Teamwork in Palliative Care
Teamwork Exercise

• What is Teamwork?

• What is required for effective teamwork?
Positive Effects of Teamwork

• reducing medical errors, which often lead to longer stay in hospital, disabilities and loss of life.

• alleviating workload issues

• building cohesion and reducing burnout of healthcare professionals
Importance of Teamwork in Healthcare

- Teamwork is gaining much attention from management, educators, and researchers in healthcare.
- Increasing Co-morbidities and Chronic Diseases
- Growing pressure to manage/coordinate scarce resources (Human and Financial) more effectively as complexity in Healthcare increases while maximizing patient outcomes.
- Safe Working Hours Initiative
- Safety research in high-reliability industries, such as aviation, has clearly shown that the causes of accidents are primarily related to deficiencies in non-technical skills such as teamwork, rather than a lack of technical expertise.
- The World Health Organization (WHO) in its guidelines for patient safety (2008) recommended teamwork as one of the ways to ensure patient safety.
- Accreditation organizations at the college level eg. Accounting Education Change Commission (AECC), the Joint Commission for Accreditation of Health Care Organizations (JCAHO) and the Accreditation Board for Engineering and Technology (ABET), among others require higher education institutions to introduce teamwork activities into their curriculums.
Teamwork Gap

- Teamwork is a new concept in the healthcare industry worldwide. There is little formal training in teamwork skill development in health professional education programs and that teamwork skills are largely learned 'on-the-job' (Wake-Dyster, 2001)
Teamwork in Palliative Care

• Teamwork is inevitable in Palliative Care. It is not whether we need teamwork but how to practice/facilitate teamwork.

• PC Principle….states that ‘palliative care uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated’
Terminology

- Teams vs. Work Groups
- A team is a small number of people with complementary skills who are committed to a common purpose, set of performance goals, and approach for which they hold themselves mutually accountable. (Katzenbach and Smith, 1993).
- The difference between a team and a work group is that in work groups, the focus is on individual performance and accountability (Katzenbach and Smith, 2005).
Types of Teams

- Multidisciplinary
- Interdisciplinary
- Multi-agency -interagency.
- Ad hoc Teams
Multidisciplinary Teams

• ‘Multi’ tends to imply the involvement of personnel from different professions, disciplines or agencies. This is more familiar throughout the health care system. The features of multidisciplinary teams are well understood in current clinical practice. Professional identities are clearly defined and team membership is secondary. Individuals are known first by their professional identities and only secondarily by their team affiliation.

• Leadership is often hierarchical. leadership resides in the highest ranking member of the team (usually the physician).

• Many practitioners in healthcare teams work as “wedges of a pie”, each with their own clearly defined place in the overall care of the patient, contributing their expertise in relative isolation from one another. Team members share information via the medical record (where each charts her own observations separately & reads the observation charted by others). In many settings, this may be the practical limit of the teamwork concept.
Interdisciplinary Teams

• ‘Inter' tends to imply collaboration, particularly in areas such as decision making. An interdisciplinary team compromises individuals from different professional spheres, each responsible for decision making within his/her area of competence. Leadership is shared by different team members depending on the task at hand.

• Interdisciplinary function is generally the aim of specialist palliative care teams, with members contributing from their particular expertise. The team shares information through discussion & work together to formulate goals. Members work interdependently. Leadership is task-dependent, with tasks defined by the individual patient’s situation. (Barrett et al, 2005)

• because the team is the vehicle of action, the interactional process is vital for success.
The work of Inter-disciplinary team is based on:

• Negotiation

• Discussion

• Requires that each member of the team be willing to consider the viewpoint of the others.
Why is the interdisciplinary team important in PC

Concept of ‘Total pain’

- Physical
- Mental
- Social
- Spiritual
- Financial
Physical
Functional Ability
Strength/Fatigue
Sleep & Rest
Nausea
Appetite
Constipation
Pain

Psychological
Anxiety
Depression
Enjoyment/Leisure
Pain Distress
Happiness
Fear
Cognition/Attention

Social
Financial Burden
Caregiver Burden
Roles and Relationships
Affection/Sexual Function
Appearance

Spiritual
Hope
Suffering
Meaning of Pain
Religiosity
Transcendence

Quality of Life

Adapted from Ferrell et al., 1991
• Palliative care is, arguably, more challenging than any other field of medicine, since it is about caring for those with terminal, or life threatening/limiting, illnesses.

• Palliative care focuses on the person, not on the disease

• The doctor, nor the nurse etc alone can address all the problems that cause suffering to the patient and family.

