Leadership for Designing High Performing Interprofessional Collaborative Practice Teams

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Introduction

THE VERY HUNGRY CATERPILLAR
by Eric Carle
Objectives

1. Describe the characteristics of a high performing interprofessional team.

2. Discuss the role of authentic leadership in designing high performing interprofessional teams.
Leadership for High Performing IPCP Teams

Our IPCP Model and Background

High Performing IPCP Team Characteristics and Challenges
Funded initially by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services through a Nurse, Education, Practice, Quality and Retention (NEPQR) Grant # UD7HP26908 (Interprofessional Collaborative Practice Enhancing Transitional Care Coordination in Heart Failure Patients), July 2014 to June 2017 ($1.5 million, Maria Shirey PI)

Additional funding from NEPQR Grant # UD7HP29873 (Bridging the Gap in Behavioral Health for Uninsured Populations in Birmingham), July 2016 to June 2020 ($2 million, Cynthia Selleck, PI)

Now fully funded by UAB Hospital and Health System
Highlights of Our IPCP Model

- **Smooth Care Transitions for Diverse and Underserved Populations (STAND-UP)**
- Provides nurse-led, team-based care to underserved patients with heart failure discharged from UAB Hospital and uses IPCP model
- Part of academic-practice partnership between UABSON and UABH
- Primary, chronic, and transitional care across hospital, clinic, home, and community
- Leverages technology integrating faculty and students from 7 health professions from across academic health center
- Outcomes-focused and driven with emphasis on data analytics
- In 6th year, currently operates FT serving as medical home for over 800 patients
Interventions: Bundled Approach

- Guideline driven heart failure patient care bundle
- Transitional care coordination bundle
- Patient activation bundle
- Behavioral health integration bundle

Outcomes: From Triple to Quadruple Aim

- Patient Experience
- Population Health
- Care Team Well-Being
- Reducing Costs
IPCP Definition

• “Multiple health workers from different professional backgrounds working together with patients, families, and communities to deliver the highest quality of care” (World Health Organization, 2010, p. 13)

• Our model of IPCP incorporates IPE= two or more professions learning with, from, and about each other
“When I see a patient alone, I am an N of 1. When I send patients to the HF Clinic, I am an N of many and patients benefit far more than with an N of 1.”
IPCP Core Competencies

**Competency 1:** Values/Ethics for Interprofessional Practice

**Competency 2:** Roles/Responsibilities

**Competency 3:** Interprofessional Communication

**Competency 4:** Teams and Teamwork

(IPEC, 2011; IPEC, 2016)
Characteristics of High Performing IPCP Teams

Members:

• Are interdependent, work collaboratively
• Genuinely care about and trust each other
• Demonstrate effective leadership with deference to expertise
• Find solutions to problems using open communication
• Teams have shared mental models and establish a unique group identity
• Achieve effective and satisfying results
Characteristics of High Performing Workplaces

Formal Leaders:
• Protect their investment in employee development with focus on employee engagement
• Understand each team member’s unique talents as foundational for development
• Are highly involved in the development of their people and act as coaches, not bosses
• Are committed to high performance workplace with consistency of values with actions

Gallup, 2019
Academic-Practice Partnership Awards
Complexities of Heart Failure Care Transitions

Albert et al., (2015)
Team Perceptions of Stress

STRESS
Scoring is based on a 5-point Likert scale of 1: Strongly Disagree to 5: Strongly Agree.

- **Clinic experience is stressful.**
- **There is often tension between people in the clinic.**
- **Things have been changing so fast in the clinic that it is hard to keep up with what is going on.**
IPCP Team Development and Evolution

Honeymooning
Pre-team formation optimism/pessimism

Forming
Team acquaints and establishes ground rules. Formalities are preserved and members are treated as strangers.

Storming
Members start to communicate their feelings but still view themselves as individuals rather than part of the team. They resist control by group leaders and show hostility.

Norming
People feel part of the team and realize that they can achieve work if they accept other viewpoints.

Performing
The team works in an open and trusting atmosphere where flexibility is the key and hierarchy is of little importance.

Adjourning
The team conducts an assessment of the year and implements a plan for transitioning roles and recognizing members' contributions.

