

A Webinar Co-Sponsored by Division 17 (Professional Practice) and 1 (Work and Organizational Psychology)

INTEGRATED PRIMARY CARE & THE SCIENCE OF TEAMWORK

Susan H McDaniel PhD & Eduardo Salas PhD

March 29, 2022



SUSAN H MCDANIEL PHD ABPP


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 Chief of Psychology and Director of the Institute for the Family, Department of Psychiatry
 Vice Chair, Department of Family Medicine
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 University of Rochester, Rochester New York, USA

37 years of Integrating Psychology into Healthcare



President-Elect, Division 17 Practice, International Association of Applied Psychology, 2022
 President, American Psychological Association, 2016





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Professor & Chair of Psychology, Rice University
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40 years studying Teams & Teamwork

American Psychologist

Special Issue on the Science of Teamwork
 Susan McDaniel & Eduardo Salas (Editors), May-June 2018





Webinar Agenda

INTEGRATED PRIMARY CARE AND THE SCIENCE OF TEAMWORK




Susan H McDaniel PhD & Eduardo Salas PhD

- Introductory Remarks (Susan—5 min)
- The Science of Teamwork (Eduardo—30 min)
- Integrated Primary Care and Team Training (Susan—30 min)
- Your Comments and Questions (15 min)



Saving Lives: Insights from the Science of Teamwork

Eduardo Salas, Ph.D.
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This Afternoon...

- Why you should **care** about teamwork...
- What **team science** tells us about teamwork...
- What **effective teams do, feel & think...**
- **"Connect the dots"** with Primary Care practice (Susan).....

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Take Away Messages...

- There is a **science** of team performance, teamwork & team training...**LEARN ABOUT IT!**
- There are a set of **tools, guidelines, and principles** for enhancing teamwork in Healthcare...**USE & APPLY THEM!**
- We know that teamwork promotes safety, excellence, and high performance...**WHEN MANAGED APPROPRIATELY!**
- **TEAMWORK WORKS! SAVE LIVES! BETTER QUALITY OF CARE!**

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35+ Years of Team Science



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The Driving Question...

How do we turn a **team of experts** into an **expert team**?

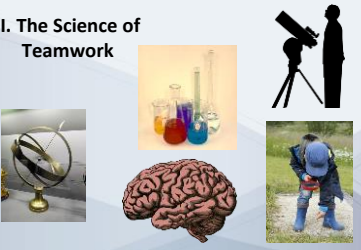
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Teamwork matters!

- The data are compelling...
 - Meta-analysis of 130 studies -- better teamwork processes **20 to 25% more likely to succeed** (LePine et al., 2008)
 - Meta-analysis of *medical team training*--can **reduce errors & save lives** (Hughes et al., 2016)
 - Organizations that boosted collaborative performance had 5% greater annual **revenue increases** than those emphasizing individual achievement alone (Corporate Executive Board, 2013)
- True teamwork boosts performance – not just “feel good”
 - **Google** studied their teams – Tip: It's not whether you hang out together

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II. The Science of Teamwork



*"Teamwork makes the dream work in space flight."
~ CMDR Scott Kelly*


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All teams are NOT created equal

- One key difference: **Degree of task interdependence**
 - To what extent are team members reliant on one another and **need to work together?**
- Coordination demands** a big driver...
- It's a **continuum**...
- Matters, because competencies needed depends on **where on the continuum** your teams are...

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Where is your team currently on the continuum?
Ideally, where should it be?



Low Medium High

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The Research Reveals (Evidence-based)...

7 Drivers... that influence team effectiveness

Thought experiment: As we review the 7 Drivers, think about a team you work with...where is improvement possible?



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The Seven "C's" of Teamwork

- Capability** Right **people** with the right mix of KSAs?
- Cooperation** Right **attitudes** about and willingness to team?
- Coordination** Demonstrate necessary teamwork **behaviors**?
- Communication** **Communicate** effectively with each other and outside?
- Cognition** Possess a **shared understanding** (e.g., priorities, roles, vision)?
- Coaching** Leader and/or team members demo **leadership behaviors**?
- Conditions** Have favorable **conditions** (e.g., resources, culture)?

