



Research Briefs

Teambuilding across healthcare professions: The ELDER project

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ABSTRACT

Background: The key to ensuring quality care for older adults is a nursing workforce that collaborates across professions and provider levels (Wright M.C., Phillips-Bute, B.G., Petrusa, E.R., Griffin, K.L., Hobbs, G.W., & Taekman, J.M. (2008). Assessing teamwork in medical education and practice: Relating behavioural teamwork ratings and clinical performance. *Med Teach*, 29, 1-9).

Purpose: To improve communication and teamwork among interprofessional health care providers (HCPs) by using innovative teambuilding activities over three years.

Methods: Participants: 97 multi-disciplinary HCPs from five long term or home care agencies in an underserved region of New England. Participants attended six interactive sessions focused on teambuilding skills through the use of role play, case studies, games, exercises and teambuilding strategies. The J. A. Hartford Foundation's (John A. Hartford Foundation. (2001). *The John A. Hartford Foundation Geriatric Interdisciplinary Team Training (GITT) Program*. Available at: http://www.nygec.org/index.cfm?section_id=26&sub_section_id=18&page_id=98) Geriatric Interdisciplinary Team Training (GITT) instrument and Interdisciplinary Teamwork IQ test were used to measure changes in knowledge and attitudes.

Results: T tests performed on matched pre/post GITT instruments ($n = 26$) revealed no significant change, although scores improved slightly from pre: (71%) to post test (73.3%) ($p = .39$). Teamwork IQ scores also improved slightly though not significantly. Qualitative data gathered suggest that teambuilding exercises were helpful in practice and allowed for better understanding of other provider roles.

Conclusions: Rarely is a variety of health care disciplines invited to participate in educational opportunities together. The interprofessional small group methodology used is a replicable model with potential to overcome barriers in communication and teamwork skills.

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The key to ensuring quality care for older adults is a nursing workforce that collaborates across professions and provider levels (Wright, Phillips-Bute, Petrusa, Griffin, Hobbs, & Taekman, 2008). Evidence demonstrates that interprofessional education (IPE) improves outcomes and strengthens skills of health care providers (HCPs) (World Health Organization [WHO], 2010). IPE is commonly defined as two or more professions learning with, from, and about each other to improve collaboration and care quality (Interprofessional Education Collaborative Expert Panel, 2011) Long-standing health professional hierarchies and traditions of silo-based education present formidable barriers to delivering effective IPE (Salfi, Solomon, Allen, Mohaupt, & Patterson, 2012). IPE that prepares HCPs to deliberately work together is a national imperative toward building a safer patient-centered health care system (IPE Collaborative).

Integrating learning experiences into HCPs' curricula can enhance knowledge of, communication with and attitudes about other disciplines (Interprofessional Education Collaborative Expert Panel, 2011; Reeves, Goldman, Burton, & Sawatzky-Girling, 2010). Effective

communication can reduce errors and improve safety in healthcare, while ineffective communication is the most commonly cited cause of sentinel events (Joint Commission on Accreditation of Healthcare Organizations, 2008).

The focus of this study was to target interprofessional (IP) HCPs in long term and home care settings to enhance their teamwork and communication skills. Pre study agency focus groups revealed that ineffective communication and teamwork among staff were barriers to achieving best care outcomes for older adults.

1. Review of literature

The beneficial effects on IP team members that participate in interprofessional activities have been reported by investigators in Canada and the United Kingdom (UK). Bajnok and colleagues examined Canadian healthcare teams over 8 months to determine if participation in IPE sessions made a difference in team functioning, satisfaction, work effectiveness, and patient wellbeing. Formative and summative evaluations suggested perceived participant benefit from having participated in sessions with other HCPs (Bajnok, Puddester, Macdonald, Archibald, & Kuhl, 2012).

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Table 1
Activities used in interactive sessions.

