Background

Interprofessional teamwork

- Working effectively in interprofessional teams: a core educational competency for all health care professionals
- We need tools to assess associated skills
- Published teamwork assessment tools focus primarily on high-acuity care settings
- May not generalize to non-high-acuity clinical environments, such as outpatient clinics

Purpose

To explore the constructs underlying interprofessional teamwork in low-acuity clinical settings and team members’ perspectives of essential teamwork attributes

Methods

- Subject & Settings:
  - Interprofessional teams in two low-acuity settings:
    - Women’s HIV clinics at Parnassus and SFGH
    - Inpatient pediatric ward teams
- Data Collection:
  - Direct observations, focus groups, interviews

Results

- 7 focus groups (1 hr)
  - 6-11 members per group, 51 participants total
- 27 individual interviews (30-45 min)
- 8 professions represented:

  - Case managers
  - Child Life
  - Medical assistant
  - Nurses
  - Nurse practitioners
  - Physicians
  - Social workers
  - Pharmacists
Results
- Participants’ views of determinants of effective teamwork and the associated skills were remarkably similar in the two different contexts
- Two major areas of themes:
  - Characteristics of effective interprofessional teams
  - The way team members work with, and relate to, each other

Effective interprofessional teams: contributing factors
- An effective team needs structure, with regular meetings to facilitate frequent communication
- Is diverse and includes members with a variety of skills and range of opinions; has space for everyone to contribute and equal distribution of tasks
- Pays attention to the teamwork process and sets time aside to address problems
- Has a common goal; members have shared values regarding the mission of the team
- Has support from the organization within which the team functions to provide structure and resources
- Needs leadership for structure, focus, and vision

Effective interprofessional teams: leadership
- A team leader:
  - Requires organizational and leadership skills, including: ability to communicate, listen, facilitate, problem solve, focus, take charge, set limits and be firm, make decisions, incorporate different opinions/ideas and empower people
  - Is typically chosen from the top but ideally should be chosen by the team; is respected and empowered in the leadership role
  - Can be assigned to more than one person, change over time/by situation

Effective interprofessional teams: purpose
- The whole of a team is greater than the sum of its parts
- Individuals gain personally from being team members
- Respect for each person’s abilities and opinions is important

How team members relate to & work with each other
- Expectations; team members should:
  - Relate to each other with respect and trust; nurture relationships
  - Truly (“actively”) listen to each other
  - Understand each other’s position and opinion
  - Understand and respect each other’s and their own roles, and how these fit together
  - Be aware of own strengths, weaknesses, limitations
  - Be supportive of each other, be flexible, create a safe environment

If you don’t know what the problem is or what it is that you’re lacking to contribute to the team, you can’t make it better

There’s something that can happen when we come together that’s much more creative, that’s much more collaborative, and that actually leads to a better result than if there’s just one person here saying, “I’m the idea person, and the rest of you kind of scurry off and carry it out”
How team members relate to & work with each other

“Unfortunately, in medicine it ends up being the MD in the hierarchy of things, which to me does not necessarily improve patient outcomes, if we’re talking about an interdisciplinary team”

• Social Factors:
  – There is a hierarchy in teams based on a variety of factors (profession/age/seniority/experience/gender), which impacts empowerment and safety
  – Team hierarchy determines leadership; physicians are “automatically” in leadership role; the authoritative model of physician leadership is not ideal for interprofessional teams
  – Healthcare professionals are socialized in their roles and have different perspectives and goals for patient care

“The way that you treat people when you’re a physician is very different than when you’re a social worker, and the goal is very different. We social workers believe that if a person doesn’t want to take their meds, they don’t have to...and doctors don’t like to hear that because that usually means death and they can prevent that from happening”

Discussion

• Our findings overlap with what is known about team work in high-acuity settings
• What our study reveals:
  – Emphasis on collaborative decision making, respect and team spirit in low-acuity settings
  – Specific behaviors and language to describe what is expected from team members in these settings
  – Tensions regarding hierarchy and physician leadership that need to be addressed

Limitations

• Single institution
• No a priori definition or measure of team effectiveness
• Paucity of truly interprofessional teams at our institution

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