



Building interprofessional team effectiveness in a nurse-led rural health center



Denise Schentrup (Associate Dean for Clinical Affairs)^{a,*}, Karen Whalen (Clinical Professor)^b, Erik Black (Associate Professor)^c, Amy Blue (Clinical Professor and Associate Dean for Educational Affairs, Associate Vice President for Interprofessional Education)^d, Lisa Chacko (Assistant Professor)^e

^a College of Nursing, University of Florida, Health Professions, Nursing, Pharmacy Building, 1225 Center Dr, Gainesville, FL, 32603, USA

^b Department of Pharmacotherapy and Translational Research, College of Pharmacy, University of Florida, Health Professions, Nursing, Pharmacy Building, 1225 Center Dr, Gainesville, FL, 32603, USA

^c Department of Pediatrics and Education, College of Medicine, University of Florida, Health Professions, Nursing, Pharmacy Building, 1225 Center Dr, Gainesville, FL, 32603, USA

^d College of Public Health and Health Professions, University of Florida, Health Professions, Nursing, Pharmacy Building, 1225 Center Dr, Gainesville, FL, 32603, USA

^e Department of Community Health and Family Medicine, College of Medicine, University of Florida, Health Professions, Nursing, Pharmacy Building, 1225 Center Dr, Gainesville, FL, 32603, USA

ARTICLE INFO

Keywords:

Interprofessional Teams
Team-based care
Nurse-led clinics
TeamSTEPPS[®]
Collaborative practice models

ABSTRACT

Background: Interprofessional team care is a model that demonstrates positive effects on the triple aim of improving quality of care, improving health and reducing costs. Nurse-led practices are well suited for these models. Archer Family Health Care (AFHC) is a nurse-led practice that utilizes interprofessional team care.

Purpose: To describe interprofessional team training at AFHC and evaluate effects of training on perceived team functioning.

Methods: The AFHC team participated in TeamSTEPPS[®] guided trainings throughout the three year grant period. All staff and providers were included in the team trainings. Training consisted of participation in team retreats, training modules and focus group discussions on team functionality, goal setting and workflow analysis and revision. Standardized assessment of the team competencies was completed five times over three years using the TeamSTEPPS[®] Team Perceptions Questionnaire (T-TPQ), the Collaborative Practice Assessment Tool (CPAT), and the Team Competencies (TC) questionnaire. Results identified perceived strengths and weaknesses of interprofessional team and served to guide team training activities.

Discussion: Improvements occurred over time for several measures, including teamwork, team performance, communication, and decision-making.

Conclusion: Standardized evaluation of team competencies is a useful tool to enhance perceived functioning of a nurse-led interprofessional team. Results support the need for ongoing interprofessional team evaluation and training.

1. Introduction

The Institute of Medicine's (IOM) 2001 report, "Crossing the Quality Chasm," called for wide-ranging reform to the U.S. health care delivery system including team-based and interdisciplinary approaches to care. Additionally, the IOM recommended educational reforms to support the emergence of these new care delivery models.¹ Several models have been put forth since that time to increase quality and access, including collaborative practice models and nurse-managed health centers.

Interprofessional collaborative practice models (IPCP) rely on teams to increase capacity, improve efficiency, help control costs and encourage the use of primary care and preventive services.²

Nurse-managed health centers, also referred to as nurse-led clinics, provide primary care and some specialty services. These clinics are managed and operated by advanced practice nurse practitioners who often have Doctors of Nursing Practice (DNP) degrees and serve as primary medical providers.^{3–5} Evidence indicates that nurse-led clinics are well positioned to implement innovative models of care,

* Corresponding author.

E-mail address: dschen@ufl.edu (D. Schentrup).

Table 1
Results for the collaborative practice assessment tool.

Collaborative Practice Assessment Tool	Dec-14		Jul-15		Jan-16		Jul-16		17-Apr		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Mission, meaningful purpose, goals	5.80	0.74	6.58	0.44	6.59	0.34	6.49	0.43	6.83	0.17	0.09
General relationships	5.76	1.15	6.68	0.40	6.68	0.41	6.58	0.41	6.61	0.51	0.46
Team leadership	5.02	0.57	5.25	0.28	5.14	0.68	6.24	0.38	6.48	0.32	< .01
General role responsibilities, autonomy	5.31	0.81	5.60	0.38	5.75	0.52	5.66	0.56	5.80	0.58	0.30
Communication and information exchange	5.28	1.04	6.53	0.45	6.09	0.39	5.98	0.39	6.77	0.41	< .01
Community linkages	5.55	1.05	5.88	0.55	6.27	0.48	6.18	0.39	6.04	0.89	0.03
Decision-making and conflict management	4.43	0.61	4.15	0.66	5.03	0.54	5.08	0.75	4.34	0.75	< .01
Patient involvement	5.79	1.00	6.73	0.50	5.87	0.48	5.73	0.31	6.87	0.42	< .01

