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What Makes an Interdisciplinary Team Work? A Collection of Informed Ideas, Discussion Prompts, and Other Materials to Promote an Atmosphere of Collaboration, Trust, and Respect

Carrie Bader
Pacific University

Margarete Jaeger
Pacific University

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Description
Interdisciplinary teams are increasingly prevalent and are central to health care reform. Coordinated Care Organizations (CCOs), the centerpiece of health reform in Oregon, are based on care provided via interdisciplinary teams. Research suggests that high--functioning interdisciplinary teams share a set of characteristics, including, but not limited to: positive leadership, a supportive team climate, clarity of vision, appropriate skill mix, and respect and understanding of all roles.

The materials contained herein were assembled based on a literature review and an in--depth exploration of the perspectives and experiences of the Neighborhood Housing & Care Program (NHCP), a unique interdisciplinary team of occupational therapists, nurses, and social workers providing client-- centered, home--based services for individuals with HIV/AIDS. This team provides an example in which the aforementioned characteristics are found. Data gathered from a series of interviews of NHCP practitioners led to the development of this document in the hopes that other teams may find useful insights and strategies to facilitate collaboration and a positive work environment. We hope you find this resource helpful in sparking conversation and ideas that will support you and your team in working together to deliver quality services to your clients.

Disciplines
Occupational Therapy

WHAT MAKES AN INTERDISCIPLINARY TEAM WORK?

A Collection of Informed Ideas, Discussion Prompts, and Other Materials to Promote an Atmosphere of Collaboration, Trust, and Respect

Based on

Lessons learned from the Neighborhood Housing & Care Program of
Our House of Portland (a unique interdisciplinary team)

Prepared by Carrie Bader & Margarete Jaeger

Pacific University School of Occupational Therapy

Advisor: Steve Park, PhD, OTR/L

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INTRODUCTION

Interdisciplinary teams are increasingly prevalent and are central to health care reform. Coordinated Care Organizations (CCOs), the centerpiece of health reform in Oregon, are based on care provided via interdisciplinary teams. Research suggests that high-functioning interdisciplinary teams share a set of characteristics, including, but not limited to: positive leadership, a supportive team climate, clarity of vision, appropriate skill mix, and respect and understanding of all roles.

The materials contained herein were assembled based on a literature review and an in-depth exploration of the perspectives and experiences of the Neighborhood Housing & Care Program (NHCP), a unique interdisciplinary team of occupational therapists, nurses, and social workers providing client-centered, home-based services for individuals with HIV/AIDS. This team provides an example in which the aforementioned characteristics are found. Data gathered from a series of interviews of NHCP practitioners led to the development of this document in the hopes that other teams may find useful insights and strategies to facilitate collaboration and a positive work environment. We hope you find this resource helpful in sparking conversation and ideas that will support you and your team in working together to deliver quality services to your clients.

THE IMPORTANCE OF MISSION

A clear, meaningful mission statement can serve to inspire and motivate practitioners on a day-to-day basis. It can also provide clarity and guidance for difficult decisions, and give a voice to every member of the team. For instance, the mission of Our House is "to inspire people with HIV/AIDS to live well." Every decision, whether related to funding sources, program development, or meeting schedules, is held to the standard of supporting this mission. Employees at all levels are encouraged to ask, "Does this support our mission?" If not, then a reexamination of the situation takes place with the mission at the forefront.

Most, if not all, established organizations have a mission statement on paper. It may not, however, hold meaning to every team at that organization, in which case it may be appropriate for a team to develop its own mission statement. The process of involving everyone is as important as the final product; it is best if everyone contributing to the work of the team, not just management, is involved in developing a mission statement in a meaningful way. This can be a positive, inspiring process that can be helpful in identifying and clarifying shared values and priorities.

Questions for reflection: *What is your mission statement? Did the team contribute to its development? Does it have meaning to everyone on the team? Are we living our mission?*

Recommended Resource: Sinek, S. (2009, September). Simon Sinek: How great leaders inspire action [Video file]. Retrieved from http://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action. *This 18-minute TED talk provides a simple but convincing argument, with a helpful accompanying visual, for the importance of starting with "why" (and the rarity of this strategy). Sinek primarily uses examples from the world of business and politics, but the concepts can be applied universally, and are applicable to the functioning of interdisciplinary teams.*

COMPASSIONATE COMMUNICATION

Research on interdisciplinary teams points to the importance of communication. Most advice focuses on the importance of sharing information regarding clients. The NHCP team has demonstrated, however, that quality communication means more than simply exchanging information; it means communicating with empathy in a way that encourages practitioners to develop a willingness to hear another perspective, listen without interrupting, and reach genuine understanding. Team members stated that although conflicts are unavoidable, they are more likely to be discussed than ignored. Team members of all levels communicate with each other in the same way that they are expected to communicate with clients – with empathy, presence, and understanding.

