

TEAMWORK AND COLLABORATION

ANNOTATED BIBLIOGRAPHY

October 2007 – NEW CITATIONS

Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2007). The meaning of empowerment for nursing students: A critical incident study. *Journal of advanced nursing*, 59(4), 342-351.

AIM: This paper is a report of a study to explore the meaning of empowerment for nursing students in relation to their clinical practice experiences. **BACKGROUND:** Empowerment and power are well-researched areas of nursing practice, particularly in relation to Registered Nurses. Furthermore, several studies have considered the experiences of nursing students in terms of nursing culture and socialization. However, few researchers have focused specifically on nursing student empowerment. **METHOD:** The critical incident technique was used and anonymous data were collected between November 2005 and January 2006. One hundred and nine written critical incidents were provided by 66 nursing students relating to empowering and disempowering experiences in clinical practice. The data were content analysed. **FINDINGS:** Nursing students experience both empowerment and disempowerment in clinical placements, centering on three issues: learning in practice, team membership and power. Continuity of placement, the presence of a mentor and time underpinned empowering experiences whereas their absence had a disempowering effect. **CONCLUSION:** The consequences of nursing student empowerment are high self-esteem, motivation for learning and positive regard for placement. Supportive mentors play a pivotal role in the empowerment of nursing students and it is essential for the nursing profession that they are supported to undertake their mentorship role. (Source: PubMed)

Christie, C., Smith, A., Jr., & Bednarzyk, M. (2007). Transdisciplinary assignments in graduate health education as a model for future collaboration. *Journal of allied health, 36*(2), 67-71.

Transdisciplinary health care continues to be at the forefront of patient treatment in the medical arena, in part due to escalating health care costs, an increasing aging population, and the development of multiple chronic diseases. Gaining the knowledge, experience, and principles associated with transdisciplinary teamwork to successfully prepare for modern-day practice is therefore essential for individuals of various health care professions. This report describes an assignment developed and implemented to facilitate professional interaction between graduate physical therapy, nutrition, and nursing students. The objectives of this assignment were to determine through student evaluation the effects of a transdisciplinary experience on students' understanding of the role of another discipline and students' communication skills across disciplines. When evaluating the assignment, students most often remarked that they developed a greater understanding of the roles of the included disciplines and reported a significant increase in communication skills. However, some students did not concur that this assignment was effective due to the scheduling conflicts and lack of teamwork that can occur during a collaborative project. The students' reports of their experiences in completing the assignment provide valuable insights for implementing and/or updating a preparatory transdisciplinary education component in other settings. Additional research can focus on the challenges faced by the majority of the students venturing into actual health care or "real-world" settings for comparative studies. (Source: Publisher)

Constantino, R. E. (2007). A transdisciplinary team acting on evidence through analyses of moot malpractice cases. *Dimensions of critical care nursing : DCCN, 26*(4), 150-155.

A transdisciplinary team is crucial for healthcare systems to act based on

evidence in responding to the global demand of the business of caring and patient safety. The purpose of this paper is to outline a transdisciplinary team led by nurses that examines linkages between moot malpractice cases filed against a healthcare system and to the quality of the healthcare system's ecology, caregiver, and patient safety outcomes. (Source: PubMed)

Curran, V. R., Sharpe, D., & Forristall, J. (2007). Attitudes of health sciences faculty members towards interprofessional teamwork and education. *Medical education, 41*(9), 892-896.

