Teamwork: Module Overview

This module will focus on the importance of team functioning and collaborative leadership in the healthcare setting. A healthcare team, large or small, consists of members who each have their own set of approaches, preferences, and experiences. Research indicates that the rewards of interprofessional teamwork include improved health outcomes and higher satisfaction with care, as well as lower rates of provider burnout and stress (1).

Concepts introduced in the Teamwork module are closely related to many of the themes and issues we covered in the Person-Centered Decision Making and Communication modules. In this module, you will be guided through Florence's story. We will use Florence's story to demonstrate how and when to apply key steps and tools that support effective and positive teamwork during person-centered decision making (PCDM). As you are introduced to the skills, you will be able to check your understanding through knowledge checks and personal reflections. Discussion questions, writing activities, a quiz, and audio files of role plays of teamwork tools featured within Florence's story will provide you with opportunities to apply what you have learned. We invite you to discover the connections between elements presented in other modules in this course.

Learning Objectives

By the end of this module, participants will be able to:

1. Identify and discuss strategies to enhance team functioning and interprofessional collaboration.
2. Discuss key principles for optimal team functioning.
3. Interpret the steps in a role clarification process and discuss professional roles of the maternity team.
4. Reflect on personal, situational, and professional contributions to team processes.
5. Apply tools that support effective team functioning, team characteristics, and team processes.

The Interprofessional Team for Pregnancy and Birth

Each type of provider plays a different, yet complementary, role in the interprofessional care team. Different members of the team may be present depending on the hospital size, region, resources, and perinatal care level. For care providers, the goal of the team is to provide safe, skilled, satisfying, continuous, and comprehensive care to birth parent and newborn baby. Each member of that team plays a vital role in meeting all of these care requirements.

Midwives, physicians, nurses, and other team members may possess different and overlapping scopes of practice and philosophies of care. When care providers collaborate effectively, they understand what tasks and situations their colleagues have the capacity to perform and manage. This also requires each person to be aware of their own competencies and qualities that contribute to better teamwork.

Primary providers (family physicians, midwives, and obstetricians)

Perinatal specialist providers (neonatologists, maternal fetal medicine specialists)

Collaborating providers for labor and birth (labor and delivery nurse, anesthesiologist, Emergency Medical Services, social worker, doula)

Collaborating providers for pregnancy and postpartum (lactation consultant, nutritionist, genetic counselor, public health nurse)

Professional Roles

Family Practice Physicians (2, 3, 4, 5)
Family practice physicians are generalists providing the majority of care for America's underserved rural and urban populations. They provide comprehensive healthcare for acute and chronic ailments for people of all ages – from newborns to seniors. Family physicians complete a three-year residency program after graduating from medical school. As part of their residency, they receive training in six major medical areas: pediatrics, obstetrics and gynecology, internal medicine, psychiatry and neurology, surgery, and community medicine. Some family physicians undertake additional training in obstetrics, enabling them to provide advanced surgical and medical obstetric care. Family physicians may consult with specialists for the management of patients with pregnancy complications.

Around half of US counties lack an ob-gyn; in these areas, maternity and obstetric care is more likely to be provided by family physicians. While in some rural areas, family physicians provide 100% of obstetric care, in urban areas, obstetric care is more likely to be provided by obstetric physicians. Only 15% of family physicians attend births; some may be specially trained to perform caesarean sections. Family physicians typically attend only hospital births; very few planned home births are attended by family physicians.

Midwives (6, 7, 8, 9)
Midwives can be nationally certified and are variably licensed by each state. Current midwifery credentials in the United States include certified professional midwives (CPM, licensed in 32 states), certified nurse-midwives (CNM, licensed in 50 states) and certified midwives (CM, licensed in 5 states). CPMs are certified nationally by the North American Registry of Midwives (NARM). CNMs and CMs are certified nationally by the American Midwifery Certification Board (AMCB).

CPMs primarily attend birth in birth centers and homes. CNMs/CMs also attend birth in birth centers and homes, but primarily attend birth in hospitals. CNMs/CMs scope of practice additionally includes prescribing and a breadth of primary, sexual and reproductive healthcare. "Direct-entry midwifery" refers to midwives that are not primarily prepared as nurses. "Lay midwifery" typically refers to midwives without formal training and is often used pejoratively.

All midwives work collaboratively with other care providers. If health issues develop over the course of care, they may consult with a specialist (obstetrician, neonatologist, pediatrician, etc). They follow practice guidelines for consultation, co-management and/or transfer of care to an appropriate specialist. They are trained to provide emergency care until additional assistance is available.

Despite multiple educational pathways and certification methods, the underlying philosophy of midwifery is foundational to all: pregnancy and childbirth are both physiologic and profound experiences, the client is an autonomous partner in care, and midwifery care is based on the ethical principles of justice, equity, and respect for human dignity.

Obstetricians (10, 11)
Obstetrician-gynecologists provide the majority of obstetric care in the United States, particularly in urban areas.

Obstetrics and gynecology are disciplines dedicated to the broad, integrated medical and surgical care of women's health throughout their lifespan. Obstetrician-gynecologists complete four years of medical school and a four year residency with advanced training in medical and surgical care specific to women's health. This study and understanding of the reproductive physiology of women gives obstetricians and gynecologists a unique perspective in addressing gender-specific healthcare issues. Obstetrician-gynecologists provide care for both uncomplicated and high-risk pregnancies and deliveries.

Obstetrician-gynecologists may choose a scope of practice ranging from primary ambulatory healthcare to concentration in a focused area of specialization. They typically attend births only in the hospital setting.

Pediatricians (12, 13)
Pediatricians are primary care providers who care for the physical, mental, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive healthcare to the diagnosis and treatment of acute and chronic diseases. Pediatricians typically attend hospital births only when there is an indication that the baby may need specialized medical care due to a pregnancy or delivery complication.

A pediatrician's training includes four years of medical school education and an additional three years of intensive training devoted solely to all aspects of medical care for children, adolescents, and young adults.

Neonatologists (14)
A neonatologist is trained specifically to handle complex and high-risk neonatal patients. If the newborn is premature, or has a serious illness, injury, or birth defect, a neonatologist may assist at the time of delivery and in the subsequent care of the newborn. If a problem is identified before the baby is born, a neonatologist may become involved to consult with the obstetrician in prenatal care during pregnancy.

Neonatologists are medical doctors who have completed at least 4 years of medical school, three years of residency training in general pediatrics, and three years of additional training in newborn intensive care.

Neonatologists generally: diagnose and treat newborns with conditions such as breathing disorders, infections, and birth defects; coordinate care and medically manage newborns born premature, critically ill, or in need of surgery; ensure that critically ill newborns receive the proper nutrition for healing and growth; provide care to the newborn at a cesarean or other delivery that involves medical problems in the mother or baby that may compromise the infant's health and require medical intervention in the delivery room; stabilize and treat newborns with any life-threatening medical problems; and consult with obstetricians, pediatricians, and family physicians about conditions affecting newborn infants.

Neonatologists work mainly in the special care nurseries or newborn intensive care units of hospitals. In some cases, after a newborn has been discharged from the unit, a neonatologist may provide short-term follow-up care on an outpatient basis. Neonatologists coordinate care with the baby's primary care provider (pediatrician or family physician).

Neonatologists practice in children's hospitals, university medical centers, and large community hospitals.

Collaborating Professionals for Labor and Birth: Labor & Delivery Nurses, Anesthesiologists, Emergency Medical Technicians

Labor & Delivery Nurses
Nurses provide continuous nursing care in labor and postpartum. Nurses work with midwives and physicians and contribute to the coordination of care. Regulations permit nurses to manage labor in the hospital when the physician or midwife is not present. Managing labor includes assessments of maternal and fetal well-being, as well as progress in labor and making decisions and taking actions based on these assessments. They have training in newborn resuscitation and provide care to newborns.

A nurse's role and scope in the hospital includes conducting assessments and taking appropriate actions, responding to emergencies, and supporting the patient. They also provide care to newborn babies after birth.

Anesthesiologists
Anesthesiologists provide care during certain types of anesthetic procedures during labor, birth, or postpartum. They assist in the management of pain during labor, as needed, or administer anesthetic for other obstetrical procedures that cannot be done by local anesthetic or a pudendal block. The scope of practice of an anesthesiologist is clinical care of the patient for anesthetic control and pain management. When cesarean birth is indicated, anesthesiologists are responsible for the anesthetic management of the procedure. They are not responsible directly for obstetrical clinical care.

Emergency Medical Services (15)

Although regulations and licensure requirements vary by state, the National EMS Scope of Practice Model provides consistent guidance on the general qualifications and scopes of practice of four defined levels of EMS care providers: Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics. The scope of practice for these providers ranges from basic lifesaving interventions and transport to invasive and pharmacological interventions for acute out-of-hospital medical and traumatic emergencies.

Collaborating providers for pregnancy and postpartum (lactation consultant, nutritionists, health educators, social worker, genetic counselor, public health nurse)

Lactation Consultants (16)
Lactation consultants are professionals who provide clinical management of breastfeeding, such as feeding assessments and feeding plans based on the needs of infant and lactating parent, advice on medications and complementary therapies while breastfeeding. Their specialized training prepares them for lactation advocacy and research, as well. Internationally recognized board certification is available and affords the IBCLC credentials (international board certified lactation consultant).

Nutritionists (17)
Nutritionists take a key role in promoting healthy people by reviewing and assessing individual diets to ensure balanced approach to nutrition that will aid in overall health, as well as healthy pregnancies and postpartum. Nutritionists may also play a role in medical management of disease; for example, nutritionists work with patients with gestational diabetes and their providers to help optimize diet for blood glucose control.

Health Educators
Health educators provide in depth education on a variety of perinatal and parenting topics, often providing opportunities for patients to engage in learning related to perinatal and parenting issues. For example, childbirth education, infant feeding, contraception and infant development.

Social Workers (18)
Professional social workers provide services to individuals and families, addressing the full range of biopsychosocial–spiritual and environmental issues that affect well-being. Social workers may assist individuals in emotional or social distress, including navigation out of abusive relationships or into healthy relationships. They may also be asked to assist individuals in financial distress and in need of community resources, or to assist individuals who need assistance with legal, housing or employment issues. Social workers ensure a more holistic approach to health by addressing each person's biopsychosocial-spiritual and environmental issues. Social work's strengths-based, person-in-environment perspective provides the contextual focus necessary for client- and family-centered care.

Genetic Counselors (19)

Genetic counselors utilize information from individual and family histories, genetic laboratory testing or other screening to assess risk for genetic medical conditions or disorders in the patient, their offspring or family members. They are focused on providing client-centered care that includes addressing any responses to genetic counseling, including emotional. Genetic counselors also connect patients with resources in the community that provide medical, educational, financial, and psychosocial support and advocacy.