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Interesting Findings...(Capability)

- Individual competence** matters – hard to overcome big talent gaps
 - Smart (Stewart, 2006), talented (Aguinis & O'Boyle, 2014), capable helps
- But, simply adding **stars** won't always boost performance (Swaab et al., 2014)
 - In interdependent teams, beyond a threshold, it can hurt performance—due to "intragroup standing" issues [true for chickens too!]
- Teammates** and **conditions** play a big role...
 - Star financial analysts who change orgs suffer 5 yr. performance decline!
 - Particularly if they moved without their "team" (Groysberg & Lee, 2008)
 - And to orgs with less favorable conditions (Groysberg, Lee, & Nanda, 2008)

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Interesting Findings...(Cooperation)

- A person who has a **collective orientation** likes being on a team and puts the team first
 - Not simply a "me first" orientation
- Collective orientation is related to team **performance** (Driskell et al., 2010)
 - Improved team interactions (Driskell & Salas, 1992)
- Our experience
 - Need **enough** team players (e.g., Scottie Pippen for the Bulls)
 - Can have collective orientation and still be an **individual** success
 - Australian Special Forces (Gayton & Kehoe, 2015) – team player top predictor
 - 50% of top collaborators are rated as top performers (Cross et al, 2016)

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Interesting Findings...(Cooperation)

- **Collective efficacy** is the belief that our team will be successful
- Collective efficacy predicts team performance
 - Meta-analysis of 67 prior studies (Gully et al., 2002)
 - When **interdependence** is low then self-efficacy is more important (Katz-Navon & Erez, 2005)

Our team can save lives!

Tip: Allocate time to discuss and celebrate wins

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Psychological Safety

"A sense of confidence that the team will not embarrass, reject, or punish someone for speaking up" (Edmonson, 1999)

- Or for seeking feedback, asking questions, requesting help

Can you be and express yourself on this team?

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Interesting findings about psychological safety

- Leadership behaviors
- Peer support
- Role clarity

→

Psychological Safety

→

- Engagement, satisfaction & commitment
- Information sharing
- Learning behaviors
- OCBs
- Performance

- Recent meta analysis – 136 samples, over 5000 groups (Frazier et al., 2016)
- **Google** in-house research

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Interesting Findings...(Coordination)

Conflict about...	Performance	deWit et al., 2012 Meta-analysis of 8800 teams What is the predominant conflict style in your area?
Interpersonal	↓	
Process Task	↓ ↓ It depends	

- **Psychological safety** (Bradley et al., 2013)
- **How conflict is handled** (DeChurch et al., 2013; 3200 teams)
 - Styles: Compete – Avoid – Collaborate

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Interesting Findings...(Communication)

- **Info sharing** a key to team success
- Meta analysis of 72 studies (Mesmer-Magnus & DeChurch, 2009)
 - Keys: Sharing of *unique* info (not just talking) and *closed loop* communications (to ensure understanding)
- Be aware...
 - People naturally **assume** others "know" stuff
 - In hierarchical teams, must actively **encourage** speaking up
- Counterintuitive finding, in high performing teams...
 - Sometimes less communication is more – the quiet kitchen

Tip: Get in the habit of asking, "who else should know about that?"

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Interesting Findings...(Cognition)

- Teams that possess a **shared mental model** (SMM) perform better, particularly when coordination is required
 - Meta-analysis - 23 studies (DeChurch & Mesmer-Magnus, 2010)
- SMM about: task, if-then, vision, roles, priorities, etc.
 - Allows for "implicit coordination"
 - Quiet kitchen
 - Blind pass in basketball
 - Scalpel ready before request

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Interesting Findings...(Conditions)

- **Culture, resources, norms** can be facilitators or inhibitors
- Teamwork actions at the top **sends signals** – even when unseen! (Raes, Bruch, DeJong, 2012)
 - Study of 63 top management teams
 - Leadership cooperation (helping one another, exchanging info, joint decision making) was positively related to employee satisfaction and retention




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III. What Effective Teams Do, Feel & Think...evidence-based insights...

