC Script Collaboration
Communication	Ability to effectively exchange information among team members	Communicate critical information through structured communication techniques; ensure information conveyed is understood through follow-up and acknowledgement		SBAR Call-Out Check-Back Handoff I PASSS the BATON

Note. From "TeamSTEPPS 2.0 by AHRQ, 2008, p. 11. Retrieved from https://www.onlineregistrationcenter.com/company_images/347/TeamSTEPPS_GuideToAction.pdf

Figure 2 shows how the education program will be used at the immigration detention center.

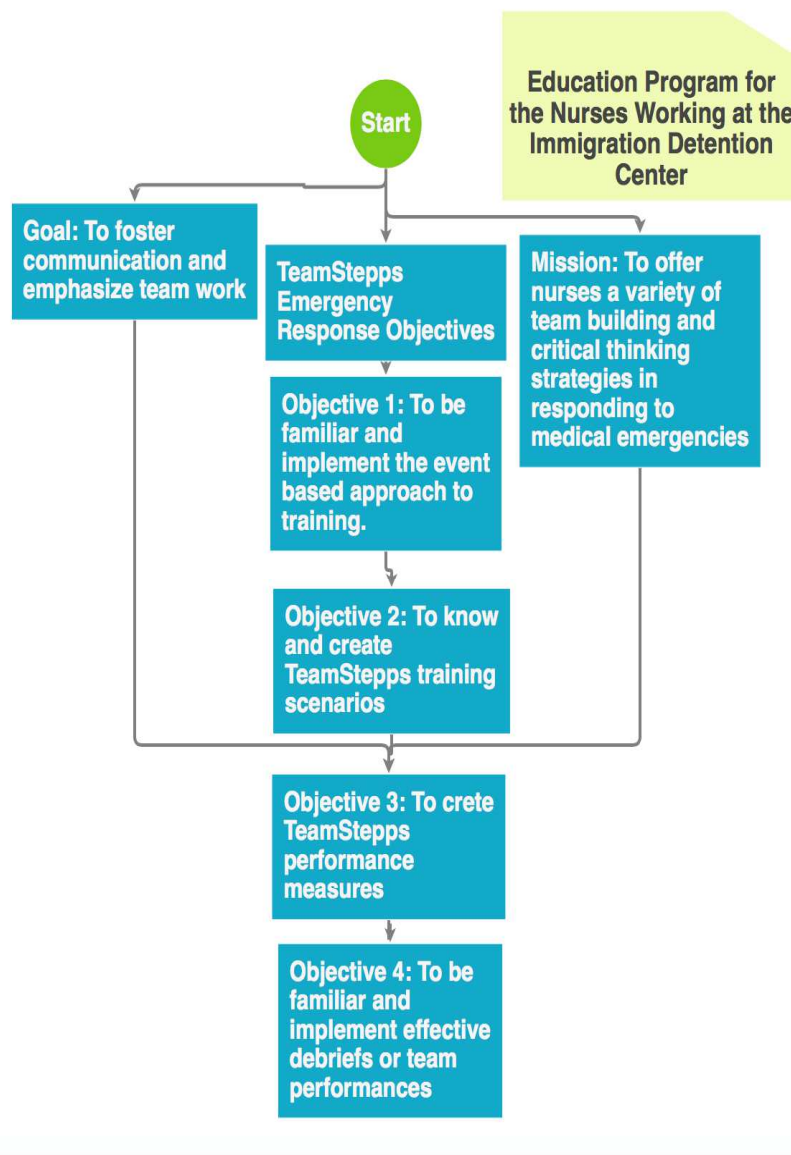


Figure 2: Education Program for the Nurses Working at the Immigration Detention Center. Agency for Healthcare Research and Quality (AHRQ). (2014). *Using simulation in teamsteps training: Classroom slides*. Retrieved from <http://www.ahrq.gov/professionals/education/curriculum-tools/teamsteps/simulation/simulationslides/simslides.html>

TeamSTEPPS Emergency Response Education Program Evaluation Plan

The urgency for decision-makers to consider investing in their nursing staff and implement the TeamSTEPPS emergency response curriculum has been validated through the literature review. There is over 20 years of evidence-based research and lessons learned from the military, aviation, emergency response services, and nuclear power field (King et al., 2008). Cromie et al. (2015) and Zelster and Nash (2010) noted that the aviation industry shares similar elements with the medical industry in terms of reducing harm, focusing on safety of all players, stressing teamwork, and enhancing interpersonal skills. To address safety and efficiency gaps, immigration detention center nurses will be introduced to an emergency response competency program. Evaluation tools in the form of questionnaires developed by the AHRQ will be offered after each module (Appendix D) and several months after the conclusion of the program (Appendix G). The evaluation will focus on the activities, characteristics, and outcomes of the program, which will provide guidance to IHSC leaders on how to improve the curriculum by customizing it for the intended audience (Hodges & Videto, 2011). The AHRQ (2012) developed a customized evaluation template (Appendix D & E), which is explained in the following sections.