Compassionate communication (otherwise known as *nonviolent communication, or NVC*) is a framework for communication that focuses on developing a high awareness of one's own experience, empathy for the experience of others, and skills for expressing oneself authentically and respectfully. Most staff have participated in on-site education in NVC and stated that they find helpful not only in working with each other, but in working with and better understanding their clients. Skills in NVC can be developed through reading (see resource below), informal practice, and workshops. A high capacity for communicating with empathy may be worth considering in hiring decisions.

Questions for reflection: *Do people feel comfortable directly addressing tensions with one another? Do people feel that their perspectives are understood by others? How is conflict handled?*

Recommended Resource: Rosenberg, M. B., & Gandhi, A. (2003). *Nonviolent Communication: A language of life: Life-changing tools for healthy relationships* (2nd ed.). Puddledancer Press. [Workbook also available; additional information at www.cvnc.org.]

ON THE USE OF TIME

Traditional health care settings bill insurance on a per-unit basis, with expectations set for practitioners to spend a set percentage of their work time on billable activities (this percentage is labeled *productivity* in many settings). This system can create a disincentive for practitioners to spend time on activities that would support client care but are not billable, such as meeting with other practitioners to discuss clients or researching intervention ideas. Fortunately, health care reform efforts involve new models of payment and service delivery, with a greater focus on client outcomes and incentivizing activities that support client-centered care, even if those activities are not traditionally considered billable.

Multiple NHCP members stated that the lack of focus on "billable activities" allows them to devote time to the wide array of activities that support client services. Time can be spent in meetings as appropriate, with team members feeling that they can be truly "present" because they are not being pressured reach a certain productivity level. Team members state that they feel extremely busy in their day-to-day work, but have autonomy in how exactly they spend their time, as long as the time is spent supporting their clients.

Questions for Reflection: *Do you have time for informal conversations? What time pressures do you encounter? Is there a large emphasis on billable time?*

Recommended Resource: Gifford, B. D., Zammuto, R. F., & Goodman, E. A. (2002). The relationship between hospital unit culture and nurses' quality of work life. *Journal of Healthcare Management, 47*(1), 13-25.

This article describes a study finding a negative relationship between high productivity expectations and quality of work life for nurses.

STRUCTURE

A sense of equality among team members increases the likelihood of collaboration and contributes to a high level of function of an interdisciplinary team. The NHCP team does not report on client progress to an individual on the team, but to all members of the team. By creating a working relationship that is not based on hierarchical reporting, this team is able to work with each other through partnership to solve complex client challenges. The members of the NHCP team make a conscious effort to not only make sure they all contribute to problem solving but, that they take responsibility for being fully present when discussing complex challenges with other team members.

The unique makeup of the NHCP team – the professions of social work, nursing and occupational therapy – has a direct influence on how this team interacts. Relations between team members are based on shared values and equal value is given to each individual profession. This forms the foundation for how the NHCP team works together to overcome the complex challenges that clients present.

Questions for Reflection: *Do people feel heard and valued by team members? Does everyone have the opportunity to voice opinions, even if they may be unpopular? Do the majority of team members report to a single team member?*

Recommended Resource: Thylefors, I. (2012). All professionals are equal but some professionals are more equal than others? Dominance, status and efficiency in Swedish interprofessional teams. *Scandinavian Journal Of Caring Sciences, 26*(3), 505-512.

This article examines how team members in healthcare settings manage conflicts based on their individual's profession.

OTHER RESOURCES

Nancarrow, S. A., Booth, A., Ariss, S., Smith, T., Enderby, P., & Roots, A. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health, 11*(19). Retrieved from http://www.human-resources-health.com/content/11/1/19

Susan Nancarrow is based in the UK and is a leading researcher on interdisciplinary teamwork. This article, available for free download, combines a systematic literature review with perceptions of over 200 practitioners to develop a set of characteristics and competency statements that describe effective, high-functioning interdisciplinary teams.

Deci, E. L., & Ryan, R. M. Self-Determination Theory: Questionnaires. Available at http://www.selfdeterminationtheory.org/questionnaires.