Public Health Nurses (20)
Public health nurses are registered nurses who perform home visits during pregnancy and continuing through infancy, sometimes through the child's second birthday. During the home visits, the nurse is focused on education to support healthy pregnancy and parenting. The nurse may assess for pregnancy and postpartum complications in the birth parent. The nurse also monitors for healthy growth and development of the baby and child. Due to the longitudinal nature and continuity of care provided by public health nurses, they can be a source of support to the parents in regard to furthering educational achievement and employment. Family members and friends are also integrated into the outreach to promote supportive relationships and to encourage use of other community health and human services.

Florence's Story

Florence is a 29-year-old pregnant person.

She and her partner, Tom, are thrilled to be expecting their second child this September. They have a 3-year-old daughter together. One year ago, Florence experienced a spontaneous miscarriage at 11 weeks gestation. The couple was surprised but delighted to be pregnant again. Florence is healthy, with no significant medical or surgical history.

During her first pregnancy, Florence and Tom were very concerned about giving birth in the hospital, since it is tradition in Florence's family for all the female relatives – including aunts, sisters, cousins, grandmothers – to be present during a birth. Hospitals near her typically restrict the number of relatives allowed in the labor room. Florence also worried that she might

experience an illness or complications that necessitate hospital birth and not being able to have her whole family with her.

Thankfully, Florence had an uncomplicated first pregnancy and she was able to have a planned home birth with a midwife. Now, with her current pregnancy, Florence hopes to deliver at home again with her midwife.

Tasmin's Story

In Arizona, both physicians and midwives provide perinatal care.

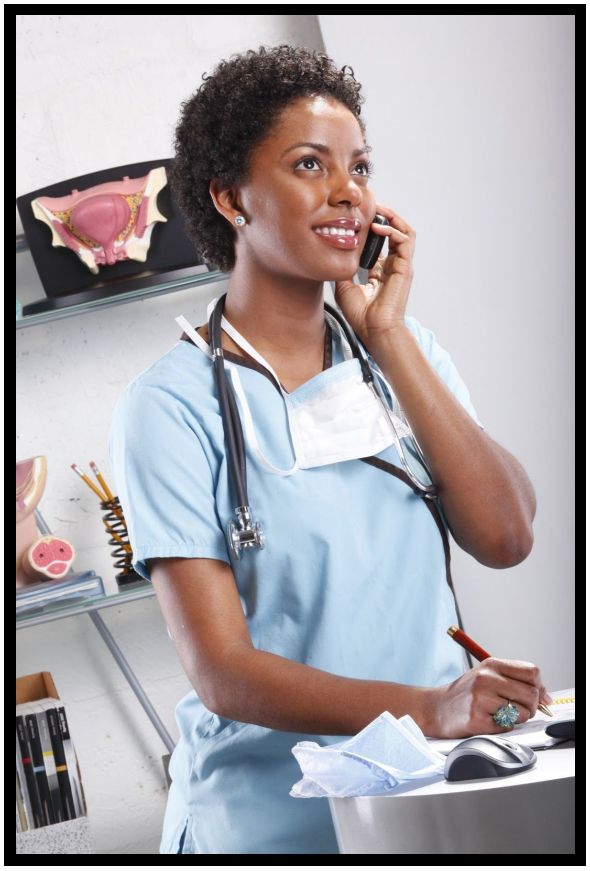
Florence and Tom currently receive all of their medical care from Tasmin, a midwife who has practiced for many years. Florence has spent a lot of time reflecting on her experience of her last pregnancy and birth and she has some different expectations this time.

Tasmin carries her own caseload that includes both pregnant and non-obstetric clients. She enjoys being able to provide care to women that extends beyond 6 weeks postpartum, including an expanded scope of care to babies and well-woman care. Because of the lower number of maternity cases in her community and to maintain her competency, she occasionally has to travel for continuing education or short-term practice opportunities in high-volume settings.

Riann's Story

Everytime Florence sees Tasmin, she is reminded about how she works with other providers in the community.

In this community, when a doctor or midwife has to be away – for continuing education, an emergency, or vacation, for instance – another provider assumes the caseload and covers call for the traveling provider during that time.



Tasmin has an arrangement with Riann, a family practice physician, who carries her own obstetric caseload and attends births in the hospital. She has lived in the community for two years. When they are taking responsibility for each other's caseload, Tasmin and Riann discuss every patient and the birth plan. They have this arrangement to keep each other in the loop, to support team functioning, and to help ensure people's safety and satisfaction.

Acknowledging Environmental Norms: A PCDM Key Element

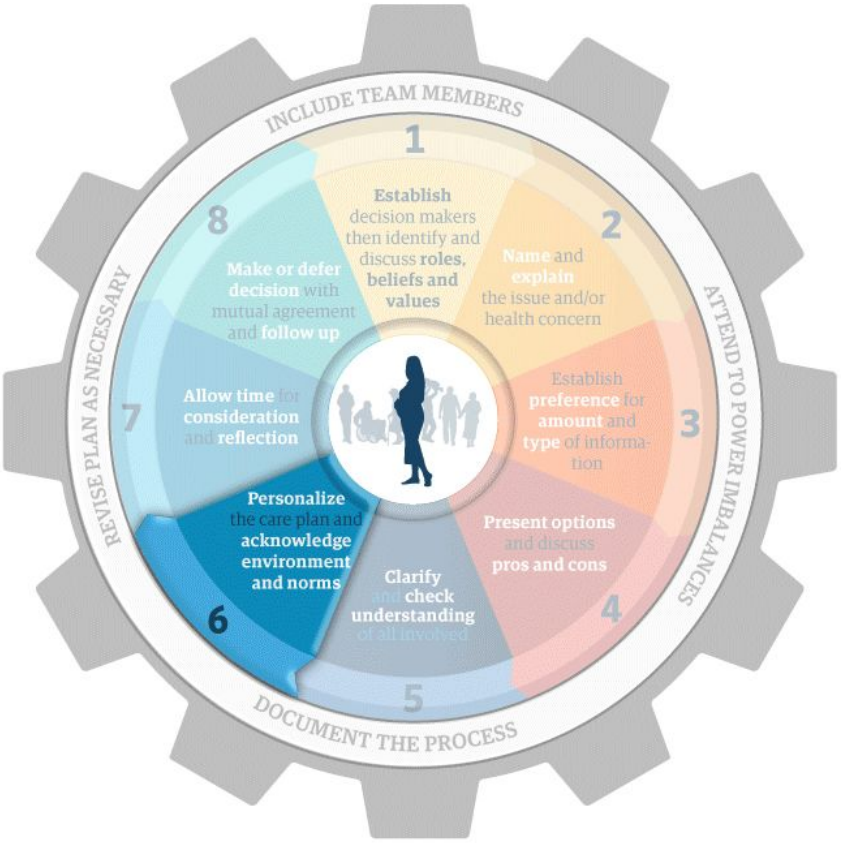
A key element in the person-centered decision making (PCDM) process is to acknowledge environmental norms, in addition to personalizing the care plan. You can facilitate an understanding of the options available, the benefits and risks of these options, and how to apply these to the patient’s context and values.

You learned that PCDM is a collaborative process that enables people to make healthcare decisions. One part of this process is to explore how environmental factors could impact the available options for care. Environmental factors include: 1) regional resources, 2) social norms, 3) community standards, and 4) institutional routines. Assessing the available regional resources includes: the number and location of family doctors, specialists, or midwives; and the type and level of facilities (health centers, community hospitals, tertiary care hospitals, emergency services) that the family can access if necessary. Even when facilities exist, staffing patterns might vary by time of year or day. There may also be local practice guidelines and/or institutional protocols that are linked to the availability of expertise or clinical comfort level of the providers.

In the PCDM process you should discuss the environment and explore how these factors impact decision making and feasibility of preferred options. It is the responsibility of each team member to remain up-to-date about which environmental factors may impact decision making. This can be challenging when members of a team are unfamiliar with certain aspects of the environment that play a role in the decision-making process, or, more likely, have different or conflicting needs for resources. An example is knowing when the on-call specialist is onsite, when the operating room is booked, or, in Florence's case, knowing what factors affect her ability to birth with her family at her side.

As we are about to see in Florence’s case, her desire to preserve her birthing wishes at the time of her birth, and to birth vaginally, may be affected by what we call 'human resource planning', which means that the provider that is available to attend her birth may impact her options. Such environmental factors that affect people's choices can be anticipated and discussed ahead of time so that the team can explore the feasibility of people's preferred options and make arrangements as necessary.

Shared Decision Making



INCLUDE TEAM MEMBERS	ATTEND TO POWER IMBALANCES	DOCUMENT THE PROCESS	REVISE PLAN AS NECESSARY
Take an inter-professinal approach by including every member of the team.	Verbally create a safe environment and invite contribution from everyone. Avoid making assumptions.	Document the information exchange each and every time one of the eight elements are adressed.	Be open to revising the plan when conditions or patient preferences evolve or change.

Clarify who will be included and what their roles will be in the decision making process. Ask about their beliefs and values.

Clearly identify and explain the problem that is the main focus for the decision.

Assess the person's preferred approach to receiving information to assist decision making including depth of information, health literacy.

Discuss the literature, clinical guidelines, and research surrounding the topics, or know where to find this information.

Check in with the person to ensure comprehension and ensure that any questions are responded to.

Facilitate interpretation of options, benefits, and risks within their context and values. Discuss the environment and the feasibility of their preferred option.

Check in to identify personal needs for time to reflect or consider options. Allow for consultation with family or others, reviewing of resources, and additional queries that arise.

Make a clear decision or defer the decision explicitly. A follow up plan should be set regardless of whether decision was made or deferred.

Workplace Culture: Efficiency or Feelings?

The organization of healthcare in institutions is often focused on efficiency and standardized operating systems, but the actual work of providing care is dependent on the quality of relationships. Building and maintaining positive relationships takes time, focus, and energy; hence ‘relationship’ is often de-prioritized in favor of action and expedience. However, evidence shows that sacrificing the time required to establish and maintain relationships ultimately reduces both efficient delivery of care and provider satisfaction.

Anticipating and Debriefing

When teams are able to acknowledge their interdependence and attend to their own relationship dynamics, they function better. To improve team functioning, teams can use “process protocols” by talking about what the team members are going to do or expect from each other and engaging in team debriefs to review how they functioned as a team after an event (1). By anticipating each team member’s expectations, roles, and contributions, and by acknowledging successes and challenges soon after a shared care event, misunderstandings and confusion can be avoided. Well-functioning teams are able to personalize care and problem solve creatively.

