Interprofessional Teamwork at UAB:

Moving our mission forward to create high performing teams

A white paper reporting recommendations from the May 25, 2017 CIPES Leadership Forum
In June, 2015, the UA System Board of Trustees established the UAB Center for Interprofessional Education and Simulation (CIPES). Reporting to the Provost, this university-wide center encompasses the Office of Interprofessional Simulation for Innovative Clinical Practice (OIPS), the Office of Interprofessional Curriculum (OIPC), and the Office of Standardized Patient Education (OSPE).

Over 60 leaders from UAB Medicine and across the UAB campus participated in the first CIPES Leadership Forum convened on May 25, 2017. This event, following the format of the Association of American Medical Colleges (AAMC), provided an opportunity for key stakeholders to engage in discussion and debate about extending development of teamwork skills in training and practice at UAB. A keynote speech and closing remarks from Dr. Eduardo Salas, PhD, Professor and Allyn R. & Gladys M. Cline Chair, Department of Psychology, Rice University, were highlights for the day. Dr. Salas is a noted organizational psychologist whose work focuses on facilitating teamwork.
GOAL & PURPOSE

• Gathering people with different perspectives to discuss issues surrounding teamwork, communication, and high performing teams

• Using dialogue in small groups to develop a set of recommendations for implementing team training and pilot projects in education and clinical practice units across campus to increase the number of high performing teams at UAB

Participants shared their understanding of key characteristics of high performing teams followed by small group discussion of successes, barriers, opportunities for improvement, and recommendations. The document that follows summarizes the main findings of the discussions.

KEY CHARACTERISTICS OF HIGH PERFORMING TEAMS

Participants identified trust, communication, respect, cooperation, and collaboration as the key characteristics of high performing teams in an initial individual activity. The wide variety of other important characteristics are well described in the literature (99 responses, 174 characteristics).

Teamwork

We presented two accepted definitions of teamwork:

• A cooperative or coordinated effort on the part of a group of persons acting together or in the interests of a common cause.

• A team is made of two or more people; have multiple information sources; hold common, valued goals; and each member has specialized roles and responsibilities but they share meaningful task interdependencies.

SMALL GROUP DISCUSSION

Participants were assigned to small discussion groups with a facilitator leading the discussion in each group. After a silent generation of ideas, participants discussed successes, barriers, opportunities for improvement, and recommendations. Small groups reported to the entire audience their main recommendations.

- **Successes** - “What successes have you observed with respect to Interprofessional Training / Practice at UAB?” see Appendix A for list
- **Barriers** - “What barriers exist to implementing Interprofessional Training / Practice at UAB?” see Appendix B for list
- **Opportunities for improvement** - “What opportunities do you see for improvement with respect to implementing Interprofessional Training / Practice at UAB?” see Appendix C for list

Participants brainstormed recommendations after discussing barriers, successes, and opportunities. Categories of recommendations for IP training and education at UAB were:

- **Campus resources** – structural support to facilitate collaboration and networking. Examples: navigator to assist, promote, and facilitate IPT/IPE among schools; dedicated space; searchable portal with list of projects, tools and resources.

- **Curriculum development / training** – leadership tools, and resources to facilitate IPT/IPE curriculum development Examples: needs assessment, metrics for implementation, content (new electives, outpatient focus, team training), faculty and administrator champions, and partnering with QEP/CTL.

- **Patient centered / clinic workflow** – new approaches to improve the patient experience. Examples: invite patients to participate in IPT/IPE experiences, allow students to follow patients in clinic, support patient care teams, and address workflow issues.

- **Teamwork leadership development** – leverage current infrastructure for leadership training to lead teams. Example: Identify “expert team” to coach teams.

- **Guidelines / policy** – institutionalize teamwork as a cultural component. Examples: include IPT/IPE in strategic plans, synchronize schedules to facilitate co-education/training, acknowledge IPE in promotion guidelines.

A detailed list of all ideas is included in Appendix D.
Borrowing from the concept of “crowdsourcing of ideas” we envision this report and the ideas expressed to be an internal document to be used by the UAB community and leaders. Please use the ideas proposed in this document to help you consider potential pilot programs in your areas that would extend the scope or quality of interprofessional training and education at UAB. CIPES does not claim ownership of the collective ideas generated, but is keen to partner with you in the development of pilot programs and initiatives.

A helpful frame is to prioritize ideas by ranking based on specific criteria (0=no impact/ high cost; 10=high impact/ low cost). Criteria may include: likelihood of success, alignment with organizational / strategic goal, staff/ faculty/learner satisfaction, likelihood to complete within time frame, cost/effort. After narrowing the ideas, draft SMART goals Specific, Measurable, Attainable, Relevant, Timely. These short videos provide brief overviews of SMART goals: example 1, example 2.