Objectives Faculty attitudes are believed to be a barrier to successful implementation of interprofessional education (IPE) initiatives within academic health sciences settings. The purpose of this study was to examine specific attributes of faculty members, which might relate to attitudes towards IPE and interprofessional teamwork. **Methods** A survey was distributed to all faculty members in the medicine, nursing, pharmacy and social work programmes at our institution. Respondents were asked to rate their attitudes towards interprofessional health care teams, IPE and interprofessional learning in an academic setting using scales adopted from the peer-reviewed literature. Information on the characteristics of the respondents was also collected, including data on gender, prior experience with IPE, age and years of practice experience. **Results** A total response rate of 63.0% was achieved. Medicine faculty members reported significantly lower mean scores ($P < 0.05$) than nursing faculty on attitudes towards IPE, interprofessional teams and interprofessional learning in the academic setting. Female faculty and faculty who reported prior experience in IPE reported significantly higher mean scores ($P < 0.05$). Neither age, years of practice experience nor experience as a health professional educator appeared to be related to overall attitudinal responses towards IPE or interprofessional teamwork. **Conclusions** The findings have implications for both the advancement of IPE within academic institutions and strategies to promote faculty

development initiatives. In terms of IPE evaluation, the findings also highlight the importance of measuring baseline attitudinal constructs as part of systematic evaluative activities when introducing new IPE initiatives within academic settings. (Source: PubMed)

Kalisch, B. J., Curley, M., & Stefanov, S. (2007). An intervention to enhance nursing staff teamwork and engagement. *Journal of nursing administration, 37*(2), 77-84.

Numerous studies have concluded that work group teamwork leads to higher staff job satisfaction, increased patient safety, improved quality of care, and greater patient satisfaction. Although there have been studies on the impact of multidisciplinary teamwork in healthcare, the teamwork among nursing staff on a patient care unit has received very little attention from researchers. In this study, an intervention to enhance teamwork and staff engagement was tested on a medical unit in an acute care hospital. The results showed that the intervention resulted in a significantly lower patient fall rate, staff ratings of improved teamwork on the unit, and lower staff turnover and vacancy rates. Patient satisfaction ratings approached, but did not reach, statistical significance. (Source: PubMed)

Kyrkjebo, J. M., Brattebo, G., & Smith-Strom, H. (2006). Improving patient safety by using interprofessional simulation training in health professional education. *Journal of interprofessional care, 20*(5), 507-516. Modern medicine is complex. Reports and surveys demonstrate that patient safety is a major problem. Health educators focus on professional knowledge and less on how to improve patient care and safety. The ability to act as part of a team, fostering communication, co-operation and leadership is seldom found in health education. This paper reports the findings from pilot testing a simulated training program in interprofessional student teams. Four teams each comprising one medical, nursing, and intensive nursing student (n = 12), were exposed to two simulation scenarios twice. Focus groups were used to evaluate

the program. The findings suggest that the students were satisfied with the program, but some of the videos and simulation exercises could be more realistic and more in accordance with each other. Generally they wanted more interprofessional team training, and had learned a lot about their own team performance, personal reactions and lack of certain competencies. Involving students in interprofessional team training seem to be more likely to enhance their learning process. The students' struggles with roles, competence and team skills underline the need for more focus on combining professional knowledge learning with team training. (Source: PubMed)

Lidskog, M., Lofmark, A., & Ahlstrom, G. (2007). Interprofessional education on a training ward for older people: Students' conceptions of nurses, occupational therapists and social workers. *Journal of interprofessional care, 21*(4), 387-399.

Collaboration between professionals in health and social care is essential to meet the needs of the patient. The collaboration is dependent on knowledge and understanding of each other's roles. One means of improving communication and collaboration among professionals is interprofessional education. The aim of this study was to describe the variation in how students in nursing, occupational therapy and social work perceived their own and the other professions. Over a three-week period two interviews were conducted with each of 16 students who were on an interprofessional training ward for older people in a municipal setting in Sweden. A phenomenographical approach was used in the analysis of the interviews. The findings showed great variation in how the students perceived the professions, from simplistic in terms of tasks to a more complex conception in terms of knowledge, responsibility and values. Differences in the ways professions were described concerning their professional stance towards the patients were especially accentuated. The findings indicate that the students need opportunities for reflection on and scrutiny of each other's beliefs and knowledge. The

influence of interprofessional education involving reflection on the different health-care professions needs to be explored in future research. (Source: PubMed)

McFadyen, A. K., Maclaren, W. M., & Webster, V. S. (2007). The interdisciplinary education perception scale (IEPS): An alternative remodelled sub-scale structure and its reliability. *Journal of interprofessional care, 21*(4), 433-443.

