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**Interprofessional Teamwork
in Different Clinical Settings:
A Qualitative Analysis**

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Collaborations Across Borders

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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

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Purpose

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

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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

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Methods

- **Data Analysis**
  - Qualitative thematic analysis:
    - Iterative process of open coding, reconciling differences in interpretation, refining definitions and recoding
    - Triangulated data from different sources
    - Conducted additional focus groups before finalizing theme list, for "member checking"

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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	Nurse practitioners
Child Life	Physicians
Medical assistant	Social workers
Nurses	Pharmacists

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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...

  "[It must be] cultivated. Just like a relationship, it can't be static--'We're such great people and so this is just going to work.' It has to be assessed, reassessed constantly"

  - ...even 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 group but ideally should be...

  "Things go well [if a leader] respects and values the input of the team and is able to take a back seat when someone else's expertise needs to come to the forefront; the social worker or pharmacist or resident or nurse"

Effective interprofessional teams: purpose

- The whole of a team is greater than the sum of its parts
- Individuals gain personally from being team members

  "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

- *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

  "Respect for each person's abilities and opinions [is important] If for example, a resident thinks of me [only] as the person who has the keys to the playroom versus the person who knows these kids really well and knows what they can do and what they can't do "

How team members relate to & work with each other

- *Expectations; team members should:*
  - Relate to each other with respect and trust; nurture

  "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 "

  - Understand and respect each other's and their own roles, and how these fit together
  - Be aware of own strengths, weaknesses, limitations
  - Be aware of the needs of others on the team and the impact of their behavior on the team
  - Pull their own weight, have expertise, follow through on tasks
  - Be supportive of each other, be flexible, create a safe environment

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"

which ___ 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

How team members relate to & work with each other

- Social ___

"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"

is ___ for interprofessional teams

– Healthcare professionals are socialized in their roles and have different perspectives and goals for patient care

Discussion

- Our findings overlap with what is know 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

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Limitations

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

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