As you develop and implement ideas, please follow the challenge issued by Dr. Salas: “What would you do next? Next week, or next month? When I come back next year, what stories would you tell me about how you made UAB a better place?”

ACKNOWLEDGEMENTS

The Center is appreciative of the facilitators, scribes, and staff who made this event possible. We also thank all who participated with such enthusiasm and expertise in the group sessions. This document belongs to all participants and can be utilized to pilot, implement, and disseminate any innovation. Additional photos from the event are included in Appendix E.

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APPENDIX A

Successes

Participants identified multiple areas of success at UAB. Below is the list of ideas generated, covering the following areas: Clinical programs using interprofessional approaches, professional development, leadership/communication, institutional resources, and others. – Connie White-Williams

Clinical Programs Using Interprofessional Approaches
- 1917 Clinic: trust, research, patient satisfaction
- Path Clinic: collaboration, outreach
- Heart Failure/pathology clinics - pulls students from multiple professions
- VA: pharmacist on rounds, record sharing/merged
- Geriatric nursing teams
- DentaQuest - Teaching/learning
- Derm: interdisciplinary patient teams, frontline staff included in management meetings
- Transition of care rounds
- Firehouse Shelter
- Resident clinics
- Growing interprofessional groups in practice
- Interdisciplinary clinics - patient led teams without hierarchy, quarterly meetings, quality improvement research
- EM, Psychiatry-SP activity using teamwork competition
- Specific advisory teams at VA like opiate advisory teams
- ICORP innovation corp - federal grant
- Role out clinics using SIM

Professional Development
- Growing individual team members
  - Allowed all to be heard
  - Leveled the playing field
Respecting others
-established ground rules

- Formal training programs
- Multi Professional courses
- University leadership programs, Healthcare Leadership Academy
- SimConnect Journal Club
- Quality and Safety Academy, and similar interdiscplinary programs
- Dual degree programs - pulls together professionals from multiple disciplines
- UAB Mini Quality Academy
- Solutions Studio - Nursing and engineering collaboration and honors college and hospital, more successful with BME- business model

Leadership/Communication
- Good leadership in peri-operative services
  - Example: Implementation of electronic medical record to simplify ordering of antibiotics
- Method of putting together a team to get optimal blend of communicative styles
- Monthly meetings established to discuss upcoming issues
- Communication
  - Town Hall, emails, etc.
  - Transparency
  - Sharing from leadership
- Communications between teams
- Sense of mission/shared/committed
- Building relationships
  - Sharing
  - Understanding teammates
  - Interest in each other
  - Mixers

Institutional Resources
- Quality Academy: I.T. Improving non-face-to-face communications
- Simulation: accreditation, workflow, identifying barriers, involving all levels, multidisciplinary simulations, IP work
- Kaizen
- Development of CIPES, centralized
- OIPS – Simulation, faculty development in SIM 1 or 2, different scenarios are a great way to work in teams

Other
- Meaningful Hiring
  - Collaborators
  - Creates healthy environments
  - Accountability
- Diversity/Inclusion
- Diversity of team and diversity of thought
- Values all members
- Enhanced clinical experience
- Synergy
- Top down support
- Scholarship
- Community engagement
- Specific hands-on training for students before they go out
- Start the conversation of teams and interprofessional concepts early
- Students know who they’re working with early on
- Creating a community and open space
- Students are motivated and want more and more and want to learn
- Making things real to the content we teach
- Try to make things work
- Including trainees in interdisciplinary programs
- Interdisciplinary has become an exceptional - student health with debrief
- Debriefing
- Post clerkship activities

APPENDIX A
During the CIPES Leadership Retreat in May 2017, participants identified many barriers to interprofessional training and practice, covering the following broad areas: curriculum/content, human resources (faculty/staff), guidelines/policy, campus resources, interdisciplinary collaboration and teamwork, and leadership. The majority of the identified barriers fell into two main categories: curriculum/content and campus resources. Profession-specific accreditation requirements presented challenges to planning student-focused interdisciplinary activities, due to time constraints, the need to match skill levels of students across professions, and identifying time that works for all professions for these activities. A lack of critical campus resources was also viewed as a barrier to interprofessional activities, with geography, space, time and finances identified as the barriers. Clearly, there is an identified need for interdisciplinary collaboration across professions at UAB. Further work in this area needs to be done to identify methods to overcome barriers in order to unite the professions on campus to work toward the goal of unified interprofessional educational opportunities for all students.  