"No individual can win a game by himself."

~ Pele



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What effective teams do...

- Have clear **roles & responsibilities**
- Driven by compelling **purpose**- goal, vision
- Guided by team **coach (leader)**- promotes, develops, reinforces
- Have mutual **trust** – *psychological safety!*
- Develop team **norms**- clear, known & appropriate

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What effective teams do...

- Have **shared understanding** of task, mission & goals - hold shared mental models
- They **self-correct** with huddles and debriefs
- Set **expectations** - clear, understood
- Shared **unique** information – efficient information protocols
- Surrounded by optimal **organizational conditions** – policies, procedures, signals

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Final Thoughts...

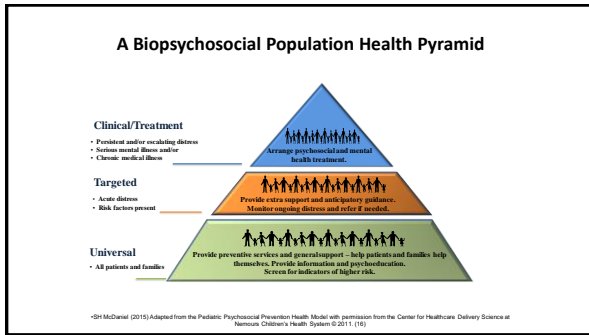
- Effective **teamwork** is the foundation for **effective patient care!**
- Teams **can** learn to be more effective and **save lives and delivery quality care.**
 - The science of teamwork
- Remember the **7 C's** of teamwork and the patterns of effective teams.

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Integrated Primary Care & Team Training

Susan H McDaniel, Ph.D
Dr Laurie Sands Distinguished Professor of Families & Health
Departments of Psychiatry & Family Medicine



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Primary Care Shifting From

***PHYSICIAN-CENTERED CARE**

to

***COLLABORATIVE, DYADIC CARE BY A PHYSICIAN AND A PSYCHOLOGIST**

Thomas L. Campbell, M.D, Typical Primary Care Session

56 yo diabetic with poor control
19 yo smoker
33 yo with multiple somatic complaints
10 yo w/otitis media
67 yo w/insomnia
70 yo w/sinusitis
52 yo hypertensive patient
45 yo w/tinnitus
37 yo w/acute asthma
29 yo w/chest pain & SOB

Typical Primary Care Session Mental Health Disorders


56 yo diabetic with poor control
19 yo smoker
33 yo with multiple somatic complaints **DEPRESSION**
10 yo w/otitis media
67 yo w/insomnia **ALCOHOL ABUSE**
70 yo w/sinusitis
52 yo hypertensive patient
45 yo w/tinnitus
37 yo w/acute asthma
29 yo w/chest pain & SOB **PANIC DISORDER**

Typical Primary Care Session Subthreshold Disorders

56 yo diabetic with poor control **ANXIETY**
19 yo smoker
33 yo with multiple somatic complaints **DEPRESSION**
10 yo w/otitis media
67 yo w/insomnia **ALCOHOL ABUSE**
70 yo w/sinusitis **FAMILY VIOLENCE**
52 yo hypertensive patient
45 yo w/tinnitus **HYPOCHONDRIASAS**
37 yo w/acute asthma
29 yo w/chest pain & SOB **PANIC DISORDER**

Typical Primary Care Session Behavioral Health Needs


56 yo diabetic with poor control **ANXIETY**
19 yo smoker **SMOKING CESSATION**
33 yo with multiple somatic complaints **DEPRESSION**
10 yo w/otitis media
67 yo w/insomnia **ALCOHOL ABUSE**
70 yo w/sinusitis **FAMILY VIOLENCE**
52 yo hypertensive patient **CARDIAC RISK FACTORS**
45 yo w/tinnitus **HYPOCHONDRIASAS**
37 yo w/acute asthma **MEDICATION COMPLIANCE**
29 yo w/chest pain & SOB **PANIC DISORDER**



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40-70% of all problems that present in Primary Care are psychosocial in nature, and the Majority of patients with mental health problems are seen in primary care.