Working Conditions

Working conditions in healthcare also can have a significant impact on the options that are available to service users. Workplace-based reactions like burnout, compassion fatigue, vicarious trauma, moral distress, lateral stress, workplace-inspired grief, depression, or anxiety can affect how care providers relate to each other, how they perform, and how willing they are to individualize care (1).

A holistic model of self-care includes a healthy relationship with oneself, others, and ‘that which brings meaning to one's life’ (21). This means that care providers must find meaning in their work that aligns with their *raison d’être (core values)*.

Workplace Reactions

The Functional Disconnect Reaction

The “Functional Disconnect” from a team is a workplace-based reaction that inhibits team functioning. Often people are unaware of the degree to which their disengagement affects the team’s performance. Emotional disconnect occurs as part of burnout, compassion fatigue, and vicarious or secondary traumatic stress, and people develop ways to functionally disconnect so that they can continue their work by protecting themselves through emotional distance (22). Usually this is done by focusing on protocols instead of processes.

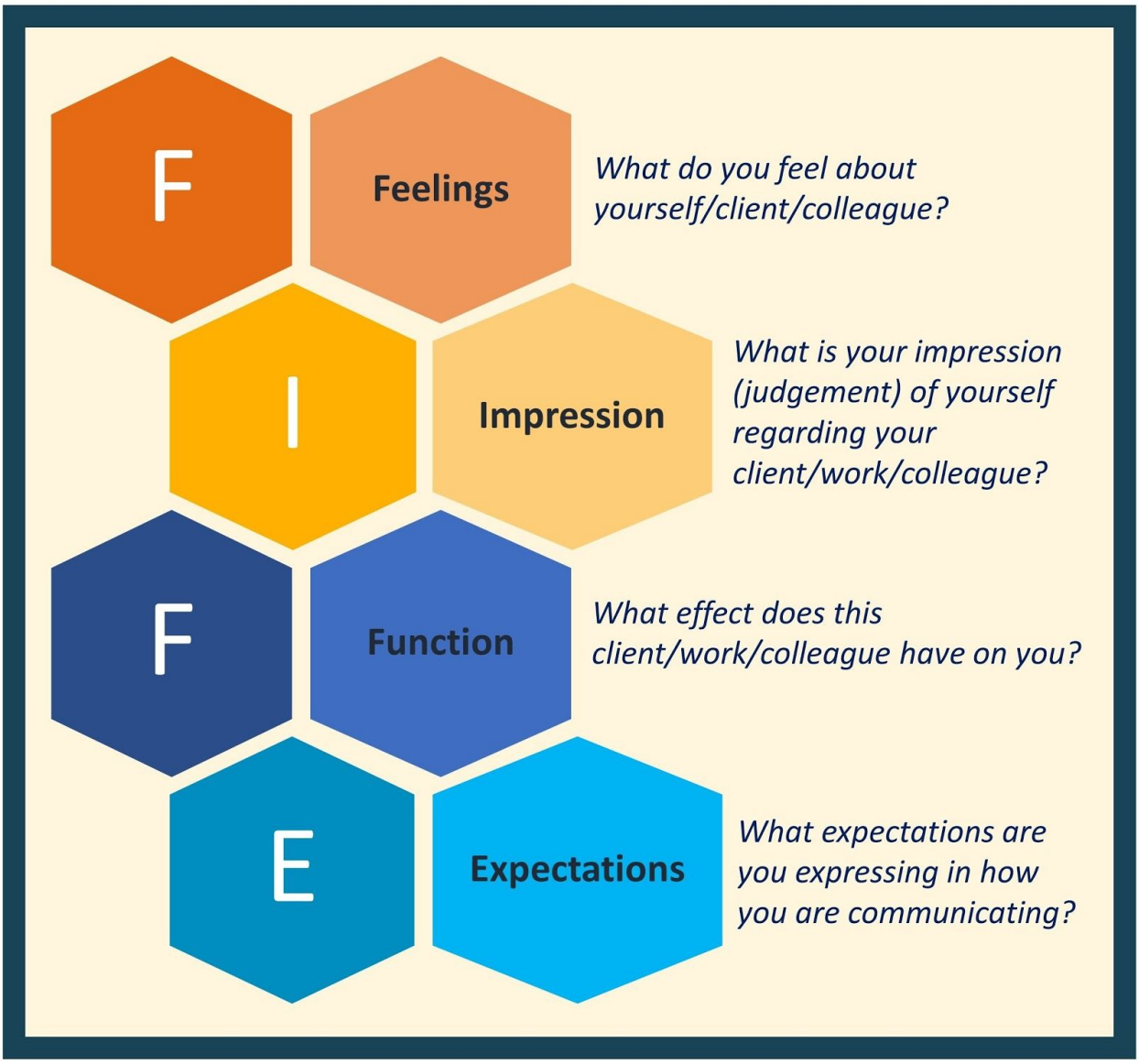
When considering your own reactions to your workplace conditions, self-awareness is key. If you have an unresolved conflict with a colleague, or are still deeply affected by a clinical "near miss" or adverse outcome, these issues are always present at work and can impede your ability to engage fully in your role. Ways to overcome this and facilitate an “emotional reconnect” include mindfulness and listening to yourself and others (21).

The Functional Reconnect Strategy (2):

- Look
- Listen
- Link

'Look' means to establish safety through eye contact, turning toward the person, and being present. 'Listen' uses empathy and communication skills. Empathize with what is being said and establish a relationship using verbal communication skills like acknowledging the feelings behind a message. 'Link' strives for expanding the relationship by looking for solutions together and providing resources to support obtaining the solutions.

FIFE is another tool that you can use to develop self-awareness when working in teams (21). The process includes managing your emotions, tuning in to how you are judging yourself and others, identifying how you are reacting to others, and noting how you are expressing yourself.



Knowledge Check

Which of the following is FALSE regarding working conditions and organizational culture?

- Self-awareness and mindfulness reduce burnout and improve efficiency.
- To incorporate self-care into one's work simply means to maintain a healthy relationship with oneself.
- Functional disconnect occurs as a result of emotional disengagement.
- Efficiency in healthcare is driven by relationships.

Team-Based Healthcare

> "Team-based healthcare is the provision of health services to individuals, families and/or their communities by at least two health providers who work collaboratively with patients and their caregivers." - Naylor et al., 2010 (23)

Healthcare teams work together in many ways. Some teams work more closely, such as when teams work in an office, clinic, or hospital floor together. Other teams work more remotely from each other, such as in community-based care, primary care, or specialty care. To qualify as a team, people have to work together in one way or another.

High functioning teams make better decisions, cope more effectively with complex tasks, and better coordinate their actions and allocate their expertise (24). Despite growing awareness of the benefits, how teams work is still something that remains somewhat elusive. Some teams perform better than the sum of their parts while others do not. How people function in a team is shaped by the experiences that they have had both personally and professionally.

Reflection Questions

Think back to your first experience working in any team (eg. sports, school, office).

- How were decisions made?
- Who had the power? Who had control? How was this decided?
- How did people address difficult topics?
- How did people express anger?
- How did people listen to and understand each other? Did you feel heard and understood?

Now, think about working in a **healthcare team.** Ask yourself the same questions as above.

- How are these two experiences different? How are they similar?
- Do you see a pattern in your own contribution and role within a team? Do you see any differences in yourself across your different team experiences? Do you have a preference for a style of contributing to a team? Why?

Overall, how was your first experience in a multidisciplinary healthcare team? Overall, what was your main impression of your first experience working in a multidisciplinary healthcare team? What was the most challenging aspect FOR YOU in negotiating teamwork dynamics in this experience?

Professional Worldviews and Identities

Professional worldviews are shared values, beliefs, languages, identities, and accepted norms of conduct within a specific profession. These are usually hidden from people themselves but easily identified by others. Professional worldviews are often reflected by the philosophy of practice and ethical guidelines described by professional associations or regulatory bodies. Each health profession has its own professional worldview that is informed by the history of the profession in the region, messaging and modeling during education, media portrayal, expectations of service users, practice experience, and the regulatory and organizational culture of the profession. This professional worldview affects the way people work, how they perform tasks, and the workplace culture. A common and shared professional language becomes the preferred method of communication.

Sometimes, differences in professional worldviews create barriers to sharing responsibility and teamwork because of conflicting values, beliefs, ethics, or norms. The degree to which you internalize the characteristics of your professional worldview is called your “professional identity”. A professional identity is shaped by your experiences and conduct within the group, and reinforcement and reward are used to align the shared characteristics of the professional worldview. When you internalize the characteristics of a group, you usually align with its values, beliefs, and norms. Yet, some people identify more, or less, with aspects of their professional worldview, so everyone within a profession cannot be assumed to have the same professional identity. Becoming aware of your own professional identity may provide insight into misunderstandings and conflict areas when working with other providers.

As you will see in this case, Florence and her family become concerned about the differences between Tasmin and Riann’s scope of practice and whether her birthing goals will be met.

What is the difference between professional worldview and professional identity?

- Professional worldview involves how others view your profession, whereas professional identity is how others view you as an individual
- Someone's professional identity is separate from their professional worldview
- Professional worldview includes people's shared beliefs and values, whereas professional identity captures how health professionals internalize those beliefs and values

Principles of Collaborative Partnerships

Establishing and maintaining high-functioning teams takes work and is an ongoing process. Much of the team's success is determined by the skill and reliability with which team members work together. There are some core principles for collaboration in high functioning teams. At the foundation of successful collaborative care, including team-based care, is institutional leadership and support for the work (24). In addition, core principles and values include (24, 25, 26):

1. Shared vision and goals, with the client/patient in the center
2. Clear roles, with accountability and accessibility
3. Mutual trust, respect and appreciation
4. Effective communication
5. Shared power and dynamic leadership
6. Measurable processes and outcomes

What do shared goals mean in the healthcare context? Shared goals should reflect the personal priorities of the patient, and are clearly articulated and understood by all team members. Effective team collaboration is evidenced when: the patient and their support people are integral members of the team; when these people have a principal role in goal setting, and when teams regularly and continuously evaluate their progress. The organizational factors that support sharing goals are: providing time for information exchange, referring to a written plan, and having the capacity to monitor progress.

Clear roles provide expectations for each team member's functions, responsibilities, and accountabilities. This allows teams to take advantage of the division of labor and combine efforts more efficiently. Effective team collaboration is evidenced when the team members determine and define roles and honest, ongoing discussion about team capacities is present. There needs to be flexibility and balance between individual work and collaboration, and defined team roles, including scope of practice and timing/process for consultation, need to be articulated and understood by all. Accountability and accessibility means that providers work within the agreed upon bounds of their roles and make themselves available and approachable for both formal and informal consultation. The organizational factors that support clear roles are: interprofessional education and training, facilitating communication, reimbursement and redesigning care processes so that the patient receives the right care at the right time by the right provider.