-Lynn Nichols

Curriculum/Content

- Different curricular requirements of professions across the campus
- Difficulty coordinating schedules of professions across the campus
- Interprofessional content does not address leadership
- So much time in different professions is dedicated to required content, it is difficult to find time for interprofessional content
- Need to align interests of all professions
- Need to incorporate evidence-based practice
- Training needs to be interdisciplinary, not profession-specific
- Hard to create situations for interdisciplinary students to work together
- Competing curricula across professions on campus
- Varying schedules of students, particularly Nursing and Medicine
- Graduate students are mostly in online programs, little campus time
- Matching skills levels of different professions
- Balancing interprofessional objectives across professions
- IPE curriculum needs to be developed o Lack of transparency in professional domains of knowledge

Human Resources (Faculty and staff)

- Lack of role definition and role clarity
- Turnover of practitioners
- Difficult valuing group think
- Generational gap
- Need to develop trust and buy-in
- Need to increase participation and engagement
- Pushy personalities
- Lack of qualified interdisciplinary faculty
- Lack of consistency among faculty across campus

Guidelines/Policy

- Lack of structure
- Unclear expectations
- Authorship; promotion and tenure
- Lack of accountability

Campus Resources

- Lack of tools
- Competition
- Time
- Competing priorities across professions on campus
- Unclear quality structure at UAB, what is the mission and goal?
- Lack of objective metrics to measure interprofessional skills, patient outcomes, clinical competency
- Lack of dedicated space and environment
- Not everyone uses the same learning management system, which impacts interdisciplinary student collaboration
- Campus geography, we are so spread out over 99 blocks downtown
- Space to accommodate large numbers of learners
- No central database for interprofessional content and resources
• Little recognition aside from a few awards
• Financial pressures
• Need to include real patients in simulation experiences

Interdisciplinary Collaboration and Teamwork
• Lack of definition of who is on the team
• Silos that prevent collaboration
• Poor communication (exclusive use of email prevents seeing nuances like body language)
• Need to consider service learning opportunities
• Consider empathy training
• Teach and implement interdisciplinary rounds

Leadership
• Inconsistencies in leadership
• Lack of coordination in leadership to communicate ideas downstream

Participants identified many opportunities for improvement. Below is the list of ideas generated, covering the following areas: data/information needed, system issues and opportunities, collaboration, research and scholarship, and professional development. -Leslie Hayes

Data/information needed
• Collect metrics and data to make data actionable (to support projects)
• Use researcher's expertise to capture quality improvement topics, process improvement
• Metrics to evaluate inter-professional initiatives
• Catalog resources and expertise/info from networking
• Develop interactive resource to find who you want to collaborate with or need help from more efficiently
• Learn what resources are available in each different area
  – training?
  – Systems?
• Explore regulatory and accreditation constraints (to find opportunities)
• Detailed process mapping (e.g. allowing clinic nurse managers to map out process of own clinics)
• Take advantage of investments already made – create database of participants
  – Graduate Certificate in Healthcare Quality (“Quality Academy”)
  – Health Leadership Academy (HLA)
  – Certificate Program in Healthcare Management
  – Create synopsis of training for coworkers
  – DISC
    • How to use correctly
    • Team development
• Know team resources already available
  – Whom is doing what
  – Website of tools, contacts, resources with consistent metric tools across UAB
• Measure training in SIM school to real world improvements
• Process measure tools
• H&P vs. nursing documentation comparisons
• List of IP resources and activities that are occurring
• Common IP measurements
• Communicate opportunities better, “central portal” to advertise projects
• Measure outcomes of team assessment specialist review – Performance evaluations
• Digital social technology
• Sharing IP practices from other universities
• Identify missing components of existing leadership opportunities at UAB

Systems Issues/Opportunities
• Need more transparent systems/processes
• Set conditions and expectations with turnover
  – Orientation to team (deliberate effort – each instance)
  – Use turnover as opportunity to “reset”
• Be open to innovation and changes or trends
  – Creative approaches to achieve outcomes
• Engage the unengaged
• Innovative disruption
  – Keep things fresh
  – Providers growth opportunity
  – New insights
• Stop talking about CGCAPS
• Stop being reactive to regulations – become more pro-active
• Focus on evidence-based management and leadership
• Rigid vs. flexible approach for patient needs
• 100% participation
• Empowering individual floors to have say in goals (rigid vs flexible)
• Central coordination for IP education
• IP navigator for faculty, staff, and students on campus (housed in CIPES)
• Designated IP time across campus
• Calendar of IP events

