# Creating high-performance interprofessional teams

By Terry Eggenberger, PhD, RN, CNE, CNL; Rose O. Sherman, EdD, RN, NEA-BC, FAAN; and Kathryn Keller, PhD, RN

**KATE SUMMER**, a nurse case manager on a telemetry unit, is leading an initiative to reduce the 30-day readmission rate of older patients with heart failure. She knows from experience that more effective communication and collaborative planning by the interdisciplinary team managing these patients is crucial for reducing readmissions. But doing this has been challenging for Kate.

Recently, a local university asked her to present a talk on strategies to reduce patient readmissions to students in interprofessional education classes. She is intrigued that students from multiple disciplines now attend classes together—something that never happened during her nursing education.



The language of healthcare is evolving rapidly. Consider the term *interdisciplinary*. Many nurses associate this word with the interdisciplinary team meetings required for regulatory compliance or discharge planning, as in the scenario above. Just getting everyone to attend these meetings can be daunting logistically. Typically, the meetings occur weekly and have a designated start and end time, or are convened for a particular project or outcome.

But the concept of healthcare professionals from

#### With healthcare reform, team-based care has become more crucial than ever.

different disciplines coming together and working in teams is changing. Reflecting this change, the term *interdisciplinary* has given way to *interprofessional* in many settings. Interprofessional teamwork refers to the cooperation, coordination, and collaboration expected among members of different professions in delivering patient-centered care collectively.

## Creating an interprofessional team

Getting team members on the same page—or even getting them together in the same place, as Kate hopes to do—can be difficult. Helping team members get past their day-today duties, conflicts, and communication problems to attain the goal of

working together effectively is a significant leadership challenge. Nowhere are the stakes higher than in health care, where good patient outcomes hinge on team synergy and interdependence.

Most medical errors involve communication breakdowns among team members. Ineffective interprofessional teamwork jeopardizes patient safety, and some experts believe it correlates strongly with higher mortality. An interprofessional-team approach could benefit many situations. Opportunities for team effectiveness exist in many key areas, including medication reconciliation, discharge planning, length of stay, care transitions, end-of-life issues, error disclosure, and reducing 30-day readmissions.

In any setting, high-performance work teams rarely occur naturally. They must be created and managed.



To instill effective teamwork into health care, leaders need to recognize and emphasize its importance. They play a key role in helping a team develop the ability to collaborate effectively, build relationships and trust, innovate, and achieve results at a consistently high level.

## Promoting more effective teamwork

If you've worked on a highly effective and smooth-running team, you know it's an experience you won't soon forget. Effective teams share the following characteristics:

- clear goals that everyone on the team works towards
- clarity about each team member's role and contributions
- clear and open communication
- effective decision making
- engagement of all members in the work of the team
- appreciation of diversity in terms of generation, culture, and thinking
- effective conflict management
- trust among members
- cooperative relationships
- participative leadership.

Achieving this level of teamwork can be challenging. Communication breakdowns and conflict are inevitable, especially if team members keep changing.

When managed effectively, teams provide an opportunity for growth. But this doesn't always happen. The

most common obstacles to effective teamwork are blaming others, turf protection, mistrust, and inability to confront issues directly. Without complete trust, members are more likely to withhold their ideas, observations, and questions.

People also are more likely to leave a team that has trust issues. Trust begins with communication. As a leader, emphasize to team members that relationships live within the context of the conversations they have—or

don't have—with one another. Without open and frank communication, things can and do go wrong on teams.

Also, never assume healthcare professionals completely understand the unique knowledge, skills, and abilities that members of other disciplines bring to the team. Seeing through the lens of another professional as a way of building trust can be enlightening and enhance one's understanding of roles and responsibilities.



Ask yourself the following questions to gauge whether team members are working together effectively:

- Do team members know each other's names?
- Do they talk about "my patient" or "our patient"?
- How do they address each other?
- Have clear team goals been established? Have roles been assigned?
- Do team members respect each other's viewpoints and expertise?
- Do they understand the scope of practice and key responsibilities of each discipline on the team?
- Do they round on patients together?
- Do they feel accountable to attend team meetings or care-coordination conferences?
- Can patients identify the members of their care team?
- How does the team manage conflict or disagreement about care decisions?