Readiness Assessment Survey (RAS)

The readiness assessment survey (RAS) is a set of questions used to assess the organization's readiness to implement the TeamSTEPPS curriculum to improve safety (Appendix C). It is imperative to identify and involve the nurses, medical providers, and medical administrators in the planning and implementation activities. The medical staff

(stakeholders) have a vested interest in the program and will be affected by the evaluation results (Compas, Hopkins, & Townsley, 2008; Strumwasser & Virkstis, 2015).

Stakeholders can offer a different viewpoint of the program, and involvement can assure buy-in (Strumwasser & Virkstis, 2015). Stakeholder engagement can provide objectivity, amplify communication among pivotal parties, and make sure that data collection is comprehensive.

Surveys

A short questionnaire will be offered to senior leaders including patient safety officers, leaders of the units where the module will be implemented, leaders in interpreter services, and motivated frontline staff (AHQR, 2008) to assess the organization's readiness to implement the TeamSTEPPS module to improve safety (Appendix C).

The pre-training behavior survey (Appendix F) should be given to participants to assess their knowledge of team building prior to delivering the education module. The purpose is to establish baseline data. After each TeamSTEPPS module, there will be an evaluation. Post-behavior training evaluation (Appendix G) will be given 8-12 weeks after the TeamSTEPPS. In addition, a process evaluation survey will be completed by the HSA after 1-3 months to qualitatively explore whether favorable outcomes were achieved as a result of the TeamSTEPPS emergency response curriculum. The nurses involved in the education program should be informed that they will participate in data collection; to maintain anonymity, they will refrain from putting their names on the questionnaire. Each survey should have preprinted numbers. Once all surveys and questionnaires are

completed, the data will be analyzed by the HSA or designee and the results will be presented to the decision makers of the organization (IHSC).

The TeamSTEPPS master trainer curriculum and all of the other resources attached are free thanks to AHRQ. However, being certified requires the master trainer to teach TeamSTEPPS at the local military base once a month during new employee orientation. The master training course requires the HSA or designee to spend 1 hour a week for 11 weeks to complete the entire course. Once the HSA or designee has been certified as a master trainer, they will be able to teach the course on the job at their convenience.

Data Analysis

The overall goal of QI and quality assurance (QA) is to direct the performance and behaviors of clinicians and institutions toward a positive outcome and translate the information through statistical data (Albanese, 2010; Goldstone, 1997; Suchy, 2012). Leaders in the field of QI and QA have recognized ill-prepared quality improvement initiatives are doomed not because of the approach, but rather the poor execution and seriousness of the importance of improvement initiatives (Best & Neuhauser, 2006; Chu, Wang, & Dai, 2009; Kaplan et al., 2013; Naranjo-Gil, 2009). Managers need to adopt theories or a framework in order to understand where the problems embedded within their organization, and how to tackle large difficult tasks (Kaplan et al., 2013). Donabedian's implementation model allows for specific measurement of any of the variables and for identification of causal relationships in structure, process or outcomes (Dawson, 2014). In other words, the user of this model will be able to: (a) identify the

problem, (b) examine activities surrounding the problem, (c) plan for an intervention, and (d) follow up for future outcome.

Mixed Method Analysis

The immigration detention's health QI administrator will be responsible for administering and analyzing the outcome measures. Outcome measures should be assessed using inferential statistics, which gives clarity of the data and draws a conclusion. An example of inferential statistics include correlation and regression (pre and post test behavior scores) and qualitative (process evaluation); (Appendix E). This mixed method evaluation will make it easier for the evaluator to understand if the TeamSTEPPS emergency curriculum is effective or if it needs to be tweaked.

Addressing practice issues from the point of view of both numbers and narratives highlights what each design's shortfall (Creswell, 2009; Driscoll et al., 2007). The intention of using a mixed method approach to collecting and analyzing the data will legitimize the TeamSTEPPS emergency response curriculum to all stakeholders (Creswell, 2009; Driscoll et al., 2007).

Eaton et al. (1999) conducted a yearlong cross-sectional investigation to quantify the amount of exercise the selected participants exercised, and assess the participant's perception of exercise and their cardiovascular risk. Data collection included interviews and surveys, and inferential statistics analysis of variance (ANOVA); (Eaton et al., 1999). Validity and reliability of this study was assessed by the use of lab tests, retest for reliability (Eaton et al., 1999). A follow up evaluation was used (face validity) which

generalized the findings of younger women generally engage in vigorous activity more often and have lower cardiovascular risk factors (Eaton et al., 1999).

Therefore, outcomes of the nurses TeamSTEPPS emergency response education Program the pre and post training behavior survey (Appendix F & G) before and after the intervention (TeamSTEPPS emergency response program). Stakeholders include the nurses, medical providers, clinic administrators, correctional officers, facility administrators, and the detainees. The TeamSTEPPS Process Evaluation (Appendix E) questionnaire should be administered to the program facilitators (HSA) the open-ended questions would be tailored to assess the delivery of the program, assess for strengths and barriers of the implementing the program. In addition, process evaluation helps justify the time investment, explains why the intervention is working or not working, and identifies any changes needed to make to improve the intervention's outcomes. Leontjevas et al. (2012) conducted a process evaluation to assess the efficacy of a depression program offered to nursing home resident (n= 800). The evaluation method confirmed that internal and external validity of the depression program showed that he program needed more fine-tuning. The TeamSTEPPS Process Evaluation (Appendix E) questionnaire completed answers will be coded by hand to identify themes and meaning units noted by each facilitator. Identifying common themes from the process questionnaire and integrating this with evidence-based literature will make the data come alive (Creswell, 2007).