—Regier et al, 1978




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COLLABORATION

Foundational to Team-based Integrated Care



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Like creativity, collaboration is a habit—and one I encourage you to develop.

....

Collaboration may be a practice—a way of working in harmony with others—but it begins with a point of view.


—Twyla Tharp, *The Collaborative Habit—Life Lessons for Working Together*, 2014



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Integration=
the outcome


- *integrate of health and mental health care
- *provide comprehensive biopsychosocial care
- *heal the mind-body split



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Collaboration=
the process to achieve integration


- *working together with the patient and the family
- *working together as a team of health professionals.



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Social and Structural Issues that get in the way of Collaboration


- *Financial barriers
- *Practice style
- *Cultural barriers



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Physicians


- Cold, insensitive
- Rigid, Controlling
- Egotistical, arrogant
- Obsessive compulsive
- Pressed for time
- Technician
- Counterdependent
- Somatically-fixated



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Psychologists


- Too cerebral, impractical
- Touchy-feely, wishy-washy
- Impotent, neurotic
- Weird, flaky
- Not real docs!
- Psychosocially-fixated
- Right-brained & left-winged



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Cultural Differences Between Psychologists and Primary Care Physicians


- Working styles
- Theoretical paradigms
- Languages
- Beliefs about confidentiality



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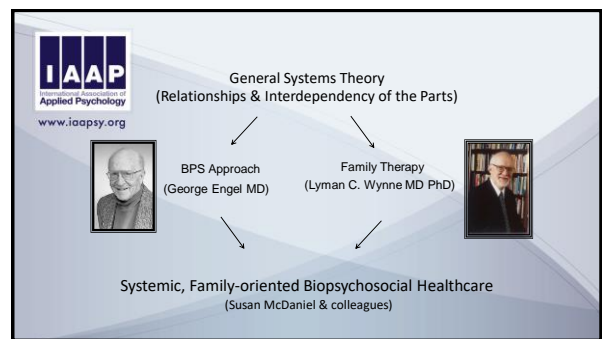
Overcoming Stereotypes & Disciplinary Tribalism

- *Professional training to developing a strong identity in the discipline
- *Interprofessional training to collaborate
 - using principles for effective teamwork
 - learning what each discipline is good for
 - developing respectful, personal relationships across disciplines



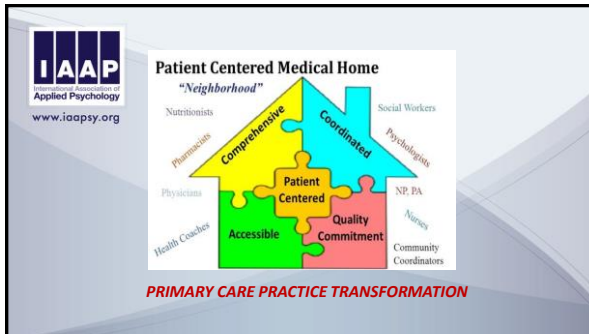
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COLLABORATION AND TEAMWORK benefit from a SHARED MENTAL MODEL across Disciplines





Susan H McDaniel PhD
with George Engel MD and Lyman C Wynne MD PhD




With all these disciplines,
ROLE CLARITY
Is key!

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- CLINICAL HEALTH PSYCHOLOGISTS**
- *Develop the evidence base for behavioral interventions
 - *Health behavior change
 - *Brief psychotherapy
 - *Supervise
 - *Behavioral issues with common chronic illnesses
 - *Facilitate team functioning

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I want to make sure that people see her role as clinical and developmental – clinical in that she provides lots of direct care and even more indirect care (through clinician support and team support). I can give examples of patients she has seen and even more who she has not seen who have both benefited from her expertise. And there's a lot of pure team development--coaching our staff (and us!) through managing interpersonal conflicts on the team that impact workplace wellness (and therefore patient care) but mostly wellness in and of itself...