Each discipline has a unique culture, language, and model through which it approaches patient situations. Spending time with or shadowing members of other disciplines helps professionals understand what it's like to experience patient care from another perspective.

As a leader, you can assess whether your team is working effectively. (See *Assessing a team's effectiveness*.)

#### The future of interprofessional practice

With healthcare reform, interprofessional practice has become even more crucial. Most new care-delivery initiatives being tested today involve team-based care. Using the skills of each discipline is important in reducing healthcare costs and improving patient outcomes through shared responsibility.

On a multidisciplinary team, each professional func-

tions independently of the others, and one person usually makes treatment decisions. In contrast, interprofessional teams reach decisions collectively. In many healthcare settings, collective decision-making will require a major shift in thinking. In response to *Crossing the Quality Chasm: A New Health System for the 21st Century*, a 2001 report from the Institute of Medicine, healthcare education programs increased the emphasis on students from different healthcare professions coming together to learn about collaborative teamwork from

and with each other.

In 2011, the Interprofessional Education Collaborative published *Core Competencies for Interprofessional Collaborative Practice*. This report states that healthcare professionals need certain core competencies to provide high-quality, integrated care. Together, these competencies offer a structure for best practices. The competencies fall into four domains:

• values and ethics for interprofessional practice



- roles and responsibilities
- interprofessional communication
- teams and teamwork.

In today's academic programs, students of medicine, pharmacy, social work, and other related disciplines come together side by side to learn how to communicate, work in teams, and discuss pertinent issues, such as ethics and policy. This may be an unusual case where academic settings are ahead of their practice partners (especially in acute-care settings) in implementing new professional competencies. Healthcare

students frequently comment that they don't see such behaviors in practice. When educating students about evidence-based tools for communication and conflict resolution, teachers must support and model these skills in clinical practice so students can increase their proficiency and effectiveness. Academic and clinical practice partners must be aware of evolving priorities and trends.

Building and maintaining effective teams and interprofessional practice is a journey that never ends. As new members join the team, leaders should encourage them to participate in building a collaborative team culture and should urge team members to nurture these novices. \*



#### Selected references

Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington,

DC: National Academy Press; 2001. www.iom .edu/~/media/Files/Report%20Files/2001/ Crossing-the-Quality-Chasm/Quality%20Chasm% 202001%20%20report%20brief.pdf. Accessed September 16, 2014.

Interprofessional Education Collaborative Expert Panel. *Core Competencies for Interprofessional Collaborative Practice*. Washington, DC: Interprofessional Education Collaborative; 2011. www.aacn .nche.edu/education-resources/ipecreport.pdf. Accessed September 16, 2014.

Keller KB, Eggenberger TL, Belkowitz J, et al. Implementing successful interprofessional communication opportunities in academia: A qualitative analysis. *Int J* 

*Med Ed.* 2013;4:253-9. www.ijme.net/archive/4/interprofessional-communication-in-health-care.pdf. Accessed September 16, 2014.

Lencioni P. *The Five Dysfunctions of a Team: A Leadership Fable*. San Francisco: Jossey-Bass; 2002.

Sherman RO, McClean G. Developing a high-performance OR team. *OR Nurse*. 2009;3(1):10-12.

The authors work at the Christine E. Lynn College of Nursing at Florida Atlantic University in Boca Raton, Florida. Terry Eggenberger is an assistant professor, Rose O. Sherman is a professor and director of the Nursing Leadership Institute, and Kathryn Keller is a professor. (Names in scenarios are fictitious.)



## Best Nurses. Best Care.

Holy Name Medical Center's continued Magnet<sup>®</sup> status places us in the top 6% of hospitals for nursing excellence.

It's unanimous. Every member of the American Nurses Credentialing Center's Commission on Magnet Recognition voted for the Magnet<sup>®</sup> redesignation of Holy Name Medical Center after a rigorous process of review and on-site inspections. Magnet<sup>®</sup> is one of the highest and most sought-after honors in health care, with fewer than 400 hospitals nationwide and only 24 in New Jersey earning the designation. It demonstrates Holy Name's commitment to those we serve, to our nursing staff, and to our entire team of health care professionals who embrace our mission of healing.

Congratulations to Holy Name's nurses and to the staff members who support their efforts in patient care.

To learn more, visit holyname.org or call 877-Holy-NAME (465-9626).