

Using Team Collaboratives & Faculty Consultations to Enhance Team-Based Care:

Techniques from University of Rochester
Department of Family Medicine

*University of Rochester
Nexus Innovations Network*

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**Colleen Fogarty, Tziporah Rosenberg, Lynne Massaro &
Sarah Peyre**

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Colleen T. Fogarty, MD, M.Sc
Tziporah Rosenberg, PhD, LMFT
Lynne Massaro, DNP, ANP-BC,
FNP
Sarah Peyre, Ed.D

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Training Teams on Teams IN Teams

Tziporah Rosenberg, PhD, LMFT
University of Rochester School of
Medicine & Dentistry

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What Does it Take to Make A Highly Effective Interprofessional Team?

- Time. Period.
- Resources to focus on relationships, developing the shared social contract
- New models of leadership
 - Maintaining clear leadership while sharing and flexing around it
- Information, demonstration, **practice and feedback** (Salas, Sims & Burke, 2005).
- Challenge is to take all the experimental data from IO and make it real in the world of medicine, train to it.



Team Collaboratives

- In the Dept of Family Medicine, we facilitate monthly meetings of the entire practice
 - 120 attendees representing all healthcare professionals (admin support, medical assistants, behavioral health, pharmacy, social work, nursing, resident and attending physicians, nurse practitioners)
 - 8 clinical teams
- Designed with the hope of sharing **quality improvement** ideas, supporting practice-wide change, as well as focusing on **team development**