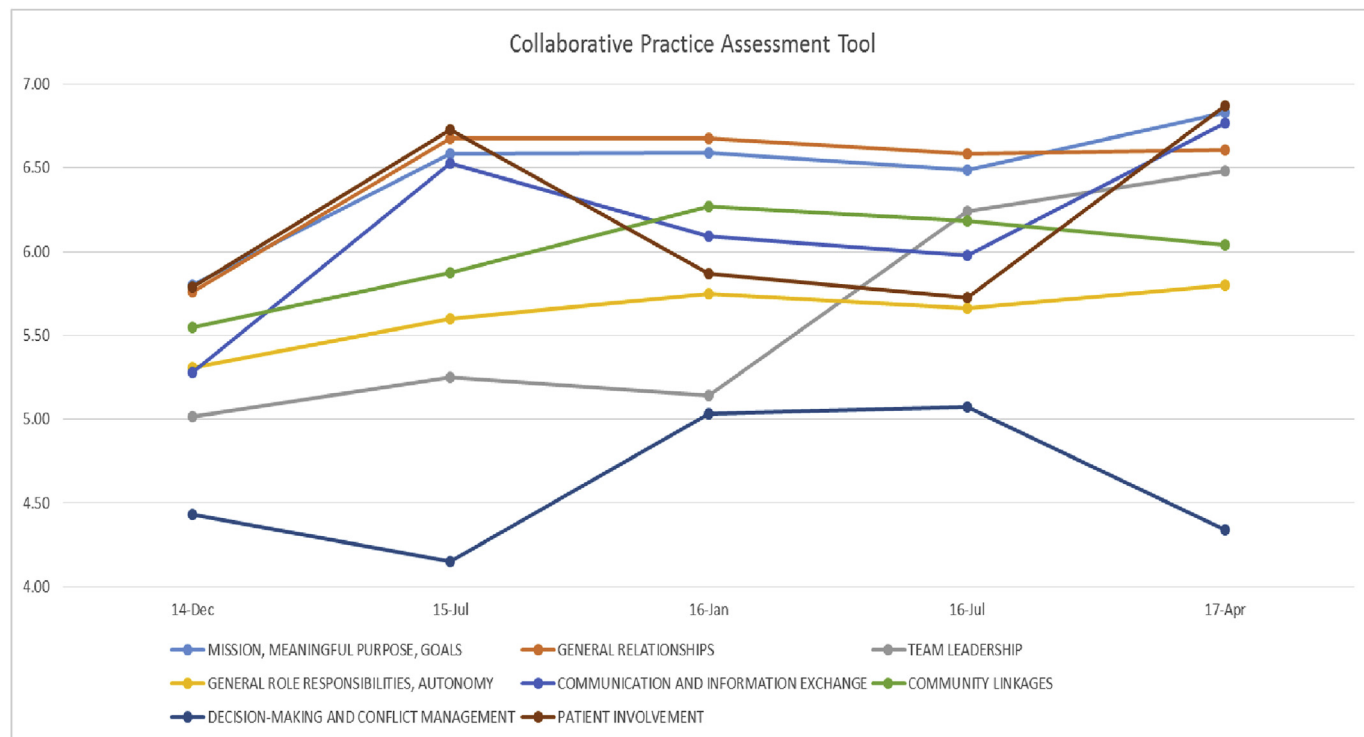


Fig. 1. Longitudinal CPAT outcomes.

Table 2
Team composite scores over time.

Team Competencies Scale	Dec-14		Jul-15		Jan-16		Jul-16		17-Apr		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Clear direction	5.15	1.29	6.27	0.53	6.51	0.63	6.10	1.60	5.36	2.60	0.21
Team efficacy	5.73	1.12	6.03	1.24	6.33	0.49	6.25	0.64	6.30	0.81	0.45
Psychological safety	4.00	0.58	4.49	0.47	4.21	0.60	4.26	0.35	4.53	0.48	0.03

particularly interprofessional practice models, and thus play a crucial role in healthcare transformation. Importantly, nurse-led health centers can serve as a viable adjuvant to physician-centric models of primary care and help mitigate longstanding problems of poor access and outcomes within rural and underserved communities.^{3,6-8}

To successfully implement an IPCP model, a team approach with full participation of each member is essential. With multiple professions and varied skill sets, effective team collaboration is paramount.⁹ Research on effective teams has helped identify skills and, in turn, methods for training health professionals to work in teams. Key characteristics of high-functioning teams include leadership, mutual performance monitoring, backup behavior, adaptability, and team

orientation.¹⁰

Of the emerging training models for healthcare teams, the TeamSTEPPS® model is well documented in its ability to improve communication and patient safety.¹¹ This model relies on vignettes, brainstorming, and communication strategies to remove barriers to the provision of high quality care.⁹ Despite these important advances in team-oriented care, recent research suggests that practice continues to lag behind theory, and that health profession curriculums continue to be siloed and individualistic.¹²

Given the demonstrated need for improvement in collaborative, team-oriented practice and education, as well as the well-recognized potential of nurse-led clinics, this paper will discuss the effectiveness of

Download English Version:

<https://daneshyari.com/en/article/8572751>

Download Persian Version:

<https://daneshyari.com/article/8572751>

[Daneshyari.com](https://daneshyari.com)