

Teamwork

Ahlmen, M., Sullivan, M., & Bjelle, A. (1988). Team versus non-team outpatient care in rheumatoid arthritis. A comprehensive outcome evaluation including an overall health measure. *Arthritis and Rheumatism*, 31(4), 471-479.

In a rheumatology department, 2 randomized groups of female outpatients with rheumatoid arthritis were studied prospectively for 1 year. The outcome of multidisciplinary team care (T group, 31 patients) was compared with that of regular outpatient clinic care (NT group, 28 patients).

Pharmacologic treatment and orthopedic specialist consultations were similar in both groups, but use of paramedical care was higher in the T group. Outcome measures of disease activity, specific joint function, and self-rated physical discomfort disclosed no significant differences between the 2 groups. Mental well-being increased in the T group. Overall health, measured by the Sickness Impact Profile, improved significantly only in the T group. This improvement was also significant compared with the NT group.

Baker, D. P., Salas, E., King, H., Battles, J., & Barach, P. (2005). The role of teamwork in the professional education of physicians: Current status and assessment recommendations. *Joint Commission Journal on Quality and Patient Safety / Joint Commission Resources*, 31(4), 185-202.

BACKGROUND: The Institute of Medicine (IOM) has recommended that organizations establish interdisciplinary team training programs that incorporate proven methods for team management.

Teamwork can be assessed during physician medical education, board certification, licensure, and continuing practice. Team members must possess specific knowledge, skills, and attitudes (KSAs), such as the ability to exchange information, which enable individual team members to coordinate.

ASSESSING PHYSICIAN TEAMWORK: KSAs might be elicited and assessed across a physician's career, starting in medical school and continuing through licensure and board certification.

Professional bodies should be responsible for the development of specific team knowledge and skill competencies and for promoting specific team attitude competencies. Tools are available to assess medical student, resident, and physician competence in these critical team KSAs. CHALLENGES AND COMPLEXITIES IN TEAM PERFORMANCE MEASUREMENT: For teamwork skills to be assessed and have credibility, team performance measures must be grounded in team theory, account for individual and team-level performance, capture team process and outcomes, adhere to standards for reliability and validity, and address real or perceived barriers to measurement.

Bleakley, A. (2006). Broadening conceptions of learning in medical education: The message from team working. *Medical Education*, 40, 150-150-157.

This paper addresses the limitations of the current dominant learning theories which inform medical education. It discusses how sociocultural learning theories may offer a best-fit exploration and explanation of learning. Finally, it is emphasized that it will be increasingly important to have a range of theories to draw from when considering medical education.

Bleakley, A. (2006). A common body of care: The ethics and politics of teamwork in the operating theater are inseparable. *Journal of Medicine and Philosophy*, 31, 305-305-322.

Interpersonal communication is a key element to patient safety, knowledge, and skills in the operating theater. As times change from an era of "professionalism" to one of "interprofessionalism", it will be important to consider a virtue ethics framework to inform practice.

Bleakley, A., Boyden, J., Hobbs, A., Walsh, L., & Allard, J. (2006). Improving teamwork climate in operating theatres: The shift from multiprofessionalism to interprofessionalism. *Journal of Interprofessional Care*, 20(5), 461-461-470.

This article discusses the importance of changing teamwork climates as a means to establish an interprofessional teamwork culture. This idea is explored through a longitudinal and prospective collaborative inquiry with one half of the cohort of operating theater personnel serving a rural population in 2002. The other half of the cohort was introduced to this inquiry in 2004.

