Interprofessional Collaboration: Assuring the Team is More Than the Sum of Its Parts

MNCAMH Webinar
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Objectives

• Describe three different types of teams.
• Define concept of “team wellness” from the perspectives of workers, organizations and clients with implications for effective service delivery.
• Plan how to assess and address team wellness needs.
Team-based Care: the current climate

- New, emerging models of care delivery
- Emphasis on collaboration and working across roles
- Lack of guidance and unclear expectations
Dynamics and Challenges

- Multiple affiliations, memberships and crossover
- Purposes for teams: clear?
  - Defined by whom?
  - How communicated?
- Roles and responsibilities
- Matching needs and demands to type of team
- Diversity of tasks within teams and also overlap
Why should we be concerned?

- Staff recruitment and retention: turnover is expensive
- Lost expertise: work force shortages, etc.
- Health effects: obesity, heart disease and acute illnesses
- Mental health effects: depression, anxiety, vicarious trauma
- Team dysfunction
- Poor quality of services, client experience
- Suffering
“TEAMS”: what do we mean by that??

• Types of teams
  – “Knotworks”
  – Template Teams
  – True Teams

*Match expectations to type of team*

--Mosser and Begun, 2009, 2014
Hazards of our work

- Vicarious traumatization, burnout
- Desensitization, psychic “numbing”
- Emotional exhaustion
- Cumulative effects: the “frog in hot water”
16 warning signs of trauma exposure / response

Adapted from L. van Dernoot and C. Burk, 2009

- Feeling helpless, hopeless
- Sense one can’t do enough
- Hypervigilance
- Diminished creativity
- Inability to embrace complexity
- Minimizing
- Chronic exhaustion, physical ailments
- Inability to listen, deliberate avoidance
- Dissociative moments, intrusive thoughts
- Sense of persecution
- Guilt
- Fear
- Anger and cynicism
- Inability to empathize, numbing
- Addictions
- Grandiosity: “only I…” or “there’s no one else…”
Resilience

- Universal capacity which allows a person, group, or community to prevent, minimize, or overcome damaging effects of adversity. -- Newman 2004

- The process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. -- Mastern et al. 1990
Resilience Functions: Individual

- Interpersonally capable
- Psychologically capable
- Technically capable
- Self (Care) Regulation
- Physically capable

C. Figley, SWHPN 2013
Fostering Positive Coping

Organizational aspects
• Employee assistance programs (EAP)
• Stress management training
• Stress interventions
• Planning for team based work

Individual aspects
• Preparation, training
• Problem-based coping
• Appraisal-based coping
• Social support
Personal and Systemic Implications

- Personality and experience:
  - “existential maturity” (Emmanuel and Scandrett, 2010)
  - “challenging” or “toxic” personalities
  - Learning curves

- Oscillation between individuals

- Teams within organizations: systems within systems

- “Infection,” parallel processes, and systemic influences

- Need for “systems thinking”
Blocking the Paths to Burnout

- Staff meetings to brainstorm, problem-solve
- Variety of approaches
- Focus on accomplishments
- Promote healthy workplace routines
- Build in flexibility
- Promote personal and group accountability
- Foster supportive relationships
- Share success stories
- Hydration and nutrition
- Breaks
- Vacation
- Acknowledge milestones
- EAP
- Other??

Karen Martin, LCSW
www.OutcomeInnovations.com
Elements of Successful Teams

- Clear leadership
- Communication Styles
- Propinquity: access to each other
- Size: under 8 is best, 12 as absolute Max!
- Shared goals, values and strategies
- Role clarity
Communication

- Energy
- Engagement
- Exploration
- “Esprit de Corps”
- Quality of communication vs content

--Pentland, 2012
Harvard Business Review
A Few Barriers to Resilience

- Different assumptions, perspectives and values that may not be articulated, known, respected, etc.
- Lack of role clarity
- Multiple lines of accountability
- Different legal responsibilities
- Budget issues/pressures
- Predictable points of vulnerability
- Other?
Indicators of Team Distress: leadership response indicated

- One or more team members who are: disruptive, frequently absent, apathetic, dispassionate, sarcastic, hopeless, and/or who express constant emotional/physical exhaustion, report frequent illnesses
- Chronic poor attendance at team meetings
- Chronic poor follow-through on assigned tasks
- Team member(s) repeatedly staying beyond normal work hours
- Intra-team conflicts or differences that are consistently unresolved
- Junior high school” behaviors: cliques, gossiping, and similar behaviors by team subgroups—a sign of poor team communication, feelings of disenfranchisement, and dissatisfaction
- Frequent high clinical workload that precludes nonclinical activities (e.g., teaching, scholarly work, quality-improvement projects, team care activities)

