Research Professionals Network

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Duke Office of Clinical Research

Duke University School of Medicine
There is No “I” in Team

Strategies for Enhancing Interprofessional Teamwork Among Health Professionals
Our team today

Dr. Deborah Engle  Jenna Brothers, PA  Dr. Diana McNeill
Learning objectives

* Prioritize components of team based care
* Share challenges of providing team based care
* Review effective use of huddles in busy clinical situations
* Accommodate diverse learning curves and trajectories
* Discuss best practices of team based care
No Turning Around

Healthcare Outcomes
- 28.6% of Population Obese
- Life Expectancy 78.7 years
- Healthcare Spending Projected 19.3% of GNP by 2023

Aging Population Growth
- 2010-2050
  - Age 65 double
  - Age 80 triple
  - Age 90-100 quadruple
  - Medicare Enrollment
    - 2012: 50.7 M
    - 2015: 71.6 M
    - 2030: 81.0 M
    - 2050: 92.8 M

Kevin Sowers MSN,RN, FAAN, President Of Duke Hospital
Why work in teams???
Let’s prioritize

Example of a Q-Sort
Components of team based care

- Communication
- Trust: “I finished my medical education.”*
- Understanding each other’s scope of practice
- Patience
- Respect
- Time management
- Patient centered

*Quote courtesy of Dr. Mary Beth McGranaghan, PhD, PA-C
Paul Chelminski, MD – Director of UNC PA Program
Patient case
Case: Impending Respiratory Failure

- 78 yo female with CAP on 90%+ FM (DNI)
- The Care Team
  - Social worker
  - Nurse
  - PA on team (ten years of hospital experience)
  - Daughter who is HC-POI
  - Medical student
  - Son from out of town
  - Attending
- Two care strategies:
  - Virtual
  - Direct communication
Let’s take care of our patient

* Son
* Physician
* Nurse
* PA on pulmonary service
* Social worker
* Student
Two ways to communicate
Description of activity

- One team develops care plan by huddling
- One team develops care plan virtually using stick ums
Take of the patient’s acute issue

* Have a plan at the end of the next 15 minutes
Let’s debrief

Talking

Virtual
Huddle strategies

* Clear structure: huddle checklist
* Build relationships
* Continue to adjust to new needs
* Can include learners from the onset

Acad Med. 2014 Feb;89(2):244-50.
SECURE

* S - Security issues.
* E - Equipment or supply issues.
* C - Census; staffing, customer service issues.
* U - Unplanned incidents.
* R - Review harm/safety: falls, delays in care, access infections.
* E - Emotional needs: patients, families, staff needing support (author unknown).

Nephrology Nursing Journal 43.2 (Mar/Apr 2016):
KNOW YOUR DIVERSE LEARNERS?
LEARNING CURVES

62 yo male with dyspnea, cough edema. Non-distressed, 162/92, 105, 90%, 6lb wt gain, basilar crackles, 2+ edema

Chest X-Ray, chemistry, diuretics, afterload reduction, close follow up

Graduated PA

PGY-2 IM

MS4

Experience/Time

Learning

Two Yrs

Four Yrs

Five Yrs

Paul R. Chelminski, MD, MPH
Team Dynamic

* Distributive leadership
* Active listening
* Negotiation
* Adaptivity
* Conflict resolution

* Acad Med. 2014 Feb;89(2):244-50.
What are you going to do differently as a team member???