Mutual trust occurs when people trust each other enough to feel capable to achieve the team's goals. This is done by looking at the team's norms of reciprocity and providing greater opportunities for shared achievement. Effective team collaboration is evidenced by establishing and maintaining trust and having provisions to address breaches of trust in a timely fashion. The organizational factors that support mutual trust are: support for team members to get to know each other on a personal level, integration of personal values in education and hiring processes, and development of resources and skills among team members for effective communication, including conflict resolution. Organizations should also enact initiatives that actively foster trust

and appreciation; these can create a cultural “tipping point” that flips a historical lack of trust between provider groups.

Effective communication means a team prioritizes and continuously refines its communication processes. There should be consistent channels for candid and complete communication that are accessed by all team members across settings. Effective team collaboration is evidenced by high standards for professional communication, deep listening and curiosity, continual reflection, institutional and personal evaluation, and striving for continual improvement. The organizational factors that support effective communication are: allocated times to meet to discuss direct care and team processes, training in routine and non-routine communication processes, and utilizing digital capacity.

Shared power and dynamic clinical team leadership mean that hierarchies and steep power differentials that exist in medicine should be flattened. In traditional health care team structures, the physician is always the team leader. However, effective collaborative care requires flexibility such that the provider with the skill set that best meets the patient’s priorities assumes the lead role. Effective team collaboration allows for shared decision making power between team members, as determined by each member’s skill and expertise. The organizational factors that support shared power and dynamic leadership are: ensuring that the patient knows who is the team leader at any given time; seeking diversity in health care providers in leadership roles; creating equitable decision-making structures that do not favor physicians over non-physicians.

Below is an example of dynamic clinical team leadership from the American College of Obstetricians and Gynecologists (26):

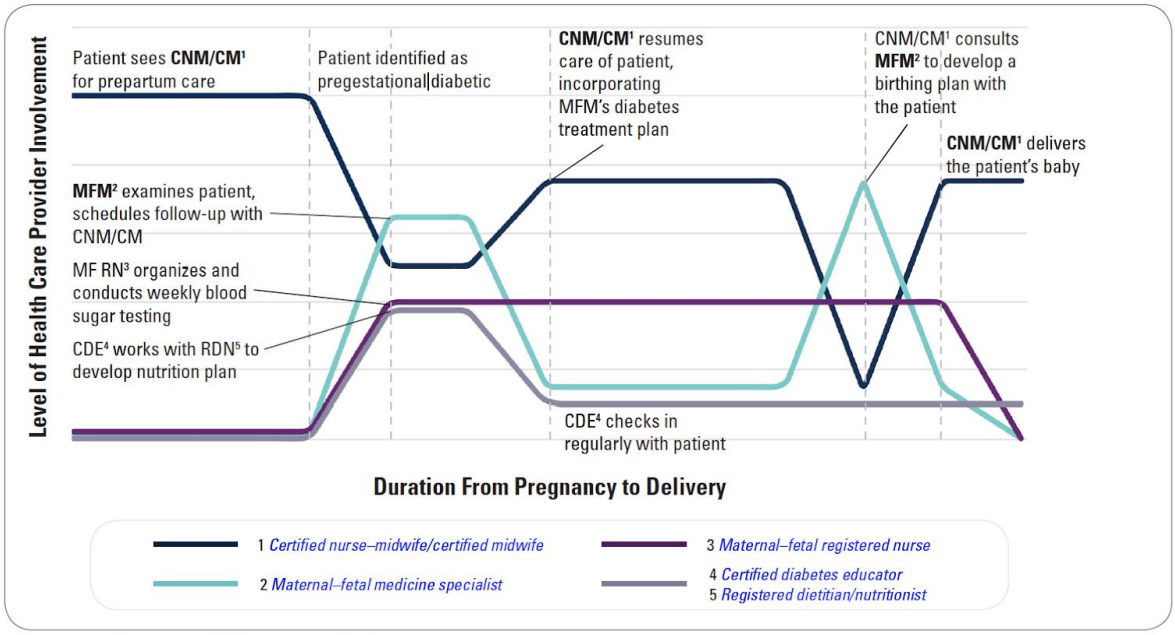


Fig. 2-1. Examples of different levels of health care provider involvement during pregnancy. (Bold font denotes lead health care provider.) ⇦

Measurable processes and outcomes are achieved when the team agrees and implements reliable and timely feedback on successes and failures. This is done while the team is working together towards the team's goals. Outcomes are used to track and improve performance immediately and over time. Effective team collaboration is evidenced by rigorous, continuous, and deliberate measurements; clearly defined processes and outcomes; and evaluating team functioning and satisfaction. The organizational factors that support measurable processes and outcomes are: continuous improvement in team function and outcomes, development of routine protocols for measurement of team function, and meaningful evaluation of processes and outcomes.

Case Study: Anticipation of Shared Responsibility

At each routine clinic visit, Tasmin finds Florence to be healthy. Her pregnancy progresses normally. They continue to plan for a vaginal birth at home.

At Florence's 32-week clinic visit, Tasmin informs Florence that her mother is ill and that she has to leave for a period of time to take care of her. This means that she is likely to be away when Florence is expected to give birth. Tasmin explains that while she is away, her colleague, Riann, will be taking over her caseload and will provide Florence with any remaining pregnancy, birth, and/or postpartum care.

Florence has a few questions about whether the providers have similar professional approaches to care. Will she still be able to carry out her birth plan as it was discussed with Tasmin during her prenatal visits? When will she meet Riann? What is she like? Is she comfortable with natural child birth? Tasmin assures her that Riann’s office will call her to arrange an appointment so that they can meet before the birth and discuss any concerns and particular plans Florence has for her birth. She reminds Florence of her long-term arrangement with Riann. She explains that they have similar approaches to care and enjoy working together in this way.

Clarifying Roles and Expectations: A PCDM Key Element

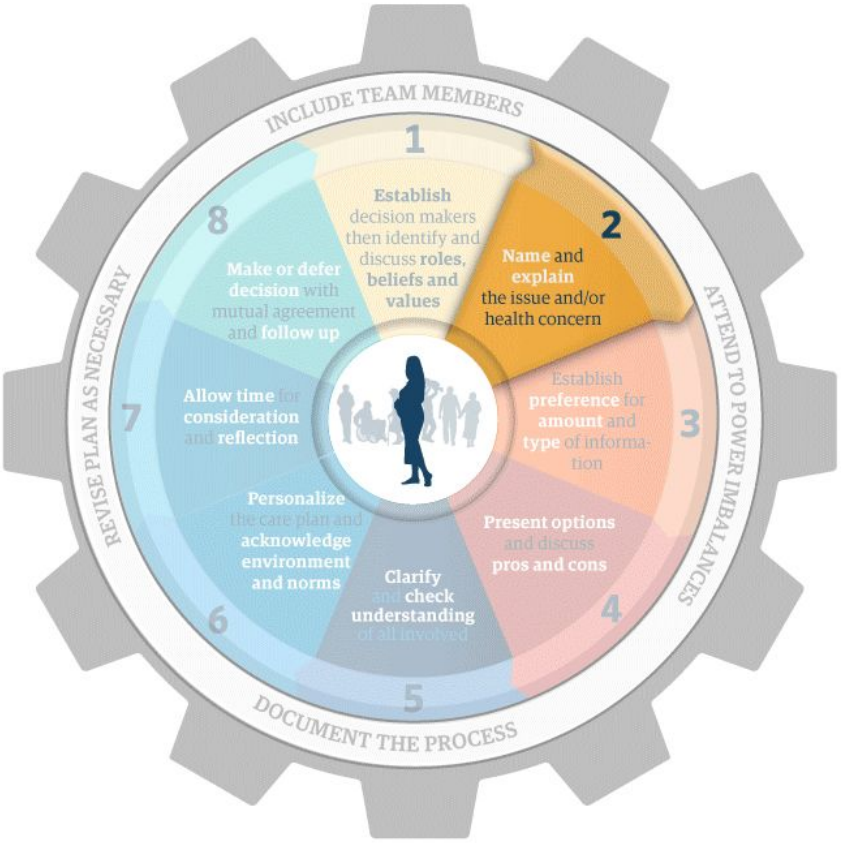
A key element in PCDM is to establish the decision makers and discuss their roles. In order to do this, you must include every member of the interprofessional collaborative team.

To contribute to PCDM and collaborative care, each team member needs to understand their own role and capabilities. At the onset of a shared care plan, it is important to clarify the organization's ethics, values, and behaviors, and any potential impact on the role or philosophy of an individual team member. Since incongruence in values and beliefs is a key source of conflict for healthcare providers, a team must be able to identify shared values and behaviors to function well.

Clear expectations about performance help providers identify, measure, and provide feedback about the team's outcomes. A shared understanding of each other's responsibilities and accountabilities leads to transparency and seamless collaboration. If you have dual or overlapping roles, determine who can most effectively and efficiently meet the overall objectives of the group while respecting the preferences of the patient. In healthcare, this is determined on a case-by-case basis. If one member of the team has particularly relevant expertise or background, the team may decide to allocate an aspect of care that is not commonly assigned to their professional role. Clearly and openly discussing and documenting roles and responsibilities on an ongoing basis allows teams to define and redefine how they work together in a complex and multi-professional setting.

When new members are introduced into the team, it is helpful to clarify each member's typical role when collaborating. This should also be done when team members' responsibilities change, and/or when the team's overall responsibilities change. Examples of when to clarify roles in healthcare are: when the primary care provider changes; after shift change or during a break relief; when someone outside the team is consulted as part of decision making; or after an event when the team's primary focus has changed (eg. ongoing care after the birth of a baby). Another time where role clarification should be done is when the environment itself has changed, and new policies or procedures are in place.

Shared Decision Making



INCLUDE TEAM MEMBERS	ATTEND TO POWER IMBALANCES	DOCUMENT THE PROCESS	REVISE PLAN AS NECESSARY
Take an inter-professinal approach by including every member of the team.	Verbally create a safe environment and invite contribution from everyone. Avoid making assumptions.	Document the information exchange each and every time one of the eight elements are adressed.	Be open to revising the plan when conditions or patient preferences evolve or change.

Clarify who will be included and what their roles will be in the decision making process. Ask about their beliefs and values.

Clearly identify and explain the problem that is the main focus for the decision.

Assess the person's preferred approach to receiving information to assist decision making including depth of information, health literacy.

Discuss the literature, clinical guidelines, and research surrounding the topics, or know where to find this information.

Check in with the person to ensure comprehension and ensure that any questions are responded to.

Facilitate interpretation of options, benefits, and risks within their context and values. Discuss the environment and the feasibility of their preferred option.

