

Excerpts from

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Team Performance in Health Care:
Assessment and Development***

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Positive Outcomes and Impact

Outcomes Related to Patients

Quality care that results in positive outcomes for both patients and the organization is a major accomplishment of the clinical team. An impressive and continuously increasing body of evidence supports such outcomes for a variety of different types of patients receiving both inpatient and outpatient care. Research findings support positive outcomes for geriatric and long-term care, intensive care, rehabilitation, and mental health and substance abuse care.

In randomized experiments of patients' outcomes in four long-term care teams, Feiger and Schmitt (1979) and Schmitt, Watson, Feiger, and Williams (1982) found that the degree of equality in participation in team meetings was related to positive changes in patients after a one year period. Rubenstein and colleagues demonstrated that effective geriatric care, via a team approach, significantly reduced morbidity and mortality rates among older patients (Rubenstein et al., 1984; Rubenstein, Stuck, Siu & Wieland, 1991). Reuben and colleagues confirmed that for outpatients, a comprehensive geriatric assessment followed by a "multiple discipline" adherence regimen favorably impacted physical functioning, energy, social functioning, and physical health of patients (Ruben, Frank, Hirsch, McGuigan, & Maly, 1999). The clinical team administering the assessments and making recommendations included a geriatric physician or nurse practitioner, a social worker, and a physical therapist.

Gavett, Drucker, McCrum, and Dickinson (1985) found that poor communication and coordination among health care providers resulted in unnecessarily high cost hospital stays. In ICUs, increased interaction and coordination between nurses and physicians positively influenced effectiveness and care of patients (Knaus, Drapper, Wagner, & Zimmerman, 1986). Additionally, greater collaborations between these health care professionals regarding transferring patients from the ICU resulted in fewer readmissions and deaths among patients (Baggs, Ryan, Phelps, Richison, & Johnson, 1992). Shortell et al. (1994) also found that a team-oriented culture and quality team processes (e.g., communication, problem-solving) in ICUs were related to lower length of stays among patients and higher perceived technical quality of care by ICU staff.

Zeiss and Okarma (1984) compared two interdisciplinary team approaches to multidisciplinary care for outpatients with rheumatologic-spectrum disease. Both types of interdisciplinary care, when compared to multidisciplinary care, resulted in more improved outcomes among patients on measures of quality of life and health care utilization. Another study of rheumatology patients in Sweden (Ahlmen, Sullivan, & Bjelle, 1988) compared interprofessional care versus standard care by a rheumatologist by examining outcomes in older women with rheumatoid arthritis. While there were no differences in joint function or disease activity at the end of the intervention period, overall health improved significantly over a one-year period for women followed by the interprofessional team. A one year follow-up by the same authors (Ahlmen, Sullican, & Bjelle, 1991) showed sustained positive impact (e.g. clinical, social, and self-assessed health data).

Patients in various types of rehabilitation programs also have benefited from team care. Grahn, Ekdahl, & Borgquist (1998) compared patients receiving rehabilitation from an interprofessional team for prolonged musculoskeletal disorders with those receiving standard care, largely multidisciplinary in nature. The patients were comparable at baseline, but after six months of treatment, the patients in the interprofessional rehabilitation program showed greater improvement on a number of measures of health-related quality of life. At the two-year follow-up (Grahn, Ekdahl, & Borgquist, 2000), the interprofesional rehabilitation program showed even stronger effects, particularly in improved health-related quality of life, emotional response to chronic illness, pain related movement, and need for pain medication. In another study, care delivered by an interdisciplinary team was compared to standard nursing care for Swedish patients who were being discharged after a medical inpatient hospital stay and who had at least one chronic medical condition and impairment on at least one activity of daily living. Care provided by the interdisciplinary team resulted in substantially greater benefit with regard to independent functioning, mortality, and change in psychosocial functioning (Melin, Wieland, Harker, & Wieland, 1995). In the area of cardiac rehabilitation, Fridlund, Hofstedt, Lidell, and Larsson (1991) conducted a longitudinal study in which they randomly assigned post heart attack patients to an interprofessional rehabilitation program and to usual cardiac rehabilitation. After six months, the patients in the interprofessional program showed significant improvements in their health condition, health habits, and cardiac health knowledge compared to the usual care patients, and these results were sustained and strengthened two years after the initial intervention (Lidell & Fridlund, 1996).

