

TEAMWORK AND COLLABORATION

ANNOTATED BIBLIOGRAPHY

JULY 2007 – NEW CITATIONS

Barnsteiner, J. H., Disch, J. M., Hall, L., Mayer, D., & Moore, S. M. (2007). Promoting interprofessional education. *Nursing outlook*, 55(3), 144-150. The work of the Institute of Medicine and others has clearly demonstrated that when healthcare professionals understand each others' roles and are able to communicate and work effectively together, patients are more likely to receive safe, quality care. Currently, there are few opportunities to bring faculty and students in pre-licensure programs from multiple disciplines together for the purpose of learning together about each others' roles, and practicing collaboration and teamwork. Designing and implementing interprofessional education offerings is challenging. Course scheduling, faculty interest and expertise in interprofessional education (IPE), a culture of IPE among faculty and students, and institutional policies for sharing course credit among schools are just a few of the challenges. This article explores the concept of IPE, and how faculty in schools of nursing might take the lead to work with colleagues in other health profession schools to prepare graduates to understand each others' roles, and the importance of teamwork, communication, and collaboration to the delivery of high quality, safe patient care. (Source: PubMed)

Buerhaus, P. I., Donelan, K., Ulrich, B. T., Norman, L., DesRoches, C., & Dittus, R. (2007). Impact of the nurse shortage on hospital patient care: Comparative perspectives. *Health affairs*, 26(3), 853-862. National surveys of registered nurses, physicians, and hospital executives document considerable concern about the U.S. nurse shortage. Substantial proportions of respondents perceived negative impacts on care processes, hospital capacity, nursing practice, and the Institute of

Medicine's six aims for improving health care systems. There were also many areas of divergent opinion within and among these groups, including the impact of the shortage on safety and early detection of patient complications. These divergences in perceptions could be important barriers to resolving the current nurse shortage and improving the quality and safety of patient care. (Source: PubMed)

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., et al. (2007). Quality and safety education for nurses. *Nursing outlook*, 55(3), 122-131.

Quality and Safety Education for Nurses (QSEN) addresses the challenge of preparing nurses with the competencies necessary to continuously improve the quality and safety of the health care systems in which they work. The QSEN faculty members adapted the Institute of Medicine competencies for nursing (patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics), proposing definitions that could describe essential features of what it means to be a competent and respected nurse. Using the competency definitions, the authors propose statements of the knowledge, skills, and attitudes (KSAs) for each competency that should be developed during pre-licensure nursing education. Quality and Safety Education for Nurses (QSEN) faculty and advisory board members invite the profession to comment on the competencies and their definitions and on whether the KSAs for pre-licensure education are appropriate goals for students preparing for basic practice as a registered nurse. (Source:PubMed)

Day, L., & Smith, E. L. (2007). Integrating quality and safety content into clinical teaching in the acute care setting. *Nursing outlook*, 55(3), 138-143.

Teaching the highest quality and safest practice has long been a goal of faculty members in pre-licensure nursing education programs. This article will describe innovative approaches to integrating quality and

safety content into existing clinical practica. The core competencies identified by the Quality and Safety Education for Nurses project-patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics-serve as the framework for the teaching/learning exercises. The strategies described require a shift in attention rather than changes in course content and can be included in any clinical rotation in an acute care setting. (Source:PubMed)

Finkelman, A. W., & Kenner, C. (2007). *Teaching IOM: Implications of the Institute of Medicine reports for nursing education*. Silver Spring, MD: American Nurses Association.

Teaching IOM focuses on the core competencies derived from the IOM reports on quality and health care and how to use these reports in the classroom. The companion CD-ROM provides additional material for incorporating content into curricula and teaching-learning experiences. It includes PowerPoint presentations with notes on the book's five major topics; healthcare safety, healthcare quality, public health safety and quality, healthcare diversity, and linkage between research and evidence-based practice. The content is appropriate for graduate or undergraduate students. (Source: QSEN Team)

Gerardi, D., & Fontaine, D. K. (2007 Jan-Mar). Creating a healthy workplace. true collaboration: Envisioning new ways of working together. *AACN Advanced critical care*, 18(1), 10-14.

