

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

MNCAMH Webinar

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Driven to DiscoverSM

School of Social Work

Leadership for a Just and Caring Society

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 Derroot and C. Burk, 2009

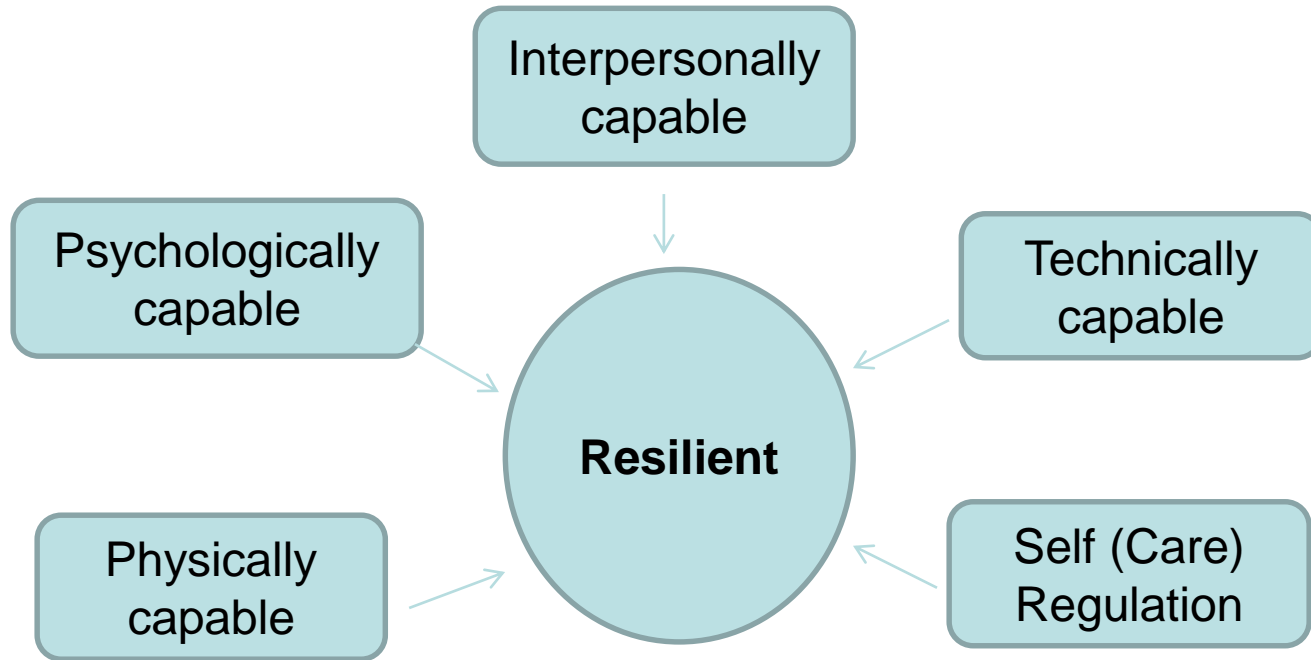
- Feeling helpless, hopeless
- Sense one can't do enough
- Hypervigilance
- Diminished creativity
- Inability to embrace complexity
- Minimizing
- Chronic exhaustion, physical ailments
- Inability to listen, deliberate avoidance
- Dissociative moments, intrusive thoughts
- Sense of persecution
- Guilt
- 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



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

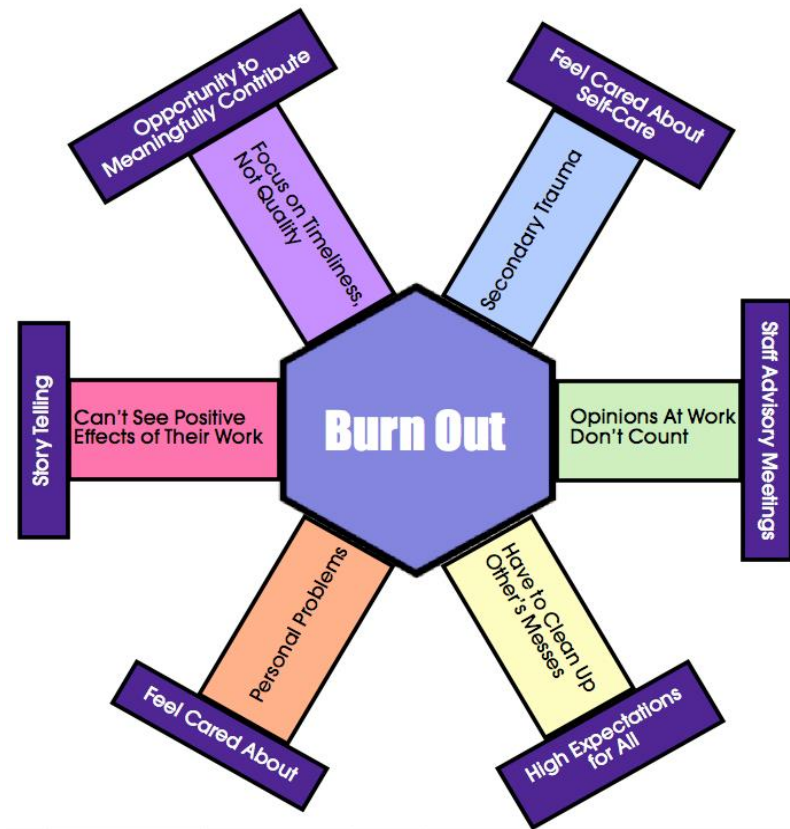
- Preparation, training
- Problem-based coping
- Appraisal-based coping
- Social support