Check in to identify personal needs for time to reflect or consider options. Allow for consultation with family or others, reviewing of resources, and additional queries that arise.

Make a clear decision or defer the decision explicitly. A follow up plan should be set regardless of whether decision was made or deferred.

PERSONAL REFLECTION

Team members need to be able to step outside their professional identities to think of what they can specifically contribute to the team. Think of your own skills, talents, and expertise and how they relate to the roles you can perform in healthcare.

Are you able to use these skills when working in a team? Why or why not?

What expectations do you have of your team members when thinking about how they contribute to the team's functioning and performance?

Steps in Role Clarification

You can use a role clarification process to clarify roles when working with any team. Role clarification can also be useful when working through the steps in person-centered decision making. Here is how it is done (27):

1. Each person describes briefly what they would like to do within the team. This includes describing your own preferred duties and responsibilities. Make statements like “I would like to take the baby’s vitals and be responsible for determining and initiating resuscitation if it is needed.”
2. Other team members then make requests for each person’s contribution to the team. This is accomplished by using statements like, “do more of...”, “do less of…” and “keep on…”. An example of this would be: “When you are taking the baby’s vitals, can you please say your findings out loud when you do the checks so that we can all hear you?”
3. Feedback, validation, and negotiation are used to establish and define the team’s division of roles. When clarifying your role and your willingness to change based on other members’ role request, there are three options: yes, no, or negotiate. Say yes if you are willing and able to make the requested change. Say no if you can articulate that the change will not help the team meet its overall goals. Negotiate by saying “I will be able to do… if you do….”. Negotiation is done to ask team members for the help you need to make the change they requested.
4. Document what role each person agreed upon.

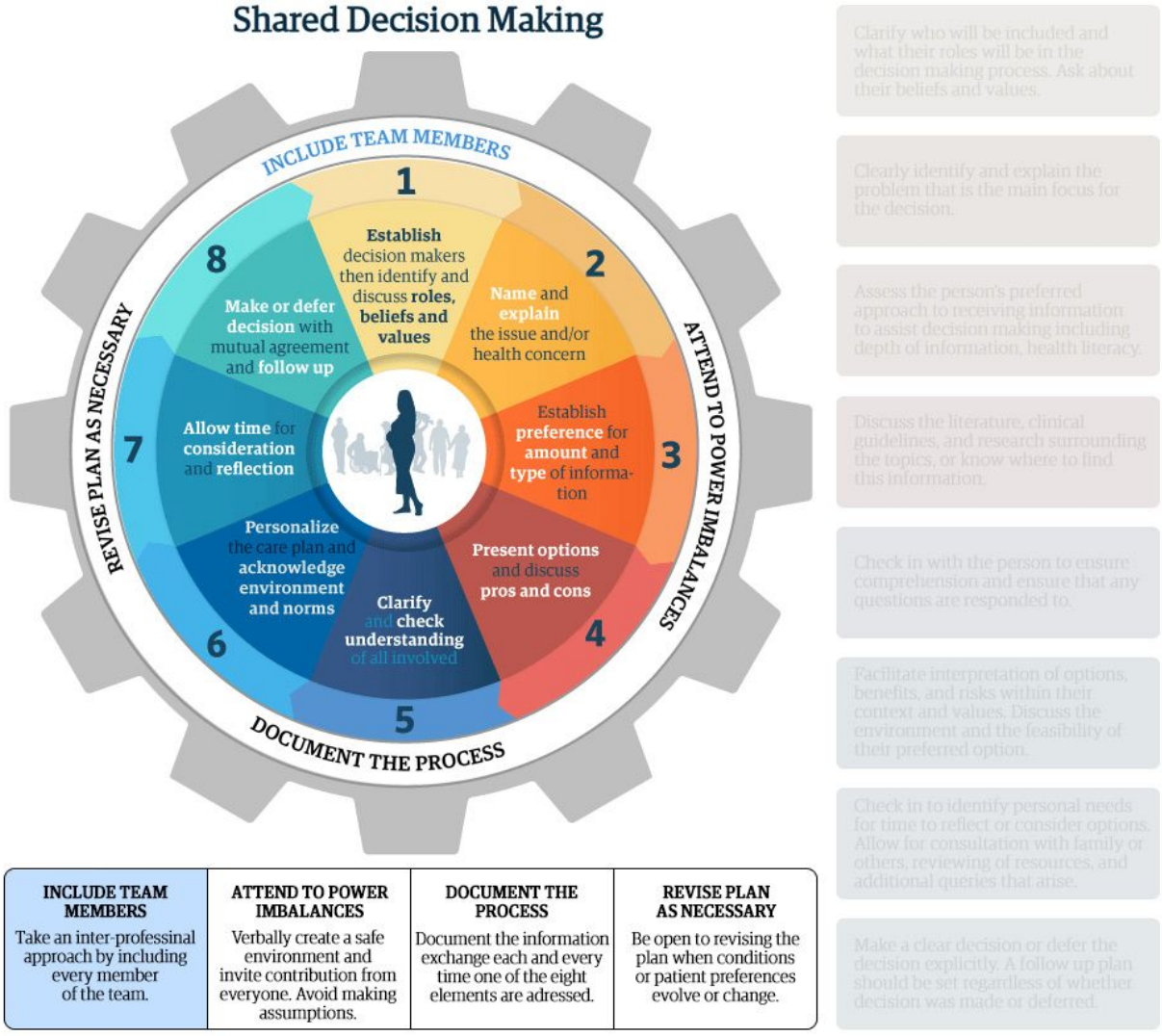
Establishing Preferences for Information: A PCDM Key Element

How do care provider teams work with patients?

Clearly-defined roles that support team functioning also support sharing decision making with the client/patient. Ideally, the team members share power, share knowledge, and have mutual trust and respect for each other. Each team needs an Initiator; this is anyone who initiates the PCDM process (28). The Initiator can be a healthcare professional who identifies that a decision needs to be made. Often the Initiator will work with others to begin a key part of the PCDM process: they will name and explain the issue or the health concern.

Then a Decision Coach is identified to support the client's involvement in decision making; this person is one of the providers on the team (28). Healthcare professionals from at least two different disciplines are involved simultaneously or sequentially in the process with the support of the Decision Coach to conduct a few key elements in the PCDM process.

One role of the Decision Coach is to assess the patient's preference for the amount and type of information, and help them to interpret and understand their options and decisions. The Decision Coach will help other providers present the options, including the pros and cons. After options have been presented and discussed, the Decision Coach will clarify that the patient understands the options and ensures that all questions have been answered.



Knowledge Check

Which of these are obstacles to person-centered decision making within an interprofessional team? Select THREE from the following.

- Deferring to pre-existing power imbalances
- Applying standardized protocols to a sharing decision making process
- Avoiding discussing conflicting professional worldviews
- Excluding people from the person-centered decision making process
- Assigning a team leader or a Decision Coach

Guidelines for Team Functioning

Each person in a team contributes to team functioning, but sometimes the degree to which we influence team functioning is not always apparent to us. A simple way to improve team functioning is to become less task-oriented and focus on being more process-oriented. Regular team meetings help to get to know each other and improve communication and relationships. Be mindful of what you carry with you into a team meeting because self-awareness is key to functioning within a team. In the next pages we will discuss two mnemonics that are tools designed to support team functioning: SIT and CENTRE (22).

PERSONAL REFLECTION

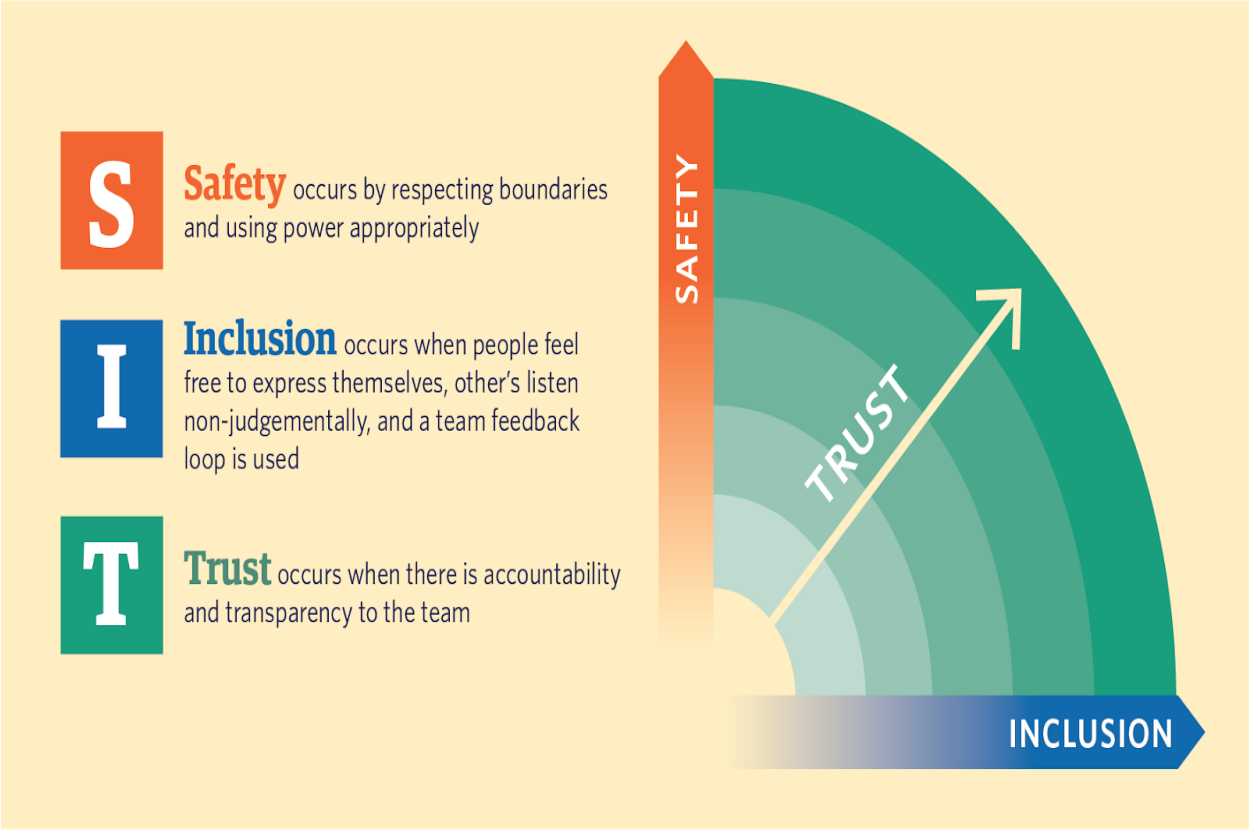
What concessions are you willing to make when working in a team? How would you declare them, discuss them, and talk through them with your team?