The American Association of Critical-Care Nurses released its Standards for Establishing and Sustaining Healthy Work Environments in 2005. Through literature review and focus groups, 6 key components emerged as essential for the creation of a healthy work environment. True collaboration, one of the six, is the focus of this article. (Source: Publisher)

Haig, K. M., Sutton, S., & Whittington, J. (2006). SBAR: A shared mental model for improving communication between clinicians. *Joint Commission*

journal on quality and patient safety, 32(3), 167-175.

BACKGROUND: The importance of sharing a common mental model in communication prompted efforts to spread the use of the SBAR (Situation, Background, Assessment, and Recommendation) tool at OSF St. Joseph Medical Center, Bloomington, Illinois. **CASE STUDY:** An elderly patient was on warfarin sodium (Coumadin) 2.5 mg daily. The nurse received a call from the lab regarding an elevated international normalized ratio (INR) but did not write down the results (she was providing care to another patient). On the basis of the previous lab cumulative summary, the physician increased the warfarin dose for the patient; a dangerously high INR resulted. **ACTIONS TAKEN:** The medical center initiated a collaborative to implement the use of the SBAR communication tool. Education was incorporated into team resource management training and general orientation. Tools included SBAR pocket cards for clinicians and laminated SBAR "cheat sheets" posted at each phone. SBAR became the communication methodology from leadership to the microsystem in all forms of reporting. **DISCUSSION:** Staff adapted quickly to the use of SBAR, although hesitancy was noted in providing the "recommendation" to physicians. Medical staff were encouraged to listen for the SBAR components and encourage staff to share their recommendation if not initially provided. (Source: PubMed)

Hylin, U., Nyholm, H., Mattiasson, A. C., & Ponzer, S. (2007).

Interprofessional training in clinical practice on a training ward for healthcare students: A two-year follow-up. *Journal of interprofessional care, 21(3), 277-288.*

This follow-up study describes the former students' lasting impressions of a two-week interprofessional course on a training ward aimed at enhancing the understanding of the roles of other professions and the importance of communication for teamwork and for patient care as well as providing an opportunity for profession-specific training. A questionnaire with both closed and open-ended questions was sent to

633 former students two years after the course and 348 (55%) responded. The course was rated as very good and most of the former students had lasting and positive impressions. Ninety-two percent of respondents encouraged teamwork in their present work and 90% wanted to retain the course. The qualitative analysis of the open-ended questions resulted in five categories describing students' perceptions: professional role development, working in teams, tutoring, patient care and future aspects of the course and real world practice. Our results suggest that interprofessional training during undergraduate education provides lasting impressions that may promote teamwork in students' future occupational life. (Source: PubMed)

Ladden, M. D., Bednash, G., Stevens, D. P., & Moore, G. T. (2006). Educating interprofessional learners for quality, safety and systems improvement. *Journal of interprofessional care, 20*, 497-505.

Most health professionals in training, as well as those in practice, lack the knowledge and skills they need to play an effective role in systems improvement. Until very recently, these competencies were not included in formal (or informal) educational curricula. Interprofessional collaboration - another core competency needed for successful systems improvement - is also inadequately taught and learned. Achieving Competence Today (ACT) was designed as a new model for interprofessional education for quality, safety and health systems improvement. The core of ACT is a four-module active learning course during which learners from different disciplines work together to develop a Quality Improvement Project to address a quality or safety problem in their own practice system. In this paper we describe the ACT program and curriculum model, discuss our strategies for maximizing ACT's interprofessional potential, and make recommendations for the future. (Source:PubMed)

Maxfield, D., Grenny, J., McMillan, R., et al. (2005). *Silence kills: The seven crucial conversations for healthcare.*

[http://www.aacn.org/aacn/pubpolcy.nsf/Files/SilenceKills/\\$file/SilenceKills.pdf](http://www.aacn.org/aacn/pubpolcy.nsf/Files/SilenceKills/$file/SilenceKills.pdf)

The American Association of Critical-Care Nurses (AACN) commissioned VitalSmarts to conduct a study exploring communication difficulties experienced by health care personnel that may contribute to medical error. Areas of concern include broken rules, mistakes, lack of support, incompetence, poor teamwork, disrespect, and micromanagement. (Source: Publisher)

McKeon, L. M., Oswaks, J. D., & Cunningham, P. D. (2006). Safeguarding patients: Complexity science, high reliability organizations, and implications for team training in healthcare. *Clinical nurse specialist: The Journal for advanced nursing practice*, 20(6), 298-306.