• Working together and sharing information, among the members of the interdisciplinary team can form a better picture of the patient’s needs therefore leading to HOLISTIC care

• Team work is integral to the philosophy of palliative care. However, in Kenya, palliative care teams have developed differently, their composition emerging from available human resources. Most hospices do not have adequate funds to employ enough nurses, doctors, social workers and others who comprise an ideal palliative care team.
Benefit for the patient

• The opportunity for genuine consultation and collaboration offers great benefit for the patient. These benefits have been an integral part of the practice of medicine for a long time, but the concept of who has the final say when there is conflict may still present difficulties. In palliative care, the final decision-maker is the patient, and the patient uses many pieces of information, many sources of support, and their own values as a guide.
Benefits to the practitioners

• Practitioners who engage in teamwork benefit from the support and wisdom of diverse colleagues, but also need to be prepared to be challenged and, at times, to practice courage and humility.

• A challenge for specialist teams is to support primary carers, such as general practitioners and generalist community nurses, in caring for their patients.

• Primary carers may need encouragement to work in a team. In the early stages of working closely with others, the time and effort required for good communication seems costly. The dynamics of mutual inclusion are not always easy.

• Communication is a core requirement to establish roles and responsibilities. A well constructed formal summary of assessment is a valuable basis for collaborative care.

• Teams should try to develop some continuity in who interfaces with a specific primary carer, to allow relationships and secure referral pathways to develop.
Ad hoc Teams

• These are temporary teams similar to those commercial pilots belong to in the aviation industry, working with unfamiliar members of the crew depending on the roster (Maran and Flin, 2004).

• What scenario can lead to an ad hoc team in Palliative care?
Team Forming Process

- Crew Resource Management (CRM) recommends formal establishment of teams. There is critical role of input factors such as member expertise, attributes, abilities, and experience on team processes and performance.
Member Attributes (Belbin, 1981; Davis & Kanaki, 2006)

- **Implementer**: Disciplined, reliable, conservative, efficient; turns ideas into practical action; adheres to the orthodox and proven; obstructs change.

- **Coordinator**: Mature, confident, a good chairperson; clarifies goals and promotes decision-making; delegates well; inclined to be lazy; takes credit for effort of a team.

- **Shaper**: Dynamic, challenging, thrives on pressure; has the drive and courage to overcome obstacles; prone to frustration and irritation; inability to recover situation with good humor or apology.

- **Plant**: Creative, imaginative, unorthodox; solves difficult problems; preoccupied with ideas and neglects practical matters; strong ownership of ideas.
Member Attributes cont.

- **Resource investigator**: Extravert, enthusiastic, communicative; explores opportunities; develops contacts; loses enthusiasm once initial excitement has passed.

- **Monitor evaluator**: Sober, strategic, discerning; sees all options, judges accurately; scepticism with logic, cynicism without logic.

- **Team worker**: Co-operative, mild, perceptive, diplomatic; listens, builds and averts friction, calms the waters; indecisive on crucial issues; avoids situations that may entail pressure.

- **Completer finisher**: Painstaking, conscientious, anxious; searches out errors and omissions; delivers on time; perfectionist; obsessional.
• Homogeneity vs. Heterogeneity of Teams

• –strike a balance.
Barriers to effective teamwork

- **Changing roles**
  change and overlap in the roles played by different health-care professionals. These can present challenges to teams in terms of role allocation and acknowledgement.

- **Changing settings**
  The nature of health care is changing including increased delivery of care for chronic conditions into community care. These changes require the development of new teams and the modification of existing teams.

- **Medical hierarchies**
  Medicine is strongly hierarchical in nature and this is counterproductive in terms of establishing and effectively running teams where all members’ views are accepted and the team leader is not always the doctor. Cultural norms of communication may mitigate against teamwork.

- **Individualistic nature of medicine**
  The practice of medicine is based on the autonomous one-on-one relation between the doctor and patient. This limits “sharing the care”.

- **Instability of teams**
  Health-care teams are often transitory in nature, coming together for a specific task or event. Quality of training for team members important.
Challenges

- Team conflict issues,
- Role ambiguity,
- Role overload,
- Interpersonal conflict,
- Inadequate communication
- Leadership dilemmas are well recognized challenges to creating good teamwork in the delivery of palliative care.
Measuring Teamwork in Palliative Care (possible domains)

• Clarity and commitment to team objectives

• Focus on quality

• Decision making

• Support for innovation
Final Thoughts…..

- Quality Palliative Care addresses quality-of-life concerns
- Increased knowledge is essential
- “Being with”
- Importance of interdisciplinary approach to care