In the area of mental health and substance abuse, one group of researchers (Aberg-Wistedt, Cressell, Lidberg, Liljenberf, & Osby, 1995) followed schizophrenic patients assigned randomly to either a team-based intensive case management program or to standard psychiatric services. Over a two-year period, patients in the interprofessional team-based care program had significantly fewer emergency visits and developed increased social networks. Additionally, their relatives reported a significantly reduced burden of care. In another study of the use of psychotropic drugs in nursing homes, Swedish

researchers compared 15 nursing homes that instituted interprofessional team discussions of medications and alternative treatment options to 18 nursing homes that continued standard, multidisciplinary care with no coordinated treatment meetings (Schmidt, Claesson, Westerholm, Nilsson, & Sverstad, 1998). After one year of intervention, the experimental nursing homes had decreased significantly the use of antipsychotic medications, benzodiazepine hypnotics, and antidepressants compared to the standard care homes. Finally, Drake, Yovetich, Bebout, Harris, and McHugo (1997) studied the impact of interprofessional care versus standard care to homeless adults with dual diagnoses of substance abuse and severe mental illness. The program provided integrated delivery of mental health, substance abuse, and housing interventions for patients and compared them to matched controls in standard care (i.e., receiving services for various programs). After 18 months of treatment, the patients receiving integrated, interprofessional care showed significantly fewer days of institutional care, more days in stable housing, and more progress toward recovery from substance abuse. pp. 104-106

Outcomes Related to Trainees

The Pew Commission (1995) reported that the changing health care system mandates new teaching and learning approaches for future health care providers. Education must take place across professions with modeling of effective team integration and delivery of efficient high quality care to patients. Integrating students into clinical health teams is critical to attracting and sustaining a future workforce with the knowledge and skills to maximize health care outcomes (Hansen & Hayes, 1998) and productivity (Gordon et al., 1996). Kirkpatrick (1994) identified four aspects of a systematic evaluation of learners' reaction to the program (e.g., positive responses, satisfaction), actual learning having taken place (e.g., modification of attitudes and perceptions, knowledge and skills acquisition), change in behavior and results (e.g., increased production, improved quality, decreased costs, benefits to patients). For change in behavior to occur the person attending the program must desire to change, know what to do and how to do it, work in a climate that is right for change, and be acknowledged or rewarded for change.

Given that many health care team settings serve as clinical sites for the education of medical and health professional trainees, some of the team's outcomes are related to how successful members are as teachers and mentors. Positive outcomes with trainees include the proportion of trainees recruited and hired as employees in the teams where they trained; the proportion desiring, seeking out, and accepting jobs in other team-care settings; and improvement in trainees' abilities to collaborate with professionals from other disciplines other than their own. Such collaboration includes being able to anticipate some of the needs of these other team members, involve them appropriately in the treatment and care of patients, and defer to their judgments in decision-making situations in which they are experts.

The VA health care system has had considerable success in hiring a wide array of health professionals who, as trainees, interns, residents, and fellows,

completed clinical affiliations and rotations on VA health care teams through the Geriatric Fellowship, Interdisciplinary Team Training and Development (ITT&D) and Primary Care Education Programs. Such hiring has infused the team approach to care throughout the VA culture and ensured that clinical employees have the appropriate skills to deliver care and services using this approach. Others have had considerable success using problem-based learning to teach interdisciplinary material. In one pilot project, students reported the learning experience helped them to collaborate more effectively and gave them a better understanding of the roles of other disciplines and professions (Lary, Lavigne, Muma, Jones, & Hoefl, 1997). Harman, Carlson, and Darr (1996) reported that an interdisciplinary training program resulted in students developing commitment to the team, greater sensitivity to diversity, openness to learning and changing, trust, effective conflict resolution, and improved focus on client outcomes.

In the business arena, Depree (1990) noted that successful training programs taught respect for diversity, which helped participants develop trust, integrate personal and professional values, use consensus decision-making, and value people over structure. Finally, some of the most successful interdisciplinary training programs have emphasized a collaborative partnership between academic institutions and clinical affiliation sites of the students. In such programs, the knowledge and skills of the collaboration and teamwork are reinforced across sites. pp. 106-107