



## **Interprofessional Teams Resources for Health Care Providers**

Interprofessional Education Collaborative Expert Panel. (2011). [Core competencies for interprofessional collaborative practice: Report of an expert panel](#). Washington, D.C.: Interprofessional Education Collaborative.

### [OrthoInfo: Patients Are Important Members of the Healthcare Team](#)

[Patients and Health Care Teams: Building Successful Partnerships](#): The goal of the Patient Empowerment Training Module (PETM) is to empower patients to identify quality care, seek quality care, and partner with their providers to improve their health.

TeamSTEPPS®: [Strategies and Tools to Enhance Performance and Patient Safety](#). May 2016. Agency for Healthcare Research and Quality, Rockville, MD..

## **Research and Review Articles**

Leasure EL, Jones RR, Meade LB, Sanger MI, Thomas KG, Tilden VP, Bowen JL, Warm EJ. [There is no "I" in teamwork in the patient-centered medical home: Defining teamwork competencies for academic practice](#). Acad Med. 2013 May;88(5):585-92. doi: 10.1097/ACM.0b013e31828b0289.

Evidence suggests that teamwork is essential for safe, reliable practice. Creating health care teams able to function effectively in patient-centered medical homes (PCMHs), practices that organize care around the patient and demonstrate achievement of defined quality care standards, remains challenging. Preparing trainees for practice in interprofessional teams is particularly challenging in academic health centers where health professions curricula are largely siloed. Here, the authors review a well-delineated set of teamwork competencies that are important for high-functioning teams and suggest how these competencies might be useful for interprofessional team training and achievement of PCMH standards. The five competencies are (1) team leadership, the ability to coordinate team members' activities, ensure appropriate task distribution, evaluate effectiveness, and inspire high-level performance, (2) mutual performance monitoring, the ability to develop a shared understanding among team members regarding intentions, roles, and responsibilities so as to accurately monitor one another's performance for collective success, (3) backup behavior, the ability to anticipate the needs of other team members and shift responsibilities during times of variable workload, (4) adaptability, the capability of team members to adjust their strategy for completing tasks on the basis of feedback from the work environment, and (5) team orientation, the tendency to prioritize team goals over individual goals, encourage alternative perspectives, and show respect and regard for each team member. Relating each competency to a vignette from an academic primary care clinic, the authors describe potential strategies for improving teamwork learning and applying the teamwork competences to academic PCMH practices.

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Shoemaker SJ, Parchman ML, Fuda KK, Schaefer J, Levin J, Hunt M, Ricciardi R. A review of instruments to measure interprofessional team-based primary care. [J Interprof Care. 2016 May 21:1-10.](#)

Interprofessional team-based care is increasingly regarded as an important feature of delivery systems redesigned to provide more efficient and higher quality care, including primary care. Measurement of the functioning of such teams might enable improvement of team effectiveness and could facilitate research on team-based primary care. Our aims were to develop a conceptual framework of high-functioning primary care teams to identify and review instruments that measure the constructs identified in the framework, and to create a searchable, web-based atlas of such instruments (available at: <http://primarycaremeasures.ahrq.gov/team-based-care/> ). Our conceptual framework was developed from existing frameworks, the teamwork literature, and expert input. The framework is based on an Input-Mediator-Output model and includes 12 constructs to which we mapped both instruments as a whole, and individual instrument items. Instruments were also reviewed for relevance to measuring team-based care, and characterized. Instruments were identified from peer-reviewed and grey literature, measure databases, and expert input. From nearly 200 instruments initially identified, we found 48 to be relevant to measuring team-based primary care. The majority of instruments were surveys (n = 44), and the remainder (n = 4) were observational checklists. Most instruments had been developed/tested in healthcare settings (n = 30) and addressed multiple constructs, most commonly communication (n = 42), heedful interrelating (n = 42), respectful interactions (n = 40), and shared explicit goals (n = 37). The majority of instruments had some reliability testing (n = 39) and over half included validity testing (n = 29). Currently available instruments offer promise to researchers and practitioners to assess teams' performance, but additional work is needed to adapt these instruments for primary care settings.

Xyrichis A, Lowton K. What fosters or prevents interprofessional teamworking in primary and community care? A literature review. [Int J Nurs Stud. 2008 Jan;45\(1\):140-53. Epub 2007 Mar 26.](#)

**BACKGROUND:** The increase in prevalence of long-term conditions in Western societies, with the subsequent need for non-acute quality patient healthcare, has brought the issue of collaboration between health professionals to the fore. Within primary care, it has been suggested that multidisciplinary teamworking is essential to develop an integrated approach to promoting and maintaining the health of the population whilst improving service effectiveness. Although it is becoming widely accepted that no single discipline can provide complete care for patients with a long-term condition, in practice, interprofessional working is not always achieved. **OBJECTIVES:** This review aimed to explore the factors that inhibit or facilitate interprofessional teamworking in primary and community care settings, in order to inform development of multidisciplinary working at the turn of the century. **DESIGN:** A comprehensive search of the literature was undertaken using a variety of approaches to identify appropriate literature for inclusion in the study. The selected articles used both qualitative and quantitative research methods. **FINDINGS:** Following a thematic analysis of the literature, two main themes emerged that had an impact on interprofessional teamworking: team structure and team processes. Within these two themes, six categories were identified: team premises; team size and composition; organisational support; team

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meetings; clear goals and objectives; and audit. The complex nature of interprofessional teamworking in primary care meant that despite teamwork being an efficient and productive way of achieving goals and results, several barriers exist that hinder its potential from becoming fully exploited; implications and recommendations for practice are discussed. **CONCLUSIONS:** These findings can inform development of current best practice, although further research needs to be conducted into multidisciplinary teamworking at both the team and organisation level, to ensure that enhancement and maintenance of teamwork leads to an improved quality of healthcare provision.

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