What are your implicit assumptions and expectations for working together in teams?

SIT Tool
The first tool, SIT, describes essential characteristics of team functioning (22). Without them, team members cannot contribute positively to team functioning. The three elements of SIT are:

1. Safety
2. Inclusion
3. Trust

Trust is essential for people who work together. This is particularly true in healthcare. When you lose trust in another person, safety and inclusion are also lost. So trust is the essential foundation to any healthy working relationship. Teams need to constantly be gauging their own, and each others' sense of safety, inclusion, and trust. If either safety or inclusion are diminished, then return to establishing trust with your team. These three characteristics are mutually dependent and all three need your attention when working with other people.



Case Study: Labor Begins

Two weeks before Florence is due, Riann,the family practice physician, misses a prenatal appointment with her as she had to attend another delivery. Florence left the waiting room after waiting for an hour and a half.

At Florence's last prenatal appointment with Tasmin a few days later, she expresses that she is feeling anxious that Tasmin may be leaving and that she has not yet met Riann.

Two days later, Florence goes into labor after Tasmin has left and Riann has taken over responsibility.

Attributes of High Functioning Teams

To achieve and maintain high-performing healthcare teams, technical skills are not enough. Non-technical skills such as leadership, situational awareness, decision making, task management, and communication are essential (29). High-functioning teams display “a set of social and cognitive skills that support high quality, safe, effective and efficient interprofessional care within the complex healthcare system” (30). Experts have identified social factors as communication and teamwork skills and cognitive factors as personal behaviors and analytic skills (31).

In a high-functioning team, all members use clear language, organize and convey information in a logical and practical manner, ensure understanding, and confirm their own understanding when receiving information from someone else (31). They also volunteer relevant information, focus on the patient's care preferences when conflict arises, and value and seek team input (31). The personal behaviors that team members display are compassion, integrity, and honesty. They regularly engage in critical self-appraisal and welcome feedback on performance. They identify when stress may pose a risk to others and themselves and they recognize fatigue and take appropriate actions to negate risk (31).

High-functioning teams also possess and apply analytical skills (31). They gather and analyze information to support awareness of risk of errors in the workplace. They identify pragmatic and reasonable solutions available to their team and they re-evaluate their decisions and processes. They are willing and able to change course when significant problems are encountered. These teams encourage active dialogue about situational awareness and discuss and anticipate risks for the team in the future (31).

KNOWLEDGE CHECK

High-functioning teams rely on these non-technical skills for effective and efficient interprofessional teamwork:

- They rely on social skills, personal behaviors, and analytical skills
- They rely on shared goals, social skills, and decision making skills
- They rely on personal behaviors, team building skills, and institutional leadership
- They rely on communication, teamwork, and social skills

Case Study: Labor Tensions

When Florence goes into labor, her partner, Tom, tries to call Riann. However, the call is redirected to a nurse who explains that Riann is tied up with an emergency at the hospital and that they should come in for a labor assessment.

When they arrive at the hospital, Riann is there to meet them. She introduces herself, apologizes for not being able to meet with Florence and Tom earlier and thanks them for coming into the hospital for an assessment.

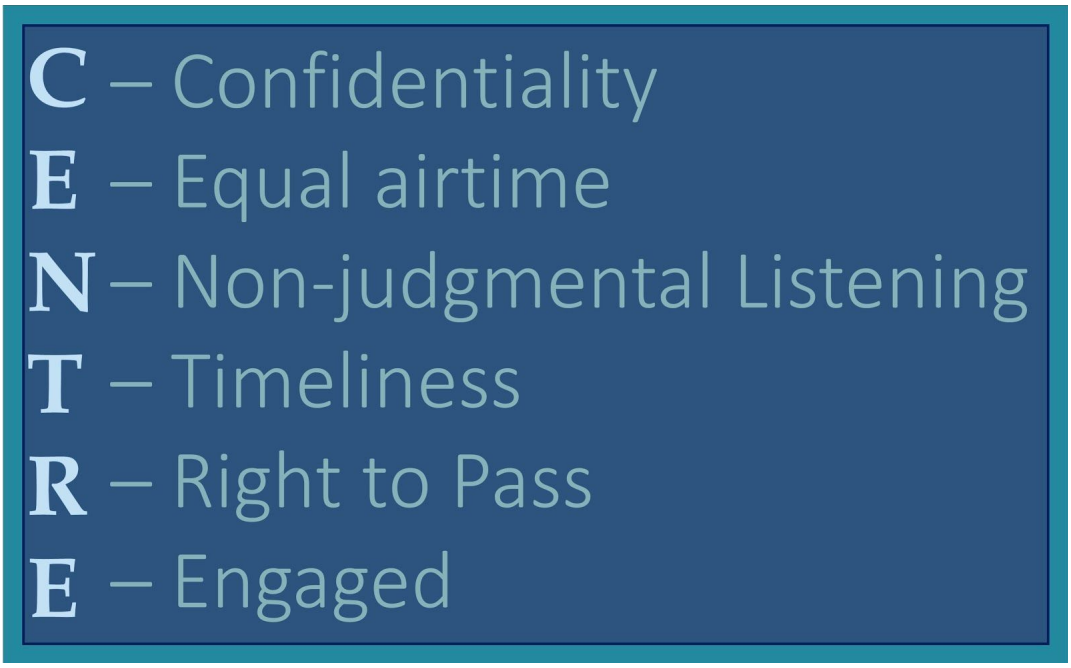
The whole family appears unsettled and upset. “We just thought that she would get to meet you before our baby came…” Tom remarks. He looks downwards. Florence is looking down too. She is quiet but appears upset. The aunts and women in the room are all sitting close to Florence. One aunt says, "We were expecting to meet you before Florence went into labor."

Riann explains that she has other patients in the hospital who need urgent care that she could not leave. She acknowledges that this impacts Florence's confidence and plans for a vaginal delivery. She apologizes sincerely. Riann then assures Florence and her family that she has read Florence’s chart and received all the information about her pregnancy from Tasmin in a handover before Tasmin left. She explains that she and Tasmin had an in-depth discussion regarding Florence’s birth wishes, cultural values, and plan for family involvement, and that she is supportive of these wishes.

This conversation puts Florence more at ease. She feels more relaxed now that she has met her new provider and is confident that she has Riann's support to birth with her family around.

CENTRE Tool

When a new team forms, it is prudent to establish how the team will function. Another tool, **CENTRE**, is a team guideline that provides direction for clarifying expectations for communication and behaviors (22).



The confidentiality guideline is meant to ensure confidentiality. Discussions that occur among team members at team meetings are confidential and the team should feel secure in their agreements about confidentiality.

Each member is expected to to contribute to team decisions and discussions. All contributions should be respected, valued, and considered . This is achieved by providing everyone with equal time for input. You can support this by monitoring your own participation and using group facilitation to ask others for their input.

Non-judgmental listening is closely related to equal participation. When someone is contributing their thoughts, there should be an attempt to hear the person and understand their role on the team. You can achieve this by understanding the common ground upon which the team stands.

Timeliness is about behavior and expectations within the team. Arriving on time and ending on time are some examples of timeliness within a team. But so are following up on your

contributions to the team. Teams function best when each person is accountable to the team and respectful of each other's time and contributions.

Right to pass refers to being able to pass on group decision making or giving your input. There may be times that you, or another team member, need to "pass." Teams should be open to members choosing to pass sometimes. There may be good reasons for the person choosing to pass on that decision or taking on that task. When people use their right to pass it should be accepted by the team with no questions asked. Using the right to pass is a right but should not be overused because this may create challenges for teams and team functioning.

Being engaged means being an active participant. This can be subtle engagement like using active listening, open and responsive body language, and balancing your time between speaking and seeking input from other members. Disengagement from team members affects team efficiency because more time is spent reviewing or revisiting key discussions and decisions.

Knowledge Check

A care team has a discussion on whether to proceed with a particular intervention. As team members take turns to voice their opinion, one team member says, "Sure, I don't care." Which CENTRE tool is not being used correctly by this team member?

- Confidentiality
- Equal airtime
- Non-judgmental listening
- Timeliness
- Right to pass
- Engaged

How to Start the Difficult Conversation with a Team Member

If your team is not functioning well, or team agreements are not being followed, you may need to approach a team member to discuss their impact on the team's performance. In the following video, Roy Johnson discusses how to **manage your anxiety during a difficult conversation**. Key points from the video are summarized below.

Managing your Reactions to Difficult Conversations

https://youtu.be/EqVh9qWhJvc

Here is a summary of the tips covered in this video.

How to manage your anxiety:

- Notice and breathe
- Act, don't react!
- Stay curious and try to understand the person's perspective

Knowledge Check

According to the video, which of the following statements is TRUE?

- Uncomfortable conversations should be avoided because they are awkward.
- Contrary to popular notions, anxiety is not a feeling.
- Entering into fight-or-flight mode can help tackle difficult conversations.

DEAR and ABCD Tools for the Difficult Conversation

After you manage your reactions and prepare to approach your team member, you will need to learn how to conduct a difficult conversation. Prepare your message by applying the DEAR communication strategy. The DEAR strategy is a mnemonic that helps to frame what message you want to convey when you are having a difficult conversation with someone.

DEAR stands for (32):

- **Describe** what was seen or heard
- **Explain** the impact on you or the team
- **Ask** for their perspective
- **Request** what could be done differently in the future

After you have prepared yourself using DEAR, prepare to approach the conversation using the ABCD tool (22).

When **attending** to yourself, the other person and the environment, ask: What am I aware of within myself? Is there anything I can do to prepare myself for this conversation? Next consider the other person: What is the other person experiencing? Are they able to talk? Then consider the environment: What is happening around us right now? Is this the right place to talk?

When you **bridge** the conversation, ask if it is a good time to talk. Introduce the topic and invite a conversation.

When you **comment**, use the DEAR strategy to structure your message. Then check for understanding.

Lastly, when you are **developing** a relationship and plan, acknowledge the impact on the other person. Work with them to establish a follow-up plan or your preferred feedback loop.

ABCD

Attend to yourself, the other person and the environment

- What am I experiencing? What am I aware of within myself? Is there anything I can do to prepare myself for this conversation?
- Assess the other person. What is the other person experiencing? Is this a good time for them to talk?
- Assess the context. What is happening around us right now? Is this the right place to talk?

Bridge the conversation

- Ask "Is this a good time to talk?"
- Introduce the topic and invite a conversation.

Comment and deliver your message

- Make it clear and concise.
- Use the **DEAR** strategy.
- Check for understanding.

Develop a Relationship and Plan

- Acknowledge impact on other person.
- Establish a time-line, follow-up plan, or preferred feedback loop.