--CAPC Monograph, 2013
Prevention of Team Dysfunction

- Reduction of impact: adequate resources, staffing, etc.
- Reduction of negative chain reactions
- Insight: personal/ individual and also collective/ team/ group
- Recovery: time away
- Establishment and maintenance of self-esteem and self efficacy
- Opening of opportunities: advancement, creative problem solving, etc.
### n.i.c.e. analysis

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<thead>
<tr>
<th>Needs</th>
<th>Interests</th>
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<tr>
<td>Staff development/ training</td>
<td>Staff coping</td>
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<td>Capacity Development</td>
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<td>Staff Support resources: time, expertise</td>
<td>Recruitment and retention</td>
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<td>Clarity of roles/ boundaries</td>
<td>Team effectiveness/ efficiency</td>
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<td>Excellence</td>
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<tr>
<th>Concerns</th>
<th>Expectations</th>
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<td>Staff coping with stressful work</td>
<td>Productive work habits</td>
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<td>Team experience of losses, stress</td>
<td>Effective team collaboration</td>
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<td>Cost containment/ productivity</td>
<td>Excellent client/ family care</td>
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<td>Staff retention</td>
<td>Adequate resources available</td>
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<td>Team Morale</td>
<td>Open communication</td>
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Friedrichsdorf, Chrastek and Remke in Pfund and Fowler, 2010
Energy, Engagement, and Efficacy
vs.
Exhaustion, Cynicism, Inefficiency

--Maslach and Leiter
Where does Awareness Fit In?

• Teams are groups
• Knowledge & skills related to interpersonal dynamics, communication, systems thinking & group functioning help
• Relationships in service of the work
• Awareness emanates from role of participant observer
• Reflection & deliberation
Ongoing Assessment of Team Wellbeing

- Team Development Measure (TDM)
- Interprofessional Attitudes Scale (IPAS)
- Interprofessional Collaborative Competency Attainment Survey (ICCAS)

https://nexusipe.org/advancing/assessment-evaluation-o
### Attributes of Healthy Teams

- Well-defined program mission, vision, and goals
- Roles clearly delineated for each clinician/discipline, with acceptance that aspects of palliative care are shared across disciplines
- Shared team values that are consistently articulated
- Established lines of staff accountability, reporting, and supervision
- Clear work and productivity expectations
- Constructive and routine staff evaluation process
- Established/routine team health activities
- Demonstrated respect and appreciation for individual team members and team as a whole
- Open communication among staff members to resolve conflicts, promote trust, and work to achieve common goals
- Strong leadership skills of palliative care program leader(s)
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<th>Factors/Behaviors That Impair Team Function(^{12, 13})</th>
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<td>• Absence of trust among team members</td>
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<td>• Fear of conflict within the team</td>
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<td>• Lack of commitment to the team/program</td>
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<td>• Avoidance of staff accountability</td>
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<td>• Inattention to desired team outcomes/results</td>
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<td>• Wanting team-based results without constructing a team-based structure</td>
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<td>• Overestimating the importance of the task focus and underestimating process and relationship</td>
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<td>• A team culture that discourages collaboration and cooperation</td>
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<td>• Neglecting the talent pool that resides in a team</td>
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<td>• Insufficient training prior to launching the team’s work</td>
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So, explain to me again how you've made it more efficient...
Strategies

• Develop realistic expectations for individuals/roles and teams
• Create an assessment and plan: short and long term
  – “Take the temperature of the team”
• Share consultation: “trade” and occupy facilitation role
• Deal with “toxic” team members
• “Team Therapy”: regularly scheduled
• Clinical supervision*
• Process recordings*
• Reflective Debriefs*

(*VT evidence based strategies)
Balance

Balance is the Key to Life
Selected References

- Center to Advance Palliative Care (CAPC) (2013). Team Wellness and Sustainability Monograph. www.CAPC.org

- CASCW: B Bride: Beyond Burnout: Secondary Trauma and The Child Welfare Workforce
  http://mediasite.uvs.umn.edu/Mediasite/Viewer/?peid=55753a475967422e820dfcb7378f41f0