Reliability and Validity

AHRQ has established validity and reliability of the TeamSTEPPS curriculum and their evaluation tools. Maguire, Bremner, and Yanosky (2014) used a team performance observation tool (TPO) to appraise the validity and reliability with nurse educators. With a convenience sample of (n=30) nurse educators internal consistency was achieved and the tools were proven to be reliable based on Cronbach's alpha coefficient of 0.965 (SD=21); (Macguire et al., 2014). The performance observation tool used convergent validity showed that there was no statically significance ($\alpha = .05$) between the difference of the samples teaching roles and the years of experience (Macguire et al., 2014).

Financial Analysis Strategy

Implementing the TeamSTEPPS emergency response curriculum would have financial benefits to the IHSC, ICE, CCA, and the public. The facility would benefit from doing a Cost-effective Analysis (CEA), which asks the question, what is the cheapest way to get a favorable outcome? Program outcomes must be sufficient to support an education program for nurses working in a correctional setting (Vanhook, 2007). The public needs assurance that nurses have current knowledge and are safe practitioners. In addition, nurses need incentives of value added to their career and practice. Accordingly, the public looks for requirements that demonstrate currency and ability to practice safely. Nurses would benefit from requirements that are relevant to their practice, promote professional development and can be used to meet the multiple demands of all stakeholders (NCSBN, 2005).

CEA gives users a systematic and comprehensive way to analyze the intended and unintended costs and benefits of the relevant alternatives. Unfortunately budget and accountability pressures drive increased economic cost analysis in decision making. However, curbing costs is extremely important to the organization and it will be an important part to the evaluation of this education. When performing a cost analysis it is important to determine if there are any other alternatives, demonstrate the effectiveness of the alternatives, and list the costs current.

Summary

This DNP project is to propose an education program to address immigration detention nurses' gap in emergency health care competency by improving collaboration and communication. Using the TeamSTEPPS emergency response curriculum developed by the Department of Defense (DOD) and the Agency Healthcare Research and Quality (AHRQ) the intent is to integrate teamwork into practice (AHRQ, 2011; King et al., 2008). The TeamSTEPPS curriculum is a clear step-by-step guide to address the following principles to team building (a) Team Structure, (b) Communication, (c) Leadership, (d) Situation Monitoring, and (e) Mutual support. Section 4 will discuss the results and findings, discussion, and implication of future research.

Section 4: Evaluation /Findings and Recommendations

The purpose of this project was to propose the TeamSTEPPS emergency response curriculum as a training tool to address team building and communication gaps among nurses working at an immigration detention center. IHSC is the health agency responsible for the medical care of all immigrants housed in detention facilities; therefore, this comprehensive proposal was intended to show that government backing could be worthwhile, and that the recommendation may facilitate the agency's mission of providing safe health care to detainees incarcerated in U.S. detention centers.

The TeamSTEPPS emergency response curriculum includes an evidence-based competency model and a team-based ideology to effect change (AHRQ, 2015). According to the literature, medical errors accounts for over 17 billion dollars of health care spending (Van Den Bos et al., 2011), and 3.5 billion of those dollars result from nursing errors (Anderson & Townsend, 2011). Researchers identified inadequate communication as the cause of over 60% injurious events (Anderson & Townsend, 2011; Desai et al., 2011; National Commission on Correctional Health Care, 2015). In addition, insufficient teamwork was identified as a roadblock among nurses working in correctional settings (Chafin & Biddle, 2013). The TeamSTEPPS emergency response curriculum will provide management and nursing staff with tools to close the gaps of responding to medical emergencies, thereby enhancing detainees' quality of care.

Evaluation Findings and Implications

Noteworthy organizations have clearly articulated competencies, and nurses are expected to take responsibility for cultivating those competencies. Nurses should be

encouraged to formulate professional development goals that arise during the TeamSTEPPS program. However, this will not be possible if the employer does not furnish the tools. Introducing the TeamSTEPPS emergency response curriculum is one way to provide management and nursing staff with the tools to develop critical thinking and teamwork skills. The role of management in a health care organization is not to supervise or micromanage, but to remove barriers that prevent workers from doing their job (Deming, 1986; Kelly, 2011; Siriwardena, 2011). Changing the way business has been done may lead to conflict. Organized, evidence-based leadership programs will be the catalyst for change and will encourage and give hope to the nurses to work as a team and improve communication.

