

Interprofessional Primary Care Teamwork: Investigating experiences of health care providers

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Purpose

- 1 Identify processes that foster team-based care in an academic teaching clinic.
- 2 Explore Interprofessional (IP) providers experiences providing team-based care.

Introduction

An interdisciplinary approach among health care professionals working in hospital settings is well established; however, much less is known about how teams collaboratively function in a primary care setting.^{1,2}

While effective IP collaborative practice may improve quality of care, patient safety and health outcomes,³ variables such as clinical settings, interpersonal interactions and team composition also contribute to the complexity of teamwork.^{4,5} A better understanding of team dynamics and factors influencing IP practice in primary care settings is needed, particularly from the perspective of care providers.

Methodology

A phenomenological case study approach explored dynamics underlying IP-supported clinical practice and identified factors that foster team-based care through individual interviews and focus groups.



- Eleven (11) health care providers, representing five disciplines, at an urban primary care teaching clinic in Manitoba, CA.
 - Eight (8) individual interviews;
 - One (1) focus group (FG).
- Inductive coding of transcribed data to organize, categorize, and create initial interpretations and themes.
- Resultant data and codes were reviewed and discussed among the research team.

¹Armitage GD, Suter E, Oelke ND, Adair CE. Health systems integration: State of the evidence. *International Journal of Integrated Care*. 2009; 9(2).

²D'Amour D, Ferrada-Videla M, San Martin Rodriguez L, Beaulieu MD. The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks. *Journal of Interprofessional Care*. 2005;19(1):116-131.

³Donnelly C, Ashcroft R, Mofina A, Bobbette N, Mulder C. Measuring the performance of interprofessional primary health care teams: understanding the teams perspective. *Primary Health Care Research & Development*. 2019; 20: e125.

⁴Sangaleti C, Schweitzer MC, Peduzzi M, Zoboli EL, Soares CB. Experiences and shared meaning of teamwork and interprofessional collaboration among health care professionals in primary health care settings: a systematic review. *Journal of Systematic Reviews and Implementation Reports*. 2017;15(11): 2723-2788.

⁵Levesque JF, Harris MF, Scott C, Crabtree B, Miller W, Halma LM, Hogg WE, Weenink JW, Advocat JR, Gunnk J, Russell G. Dimensions and intensity of inter-professional teamwork in primary care: Evidence from five international jurisdictions. *Family Practice*. 2018; 35(3): 285-294.

Results

1. Modalities of communication that facilitate team-based care

- *Formal and informal communication strategies.*
 - *"A lot of interactions are **informal**... like catching each other in between patients and **asking quick questions** and in those moments."* (P7)
- *Communication gaps or incomplete information limits collaboration, patient care.*
 - *"Absence of information **results in errors taking place...a delay in the communication results in the absence of patient information.**"* (P9)

2. Interdependency to meet patient's need

- *Complex medical conditions often managed through IP care.*
 - *So much of what we are trying to manage is **not taught in a textbook*** (P7)
- *Communication is essential for effective patient care & relationships with colleagues.*
 - *"**Good experiences build trust but bad experiences diminish that trust.**"* (P8)

3. Achieving team stability

- *Present circumstances restrict in-person team activities.*
 - *"the current layout of the clinic with **individual spaces and rooms hinder[s] collaboration** with care of complex patients. Having a **shared working space** would facilitate effective collaboration and better patient centered care."* (P4)
- *Gaps in patient care greater in areas where expertise is lacking.*
 - *"...**in a perfect world, if everyone was co-located and able to work beyond part time** would improve collaborative practice and patient care."* (P1)

Interprofessional Experiences for Trainees

- *Residents learn a diverse set of skills.*
 - *"Residents can have a prescriptive approach to patient care in the beginning, but they **learn to value nonpharmacological interventions** with guidance from allied health."* (P6)
- *IP-driven training broadens skills and enhances clinical experiences.*
 - *"Residents learn very quickly that **others have expertise they don't** and they learn to positively exploit that expertise for the patient."* (P8)



Discussion

Modalities of communication that support team-based care

- Formal and informal communication
 - Physical proximity to reduce segregation
- ### Developing Interdependent working relationships
- Key elements of team-based care: relational awareness, meaningful connections, and trustworthy relationships.
 - Limited access to a full range of IP skills may compromise patient care.
 - IP care model is non-hierarchical, challenging traditional frameworks in health care settings.

Stabilizing the team

- Threats to team stability: job vacancies, staff shortages, limited availability and accessibility of team members.
- Administrative and organizational support essential to achieve stability.

Interprofessional education

- IP experience and training beneficial to both care teams and trainees.

Conclusion

Working together

- IP care teams can attend to a wide range of patient health care needs in an efficient manner.
- IP teamwork revealed an inter-related web of activity and connections among primary care providers.

Interprofessional experience for trainees

- IP collaboration is promoted and modeled in family medicine residency
- Experiencing IP collaboration in practice is fundamental.

Future Directions

Input from primary care patients and caregivers who experience team-based care.

Perspectives of family medicine residents & other trainees involved in IP care teams.

Acknowledgements

We thank the Office of Dean, Rady Faculty of Health Sciences and Department of Family Medicine for funding this research project