--Michael Mendoza, MD, Medical Director



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PSYCHOLOGISTS

- *Clinician
- *Educator
- *Program developer and evaluator
- *Researcher
- *Leadership coach
- *Team development facilitator





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TEAMS

manage complexity and produce more than individuals because team members

- *combine their diverse, complementary capabilities.
- *provide back-up behavior for each other.
- *monitor one another to reduce errors.
- *shift the workload as needed.

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~~TRADITIONAL INDIVIDUAL MODEL~~

The complexity of healthcare in the Information Age means that no one person can know everything

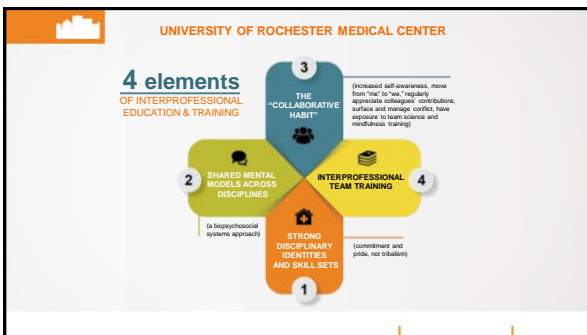


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A Curriculum for an Interprofessional Seminar on Integrated Primary Care



The APA Curriculum for an Interprofessional Seminar on Integrated Primary Care Work Group
<http://www.apa.org/education/grad/curriculum-seminar.aspx>




29th ANNUAL INTERDISCIPLINARY INTEGRATED HEALTHCARE & MEDICAL FAMILY THERAPY INTENSIVE

PRESENTED BY CO-DIRECTORS:

Susan H. McDaniel, PhD, ABPP
 Professor of Psychiatry and Family Medicine, Director, Institute for the Family

Tziporah Rosenberg, PhD
 Associate Professor, Family Therapy Training Program, Institute for the Family

WHEN: June 6th-10th, 2022

WHERE: University of Rochester Medical Center

CONTACT: (585) 275-2532 or Diana.Julian@urmc.rochester.edu

<http://www.urmc.rochester.edu/psychiatry/institute-for-the-family/family-therapy/mfti.aspx>

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GEOGRAPHICALLY- DISPERSED HEALTHCARE TEAMS


- *ambiguous roles with re to teamwork
- *loosely coordinated
- *low task interdependence



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ON-SITE HEALTHCARE TEAMS are likely to be


- *well-functioning in terms of teamwork
- *interdependent
- *reciprocal coordination



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TEAMS NEED PSYCHOLOGICAL SAFETY TO PROSPER

when leaders admit their own mistakes,
they make others feel they too can safely communicate
errors



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HUDDLES

Improve team functioning and healthcare
outcomes through preplanning
ahead of a session of visits



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DEBRIEFING


Improve team functioning through reflection
More important than huddles



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U Of Rochester Medical Center DEBRIEFING PILOT STUDY


Debriefing software
Short e-questionnaire on cell phone



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U Of Rochester Family Medicine DEBRIEFING PILOT STUDY RESULTS


Team-building
Agreed to work on weakness (conflict resolution)
Using an app on a cell phone was feasible and fun



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With Issues of Hierarchy & Power Collaborative Practice recognizes

- *the power of the psychologist, the physician and other health professionals to diagnose and suggest treatment;
- *the power of the patient to make sense of the illness experience, decide, and embark on treatment, and
- *the power of the family or social group to provide a healing environment.