To increase the validity of this proposal, I formed an expert advisory board to evaluate the relevance and importance of teamwork competencies in medical organizations. This was an important aspect of this proposal because a systems leadership approach will ensure that the IHSC organization changes the way their nurses provide emergency care, thereby improving health outcomes and patient safety (American Association of Colleges of Nursing [AACN], 2012). The AACN (2012) defined systems leadership as a methodological approach to creating long-lasting high-performance care in the midst of an unpredictable, complex environment. The expert advisory committee included five members who were recruited using the special invitation referral base (Appendix A). Members were recruited through word of mouth from non-investigator health care providers and participants referring other participants. The prospective members also had the option to forward the invitation to other potential participants. The

participants sent their curriculum vitae and professional resume to me so I could make sure they were qualified to be on the expert panel.

Study Setting

Many medical and academic professionals play active roles in taking care of the populations they serve. This can make it difficult for them to arrange time to conduct activities not directly related to work. I sent the questionnaires via email to ease the burden of participating on this expert panel. I remained the sole investigator and transcriber throughout the data collection process. There were no gifts or reimbursement for participating on this expert panel. Participation was strictly voluntary.

I emailed the consent form and the validation questionnaire to each member of the expert panel. Members returned the completed questionnaire, CV or resume, and consent form within 7 days via email. The validation questionnaire included six items that I created according to the TeamSTEPPS Competency objectives (AHRQ, 2008). The remaining four questions in the questionnaire addressed demographic information.

Results: Expert Advisory Demographics

Two participants self-identified as White and three as Black. The sample was diverse in race and reflected differences in other demographic characteristics such as age, job situation, and level of education. All participants self-identified as board certified medical practitioners, English speakers, and individuals working in Georgia. Participants' age ranged from 40 to 49 years. Two members were male, and three were female.

Two members were PhD-prepared nurse practitioners (NPs) who practice in acute care part time and work full time in academia. One member was a DNP-prepared NP who

works at the local army base family medical clinic. One member was a master's-prepared physician assistant (PA) who works at a small rural community hospital. The last member was an osteopathic physician who owns and operates a small federal qualified health care facility.

Results: Expert Advisory Questions

The validation questionnaire contained six items that were based on the TeamSTEPPS competency objectives. The questions addressed the following categories: (a) leadership responsibility, (b) leadership understanding of team dynamics, and (c) team communication.

Leadership Responsibility

Each item was rated on a 5-point scale ranging from 5 “Not at all important” to 1 “very important.” Questions 1, 2, and 3 focused on organizations’ leadership responsibility to their staff to create a safe, supportive, motivating environment for their nurses. The advisory committee members gave a score of 100% for all three questions as being very important. All stakeholders are responsible for the care and safety of immigrant detainees housed in a correctional institution in the United States. IHSC nursing leadership has a responsibility to examine the intricate dynamics that impact nursing practice (Deming, 1986) because the average length of stay for a detainee is 90 days. Deming (1986) noted that the nursing leadership role is to develop, interpret, educate, and monitor protocols and operational strategies to direct safe nursing practice.

Nurses must obtain a certain number of continuing education credits to maintain their state nursing license. The state assumes that nurses practice safely unless they are

reported to the state board. IHSC management is responsible for training nurses to handle medical emergencies. The benefit to having hands-on training includes increasing job satisfaction, stabilizing nurse turnover (Chafin & Biddle, 2013), increasing self-confidence (Gardner et al., 2013), and improving team (Jensen & Forsyth, 2012).

Leadership Understanding of Team Dynamics

Questions 4 and 5 focused on the leadership's responsibility to understand the dynamics of a team environment and share a common goal as well as anticipate each other's needs. The advisory committee members gave a score of 100% for both questions as being very important. It is important for leadership to understand that successful teams are a considerable benefit to an organization. For example, there is broader expertise compared to a person working individually (Betts & Healy, 2015; Tuckman & Jensen, 1977). Effective teams also coordinate their efforts to produce the desired outcome (Betts & Healy, 2015; Tuckman & Jensen, 1977). A sense of team cohesiveness fosters ownership within the organization (Betts & Healy, 2015; Tuckman & Jensen, 1977). At the immigration detention center, the scope of practice for RNs and LPNs is very limited. Nursing leadership must remove barriers that prevent staff from developing and instituting activities that encourage teamwork (Chafin & Biddle, 2013; Deming, 1986).

Team Communication

Question 6 focused on nurses' ability to collaborate with one another. This question received a score of 100% as being very important. Poor communication has been identified as one of the main sources of error in careers that involve a risk of injury to the public. For example, King et al. (2013) conducted a qualitative study of 27 RNs

working in a nursing home. The nurses reported that they trust that medical documents they receive from other medical institutions regarding their patients are accurate (King et al., 2013). The nurses also reported that incomplete medical histories, medication omissions, and incorrect current medical status were the sources of medical errors (King et al., 2013). In nursing and medicine, poor communication can result in unintentional death.

Summary

The advisory panel confirmed that leadership and teamwork couldn't exist without each other. Leadership and teamwork must be balanced to ensure that they enhance each other (Sohemen, 2013). Poor leadership may undermine an ambitious team; in addition, strong leadership may not be successful with an ill-equipped and apathetic team. The TeamSTEPPS emergency response curriculum is an evidence-based intervention that will not only protect the detainees, staff, and other stakeholders, but will also improve the organizational culture.