Name of Activity	Description of Activity Used in Sessions
Building a Bridge	Participants' teams use blocks to build the tallest bridge in 10 minutes. Discussion on teamwork topics followed including: emersion of leadership and other roles; conflict resolution; effectiveness of communication.
Case Study Analysis	GITT (John A. Hartford Foundation, 2001) resources include case study video clips which were shown and followed by focused discussion based on: team effectiveness; responses to effective and ineffective behaviors; value of team meetings.
Readings: The Geese McNeish (1972)	This short creative writing sample applies the migration characteristics of geese to human behavior and teamwork.
Coaching Exercise Adapted from Bowen et al. (1997).	Pairs of participants interviewed each other for 15 minutes about an unresolved problem. The coach could ask questions, restate facts, encourage, and provide feedback, but could not give advice, the goal being to promote listening.
Zoom	Participants used a series of sequential wordless pictures from Banyai's (1995) book to develop communication and problem solving skills. They could only view their own picture, keeping it hidden from the group. Members communicated to determine the meaning of the pictures and how to sequence them correctly to tell a story.
Hot Buttons Adapted from Fritz et al. (2005).	Designed to encourage communication and listening skills, partners conversed for 10 minutes, followed by introduction of one partner by the other, to the group. Partners were not allowed to take notes, but had to try to remember the person's name, hometown, and at least one hot button item to tell the larger group about.

In a similar qualitative study in the UK, (Jones & Jones, 2011), IP teamwork concepts were introduced using a 12 month program to explore IP staff perceptions. Themes that emerged were collegial trust within the team, importance of team meetings, the role of shared objectives in conflict management and the value of autonomy within the team.

2. Methods

This 3-year study (2009–12) was part of a larger 6-year project (2006–12) to educate caregivers about best practices in the care of older adults (Lange, Mager, Greiner, & Saracino, 2011). Human subjects' approval was obtained from the university and each partnering agency. Participants also signed an informed consent.

Focus groups were conducted with representative staff by an outside evaluation team at each agency to determine perceived needs regarding teamwork and communication skills. The focus groups revealed that tension between employees posed a barrier to effective

collaboration. Identified gaps in knowledge informed session content for the 3-year study.

A teambuilding expert oversaw curriculum development and recommended activities to engage participants. Monthly hour-long sessions were developed and presented for 6 months to each agency during Year 1. Small group sessions were designed to enhance teamwork and communication among IP HCPs ($n = 50$) using interactive activities, discussions, case studies, readings, and/or games to promote the application of teamwork skills (Table 1). As new participants entered the program during Years 2 and 3 ($n = 47$), they were exposed to an abbreviated version of Year 1. Years 2 and 3 were comprised of 22 total sessions incorporating teambuilding and communication skills into cultural awareness and end of life/palliative care training.

2.1. Participants

The sample included 97 healthcare providers (nurses, nursing assistants [NAs], physical, occupational and speech therapists, social workers, pastoral and dietary personnel) from five long term and home care agencies in an underserved region of New England. The majority of participants (93%) were female and Caucasian (78%) with a mean age of 50 years (range = 22–72). Nurses tended to be slightly older than NAs and other professionals, and home care agencies tended to employ slightly older personnel than Long Term Care agencies.

2.2. Measures

The John A. Hartford Foundation's (JAHF) (2001) Geriatric Interdisciplinary Team Training (GITT) instrument was used to measure knowledge of teamwork and communication. Participants completed the GITT test upon entry into the project prior to beginning teamwork sessions. The Interdisciplinary Teamwork IQ test (JAHF, 2001) was administered at the same time to measure teamwork knowledge. In addition, a qualitative survey created by the project team was used by independent evaluators to gather data on the applicability of the project sessions to daily practice.

3. Results

Pre test GITT Instruments ($N = 97$) were collected over three years: Year 1 ($n = 59$); Year 2 ($n = 29$); Year 3 ($n = 9$). GITT Post tests were distributed to remaining participants at the end of Year 3 ($n = 60$). T tests for equality of means performed on matched pre and post GITT instruments ($n = 26$) revealed no significant change (Fig. 1). Overall unmatched scores improved slightly from pre: 12.8 questions correct (71%) to post: 13.2 correct (73.3%) ($p = .39$). Three questions stood out because at least half of respondents answered them incorrectly or left them blank, which may be due to confusion or lack of question clarity, rather than to the related content.

Health Care Provider	Pre Tests		Post Tests	
	n	Average % Correct	n	Average % Correct
Nurses (RN, LPN)	42	13.7	18	13.4
Nursing Assistants	26	11.4	4	11.0
Other HC Professionals	29	12.9	8	13.9
Totals	97	12.8	30	13.2

Geriatric Interdisciplinary Team Training (GITT) (John A. Hartford Foundation, 2001)

Fig. 1. Pre and post test GITT scores.

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