The original 4 sub-scale version of the Interdisciplinary Education Perception Scale (IEPS) was published by Luecht et al. (1990). There appears however to be a lack of evidence of the stability of the original instrument and of the test-retest reliability of the items and sub-scales when used with undergraduates. Given that during its development only 143 subjects completed the questionnaire which contained 18 items the generalizability of the instrument should perhaps have been investigated further. The Interprofessional Learning Group (IPL) at Glasgow Caledonian University has been using both the IEPS and the Readiness for Interprofessional Learning Scale (RIPLS) to monitor changes in attitudes and perceptions of undergraduate students from eight different health and social care programmes. This paper reports the development of an alternative sub-scale model for the IEPS based on a sample of 308 students. Various aspects of the reliability of this revised model based on a subsequent data set of 247 students are also reported. This revised model appears to be stable for use with undergraduate students yielding Cronbach Alpha values for two of the sub-scales greater than 0.80 and test-retest weighted kappa values for items being fair to moderate. (Source: PubMed)

Miers, M. E., Clarke, B. A., Pollard, K. C., Rickaby, C. E., Thomas, J., & Turtle, A. (2007). Online interprofessional learning: The student experience. *Journal of interprofessional care, 21*(5), 529-542. Health and social care students in a faculty in the United Kingdom learn together in an interprofessional module through online discussion boards.

The module assessment encourages engagement with technology and with group members through peer review. An evaluation of student experience of the module gathered data from 48 students participating in 10 online groups. Analysis of contributions to discussion boards, and transcripts of interviews with 20 students revealed differing levels of participation between individuals and groups. Many students were apprehensive about the technology and there were different views about the advantages and disadvantages of online learning. Students interacted in a supportive manner. Group leadership was seen as associated with maintaining motivation to complete work on time. Students reported benefiting from the peer review process but were uncomfortable with critiquing each other's work. Sensitivity about group process may have inhibited the level of critical debate. Nevertheless the module brought together students from different professions and different sites. Examples of sharing professional knowledge demonstrated successful interprofessional collaboration online. (Source: PubMed)

Neill, M., Hayward, K. S., & Peterson, T. (2007). Students' perceptions of the interprofessional team in practice through the application of servant leadership principles. *Journal of interprofessional care*, 21(4), 425-432. This study examined students' perceptions of interprofessional practice within a framework of servant leadership principles, applied in the care of rural older adults utilizing a service learning model. Mobile wellness services were provided through the Idaho State University Senior Health Mobile project in a collaborative team approach in the community-based setting. Students from varied health professional programs were placed in teams for the provision of wellness care, with communication among team members facilitated by a health professions faculty member serving as field coordinator. The Interdisciplinary Education Perception Scale (IEPS) was used to measure students' perceptions of interprofessional practice using a pretest post-test research design. Multivariate analysis was performed revealing a significant pretest to post-test effect on

students' perceptions as measured by factors inherent in the IEPS and deemed essential to effective interprofessional practice. Univariate analysis revealed a significant change in students' perception of professional competence and autonomy, actual cooperation and resource sharing within and across professions, and an understanding of the value and contributions of other professionals from pretest to post-test. (Source: PubMed)

Solheim, K., McElmurry, B. J., & Kim, M. J. (2007). Multidisciplinary teamwork in US primary health care. *Social science & medicine*, 65(3), 622-634.