Implications for Policy

IHSC should consider increasing its scope of practice for RNs and LPNs in the federal system. State law is governed by the Nurse Practice Act, which allows nurses to assess the health status of patients; provide a nursing diagnosis; and plan, implement, and evaluate nursing care (Georgia Board of Nursing, 2012). However, for nurses working in the immigration detention center, autonomy to practice within their scope has been severely diminished. For example, LPNs are not allowed to perform snellen vision exams (reading a chart on the wall) or to assess someone who has had a recreation yard injury.

For a detainee complaining of decreased hearing, an RN is allowed to assess the person's ear but cannot flush the ear without a medical provider evaluating the detainee first. Overly restrictive scope-of-practice regulations of nurses in immigration detention centers constitute the most serious barriers to accessible care, as well as increase costs and burnout among workers. Unnecessary restrictions create a practice barrier that can lead to nurses being unhappy with their job (De Milt, Fitzpatrick, & McNulty, 2011). Nurses are the primary care providers for detainees at the immigration detention center, and if they leave it can adversely impact the objectives of the triple aim: better care, better health, and lower health care cost (Hain & Fleck, 2014). The TeamSTEPPS emergency response curriculum will not only protect the detainees, staff, and other stakeholders, but will also improve organizational culture.

Implications for Practice

The TeamSTEPPS curriculum has consistently been shown to improve the medical care provided to patients (AHRQ, 2011; King et al., 2008). Deming (1986) argued that management's role is not to supervise or micromanage, but to remove any barriers that prevent workers from doing their job. Changing the way business has been done creates potential conflict. The TeamSTEPPS emergency response curriculum will provide management and nurses with the tools to mitigate conflict, such as respecting one another, valuing staff ideas, and creating a safe environment (Beunza, 2013; Deming, 1986).

Nursing leaders are expected to demonstrate exemplary clinical skills, critical thinking, communication, and business skills (Deming, 1986; Siriwardena, 2011). Often

nurse leaders are expected to achieve a balance between clinical and business practice with little or no guidance (Siriwardena, 2011). The TeamSTEPPS emergency response curriculum will provide organizations with clear intentions for new nurse leaders so they can learn their role. IHSC would benefit from investing in the TeamSTEPPS emergency response training for these leaders to help the organization achieve its goal of providing safe and high quality care (Deming, 1986; Kelly, 2011; Siriwardena, 2011).

Implications for Research

As evidenced by the gap in literature, nursing education for nurses working in immigration detention correctional settings, require more research. Evidence-based research sets the foundation for using clinical practice. Immigration corrections differ from a traditional federal correctional facility in that the average length of stay for a detainee is 30 days. Thus, the lack of consistency in the detainee population can challenge the medical staff if they are not prepared to handle any or all situations. For this reason, research to quantify the impact of having a high detainee turnover specifically to immigration detention centers would help understand the problem.

Implications for Social Change

The implications of not addressing proper leadership and nursing education includes turnover, low staff morale, low practice efficiency, incompetency, detainee injury or death, and detainee dissatisfaction which equals more complaints against the medical staff and possible law suits. The IOM report *To Err Is Human*, revealed that health care quality was poor and unsafe (Page, 2008). The IOM report urged healthcare organizations that nursing needs should be top priority (Page, 2008). The TeamSTEPPS

emergency response curriculum is a socially responsible alternative to improving detainee emergency medical care, and increasing satisfaction among the nursing staff by broadening communication and teamwork (Lundeen & Padilla, 2013).

Strength and Limitations of the Project

The strength of this project was that the TeamSTEPPS curriculum was made available free of charge through AHRQ. Implementing this curriculum would not cost IHSC any more money than they spend now on staffing, and the computer they use on a daily basis. An additional strength of this proposal is in order to achieve the overall project goals; the designated nurse leader will need to spend time to complete the 1-hour a week Master Trainer web-based module offered free by AHRQ. Once the nurse leader completes their training, he/she can implement the TeamSTEPPS emergency response curriculum to the nurses working in the immigration detention center. The TeamSTEPPS emergency response curriculum has a modular design to allow management freedom to tailor information to specific lesson plans or needs of the clinic.

Foreseeable limitations to IHSC agreeing to implement this program includes the nurse leader not following through on the completing the master training and or delays training the nurses (Chang, Russell, & Jones, 2010). Brown et al. (2010) explained that these distractions are created between leadership and staff because leadership is distant from the daily rigorous life of a floor nurse. Sadly, leader response to change happens when a calamitous event happens leaving the entire organization open for trouble.

Recommendations

What is great regarding the TeamSTEPPS emergency response curriculum and evaluation tools is that the tools were tested and proven to have positive results in a variety of settings. The templates can easily accommodate any type of medical environment. At this time, I don't see any reason to change the evaluation tools if other organizations have used them successfully. The TeamSTEPPS emergency response curriculum requires everyone to put his or her heads together and band as one thus allowing everyone to take ownership of the process. Hopefully this leads to increased buy-in from the leaders as they can see value in the program and implement in their remaining 26 sites.