Case Study: Closing the Loop

Florence has an uncomplicated vaginal birth with her family around her. Everyone is thrilled to welcome the baby into the family. Florence feels very positive about her experience.

Afterwards, Riann phones Tasmin to close the loop, share the birth details, and convey that both mother and baby are doing well. Riann also plans to speak with Tasmin about the tensions that initially occurred in the hospital between Florence, her family, and herself. Riann feels that Tasmin should have done a better job informing Florence of reasons why she was not able to attend her birth. And she is also concerned that Florence felt disappointed about not meeting her before the birth. Riann feels Tasmin made some promises to Florence that she could not keep and Riann thinks this was a mistake. She realizes that confronting Tasmin about this may be a difficult conversation.

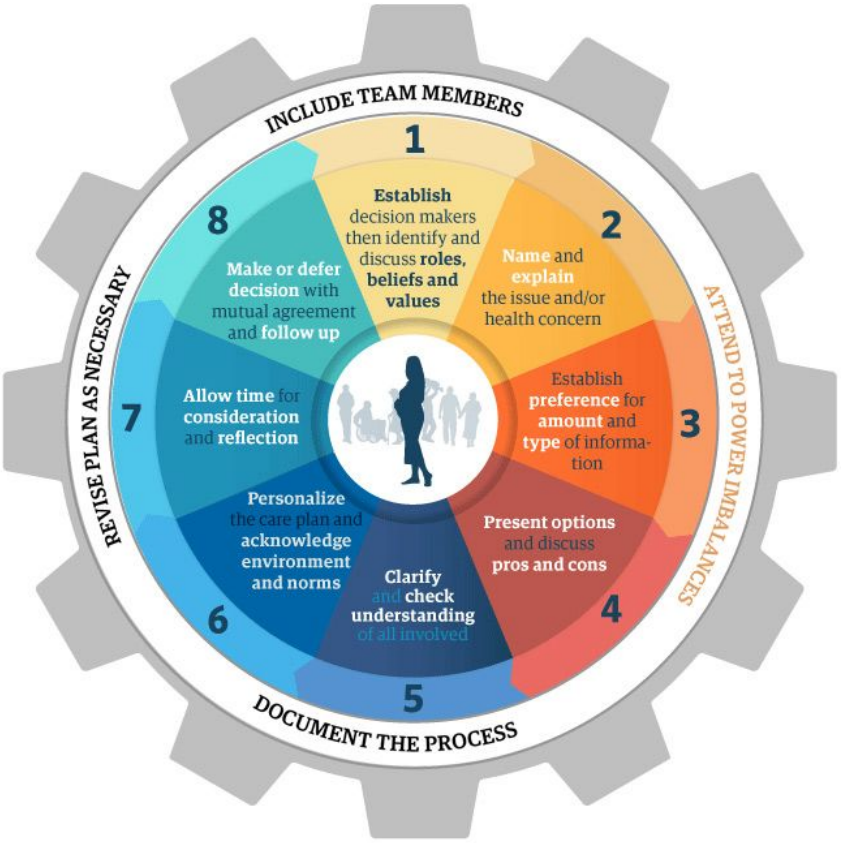
Riann knows to use the ABCD and DEAR approaches to guide the conversation. She prepares herself for starting this conversation.

Attending to Power Imbalances: A PCDM Key Element

On any team, power and conflict are dynamics that will affect the way the team functions (14). These can influence interpersonal behavior, adherence to team processes and protocols, and safety or satisfaction with care. Teamwork failures usually originate from non-technical aspects of performance. This is most common in situations where professional hierarchy is upheld and maintained or when there are frequent transitions of power among providers. There are unique challenges to managing human relationships and personalities and power and conflict can explain and predict team dynamics. In situations with perceived hierarchy, people are more likely to defer to that hierarchy and mitigate their speech, for example, rather than risk challenging someone in a position of authority (33).

A key part of the PCDM process, is to attend to power imbalances by creating an equal environment. The first step in addressing issues of power and conflict in a PCDM process is to acknowledge that they exist and that they may now, or in the future, impact team dynamics. This is done verbally while simultaneously working to create a safe work and safe communication environment. This means inviting contribution from everyone and avoiding assumptions about a team member's experiences, stories, and approaches to decision making. Staying curious will enable a positive team dynamic and avoid team dysfunction.

Shared Decision Making



INCLUDE TEAM MEMBERS	ATTEND TO POWER IMBALANCES	DOCUMENT THE PROCESS	REVISE PLAN AS NECESSARY
Take an inter-professinal approach by including every member of the team.	Verbally create a safe environment and invite contribution from everyone. Avoid making assumptions.	Document the information exchange each and every time one of the eight elements are adressed.	Be open to revising the plan when conditions or patient preferences evolve or change.

Clarify who will be included and what their roles will be in the decision making process. Ask about their beliefs and values.

Clearly identify and explain the problem that is the main focus for the decision.

Assess the person's preferred approach to receiving information to assist decision making including depth of information, health literacy.

Discuss the literature, clinical guidelines, and research surrounding the topics, or know where to find this information.

Check in with the person to ensure comprehension and ensure that any questions are responded to.

Facilitate interpretation of options, benefits, and risks within their context and values. Discuss the environment and the feasibility of their preferred option.

Check in to identify personal needs for time to reflect or consider options. Allow for consultation with family or others, reviewing of resources, and additional queries that arise.

Make a clear decision or defer the decision explicitly. A follow up plan should be set regardless of whether decision was made or deferred.

The Drama Triangle and Staying Curious

In this video by Roy Johnson, you will learn about the **drama triangle** that can play out within teams and you will learn the skill of **staying curious**. You can use these skills in order to work together effectively in teams and overcome barriers to team functioning. Key points from the video are summarized below.

The Drama Triangle and Staying Curious

https://youtu.be/lK1llm3w2s0

Key points covered in this video are:

- Stay curious about their concerns
- Act, don't react – don't become your feelings
- Lean in, don't lean away or charge in
- Follow the Platinum Rule, adjusting your approach strategically
- Influence using communication

Knowledge Check

How does the drama triangle impact interprofessional collaboration?

- Labeling others helps to clarify roles each person will take when working together.
- Making assumptions about others' motives discourages role clarification.
- Our constructs of others encourage us to stay curious and collaborate openly.

Identifying Role Clarification Processes

You have learned that role clarification helps teams work together more effectively and efficiently. This assessment will provide you with a chance to apply the skills you have learned in this course through a writing activity.

In this case, real quotes are being used to describe the impact of home birth transfers from each person's perspective; there is also fictional content used to support the development of this vignette about role clarification.

Complete this activity by addressing the questions:

1. What is each person's role and main responsibility for the birth?
2. What are the duties for each of the three roles? List two duties per role.
3. Identify one role request and one negotiation within the vignette.

Reflection: Professional Worldviews

Now that you have read about the handover between Tasmin and Riann, you will discuss your own professional worldview in the context of the healthcare team.

In this case the team demonstrates the **principles of collaboration in high functioning teams:** effective communication, mutual trust, shared vision and goals, clear roles, shared power and measurable processes and outcomes.

Examine your worldviews by

1) Describing which of the principles is seen most often in your professional setting when working within teams?

2) Please explain why this principle might be seen more than others?

Reflection: Shared Responsibility

In this case, the team shared responsibility for Florence and her baby. What do you think are some of the benefits of having a team share the responsibility of care? What are some of the challenges?

1) Describe the benefits and challenges of sharing responsibility in your profession, and

2) Describe your strategy for team functioning while sharing responsibility

Analyzing a Team Handover

Applying your Knowledge: Team Handover Using CENTRE and SIT

This assessment asks you to evaluate two healthcare providers conducting a telephone handover. You are to identify when teamwork skills are utilized.

Instructions:

A team handover will be presented. Tasmin (physician) phones Riann (midwife) to discuss the clients that will be cared for while she is away. They briefly discuss Florence's case. *(Note: the details of the clinical case are different than the scenario above for adaptation purposes)*. To conduct their handover, they use tools covered in this module: CENTRE and SIT.

https://www.youtube.com/watch?v=Nr_g3XkoI9o

1. Identify times when you hear the providers model steps in SIT. Write what component of the tool that you identify, such as "Trust" from SIT.
2. Post times in the timeline when you hear the providers model steps in CENTRE. Name the elements you identify. Most elements of CENTRE are covered except equal airtime and right to pass.
3. Use these time codes for the tools being modeled. Select which aspect of each tool is being demonstrated in the timeline.

0:15 - 0:18	CENTRE
0:48 – 0:54	SIT
1:06 - 1:08	CENTRE

2:30 – 2:59	SIT
3:00 – 3:08	CENTRE
3:10 – 3:36	SIT
4:28 – 4:53	CENTRE

Analyzing a Team Debrief

Applying your Knowledge: Team Debrief Using ABCD and Quality Criteria

In this assessment you will evaluate two healthcare providers conducting a telephone debrief. You will identify when team functioning skills are modeled by indicating this in the time frames in the audio file.

Instructions: A team debrief and difficult conversation will be presented. Riann phones Tasmin to debrief Florence's case *(Note: the details of the clinical case are different than the scenario above for adaptation purposes)*. To conduct their debrief, they use tools covered in this course. Recall that during a team debrief, each member describes their impressions of the impact of people's contributions and actions and how it affected the team's functioning. According to the six criteria to measure quality, a debrief should occur around topics of safety, effectiveness, timeliness, efficiency, equitable distribution of workload, and providing patient-centered care. For this activity, you will identify which debrief topics are discussed as well as when a ABCD tool is being used. Where in the audio timeline do you hear the providers use these tools?

https://www.youtube.com/watch?v=Yg_heqoHgEc&t=135s

To complete this activity:

1. Identify timestamps when you hear the providers model each aspect of the ABCD model. Note when you hear the step occur, such as "Attend" from ABCD.
2. Identify the timestamp when you hear the providers apply two of the six criteria of a quality debrief.
3. Use these timestamps for the tools being modeled. Select which aspect of each tool is being demonstrated in the timeline.

0:13 – 0:16	ABCD
0:43 – 1:10	ABCD

0:50 – 2:22	Criteria for Quality Debrief
1:41 – 2:23	ABCD
2:38 – 3:06	Criteria for Quality Debrief
3:17 – 3:47	ABCD
4:16 – 4:41	ABCD

Assessing Your Understanding

Now that you have read the case study and the section on teamwork, complete the following questions to assess your understanding of the application of teamwork tools, techniques, and strategies.