Self-determination theory (SDT) presents a framework for the study of human motivation. According to SDT, conditions supporting autonomy, competence, and relatedness foster the highest engagement in activities. Practitioners at Our House frequently cited a high level of these three factors as important in their work satisfaction and motivation for working as a team. Questionnaires on the website are available for free download (for non-commercial purposes); the Work Climate Questionnaire (WCQ) and Motivators' Orientation questionnaire may be useful for evaluating perceived autonomy support and the styles of team leaders in motivating others.

Moyers, T. B., & Miller, W. R. (2012). Is low therapist empathy toxic? *Psychology of Addictive Behaviors, 27*(3), 878-884. doi: 10.1037/a0030274

A brief report highlighting the wide variety of effectiveness among therapists, even when delivering standard treatments. The authors focus on importance of empathy in therapeutic efficacy, with a review of research suggesting that high-empathy counselors have higher success rates regardless of theoretical orientation. The authors propose an emphasis on empathic listening skills in hiring and training therapists in order to improve outcomes.

Oregon Health Policy Board. Coordinated Care Organizations. Available at http://www.oregon.gov/oha/ohpb/pages/health-reform/ccos.aspx.

Coordinated Care Organizations (CCOs) have formed in Oregon in an attempt to deliver improved, better-coordinated care to people who receive coverage under Medicaid and Medicare. Oregon received federal funding to trial this innovative form of service delivery in the hopes that providing care via CCOs will result in lower costs while improving health outcomes. This site provides basic information regarding the goals of CCOs, fact sheets for providers, information on training opportunities, and other resources.

Additional Questions for Discussion & Reflection

Following are additional questions that may be used to examine your own experiences and perceptions of your work environment, and/or may be used to facilitate a team discussion to explore supports and barriers to interdisciplinary teamwork. If you do hold a team discussion, be prepared to collect specific suggestions, and most importantly, be prepared to take action!

- Do team members socialize outside of work?
- In hiring, how much attention is given to personality, empathy, values, and communication styles? Is there more emphasis on skills and qualifications?
- How is job satisfaction of team members evaluated?
- Do practitioners feel as though they are working toward shared goals for the clients, or is their work compartmentalized?
- Does work have meaning to team members above simply being just a "job"?
- Do team members have fun and laugh when they're together?
- How much attention is given to status/rank? For instance, is there reserved parking for certain positions? Is everyone on a first-name basis?
- Do team members spend most of their time following instructions given by others, or do they have the opportunity to exercise their own judgment in deciding what care a client needs?

THE NEIGHBORHOOD HOUSING & CARE PROGRAM OF OUR HOUSE

The Neighborhood Housing and Care Program (NHCP) provides home-based nursing, occupational therapy, and social work services to low-income individuals with HIV/AIDS. The NHCP team is unique in a multitude of aspects including the make-up, communication and shared values of the team. The make-up of the team is unique for healthcare teams. Traditional health care teams are physician-led, while the NHCP inter-professional team does not have a physician as a primary team member. This creates a different dynamic. In many systems, a physician is required to 'prescribe' services. NHCP does not follow this system and in turn does not face the same challenges.

Through a series of interviews it became evident that members of the NHCP hold a set of common values. Specifically, individuals voiced a shared understanding of the organization's mission. Members did not recite a mission as it is stated by the organization, but rather were able to speak about the mission in their own words. One of the most common phrases members of the team used to speak about the mission was "helping people live well". Not only does this team have a set of values that they work within but individual team members have a truly unique interpretation of how to implement those values through the lens of their unique profession. An additional common theme that the practitioners voiced included practicing empathy with clients. Team members noted that empathy is at the core of their collaborative work with clients to build rapport and solve multiple dynamic challenges.

The NHCP is not bound by a traditional billing system. This allows the team flexibility with interventions as well as the ability to plan their time according to client needs. Multiple team members voiced that team meetings are vital to communicating client needs and making important decisions. Because this team is not bound by billing units they are able to take more time communicating and troubleshooting client challenges with each other as well as creating a plan for a truly interdisciplinary approach. NHCP practitioners noted that they determine the amount at which they see a client each

week or month. This determination is not based on insurance or prescription but on client's individual current level of need.

The implementation of home-based support services contributes greatly to the success and satisfaction of clients in NHCP. Team members voiced that the growth of the team will require more use of technology to communicate versus face-to-face communication. This shift in how the team communicates may affect the team's ability to implement collaborative services. To ensure the continuation of successful implementation of the NHCP program, it is important to plan for a growing team.

The nature of being a health care team that is funded by a non-profit organization allows NHCP to free from billing units, but it also requires that the team is able to show outcomes and provide data to the individuals and organization that fund NHCP. This can be a challenge when such a unique team works together to meet client needs. For example, one week a client may receive services five times while another week when a client requires less support they may receive one visit from a team member. This delivery of services can be difficult to measure and in turn difficult to report.

