

Continuing Medical Education

Collaboration in Health Care

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ABSTRACT

Health care involves the participation of patients, family, and a diverse team of often highly specialized health care professionals. Involvement of all these team members in a cooperative and coordinated way is essential to providing exceptional care. This article introduces key concepts relating to interprofessional collaborative teamwork. Approaches to measuring and studying collaboration and evidence demonstrating the benefits of collaboration are presented. The structural, psychological, and educational factors which may determine collaborative behaviour are described.

Learning Objectives:

By the end of this CME article, participants will be able to

Keywords: Collaboration; teamwork; radiotherapy; multidisciplinary; interdisciplinary

1. Distinguish between multifunctional and interdisciplinary teams,
2. Define collaboration in a health care setting,
3. Describe the value of collaboration to patients, staff, and organizations,
4. Understand approaches to measuring collaboration, and
5. Identify factors that determine the ability of teams to collaborate.

This article is a CME article and provides the equivalent of 2 hours of continuing education that may be applied to your professional development credit system. A 20-question multiple choice quiz follows this reading, and answers can be found on page 216. Please note that no formalized credit (Category A) is available from CAMRT.

Introduction

Modern organizations are often complex entities in which cross-disciplinary teams are increasingly called on to innovate, implement change, and improve work quality and efficiency. Current focus on reducing health care costs while improving quality of care in Canada puts additional pressure on public health institutions to find more efficient and effective ways to deliver quality services.

Exceptional health care is facilitated by a collaborative approach including many different professionals and their clients [1, 2]. The partnership between providers, patients, and their families in shared decision-making, coordination, and cooperation has been defined as interprofessional collaborative practice [3].

This CME article will examine the following:

1. Definitions
 - a. Health care teams
 - b. Collaboration

2. Potential benefits of collaboration
 - a. Quality of care benefits
 - b. Patient engagement benefits
 - c. Patient safety benefits
 - d. Staff and organization benefits
3. Measuring collaboration
4. Determinants of collaboration
 - a. Structural
 - b. Psychological
 - c. Educational

Definitions

Health Care Teams

The members of a multifunctional team bring together a range of functional expertise to the task at hand, whether for a one-time project or ongoing operational work [4]. This functional expertise may be of a subtler form when members have different perspectives but similar skills and experience or may be more distinct when the team incorporates a diversity of knowledge, skills, and training. Patients, family members, and other stakeholders ideally participate

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in the delivery of health care as part of a multifunctional health care team.

Multifunctional teams can be more efficient, effective, innovative, and better at risk management compared with purely functional teams [4]. This is achieved by creating an opportunity for a broad range of ideas, considerations, and compromises to be worked out as early as possible to avoid costly errors, rework, and miscommunication [4, 5]. This is particularly important when the goals and values of different team members may be very different.

Multifunctional teamwork involves a series of largely distinct activities and handoffs that nonetheless benefit from input by different team members at every stage. In contrast, highly interconnected team processes may be thought of as a truly “interprofessional” [6]. The prefixes multi-, inter-, and trans-professional are used with sometimes varying definitions in the literature.

It may be useful to consider a spectrum of team integration. On one extreme resides a multifunctional team where functional units are disconnected physically and psychologically. Such a team may result in work passing from sub-unit to sub-unit with little opportunity for information sharing and innovation (Figure 1). On the other end of the spectrum resides an interdisciplinary team coherently bound by shared goals, trust, open, and collaborative interdependency [7]. Such a team may still divide work tasks among functional units, but features strong communication, a common understanding of the interconnected work process, and shared ownership of the inputs and outputs of the overall process (Figure 2). The latter team has a greater potential to fairly negotiate a set of collective goals and achieve the best results by agreed upon standards. In the long term, such a team may also have a greater capacity for organizational learning, process improvement, and capability generation [8, 9]. The key concept is that the whole is greater than the sum of its parts.

Defining Collaboration

When it comes to defining collaboration, “for a concept so widely used in everyday language, there is a surprising lack of a clear understanding of what it is to collaborate, and of how best to support and improve collaborative working. Definitions are often tailored to a particular environment” [10]. Some definitions in the literature indicate that collaboration

- Involves multiple people interacting to achieve a common goal [10],
- Consists of social inputs and task inputs [11],
- Is “an active and ongoing partnership between professionals and institutions with diverse backgrounds and mandates who work together to provide services” [12],
- “...Is a process that involves cooperation, communication, negotiation, trust, respect, and understanding to build a synergistic alliance that maximizes the contributions of each participant” [13],
- Involves constructing both a collective action to address complex patient needs and an interprofessional team relationship involving respect and trust [14],

- Is a process of working together, negotiating agreement and managing conflict, and both valuing and understanding one another [15],
- Involves working together, shared planning over time, functioning cooperatively as colleagues and equals with respect and a view to find solutions together [16],
- Is “a dynamic, transforming process of creating a power-sharing partnership ... for purposeful attention to needs and problems (practice) to achieve likely successful outcomes” [17], and
- Is “an efficient, effective, and satisfying way to offer health care services ... through a process by which interdependent professionals are structuring a collective action toward patient’s care needs” [18].

Common themes among these definitions suggest that collaboration is an integration of activities and knowledge that requires a partnership of shared authority and responsibility. Four critical elements described by Sullivan [17] provide a useful breakdown of behaviours and attitudes that, together, constitute collaborative practice in health care:

1. Coordination (working to achieve shared goals)
2. Cooperation (contributing to the team, understanding and valuing the contributions of other team members)
3. Shared decision-making (relying on negotiation, communication, openness, trust, and a respectful power balance)
4. Partnerships (open, respectful relationships cultivated over time in which all members work equitably together)

A conceptual relationship between learning behaviour, collaborative behavior and their shared determinants is shown in Figure 3.

Potential Benefits of Collaborative Practice

Quality of Care Benefits

Demonstrating clear cause-and-effect relationships between collaborative team behaviour and particular outcomes is often difficult. Published research and case studies support the idea that collaboration leads to improved health outcomes and suggest that collaboration improves intermediary predictors of quality such as transfer of knowledge, sharing of information, and enhanced decision-making. Although many studies are observational or descriptive, some include objective measures of collaboration, outcomes, or both. An example from medical imaging in the author’s institution would be collaboration among radiation technologists, radiologists, and various support staff to identify and implement best practices in diagnostic imaging order, triage, acquisition, review, and reporting processes to improve, streamline, and standardize practice.

Qualitatively, collaborative teams are reported to demonstrate improved sharing of evidence-based practices between professions [15], improved decision-making [19], and increased innovation [13]. Quantitatively, collaborative teamwork may lead to reduced length of hospital stay, improved

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