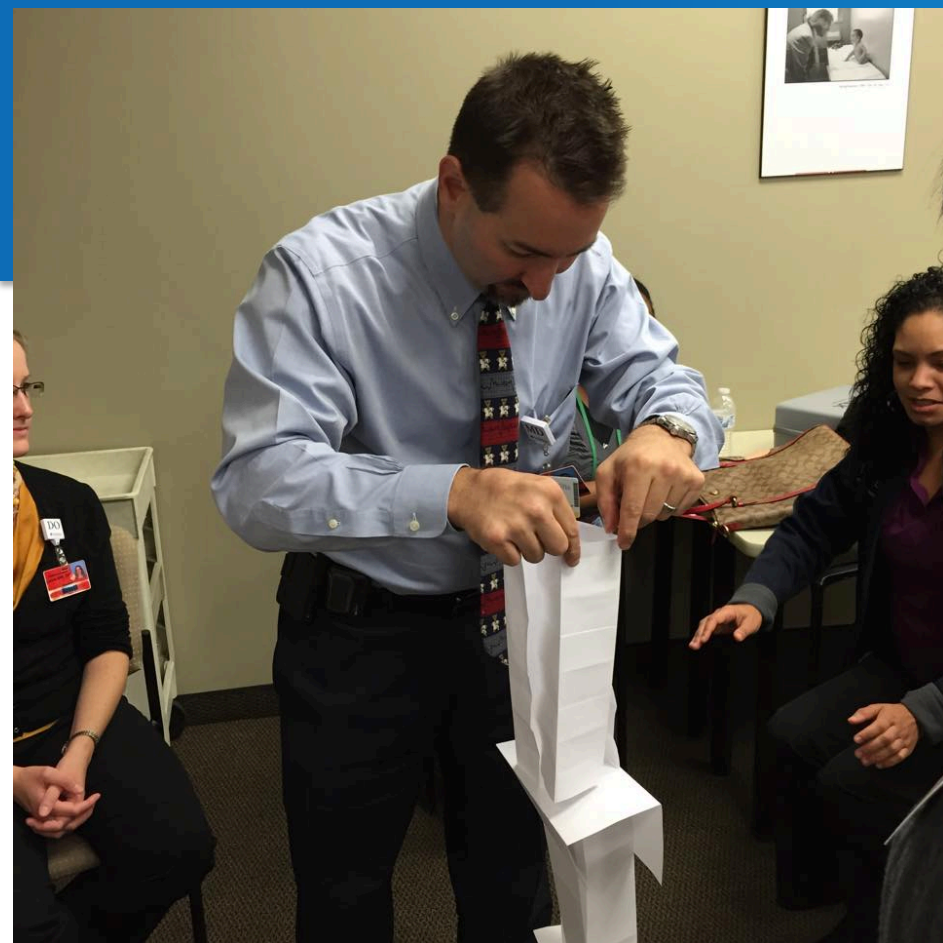


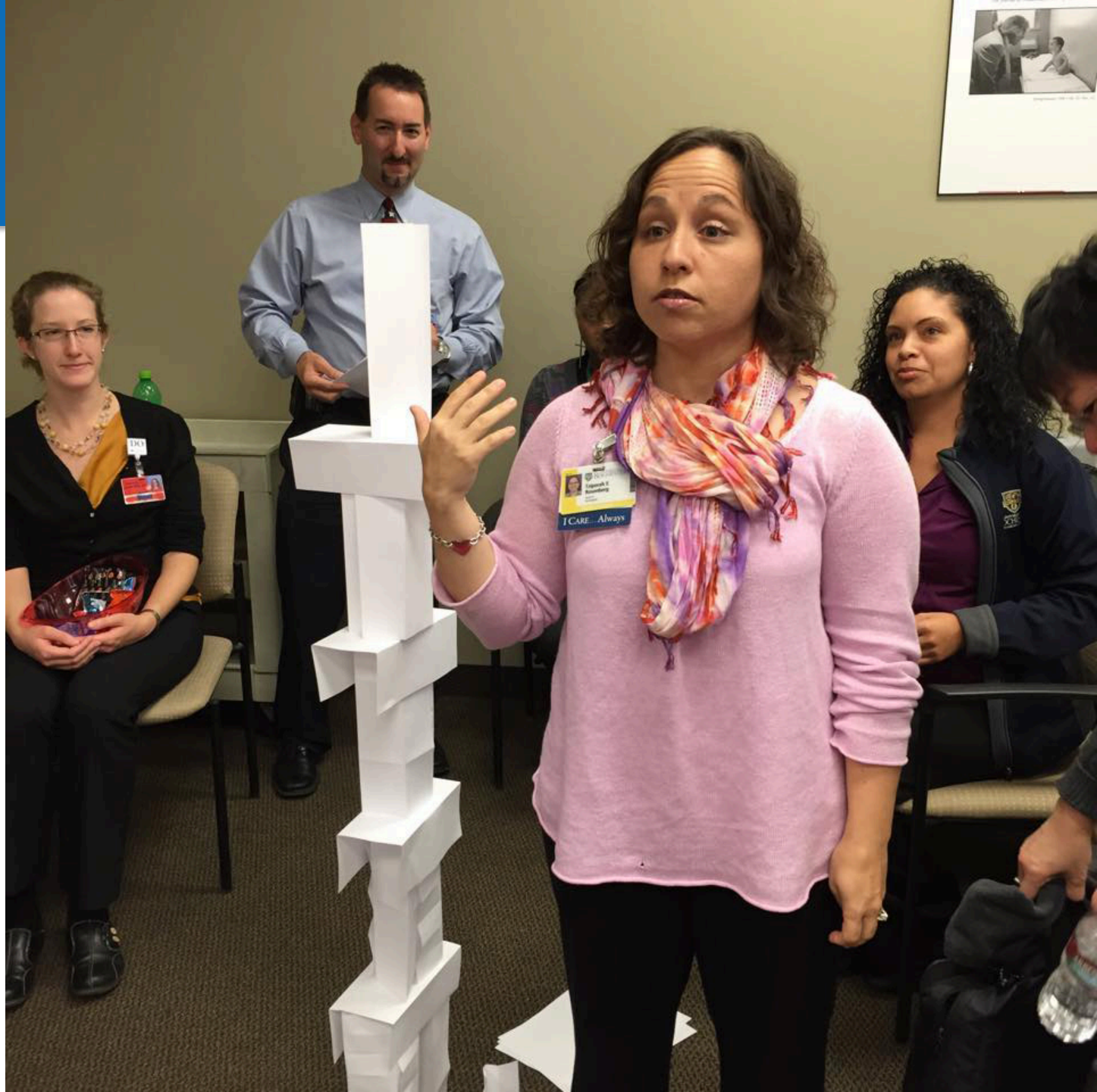
Team Collaboratives

- Address core skills and characteristics inherent in highly effective teams through playful but purposeful learning activities
 - Principles: **relationships with pts, relationships with each other, relationships with system/process**
 - Building cultural humility and core communication skills
 - Leveling hierarchy and creating a shared experience
 - Dealing with differences created by role, power, influence, etc



Team Collaborative:
“Getting from here to there: Creatively approaching the same destination”







Team Collaboratives- Telephone

“Tuesday last week, there was the most incredible rainstorm. It seemed like it would never stop. I remember it was Tuesday because my car was in the shop and I needed to catch the bus; I started on the 11 and picked up the number 1 before I finally got the 14 to get to the mall. I needed to do some last minute back to school shopping.”