Summary

The purpose of this DNP project is to propose team building education program to ISHC leaders, to close the gap in poor emergency medical care handling with the nurses working at the immigration detention center. The TeamSTEPPS curriculum developed by the Department of Defense (DOD) and the Agency Healthcare Research and Quality (AHRQ) combines teamwork with clinical scenarios to foster a safe and caring environment for everyone. Together leadership and teamwork have to maintain a balance to assure that both draw celebratory success from each other and uphold the Triple Aim of providing better care, better health, and lower cost (Hain & Fleck, 2014).

Section 5: Dissemination Plan

Dissemination Plan

I selected the immigration detention center as my study setting because I have worked there for 3 years, and the many problems noted in my project are real challenges I have witnessed over the years. The organizational culture was reactive and authoritative, and no one respected or trusted one another. To find a solution, I turned to the literature, which did not provide any options that pertained to correctional facilities. At my first practicum rotation, I was introduced to the TeamSTEPPS curriculum taught by the DOD. I was able to see how the TeamSTEPPS curriculum could address the issues of unmotivated nursing staff and complacent leaders.

My plans for disseminating this project include presenting the plan to IHSC leadership and the local HSA of the clinic for their approval to pilot the curriculum in their 26 sites. Publishing my work is a top priority. Oermann and Hays (2016) stated that a primary source of delay in publishing research is submitting manuscripts to the wrong journal because more than likely it is the wrong audience. I will present my project to the *Journal of Correctional Healthcare* for consideration.

Self-Analysis

According to DiMaggio (as cited in Bartini, 2013), “if you keep thinking about what you want to do or what you hope will happen, you don’t do it, and it won’t happen” (, p. 115). I have 20 years of nursing experience with 13 years as an APRN. I have always wanted to be an entrepreneur but was hesitant. My comfort ability is working for others.

This DNP project has shown me if I want to grow I will have to move out of my comfort zone. My real passion is volunteering overseas on medical mission trips. My last mission trip to Haiti gave me the courage to start my nonprofit organization that will focus on collaborating with other nonprofit organizations and securing medication and medical supplies to those in need internationally.

Role as a Scholar

As a lifelong learner and an APRN, I was skeptical of the DNP requirement set forth by the American Association of Colleges of Nursing (Foster, 2012). My Ph.D. is in public health with a focus on community education because I want to develop programs. However, as I reluctantly went through the DNP program, I was pleasantly surprised by some of the relevant leadership classes that were aligned with my goal. The DNP program also provided tools and resources to solve problems (Zaccagnini & White, 2011). Because I have decided to start my nonprofit organization, I plan on completing the TeamSTEPPS master training course to strengthen my organization by focusing on communication and developing volunteers to become leaders.

Role as an NP

As a seasoned provider, my professional focus is on entrepreneurship and publishing my work. Walden University has emphasized being a social change agent. I have embodied this since I have been a student at Walden University. I have recently volunteered for more activities than I have in my career. The ideas obtained from this DNP project have given me a sense of passion for seeking social change opportunities (Walden University, 2014).

Role as a Project Manager

This DNP project forced me to clarify my intentions and gave me the understanding and courage to start a nonprofit organization. I understand that I have a lot to learn. I will accomplish my goal by getting on the job experience, using my education, and applying common sense in any project I undertake.

Summary

Teamwork is defined as a group of people interacting with a common purpose to achieve a goal (Deming, 1986; Siriwardena, 2011). A cohesive team gives everyone in the group a sense of stability while supporting authentic discussion and problem solving among the group. All of the TeamSTEPPS education programs are exceptional evidenced-based programs for any high-risk profession that can cause injury to the public. The TeamSTEPPS curriculum is used to teach groups how to communicate efficiently and to work within a team, while decreasing errors and burnout. I will incorporate the TeamSTEPPS concepts in my new career.

Scholarly Project

My scholarly project is presented in Figure 3.

A Proposed Education Program for Nurses Working in an Immigration Detention Center
Tiney Ray PhD, FNP-BC
Walden University

Practice Problem

P: Poor clinical judgment and performance of novice and seasoned nurses working at the immigration detention center

I: TeamStepps Emergency Response Curriculum

C: Review of literature focused on teambuilding in different healthcare settings


O: Nursing and leadership staff will have increased confidence, productivity, and safety in their work environment

Purpose

Propose using the TeamStepps Emergency Response Curriculum to the Immigration and Customs Enforcement Health Service Corps (IHSC) who is responsible for the healthcare of all immigrants housed in detention facilities.