Serious events within healthcare occur daily exposing the failure of the system to safeguard patient and providers. The complex nature of healthcare contributes to myriad ambiguities affecting quality nursing care and patient outcomes. Leaders in healthcare organizations are looking outside the industry for ways to improve care because of the slow rates of improvement in patient safety and insufficient application of evidenced-based research in practice. Military and aviation industry strategies are recognized by clinicians in high-risk care settings such as the operating room, emergency departments, and intensive care units as having great potential to create safe and effective systems of care. Complexity science forms the basis for high reliability teams to recognize even the most minor variances in expected outcomes and take strong action to prevent serious error from occurring. Cultural and system barriers to achieving high reliability performance within healthcare and implications for team training are discussed. (Source:PubMed)

Posey, L., & Pintz, C. (2006). Online teaching strategies to improve collaboration among nursing students. *Nurse education today*, 26(8), 680-687.

Collaborative problem-solving is an essential competency for nurses and all health professionals. This paper compares the design characteristics

and educational benefits of three online-teaching strategies that nurse educators can use to build the critical thinking and social skills needed for effective collaboration: computer supported collaborative learning, case-based facilitated discussion, and cognitive flexibility hypermedia. These strategies support a critical instructional outcome required for effective collaboration: the ability to examine, assess, and synthesize multiple perspectives to resolve illstructured problems (i.e., problems for which there is no clear-cut solution). Descriptions, examples, and guidelines for implementing each strategy are provided. By integrating these strategies into their online courses, nurse educators can prepare nurses to work effectively with others to solve complex problems in clinical practice and the broader health-care system. (Source: PubMed)

Puntillo, K. A., & McAdam, J. L. (2006). Communication between physicians and nurses as a target for improving end-of-life care in the intensive care unit: Challenges and opportunities for moving forward. *Critical care medicine*, 34(11 Suppl), S332-40.

Our objective was to discuss obstacles and barriers to effective communication and collaboration regarding end-of-life issues between intensive care unit nurses and physicians. To evaluate practical interventions for improving communication and collaboration, we undertook a systematic literature review. An increase in shared decision making can result from a better understanding and respect for the perspectives and burdens felt by other caregivers. Intensive care unit nurses value their contributions to end-of-life decision making and want to have a more active role. Increased collaboration and communication can result in more appropriate care and increased physician/nurse, patient, and family satisfaction. Recommendations for improvement in communication between intensive care unit physicians and nurses include use of joint grand rounds, patient care seminars, and interprofessional dialogues. Communication interventions such as use of daily rounds forms, communication training, and a collaborative practice

model have shown positive results. When communication is clear and constructive and practice is truly collaborative, the end-of-life care provided to intensive care unit patients and families by satisfied and engaged professionals will improve markedly. (Source: PubMed)

Russell, L., Nyhof-Young, J., Abosh, B., & Robinson, S. (2006). An exploratory analysis of an interprofessional learning environment in two hospital clinical teaching units. *Journal of interprofessional care, 20*, 29-39.

An analysis of a teaching environment with regard to interprofessional practice was done using both qualitative and quantitative methods. Medical, nursing and other health professional staff and students from two hospital units (medical and surgical) completed two surveys. The students were also interviewed. Staff differed in survey results among disciplines, with nurses and other health professionals having a more positive view of interprofessional collaboration than physicians. Student interviews supported our hypothesis that little formal or informal interprofessional education occurred during clinical rotations. Students had little understanding of the nature of collaborative behavior, and appeared to learn their discipline's attitudes and practices through tacit observation of staff behaviors. This appears to reinforce disciplinary stereotypes, and may be a significant barrier to the development of collaborative practice. These results have implications for the design of interprofessional curriculum in clinical practicums. (Source: PubMed)

Sherwood, G., & Drenkard, K. (2007). Quality and safety curricula in nursing education: Matching practice realities. *Nursing outlook, 55*(3), 151-155. Health care delivery settings are redesigning in the wake of staggering reports of severe quality and safety issues. Sweeping changes underway in health care to address quality and safety outcomes lend urgency to the call to transform nursing curricula so new graduate competencies more closely match practice needs. Emerging views of quality and safety and related competencies as applied in practice have corresponding

implications for the redesign of nursing education programs. Nurse executives and nurse educators are called to address the need for faculty development through strategic partnerships. (Source:PubMed)