Primary health care (PHC) is a systems perspective for examining the provision of essential health care for all. A multidisciplinary collaborative approach to health care delivery is associated with effective delivery and care providers' enrichment. Yet data regarding multidisciplinary practice within PHC are limited. The purpose of this exploratory qualitative descriptive study was to better understand team-based PHC practice in the US. Aims included (a) describing nursing faculty involvement in PHC, (b) analyzing ways that multidisciplinary work was enacted, and (c) recommending strategies for multidisciplinary PHC practice. After institutional review board (IRB) protocol approval, data collection occurred by: (a) surveying faculty/staff in a Midwestern nursing college ($N=94$) about their PHC practice, and (b) interviewing a purposive sample of nursing faculty/staff identified with PHC ($n=10$) and their health professional collaborators ($n=10$). Survey results (28% return rate) were summarized, interview notes were transcribed, and a systematic process of content analysis applied. Study findings show team practice is valued because health issues are complex, requiring different types of expertise; and because teams foster comprehensive care and improved resource use. Mission, membership attributes, and leadership influence teamwork. Though PHC is not a common term, nurses and their collaborators readily associated their practice with a PHC ethos. PHC

practice requires understanding community complexity and engaging with community, family, and individual viewpoints. Though supports exist for PHC in the US, participants identified discord between their view of population needs and the health care system. The following interpretations arise from this study: PHC does not explicitly frame health care activity in the US, though some practitioners are committed to its ethics; and, teamwork within PHC is associated with better health care and rewarding professional experience. Nurses integrate PHC in multiple roles and are experts at aspects of PHC teamwork. (Source: Publisher)

Stein-Parbury, J., & Liaschenko, J. (2007). Understanding collaboration between nurses and physicians as knowledge at work. *American journal of critical care, 16*(5), 470-7.

BACKGROUND: Collaboration between nurses and physicians is linked to positive outcomes for patients, especially in the intensive care unit. However, effective collaboration poses challenges because of traditional barriers such as sex and class differences, hierarchical organizational structures in health-care, and physicians' belief that they are the final arbiter of clinical decisions. **OBJECTIVE:** To further analyze the results of an investigation on how intensive care unit culture, expressed through everyday practices, affected the care of patients who became confused. **METHODS:** A model of the types of knowledge (case, patient, and person) used in clinical work was used to analyze the breakdown in collaboration detected in the original study. **RESULTS:** Breakdown of collaboration occurred because of the types of knowledge used by physicians and nurses. Certain types of knowledge were privileged even when not applicable to the clinical problem, whereas other types were dismissed even when applicable. **CONCLUSION:** Viewing collaboration through the conceptual lens of knowledge use reveals new insights. Collaboration broke down in the specific context of caring for patients with confusion because the use of case knowledge, rather than patient

knowledge, was prominent in the intensive care unit culture. (Source: PubMed)

Stephens, J., Abbott-Brailey, H., & Pearson, P. (2007). "It's a funny old game". Football as an educational metaphor within induction to practice-based interprofessional learning. *Journal of interprofessional care*, 21(4), 375-385.

The Common Learning Programme in the North East of England (CLPNE) sought to introduce interprofessional education into the practice setting for pre-registration health and social care students. Students, clinical educators/mentors, and facilitators met within groups over a period of 3 - 6 weeks to explore interprofessional working and learning together. This paper evaluates the use of a game, the Football Stadium, to stimulate participants' exploration of practice-based interprofessional working and learning at CLPNE induction sessions. Data consisting of verbal and written feedback from students and clinical educators/mentors, and field notes from facilitators covering 22 CLPNE pilot sites (February 2003 - July 2005) was supplemented by researcher observation at 12 sites. Two themes emerged from the data: the use of the Football Stadium as an "ice-breaker" at team induction and, the use of the Football Stadium as a vehicle to facilitate reflective learning. Key issues included personal identity and role within a novice--expert continuum, creating and developing the team environment and, enhancing and developing learning communities. Although recognized as requiring careful, sensitive facilitation, the Football Stadium is a simple means to present learning opportunities for interprofessional education within a non-threatening learning environment that facilitates active participation. (Source: PubMed)

Sterchi, L. S. (2007). Perceptions that affect physician-nurse collaboration in the perioperative setting. *AORN journal*, 86(1), 45.