- Carlisle, C., Cooper, H., & Watkins, C. (2004). "Do none of you talk to each other?": The challenges facing the implementations of interprofessional education. *Medical Teacher*, 26(6), 545-545-552. The aim of this study was to explore the feasibility of introducing interprofessional education (IPE) within undergraduate health professional programs. This paper discusses and reports findings from focus-group interviews. There was an overall consensus that IPE had potential to break down barriers to team working.
- Durbin, C. G. (2006). Team model: Advocating for the optimal method of care delivery in the intensive care unit. *Critical Care Medicine*, 34(3), S12-S12-S17. A review of the literature focused on published data on the team model of intensive care unit care delivery. The team model for delivery of ICU care reduces mortality, ICU length of stay, hospital length of stay, and cost of care. Current shortages of all ICU health care providers is a barrier to universal implementation of the team model.
- Dutton, R. P., Cooper, C., Jones, A., Leone, S., Kramer, M. E., & Scalea, T. M. (2003). Daily multidisciplinary rounds shorten length of stay for trauma patients. *Journal of Trauma-Injury Infection and Critical Care*, 55(5), 913-913-919. This study sought to determine whether daily multidisciplinary "discharge rounds" would improve patient flow and increase readiness. The study concluded that discharge rounds have streamlined the care of complex trauma patients.
- Friedman, D. M., & Berger, D. L. (2004). Improving team structure and communication: A key to hospital efficiency. *Archives of Surgery*, 139(11), 1194-1194-1198. This study sought to determine whether improving team structure and heightening communication would provide cost-effective and high-quality patient care for general surgery patients. The study concluded that restructuring the patient care team yielded a decreased mean length of stay while maintaining a high level of patient satisfaction.
- Hall, P. (2005). Interprofessional teamwork: Professional cultures as barriers. *Journal of Interprofessional Care*, 19(Supplement 1), 188-188-196. Each health care profession has a different culture. As students progress throughout their education, common values from their respective professions are reinforced, which leads to increased specialization within each professional group. However, this specialization contributes to decreased interprofessional teamwork. Insight into the educational, systemic, and personal factors which contribute to the culture of the professions can help guide the development of innovative educational methodologies to improve interprofessional collaborative practice.
- Hill, K. S. (2003). Development of leadership competencies as a team. *Journal of Nursing Administration*, 33(12), 639-639-642. The author of this article describes an organized approach to leadership competency development for nursing and non-nursing department directors and senior administrative staff members.
- Holman, H. (2004). Chronic disease -- the need for a new clinical education. *The Journal of the American Medical Association*, 292(9), 1057-1057-1059. Medical schools currently do not adequately prepare their students for care of chronically ill patients. The author of this article suggests creating a chronic care model which includes a practice team, information system, decision supports for practice, and patient self-management supports. It is suggested that students should be assigned to a supervised longitudinal case study upon enrollment in these programs. Providing these new learning experiences requires new understandings and new behaviors.
- Hudson, B. (2007). Pessimism and optimism in inter-professional working: The sedgefield integrated team. *Journal of Interprofessional Care*, 21(1), 3-3-15. The literature on inter-professional working tends to be dominated by explanations for lack of

progress rather than accounts of achievements. This paper develops two models, termed the optimistic and pessimistic models respectively, to understand the factors that may underpin different rates of interprofessional achievement. A case study is utilized to test the models.

Kucukarslan, S. N., Peters, M., Mlynarek, M., & Nafziger, D. A. (2003). Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. *Archives of Internal Medicine*, 163(17), 2014-2014-2018.

It is proposed that having a pharmacist available when patients are evaluated during the rounding process may reduce the likelihood of preventable adverse drug events. The authors evaluated the effectiveness of having a pharmacist participate during rounds in general medicine units and documented their interventions made during the rounding process. It was concluded that pharmacist participation with the medical rounding team on a general medicine unit contributes to a significant reduction in preventable adverse drug events.

Norris, T. E., House, P., Schaad, D., Mas, J., & Kelday, J. M. (2003). Student providers aspiring to rural and under served experiences at the university of washington: Promoting team practice among the health care professions. *Journal of Medical Education*, 78(12), 1211-1211-1216.

The University of Washington's Area Health Education Center program and School of Medicine offer a voluntary extracurricular program for students. The Student Providers Aspiring to Rural and Under-served Experiences (SPARX) program is an interprofessional, student-operated, center/school-supported program consisting of a wide range of activities. SPARX supports students interested in practicing among rural and urban medically under-served patients and in interacting with their peers in other health professions schools.

Packard, E. (2007). Team building: A better approach to elderly care. *Monitor on Psychology*, 38(9), 1-1-2. Retrieved from <http://www.apa.org/monitor/oct07/teambuilding.html>

This brief paper explains key elements to improving health-care treatment for older adults. Key concepts include: being sensitive to ageism, knowing other team members' roles, knowing that conflict among team members is inevitable, preparing to work in virtual teams, being culturally aware, and assessing and re-assessing treatment progress and goals.

Rabow, M. W., Dibble, S. L., Pantilat, S. Z., & McPhee, S. J. (2004). The comprehensive care team: A controlled trial of outpatient palliative medicine consultation. *Archives of Internal Medicine*, 164(1), 83-83-91.

This study sought to determine whether palliative care is used by outpatients who continue to pursue treatment for their underlying disease or whether outpatient palliative medicine consultation teams improve clinical outcomes. This study was a year-long controlled trial involving 50 intervention patients and 40 control patients. The study concluded that consultation by a palliative medicine team led to improved patient outcomes in dyspnea, anxiety, and spiritual wellbeing, but failed to improve pain or depression.

Thomas, E. J., Sexton, J. B., & Helmreich, R. L. (2003). Discrepant attitudes about teamwork among critical care nurses and physicians. (see comment). *Critical Care Medicine*, 31(3), 956-956-959.

The purpose of this study was to measure and compare critical care physicians' and nurses' attitudes about teamwork. The study concluded that critical care physicians and nurses have discrepant attitudes about the teamwork they experience with each other. This includes: suboptimal conflict resolution and interpersonal communication skills.

Vaughan, D. (2008, May 19, 2008). Learning to work together. *Nurse.Com Nursing Spectrum*, , 18-19.