• Adding IP education to strategic plan under education (must be incorporated into coursework)
• Add IP teams as goal/purpose
• IP liason position to medical side
• Patient navigator program (education for patient navigators)
• Transition of Care opportunities
• Scalability across the school and health system
• New elective being developed
  – Access for students: tuition; different online platforms
• People not in positions to use training
• Contract from administration to allow faculty to develop programs
• Support of administration : agree on actin plan to reach goals
• Identifying level of change – local or national
• Lots of autonomy
• Establish and communicate endpoints
• Flexibility with endpoints: redefining success
• Grassroots interactions

Collaboration
• Networking to share experience
• Engagement and collaboration
• Develop academic and clinical partnership
• Overlap discipline orientation/classes to promote inter-professional student partnerships
• Reach out to university committees on inter-professional learning
• Knowing fellow practitioners to facilitate communication
• Team Grand Rounds (inter-professional) at VA and other systems
• Rebalance teams
  – New members
  – Shift priorities/mission/perspective
• Education in team dynamics
• Role clarification
  – DISC – raising self-awareness
  – Understanding each other
• Helps trust
• Crucial conversations: TOOL/Training
• Exposure to inter-professional relationships at lower level of training in order to eliminate preconceived notions and gaining respect for one another
• Team assessment specialist
  – Evaluate teamwork/workflow
  – NOT positive
  – Scheduled team building activities
  – Spend time with individual team members
• How can we work together to capitalize on expertise
• Begin IP training with students early
• More IP opportunities
• Encompassing everyone into IP training
• IP fieldwork and service learning
• IP open house
• Broader exposure to existing clinics for faculty and students
• Allowing students to have clinical experience at a more centralized location
• Including business and west side of campus
• Implement lecture and clinic on the same day
• Level the learning
• Integrated inter-professional courses with the community
• Having right people on team, expertise important
• Increased community engagement
• Include people outside organization “fresh eyes”
• Use internal experts and frontline people instead of outside consultants
• Partner with community organizations: Behavioral Health
• Continuous coaching of team
• Differences between diagnosis in different professions

– Creating something to address this to understand what the other discipline is addressing: “Shared Mental Model”
• Expand inter-professional to include cleaning staff and front office and administrative staff
• Coordinate planning among units

Research and Scholarship
• Use research outside the traditional investigation realm
• Funding
• Grant writing
• Publications
• Scholarship opportunities – the research to this (MedEd Portal)

Professional Development
• Develop leader facilitation skills
• Include team metrics in promotion/tenure
• Leadership education
• Focus on evidence-based management and leadership
• Train in leadership and team members
  – Develop leadership competency for all levels
    • Mandatory?
    • Make it the norm
• Develop expertise in IP (minor/credentials)
• Certificate in IP training
• IP forum/networking opportunities
• IP faculty/fellow program
• Graduate student mentorship courses and workshops
• Motivating faculty to conduct novel ideas
• Engage faculty but not make it too faculty-intensive
• Faculty self-evaluation
• Student self-evaluation
• Coaching students
Target people who can give time, use depth of expertise

Virtual team leading

Improve networking opportunities

Sustain energy for change
  – Mentorship for people outside leadership to conduct projects

Connect depth and breadth of skill

Targeting people with interest in topic to be on team

“Innovation Depot”, “Solutions Studios”
  – Opportunity for sustainability as it feeds back

Peer mentorship

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Note, recommendations are listed in the reported order (R1, R2, etc.) corresponding to the small group table (T1, T2, etc.).

### Campus Resources

- Establish an IP liaison position/navigator for academics (in addition to health systems) (R1, T8). Navigator will develop faculty fellow program, IP communication and marketing plan, and lead IP curriculum team (R1, T5)

- Space. Ensure space and availability for people from different disciplines to work together. Also create a role with the specific purpose of coordinating interprofessional collaboration. (R1, T1). Explore possibility of designated CIPES spaces (R5, T5)

- Portal. Create searchable, centrally housed, well-advertised portal for IP projects. (R3, T7). Give access to health professions and undergraduate students to portal, so they may find IP projects in which to participate. (R5, T7)

- Market existing resources for IP collaboration, like Solutions Studios. (R4, T7)
Networking. Hold conferences and forums with the specific focus on interdisciplinary interactions. Also invite all disciplines (interprofessional or not) to share their work so that opportunities for collaboration arise. At these networking events, make sure contact info is always shared afterward. (R3, T1). CIPES forum twice a year (R3,T5). Increase strategic networking for purposeful faculty engagement. (R7, T7)