Smith, E. L., Cronenwett, L., & Sherwood, G. (2007). Current assessments of quality and safety education in nursing. *Nursing outlook, 55*(3), 132-137. Concerns about the quality and safety of health care have changed practice expectations and created a mandate for change in the preparation of health care professionals. The Quality and Safety Education for Nurses project team conducted a survey to assess current levels of integration of quality and safety content in pre-licensure nursing curricula. Views of 195 nursing program leaders are presented, including information about satisfaction with faculty expertise and student competency development related to 6 domains that define quality and safety content: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. With competency definitions as the sole reference point, survey respondents indicated that quality and safety content was embedded in current curricula, and they were generally satisfied that students were developing the desired competencies. These data are contrasted with work reported elsewhere in this issue of Nursing Outlook and readers are invited to consider a variety of interpretations of the differences. (Source:PubMed)

Tamura, Y., Bontje, P., Nakata, Y., Ishikawa, Y., & Tsuda, N. (2005). Can one eat collaboration? Menus as metaphors of interprofessional collaboration. *Journal of interprofessional care, 19*(3), 215-222. The turn of the century has seen a sudden upsurge in publications and initiatives around the development of interprofessional collaboration in Japan. In Japanese, the term 'team-treatment' is generally used to mean interprofessional collaboration, but hitherto there have been no generally accepted definitions and conceptualizations of the term, nor are there guidelines as to how it may be implemented in practice. In order to

facilitate understanding of the different modes of interprofessional collaboration and issues in practice, we introduced the use of menus as metaphors for interprofessional collaboration in a class of first year students of nursing. There were two 90-minute classes available for exploring this topic. Through the use of a metaphor the students demonstrated they were able to conceptualize interprofessional collaboration, identify the value of nurses working together with other professionals and issues involved in making team-treatment work. The purpose of this paper is to share the experience of using metaphors as a teaching/learning strategy, including reflection on the successes and some limitations of what, for us, was an interesting educational innovation. (Source: PubMed)

Thornby, D. (2006). Beginning the journey to skilled communication. *AACN Advanced critical care*, 17, 266-271.

Intimidating behavior and deficient interpersonal skills create a culture of silence, where there can be a breakdown in team communications and an inability to collaborate and achieve high-quality outcomes. A study from VitalSmarts (Provo, Utah), *Silence Kills: The Seven Crucial Conversations for Healthcare*, described 7 crucial conversations healthcare professionals struggle with that contribute to patient harm and unacceptable error rates. The American Association of Critical-Care Nurses' first standard (from AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence), skilled communication, states: "Nurses must be as proficient in communication skills as they are in clinical skills." Once it is accepted that being competent in skilled communication is essential to excellent patient care, it then takes skill development and added courage to hold crucial conversations and address difficult situations. The first step begins with a self-assessment to determine current effectiveness as a communicator and manager of conflict and to realize opportunities for growth. Three key strategies to begin the development of skilled communication include: (1)

understanding the importance of a climate of safety, (2) acknowledging one's mental stories, and (3) realizing that the only people we control are ourselves. (Source: PubMed)

Varkey, P., Reller, M. K., Smith, A., Ponto, J., & Osborn, M. (2006). An experiential interdisciplinary quality improvement education initiative. *American journal of medical quality, 21*(5), 317-322.

Seven learners, including 2 preventive medicine fellows, 2 family medicine residents, 1 internal medicine resident, and 2 master's-level nursing students participated in an experiential 4-week quality improvement rotation at a major academic medical center. Together they worked on a quality improvement project that resulted in enhanced medication reconciliation in a preventive medicine clinic. Learner knowledge measured on the QI Knowledge Application Tool increased from an average of 2.33 before the start of the rotation to 3.43 ($P = .043$) by the end of the rotation. At the conclusion, all learners said they were confident or very confident that they could make a change to improve health care in a local setting. Although this pilot supports the feasibility and potential benefits of interdisciplinary quality improvement education, further research is necessary to explore strategies to implement the same on a larger scale, and to examine the impact on patient outcomes. (Source: PubMed)

Last updated June 2007