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Rather than Traditional, Authoritarian Leadership,



DISTRIBUTED FORMS OF LEADERSHIP—
Using the best person for the job, or rotating responsibilities among able people



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- Distributed leadership = Collaborative leadership




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Rather than Traditional, Authoritarian Leadership,



DISTRIBUTED FORMS OF LEADERSHIP—
Using the best person for the job, or rotating responsibilities among able people


*for ex, rotating amongst everyone the roles of facilitator, note-taker, and time-keeper for team meetings



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Another strategy to promote effective teamwork is building a CULTURE OF FEEDBACK


*360 degree evaluations of all staff, trainees, and faculty by all parties




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TEAM COLLABORATIVE LEADERSHIP

- * Provides information
- * Addresses process
- * Teaches task interdependence
- * Models interprofessional professionalism
- * Highlights successes




Playful yet purposeful exercises
Tziporah Rosenberg, PhD



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COMMUNICATION PEARLS from "Telephone" Exercise

1. Keep it short
2. Actively check for understanding
3. EHR really is better for many communications
4. Be kind when giving feedback



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Encouraging Feedback The UR Medicine Physician Communication Coaching Program




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PHYSICIAN COMMUNICATION COACHING PROGRAM

The goal:

- *personalized
- *evidence-based
- *helpful to *all* physicians
- *promote a culture of support and feedback for clinicians




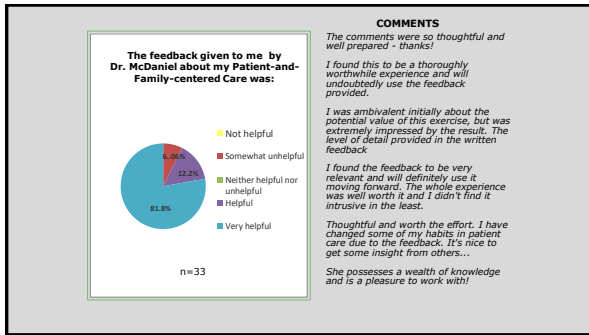
PHYSICIAN COMMUNICATION COACHING PROGRAM

UIMC- PFCC Clinical Observation Form

Physician: _____
Date/Time: _____
Patient: _____
Family/Other: _____
Visit type: _____
Date: _____

- 1. Introduce yourself**
C: Ask about patient's concerns
U: Discuss plan and check for understanding
- 1. Initiate the Session**
Develop initial rapport
Greet Patient
Greet any Family Member
If new, introduce self and role
Call every person by name
Smile
Make eye contact
Demonstrate interest in the patient as a person
Sits down, if chair available
- 2. Gather Information**
Discover the patient's and family's perspectives, what they think and know
Use open ended questions appropriately
Solicit patient concern & view of problem
Solicit any family member's view of problem
Set agenda early
Accept the patient and family's views non-judgmentally
Speak about other team members/professionals respectfully
- 3. Build the Relationship**
Respond empathetically to empathetic cues
Give affirmations
Give acknowledgements
Show courtesy and respect
Communicate warmth and compassion
- 4. Explain and Plan**
Discuss diagnosis and options re treatment plan
Relate explanation to patient and family's perspectives and expectations
Involve patients and families as part of the team
Ask for patient and family input
Check for understanding
Ask, "do you understand?"
Teach back
- 5. Close the Session**
Discuss next steps
Ask, if there is anything else you can do?
Say when you will see them again





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AN ADVANTAGE OF COACHING IS THAT:

- 1) It is innovative
- 2) It is interdisciplinary
- 3) it vividly conveys the important idea that a necessary foundation of interdisciplinary professionalism is openness to feedback, diminishment of professional hubris, and respect for the value that other disciplines bring—

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It's the idea that we all have blind spots, don't know everything, are constantly missing things, can improve our practice in critical ways, and, most importantly, can learn from others who are not of the same discipline. One could say that coaching is subversive (in a good way) to the dominant culture of the disciplinary silo"

(Watson, 2013)



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SELF-CARE


- *Self-awareness
- *Self-calibration
- *Self-regulation
- *Know our own family history of health and illness

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Behind every health professional is a person with a family who has a history of medical and mental health issues

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Havana, Cuba
Community Mental Health Center



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Your Turn!
Comments and Questions