PHYSICIAN-NURSE COLLABORATION is crucial for safe patient care, particularly in the complex setting of the surgical arena. IN THIS STUDY,

the Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration was used to measure physicians' and nurses' perceptions and attitudes toward collaboration in the surgical setting and to determine whether there were differences in these perceptions based on gender, nursing specialty, or length of experience. RESULTS SHOWED THAT NURSES had a more positive attitude toward collaboration than did physicians. Differences in attitudes based on gender could not be determined, and nursing specialty was not a significant factor. Length of experience, however, proved to have an interesting influence. (Source: PubMed)

Storch, J. L., & Kenny, N. (2007). Shared moral work of nurses and physicians. *Nursing ethics, 14*(4), 478-491.

Physicians and nurses need to sustain their unique strengths and work in true collaboration, recognizing their interdependence and the complementarity of their knowledge, skills and perspectives, as well as their common moral commitments. In this article, challenges often faced by both nurses and physicians in working collaboratively are explored with a focus on the ways in which each profession's preparation for practice has differed over time, including shifts in knowledge development and codes of ethics guiding their practice. A call for envisioning their practice as shared moral work as well as practical strategies to begin that work are offered as a basis for reflection towards enhanced nurse-physician relationships. (Source: PubMed)

Thompson, D. E. (2007). Interprofessionalism in health care: Communication with the patient's identified family. *Journal of interprofessional care, 21*(5), 561-563.

Communication with the patient's identified family is one of the most important and ongoing service to be provided by the inter-professional team in health care. Placing this important service within the context of "attachment, security and trust" should help professional team members to learn how to configure patient's families into the circle of health care collaboration. The communication offered to the patient and patient's

family is the most important aspect to inter-professionalism within health care. Breakdowns in this communication of trust can have drastic effects with long standing emotional impact. (Source: PubMed)

Zwarenstein, M., Reeves, S., Russell, A., Kenaszchuk, C., Gotlib Conn, L., Miller, K. L., et al. (2007). Structuring communication relationships for interprofessional teamwork (SCRIPT): A cluster randomized controlled trial. *Trials*, 8(1), 23.

ABSTRACT: BACKGROUND: Despite a burgeoning interest in using interprofessional approaches to promote effective collaboration in health care, systematic reviews find scant evidence of benefit. This protocol describes the first cluster randomized controlled trial (RCT) to design and evaluate an intervention intended to improve interprofessional collaborative communication and patient-centred care. The objective is to evaluate the effects of a four-component, hospital-based staff communication protocol designed to promote collaborative communication between healthcare professionals and enhance patient-centred care. **METHODS:** The study is a multi-centre mixed-methods cluster randomized controlled trial involving twenty clinical teaching teams (CTTs) in general internal medicine (GIM) divisions of five Toronto tertiary-care hospitals. CTTs will be randomly assigned either to receive an intervention designed to improve interprofessional collaborative communication, or to continue usual communication practices. Non-participant naturalistic observation, shadowing, and semi-structured, qualitative interviews were conducted to explore existing patterns of interprofessional collaboration in the CTTs, and to support intervention development. Interviews and shadowing will continue during intervention delivery in order to document interactions between the intervention settings and adopters, and changes in interprofessional communication. The primary outcome is the rate of unplanned hospital readmission. Secondary outcomes are length of stay (LOS); adherence to evidence-based prescription drug therapy; patients' satisfaction with care; self-

report surveys of CTT staff perceptions of interprofessional collaboration; and frequency of calls to paging devices. Outcomes will be compared on an intention-to-treat basis using adjustment methods appropriate for data from a cluster randomized design. DISCUSSION: Pre-intervention qualitative analysis revealed that a substantial amount of interprofessional interaction lacks key core elements of collaborative communication such as self-introduction, description of professional role, and solicitation of other professional perspectives. Incorporating these findings, a four-component intervention was designed with a goal of creating a culture of communication in which the fundamentals of collaboration become a routine part of interprofessional interactions during unstructured work periods on GIM wards. Trial Registration: Registered with National Institutes of Health as NCT00466297. (Source: PubMed)