It was raining, it was raining. I had to catch the bus.



Team Collaboratives- Telephone

“Last week on Tuesday, the day of the big rain, you told me that you were going to take care of that issue that I talked to you about. I told you it was really important to me. You said it would be no problem, and you could finish it before you left for the day, but you didn't. I'm confused about what happened and frustrated it's not done yet.”

You said you'd take care of it but you, didn't.



Team Collaboratives- Telephone

- The teams derived their own guidelines for communication and feedback, especially when affect is involved:
 1. **Keep it short**
 2. **Actively check for understanding**
 3. **EHR really is better for some communications but not others**
 4. **Be kind when giving feedback**
 5. **Make time if it needs to take time**



What CAN Be Done in MegaTeam Training

- Formats

- Dyadic and small group work
- Exercises in groups of 12-15 with the right physical space
- Using metaphor and play to drive home clinically relevant and teambuilding concepts

- Content

- Virtually any!
- Discrete or scaffolded topics longitudinally
- Clinically focused & relevant; real-time, real-issues with real people
- Team building, skill building, interpersonal difficulties
- Pitched to broad audience while balancing respective needs of each set of professionals

What May Not Be Easily Done in MegaTeam Training

- Rigid adherence to a curriculum that is created separate from (or in absentia of) ***input from key stakeholders*** (ie Dept leadership, operations, practice managers, clinical staff)
- Skill building that requires repeated exposure and close follow up or monitoring without adequate resources to do them
- Trust building activities without establishing early foundation of safety
- Limitations associated with cost, possibility of pushback, time (per session and longitudinally)



Practice Makes Perfect!

- Relationships with each other (team building and roles)
 - Team based problem solving
 - Getting to know you
- Relationships with patients
 - Empathy and chronic pain
 - Self Management support
 - Agenda setting
- Relationships with system/process
 - Change fatigue and appreciative inquiry



Making Connections

- -Find someone you don't know who is NOT in your department.
- -In 2 minutes, find out as many things about that person that you have in COMMON with them, ESPECIALLY unusual things!
- -When it's time to move on (or when you hear the signal), take turns sharing with your partner:
- "I've never _____, but I'd like to someday..."

OR

"The thing I'm proudest of in my life is _____"

- -Find a new partner!



Appreciative Inquiry and Change Management

- What has been the most helpful change you've noticed/participated in since arriving in your department?
- In what ways did you personally contribute to that change? (how were you involved?)
- What did others on your team do to help you make that contribution?
- Describe a vision/scenario in which the dept leadership enhances your ability to feel like you're making important contributions to your learners/clinical service. What would that look like? What would they be doing? What would you be doing (individually and as a team)?



Peer consultation

Presenter: Rosenberg

Facilitator: Fogarty

Consultants: You

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Case presenter presents the “case”: 5 minutes

Possible questions to base the presentation:

- Who are the major players?
- What are the formal relationships? Prior interactions?
- Where is the senior authority on the issue?
- What has the presenter done so far/decided not to do?
- What would success look like to the presenter?



Team asks fact questions: 10 minutes

Restrict to only fact questions- no problem solving.



Group diagnostic brainstorming, presenter watches and listens: 15 min.

Possible questions here:

- What are the stakes?
- What are the underlying or hidden issues?
- What are the technical issues? What are the adaptive challenges?
- What are the value choices?
- What options are off the table?
- What are the stories that the participants saying in this case?
- How has the presenter contributed to the problem?
- What interpretations has the presenter been unwilling to consider?
- Why is the presenter concerned about the situation?

**Group does action steps brainstorming,
presenter watches and listens: 15 min**

Suggest action steps along:

- Doing the Right Thing.
- Doing the Thing Right.
- The Right person doing it.



Presenter reflects on what she/he heard: 5 minutes

[Reference:

Ekstasis Peer Consultation model

For further Information about the model and information about how to run this at your institution please visit -

<http://ekstasispeerconsultations.com/>]