Curriculum Development/Training
- Create an IP curriculum team who will develop IP education course, lecture series on highly effective teams, and identify best practices and IP measurement (R2, T5)
- Partner with QEP at CTL for curriculum design and metric development. (R1, T7)
- Develop more electives (R4, T6). Joint classes (interdisciplinary co-enrolled) (R3, T8). Integration of IPE into curriculum with oversight from curriculum committees (R5, T6).
- Develop needs assessment (R2, T6): timing of training, options for training (virtual, in-person, blended), perceived need gap by area/ specialty, current IPE training, review evidence for IPE, context-specific assessment metrics.
- Collect metrics to track systems for interprofessional systems. Bring researchers into the team to evaluate systems and show utility, outcomes, and improvements. (R4, T1)
- Increasing faculty training: identify faculty champions, virtual options for training, simulation, debriefing, team teaching (R1, T6)
- Include IP training at orientations across UAB. Make exposure consistent by including it in refresher trainings as well. (R2, T1)
- Skills development for team members: Team STEPPS, communications, crucial conversations (R4, T2). Sponsor teams at UAB to go to IP training events and activities. (Team Steps, Communication Academy). (R5, T1)
- Expand awareness of mentorship programs - Graduate School. (R2, T7)

Patient-centered/Clinical Workflow
- Drive the work in the right direction and the outcome will follow (focusing on mission rather than regulations: ex: Track CGCAPS but don't report to clinics and see how outcomes improve. (R1, T3)
- Put patients on the patient experience committee and ask patients what problems are with patient flow, etc. (R2, T3)
- Have PowerNote/Cerner experts round in every clinic at a time convenient for providers (R3, T3)
- Design an IP group of students to follow a patient (longitudinal, standardized patient, tele-med option) (R4, T8). Develop more IP models addressing outpatient needs in community and rural health (wellness group model) (R6, T8)
- Develop strategies to establish more stable patient care teams during training (R7, T8)
- Develop more clinical opportunities for IPE (R5, T6): expectation that IPE is a priority
- Expand IP members (office staff, administration, and others) (R5, T8)
- Workflow. Address workflow from a provider perspective (R9, T3). Have time dedicated to assessing workflow horizontally (especially for providers who work across outpatient clinics, OR, and inpatient hospital) (R10, T3)
- Include students, patients, and community in IP project development (R8, T7)

Teamwork Leadership Development
- Establish a “Team Development” Team (R1, T4): team expert to coach teams
- Utilize employees already leadership trained (HLA, Quality Academy, etc.) (R4, T4). Website to consolidate available resources for leaders (R2, T4). Elect leadership roles on team (R3, T4)
- Leadership 101 for students (R3, T2): basic training to be part of/lead a team, identify KSAs that all our students should be taught.
- Provide training for new leaders and ongoing training for current leaders (R1, T2):
  - Basic leadership training
  - External Coaching
  - Standardized facilitated training
  - Leadership academies
  - Mandatory for new leaders
  - Independent Mentoring
  - Assess team and leadership processes
  - Protected time to take leadership training
  - Give to all in leadership positions not just to those specially nominated to current “academies”
- Collect all leadership training in one place "OneUAB Leadership" or Solution Studio for UAB Leaders (R2, T2):
  - Everyone trained in Crucial Conversations
  - All leaders should have training
  - Tools/expertise is all here but not accessible to all
  - Connect health system and academic leadership resources
- Cross training
- Share resources
- Provide a Help System for leaders
- Need to connect clinical leaders with academic leaders
- Have common objectives
- Get top leader buy in
- Identify UAB leadership assets/resources build into development programs
- Identify leadership KSAs - Job Description of a UAB Leader

Guidelines/Policy
- Add IPE to UAB strategic plan under education pillar resulting in a designated IP afternoon for all students, faculty, and staff campus wide (R3, T5)
- Synchronize schedules of different professional schools (R2, T8)
- Acknowledge IPE in promotion policies (R7, T6):

Other
- Seek external funding (R3, T6):
- Workload. Limit number of projects undertaken so they can be done well (R4, T3)
- Reorganize quality structure at UAB and eliminate redundant meetings (R5, T3)
- Metrics. Only report meaningful metrics and prioritize important metrics (R6, T3)
- Separate regulatory from quality (UAB should rise above government regulations) (R7, T3)
- Clarify communication pathways with administration in regards to sustaining IP initiatives. (R6, T7)
- Understand risk and relative risk (R8, T3)