Question 1

You are involved in a meeting with a multidisciplinary team, which includes your client. You want to determine the nature of each person's involvement in the decision making process. You do this by:

- Discussing medical-legal implications
- Discussing roles of team members
- Discussing hospital protocols
- Discussing team agreements

Question 2

You are involved in a meeting with a multidisciplinary team, which includes your client. You want to confirm the environmental factors that impact the decision making **process. One way** to do this is by:

- Exploring what support you have from the head of your department
- Exploring how members of the team divide their duties
- Exploring how the case will be reviewed
- Exploring which hospital routines are relevant

Question 3

Professional identities are upheld by:

- professional philosophies
- public stereotypes
- work-life balance
- workplace hierarchies

Question 4

The correct order of steps in role clarification are:

- describe what you would like to do; make role requests for each person's contribution; divide roles using feedback, validation, and negotiation; document what was agreed to
- make role requests for each person's contribution; describe what you would like to do; divide roles using feedback, validation, and negotiation; document what was agreed to
- divide roles using feedback, validation, and negotiation; describe what you would like to do; make role requests for each person's contribution; document what was agreed to
- divide roles using feedback, validation, and negotiation; make role requests for each person's contribution; describe what you would like to do; document what was agreed to

Question 5

What is team-based healthcare?

- A group of care providers working together to provide healthcare to patients and families
- The provision of care by at least two providers who collaborate with patients and their support people
- At least 3 multi-disciplinary providers who collaborate in a healthcare setting
- A group of healthcare providers working together on behalf of the patient's best interests

Question 6

SIT is a mnemonic that stands for Safety, Inclusion, Trust. SIT describes important conditions necessary for team functioning. 'Inclusion' is defined as:

- Being made to feel like part of the group
- Being kept in the loop about the team's clinical cases
- Being involved in decision making with the team
- Feeling free to express oneself in a group

Question 7

CENTRE is a mnemonic that stands for Confidentiality, Equal airtime, Non-judgemental listening, Timeliness, Right to pass, and Engaged. What does this tool describe?

- Team attitudes
- Team skills
- Team behaviors
- Team processes

Question 8

CENTRE is a mnemonic that stands for Confidentiality, Equal airtime, Non-judgemental listening, Timeliness, Right to pass, and Engaged. What does 'Timeliness' mean?

- Starting and ending the meeting on time
- Dealing with conflict in a timely manner

- Giving feedback about team performance soon after an event
- Showing up on time and contributing what was agreed upon

Question 9

FIFE is a tool you can use to develop self-awareness when working in teams. The FIFE process includes managing your emotions, assessing your judgements of yourself and others, identifying how you are reacting to others, and noting how you express yourself in communication style. FIFE stands for:

- Feelings, Impression, Function, Expectations
- Feelings, Identify, Factors, Expectations
- Feelings, Impression, Function, Effects
- Feelings, Inquire, Factors, Expectations

Question 10

You needed to debrief a case with your team and had to lead a difficult conversation with one of your team members. You used ABCD to help you do this. The following is an example of how you used ‘Attend’ and ‘Bridge’:

- You asked them if it was the right place to talk and moved to another room
- You delivered your message clearly and concisely, and invited a conversation
- You assessed if it was a good time for them to talk, and introduced the topic
- You checked if they wanted to speak to you now or later, and made plans for follow up

Question 11

You are involved in a meeting with a multidisciplinary team, which includes your client. As part of the person-centered decision making process, you want to acknowledge the impact of power imbalances on the process. You do this by:

- Saying that power imbalances exist and confirming that this will not impact the decision making process
- Acknowledging the power imbalances and then discussing how to equalize power amongst yourselves
- Saying that power imbalances exist and establishing safety by referring to team expectations
- Acknowledging the power imbalances and asking the client to take the leadership role in the meeting

Question 12

You needed to debrief a case with your team and had to lead a difficult conversation with one of your team members. You used ABCD and DEAR to help you do this. At what stage in ABCD did you use DEAR?

- Attend and DEAR

- Bridge and DEAR
- Comment and DEAR
- Develop the Relationship and a Plan and DEAR

Question 13

Principles of team-based healthcare have been identified that support high-functioning teams. What principle is being described in the following statement? *The client and family are believed to be integral members of the team and they have a role in goal setting.*

- Mutual Trust
- Shared Goals
- Effective Communication
- Clear Roles

Question 14

Establishing clear roles includes delineating expectations for each team member's functions, responsibilities, and accountabilities. The team commitments that support this process are:

- honest, ongoing discussions about team capacities
- continual reflection, evaluation, and improvement
- contemporaneous and deliberate documentation of roles
- articulation of the client's priorities

Question 15

Your teammate approaches you to have a difficult conversation with you. You notice yourself reacting to what is being said. You begin to focus on your breathing to counteract your reactions. Which next step will help you manage your anxiety?

- Stay curious and try to understand the person's perspective
- Use verbal and non-verbal communication skills to deliver your message
- Acknowledge the impact on team functioning
- Develop the relationship and build trust

What is Collaborative Leadership?

> "Leadership, expertise, and collaboration are fundamental aspects of efficient and effective health care." (WHO, 2005)

When collaborating with an interprofessional group of health care providers, each person is responsible to the client, the group, and their own profession. Shared leadership is an essential skill that must be developed in order to share decision making when collaborating. Providers share accountability for the group's goals, yet remain individually accountable to their profession. It may seem that the concepts of collaboration and leadership are at odds with each other because often leadership is misinterpreted as "management."

> "Leadership is defined as a relationship through which one person influences the behavior or actions of other people in the accomplishment of a common task." (Mullins 2009)

There are two components of leadership: task-orientation and relationship-orientation (1). In task-orientation, the leader helps other members stay focused on the common goal. In relationship-orientation the leader helps members work more effectively together. In a shared leadership model, clients may choose to serve as the leader or leadership may move among practitioners to provide opportunities for students and new team members to be mentored in the leadership role. In some cases, there may be two leaders: one for practitioners to keep the work flowing and one whose primary role is to serve as the link between the team and the client/family.

To support collaborative practice, practitioners work together to decide who will provide group leadership in a situation by (1):

- working with others to enable effective client outcomes
- advancing interdependent working relationships among all participants
- facilitating effective team processes
- facilitating effective decision making
- establishing a climate for collaborative practice among all participants
- co-creating a climate for shared leadership and collaborative practice
- applying collaborative decision-making principles
- integrating the principles of continuous quality improvement to work processes and outcomes

Types of Collaborations

When working in health care teams, there are different types of collaboration with varying degrees of autonomy and teamwork. Team members collaborate with different degrees of closeness, depending on their situation, which can produce multi-, inter-, or trans-disciplinary collaboration (21).

The multi-disciplinary team

This team has several different health care providers that work independently or in parallel. Members make their own decisions about their respective duties. Although they collaborate on the same project, they do not work together. If they do work together, it is on a limited and transient basis. They may never meet, but the infrastructure of the system where they work supports them to work in a sufficiently coordinated fashion. The primary characteristics of this collaborative team are independent working and strong boundaries between members.

The inter-disciplinary team

This team shows a greater degree of collaboration between team members. The team makes an effort to integrate and translate themes and activities shared by several professions. An inter-disciplinary team is usually formally structured and generally has a common goal and decision making process. Inter-disciplinary teams draw on the knowledge and expertise of each team member to solve complex problems in a flexible and open-minded way. Characteristics of this team are teamwork and semi-open boundaries.

The trans-disciplinary team

This team is the most collaborative. Consensus-seeking and broadening of professional boundaries play a major role in this team's collaboration. In the trans-disciplinary team, there is a deliberate exchange of knowledge, skills, expertise, and decision making that transcends the usual discipline boundaries. In this collaboration, members apply collaborative leadership principles, and boundaries are open.

Types of Collaborative Practices

Collaboration may occur in team-based care models, but collaboration is also necessary for any consultative relationship between physician and midwife. For example, collaborative partnership is necessary in “parallel” practices as well as in interdisciplinary health care teams. It is important to note that depending on the practice model, effective collaboration may need to exist around the business and financial decision-making, in addition to patient care. Below are some examples (T. King):

1. If midwife and physician are employed by same organization: Collaboration limited to clinical issues, practice activities. Financial decisions are negotiated between individual clinician and parent organization.

2. If midwife is employed by a physician: Collaborative relationship includes clinical issues and practice activities.

3. If a midwife/midwifery group employs the physician or has consulting financial arrangement: Collaborative relationship includes clinical issues, practice activities and financial decisions.

4. If midwife and physician are in a joint practice, they are financial *and* clinical partners.

Transformational Leadership

Since everyone on the team has the potential to become a lead health care provider, each member should have a basic understanding of leadership styles. One style is transformational leadership, which inspires and empowers. Transformational leaders use positive motivation, challenge thinking, and informal rewards (Ralston, 2005).

There are five elements of Transformational Leadership:

1. Model the way:
    a. Act as a role model, cultivate integrity
    b. Be transparent and act consistently
2. Inspire a shared vision:
    a. Exhibit belief and enthusiasm
    b. Enlist and motivate others
3. Encourage heart:
    a. Acknowledge contributions
    b. Celebrate achievements
4. Enable others:
    a. Establish trust and build strong relationships
    b. Actively engage and empower others
5. Challenge the process:
    a. Break new ground and discover potential to progress and evolve
    b. Take the risk of failing!

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Click the URLs to access the articles, sites, and presentations listed below.

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Acknowledgements

We would like to thank the following people for their contribution to content for this module.

Douglas Cave, Assistant Professor, Faculty of Medicine, University of British Columbia, Counselling Psychologist, and a founding member of the Centre for Practitioner Renewal. He presents on topics about Resilience at Work and Care for Caregivers while Communicating Life Altering News. Specifically, his presentation to midwifery students in January 2017 provided the tools covered in this course. His PowerPoint presentation is available from: http://practitionerrenewal.ca/documents/CaringforSelfwhileCommunicatingLifeAlteringNews.pdf

Colleen Kennedy, Director, Innovation & Engagement, BC Patient Safety and Quality Council. Her presentation to the British Columbia Medical Quality Initiative in April 2016 provided the framework for the teamwork content and identified many of the resources referenced in this module. Thank you for your insight and expertise.

Roy Johnson, founder and Principal of The Neutral Zone Coaching and Consulting Services Inc., who acts as a mediator, trainer and psychotherapist on topics including communication, organizational change, leadership, teamwork and conflict resolution. Roy's videos and expertise provide the foundational components for this module and this course. Thank you for contributing and sharing your knowledge and expertise.

Our WorkLearn students, Sabrina Afroz, who contributed as an actor and editor in this module. Jessie Wang, who developed questions and reflections. Lean Timmermann who wrote the case story and edited content. Thank you for contributing to this project.

Our volunteer, Jessie Holbek for researching this topic and developing content. Sarah-Jane Steele who acted in the sound recordings. Thank you to the other health professional students who generously contributed their time and energy to the development and refinement of this module.

Module Evaluation

[Embedded survey.]