While members of this team reported concerns regarding the ability to continue its work in a changing health care environment, the strengths of this team will likely allow its valuable work to continue. Our House has continually maintained a strong connection to its mission and has structured its organization and work processes in a way to allow that mission to be fulfilled. Continuing that focus on the mission as health care reforms are implemented will allow the NHCP team to flourish while providing an example to other teams for ways in which interdisciplinary services can truly serve clients in the most effective, compassionate way possible.

What Makes an Interdisciplinary Team Work?

Lessons Learned from the Neighborhood Housing & Care Program of Our House

THE ISSUE

Interdisciplinary teamwork is increasingly common in health care, and is often considered the ideal way to provide client-centered services. Coordinated Care Organizations (CCOs), the centerpiece of health reform in Oregon, are predicated on care provided via interdisciplinary teams. However, interdisciplinary teamwork can be fraught with difficulties, and little is known regarding the factors necessary to foster a high level of professional collaboration and a focus on client-centered outcomes. Research to date has focused on traditional physician-led teams with an emphasis on skill mix and information exchange between team members. The role of a clear mission and other organizational and policy factors have received little attention, yet may be vital to a high-functioning team.

OUR HOUSE & THE NEIGHBORHOOD HOUSING AND CARE PROJECT

Our House, founded in 1988, provides a continuum of care for low-income individuals living with HIV/AIDS in Oregon and Clark County, Washington. They have received "top workplace in Oregon" awards from the *Oregonian* and *Oregon Business* on multiple occasions. The Neighborhood Housing and Care Project (NHCP), a project of Our House of Portland, was launched in 2004 to focus on in-home services to low-income individuals living with HIV/AIDS. The NHCP team consists of occupational therapists, social workers, and nurses who collaborate to serve this population with a focus on harm reduction, self-determination, and client autonomy. Notably, this team is not physician-lead, and funding comes from a variety of sources (CCOs, government grants, individuals donors), none of which require per-unit billing. In 2009, the NHCP received an Innovative Practices Award from the Oregon Department of Human Services. For more information, please refer to ourhouseofportland.org.

PROCESS

A series of semi-structured interviews was conducted with eight members of the NHCP team, including social workers, nurses, an occupational therapist, and an administrator. Questions focused on how practitioners communicate regarding client needs, how conflicts are resolved, how they perceive levels and sources of support at work, and how each discipline's role was enacted within the team. An initial group interview was followed by a series of individual interviews, and a final group interview was conducted to review findings. Lastly, a meeting was held with the executive director to clarify topics related to the history and funding of the NHCP.

FINDINGS

Interviews pointed to four primary issues that team members cited as vitally important to their functioning:

Mission. All team members felt connected to and motivated by the mission of Our House ("inspiring people with HIV/AIDS to live well"). Their connection to the mission not only motivated their day-to-day work, but also provided a foundation for decision-making, as every decision was expected to support the organization's mission.

Structure. Several practitioners had previously worked in organizations with a clear hierarchy, and in contrast, felt a sense of equality among all positions in the NHCP team. Individuals with the role of "director" felt their position was to guide, support, and facilitate, and stated a desire to sustain an environment in which all felt comfortable voicing their opinions.

Time. The absence of per-unit billing, and thus traditional productivity measures, allowed team members to focus on activities that support client services without concerns regarding time spent on "non-billable" activities. Team members noted their ability to devote time to team meetings and informal modes of communication without feeling rushed.

Compassionate Communication. On-site staff workshops on *compassionate communication* (also known as *nonviolent communication*) were noted as helping team members develop skills in empathic listening and speaking, both with clients and with each other. Team members generally felt supported in addressing tensions and misunderstandings with each other, and felt secure that communication would take place in a respectful, understanding manner.

LESSONS LEARNED

The NHCP performs interdisciplinary work in a manner that could provide valuable lessons to other teams, especially given the inevitable changes that will accompany health care reform. As new service delivery and payment models develop, health care teams will need to adjust in ways that allow for a greater, more effective focus on client-centered outcomes. For a collection of ideas for team discussions, assessment tools, articles, and other resources related to the findings above, please refer to commons.pacificu.edu (to be posted July 2014).

RECOMMENDED RESOURCES

Rosenberg, M. B., & Gandhi, A. (2003). *Nonviolent Communication: A language of life: Life changing tools for healthy relationships* (2nd ed.). Encinitas, CA: Puddledancer Press.

Sinek, S. (2009, September). Simon Sinek: How great leaders inspire action [Video file]. Retrieved from http://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action.