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??



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Elements of Successful Teams

- Clear leadership
- Communication Styles
- Proximity: 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?



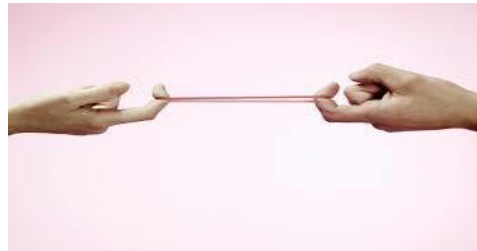
Indicators of Team Distress: leadership response indicated

- 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

Needs Staff development/ training Capacity Development Staff Support resources: time, expertise Clarity of roles/ boundaries	Interests Staff coping Capacity development Recruitment and retention Team effectiveness/ efficiency Excellence
Concerns Staff coping with stressful work Team experience of losses, stress Cost containment/ productivity Staff retention Team Morale	Expectations Productive work habits Effective team collaboration Excellent client/ family care Adequate resources available Open communication

Friedrichsdorf, Chrastek and Remke in Pfund and Fowler, 2010

Energy, Engagement, and Efficacy vs. Exhaustion, Cynicism, Inefficiency

--Maslach and Leiter



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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)

CAPC.org 2013

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Factors/Behaviors That Impair Team Function^{12, 13}

- Absence of trust among team members
- Fear of conflict within the team
- Lack of commitment to the team/program
- Avoidance of staff accountability
- Inattention to desired team outcomes/results
- Wanting team-based results without constructing a team-based structure
- Overestimating the importance of the task focus and underestimating process and relationship
- A team culture that discourages collaboration and cooperation
- Neglecting the talent pool that resides in a team
- Insufficient training prior to launching the team's work

CAPC.org 2013



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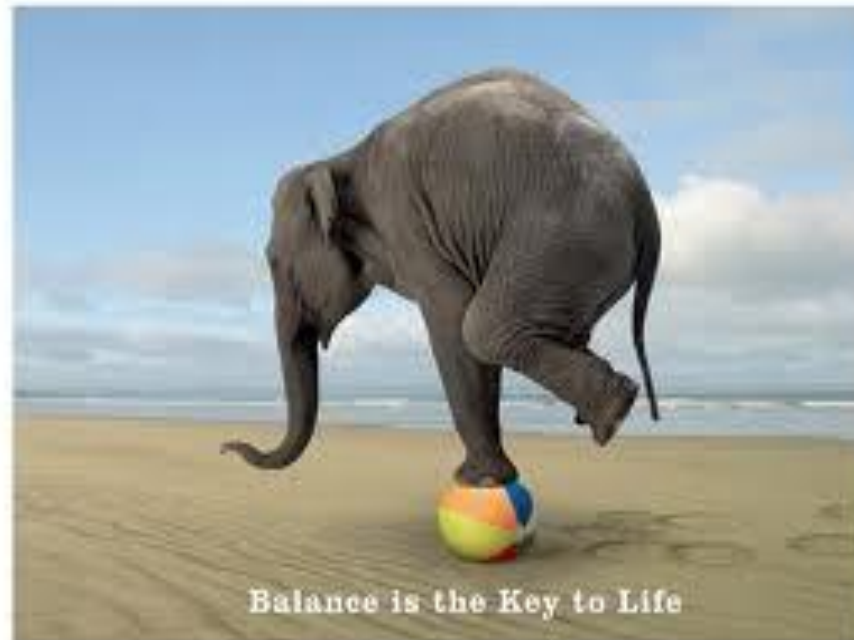


Strategies

- 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



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