Provide safe emergency healthcare to detainees incarcerated

Conceptual Framework



Tuckman and Jensen's 1977 Model of Group Development

5 stages of designing a cohesive team:

- Forming,
- Storming,
- Norming,
- Performing
- Adjourning

Results

- Important Competencies:
- Leadership
- Situation Monitoring
- Mutual Support
- Communication

Conclusions

Teamwork is defined as a group of people interacting together with a common purpose to achieve a goal. A cohesive team gives everyone in the group a sense of stability while supporting authentic discussion and problem solving among the group. All of the TeamStepps education programs are exceptional evidenced-based programs for any high-risk profession that can cause injury to the public. The TeamStepps education teaches groups how to communicate efficiently and to work within a team, while decreasing errors and burnout on anyone individual. I will incorporate the TeamStepps concepts in my new career of entrepreneurship

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Figure 3. Poster presentation for dissemination

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Appendix A

Invitation to Participate in an Expert Review Panel

Dear colleague,

I would like to invite you to consider being a part of an expert review panel to evaluate the validity of *Education Program for Nurses Working in an Immigration Detention Facility*. This project proposal is being conducted in partial fulfillment of the requirements for my Doctorate of Nursing Practice (DNP) degree. The purpose of this project is to propose an education program to the Immigration and Customs Enforcement Health Service Corps (IHSC) leaders, for the nurses, to address the gaps in medical emergency response competency. The TeamSTEPPS emergency response education program is a free evidence-based program developed by the Agency for Healthcare Research Quality to help healthcare workers (a) improve teamwork, (b) improve communication, and (c) improve patient outcomes. I am very aware of your busy schedule but your input would be greatly appreciated. This questionnaire is designed around the TeamSTEPPS emergency response curriculum learning competency objectives.

Your voluntary participation in this project will provide useful information to stakeholders of whether conducting this education curriculum is relevant or even necessary. Your extensive years of experience as a medical professional, educator, researcher, or administrator qualify you for participation as a member of the panel expert. The approval number is 06-13-16-0222812, and it expires on June 12, 2017. If you have any questions about any aspect of this project, please contact me tiney.ray@waldenu.edu or by telephone (516) 342-4568.

Thank you,

Tiney Ray

DNP candidate

Walden University

School of Nursing

Appendix B

**Validation of implementing of implementing the TeamSTEPPS Emergency
Response Curriculum to Nursing Working in an Immigration Detention Center**

Please rate the following items from 1(very important) to 5 (not at all important).

ID # _____

Date: _____

	Very Important	Important	Neutral	Not so important	Not al all important
	1	2	3	4	5
How important is having leadership in a correctional setting support patient safety, nursing, and other areas of nursing practice?	1	2	3	4	5
How important is for leadership in the correctional setting to direct, assign tasks, and motivate their nursing staff?	1	2	3	4	5
How important is for leadership in the correctional setting be an available resource, and facilitate optimal team performance among their nursing staff?	1	2	3	4	5
How important is for leadership in a correctional	1	2	3	4	5

facility to develop common understandings of a team environment and apply appropriate strategies to accurately monitor teammate performance; maintain a shared mental model.

How important is leadership in a correctional facility to anticipate other team member's needs through accurate knowledge, and shift workload to achieve balance during high periods of workload or pressure?	1	2	3	4	5
---	---	---	---	---	---

How important is it for nurses working in a correctional setting to have the ability to effectively exchange information among team members?	1	2	3	4	5
--	---	---	---	---	---

Please check one answer.

1. What is your sex?

- Female
- Male

2. What is your age?

- 20-29
- 30-39
- 40-49
- 50-59
- 60 and older

3. What is your highest degree attained?

- Baccalaureate
- Masters
- Doctorate
- Other _____

4. Which of the following best describes the facility at which you work:

- Acute care hospital
- Skilled Nursing Facility
- Correctional Facility
- Outpatient clinic
- University
- Home care
- Other

Appendix C: Readiness Assessment Survey

Is the Immigration Detention Center ready for this TeamSTEPPS Module?

These questions can help you assess your institution's readiness to implement the TeamSTEPPS Emergency Response Curriculum to improve safety for detainees. You may find it helpful to have a colleague review your responses or to answer the questions with a larger group (e.g., senior leaders, including patient safety officers, leaders of the units where you plan to implement the module, leaders in interpreter services, motivated frontline staff).

1. Are key leaders in your institution committed to providing excellent care to all detainees?

Yes	No
-----	----

2. Will your institution allow time for at least two persons to attend training as master-trainers (30 minutes of pre-work, 4.5 hours of training, plus travel), and customize the course (4 to 8 hours prep time)?

Yes	No
-----	----

3. Will your institution allow time for all staff in at least one unit to attend training (1.5 hours)?

Yes	No
-----	----

4. If needed, would key leaders in your institution consider making system changes or allocating additional resources to improve care?

Yes	No
-----	----

If you answered "no" to any of the questions above, your institution may not be ready to implement the TeamSTEPPS module to improve detainee safety (AHQR, 2012, pp. 4).

Appendix D: TeamSTEPPS Course Evaluation

Please rate how strongly you agree or disagree with each of the following statements by circling the number corresponding to your answer.

Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The speaker was knowledgeable, organized, and effective in his/her presentation	1	2	3	4
The teaching methods and aids were used effectively	1	2	3	4
I improved my understanding of detainee safety risks	1	2	3	4
I learned how to identify and raise communication issues	1	2	3	4

6. What in this training did you find MOST useful?

7. What in this training did you find LEAST useful?

8. What could be done to improve this training?

9. How do you plan to use what you learned in this training?

Note: Taken from Agency for Healthcare Research and Quality (AHRQ). (2012). Evaluating your TeamSTEPPS intervention to improve the safety of LEP patients. *U.S. Department of Health & Human Services*, 5. Retrieved from <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/lep/evalguide/lepevalguide.html#checklist>

Appendix E: TeamSTEPPS Process Evaluation

Institution name: _____

Name of person(s) completing this process evaluation:

Position/change team role: _____

Time period evaluated: Start: _____ End: _____

INPUT

Briefly describe the resources that your institution has invested in this TeamSTEPPS intervention. Include time spent on training of trainers, staff time to attend the training, and any equipment and supplies that your institution may have provided, such as markers and flipcharts. Bullet-points are sufficient.

ACTIVITIES

Briefly describe what you did to implement this TeamSTEPPS module. This may include trainings and/or process improvement interventions. Bullet-points are sufficient.

OUTPUT

Use this space to quantify what you have done. For example, how many training sessions did you complete? How many people did you train? Bullet-points are sufficient.

EXPERIENCE

In this space, share your experience implementing this module and tell your story.

1. How did you pick the units that would get the intervention?
2. What made it easy or hard?
3. How much support did you get from leadership in patient safety, nursing, or other areas?
4. Was it easy or hard to engage certain types of team members and why?
5. Did other quality improvement initiatives interfere with or enhance your TeamSTEPPS intervention?
6. What else was going on in the hospital or in the broader environment at the time that may have affected your results?
7. How will changes be sustained?
8. Were any organizational or unit policies changed as a result of the module?

Note: Taken from Agency for Healthcare Research and Quality (AHRQ). (2012). Evaluating your teamstepps intervention to improve the safety of LEP patients. *U.S. Department of Health & Human Services*, 16. Retrieved from

<http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/lep/evalguide/lepevalguide.html#checklist>

Appendix F: Pre-Training Behavior Survey

These questions focus on some things we will cover in the TeamSTEPPS emergency response training for nurses on patient safety. We're just checking to see if you've used these tools before

1. Assertion or advocacy on behalf of detainees (for example, making sure the doctor or nurse explained things more clearly).
 - Never
 - Once
 - Once to 5 times
 - More than 5 times
2. Expressing concern or discomfort about communication involving an order when there is a detainee safety issue
 - 1 Never
 - 2 Once
 - 3 Once to 5 times
 - 4 More than 5 times
3. Staff reports of the care team before seeing the detainee where the team leader describes team roles, goals, plans, and risks)
 - 1 Never
 - 2 Once
 - 3 Once to 5 times
 - 4 More than 5 times
4. Creating psychological safety, such as saying, "Please let me know if anything I say is not clear."
 - 1 Never
 - 2 Once
 - 3 Once to 5 times
 - 4 More than 5 times
5. Check-back with colleagues (repeating out loud what yours colleague said to check your understanding)
 - 1 Never
 - Once
 - 3 Once to 5 times
 - 4 More than 5 times

Note: Taken from Agency for Healthcare Research and Quality (AHRQ). (2012). Evaluating your teamstepps intervention to improve the safety of LEP patients. *U.S. Department of Health & Human Services*, 8. Retrieved from <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/lep/evalguide/lepevalguide.html#checklist>

Appendix G: Post Behavior Training Survey

Since the TeamSTEPPS emergency response training for nurses on patient safety, how many times have you done the following:

1. Assertion or advocacy on behalf of detainees (for example, making sure the doctor or nurse explained things more clearly).
 - Never
 - Once
 - Once to 5 times
 - More than 5 times
2. Expressing concern or discomfort about communication involving an order when there is a detainee safety issue
 - 1 Never
 - 2 Once
 - 3 Once to 5 times
 - 4 More than 5 times
3. Staff reports of the care team before seeing the detainee where the team leader describes team roles, goals, plans, and risks)
 - 1 Never
 - 2 Once
 - 3 Once to 5 times
 - 4 More than 5 times
4. Creating psychological safety, such as saying, "Please let me know if anything I say is not clear."
 - 1 Never
 - 2 Once
 - 3 Once to 5 times
 - 4 More than 5 times
5. Check-back with colleagues (repeating out loud what yours colleague said to check your understanding)
 - 1 Never
 - Once
 - 3 Once to 5 times
 - 4 More than 5 times

Appendix G: Post Behavior Training Survey (continued)

The next questions focus on your experience of implementing these tools.

6. How easy is it to incorporate TeamSTEPPS tools into your daily routines?

- Very easy
- Easy
- Hard
- Very hard

7. What would make it easier to incorporate TeamSTEPPS tools into your daily routines?

8. What additional training would you find helpful to improve safety for the detainee's at the immigration detention center?

Note: Taken from Agency for Healthcare Research and Quality (AHRQ). (2012). Evaluating your teamstepps intervention to improve the safety of LEP patients. *U.S. Department of Health & Human Services*, 10. Retrieved from <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/lep/evalguide/lepevalguide.html#checklist>