Mourning & Transforming
Phase of team work ends and new evolution begins including new members

Adapted from Tuckman (1965, 1977)
Leadership for High Performing IPCP Teams

Authentic Leadership Theory and Integration

Anatomy of an Authentic Leader

- Generates ideas and shares them freely
- Thinks positively; knows his/her truths and values
- Practices good listening skills
- Balances the head and the heart; dares to trust his/her team; shows genuine care and concern for everyone
- Speaks kindly and honestly to everyone; does not gossip
- Believes in community and reaching out to others; lends a helping hand
- Does the necessary legwork to get things done; doesn’t sit back and let others do everything (but at the same time doesn’t micro-manage)
• Positive leadership practiced by individuals who are genuine, trustworthy, reliable, believable

(George, 2003; Luthans & Avolio, 2003; Shirey, 2006)
Authentic leadership is defined as:

“A pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive ethical climate, to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development.”

(Walumbwa et al., 2008, p. 94)
Authentic Leadership Questionnaire (ALQ)

• ALQ is valid and reliable instrument (Walumbwa et al., 2008; Avolio et al., 2018)

• Initially tested using leaders in business and industry

• Has four scales to measure authentic leadership
Authentic Leadership Development

Self-Awareness

A NEW & UPGRADED Edition of the Online Test from Gallup’s
NOW, DISCOVER YOUR STRENGTHS

STRENGTHS FINDER 2.0

#1 New York Times Bestselling Author
TOM RATH

“Succinctly explains how to deal with emotions creatively and employ our intelligence in a beneficial way.”
— THE DALAI LAMA

EMOTIONAL INTELLIGENCE 2.0

TRAVIS BRADBERRY & JEAN GREAVES

INTERNATIONAL BESTSELLING AUTHORS OF THE WORLD’S MOST POPULAR EMOTIONAL INTELLIGENCE TEST

WHAT MOTIVATES ME PUT YOUR PASSIONS TO WORK

Adrian Gostick and Chester Elton

New York Times Bestselling Authors of The Great Principle & All In

THE ART & SCIENCE of 360° Feedback

RICHARD LEPZINGER
ANTOINETTE D. LUGA

UAB SCHOOL OF NURSING
The University of Alabama at Birmingham

UAB MEDICINE
Knowledge that will change your world
Authentic Leadership Development

Internalized Moral Perspective

Core Values:
• Empathy
• Respect
• Individualized consideration
Authentic Leadership Development

Balanced Processing of Information
Authentic Leadership Development

Relational Transparency

Cynthia Selleck, PhD, RN, FNP, FAAN
Professor Emerita
UAB School of Nursing
# Pertinent Authentic Leadership Evidence

**Gill & Caza (2018)**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Methods</th>
<th>Findings</th>
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<tbody>
<tr>
<td>To clarify theoretical explanations of the individual and group-based influences of authentic leadership on follower responses</td>
<td>Non-experimental, correlational design</td>
<td>Authentic leaders have both a direct and indirect positive influence on followers through:</td>
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</table>
| | Sample of 104 direct reports from 31 leaders in one division of a large, multinational corporation | 1. Individual personalized authentic leadership and  
2. Group generalized authentic leadership. |
| | 2 surveys completed 3 days apart:  
- Survey 1 followers rated leader behaviors (ALQ)  
- Survey 2 followers rated identification with leaders, leader trustworthiness, psychological capital, and relational quality (PCQ, MDM-LMX) | These multiple effects from authentic leadership result in: |
| | | - Enhanced identification with leader  
- Enhanced perceptions of leader trustworthiness  
- Positive follower states  
- Positive social exchanges |
Integration of Authentic Leadership Lens for Building High Performing Interprofessional Collaborative Practice Teams

Maria R. Shirey, PhD, MBA, RN, NEA-BC, ANEF, FACHE, FNAP, FAAN; Connie White-Williams, PhD, RN, NE-BC, FAAN; Lisle Hites, PhD, MS, MEd

Interprofessional collaborative practice (IPCP) models facilitate collaboration and teamwork across the health care continuum. Success of high performing IPCP teams is dependent on compassionate, authentic leaders who invest in helping their teams thrive amid complexity. This article presents the integration of an authentic leadership lens for building high performing IPCP teams. Using their experience with implementation of an innovative IPCP model to improve health outcomes for an underserved patient population in the southeastern United States, the authors share targeted strategies using an authentic leadership lens to develop high performing teams. Data collected for 3 years reflect positive team performance outcomes related to collaborative teambuilding and teamwork, which contributed to enhanced access to care, exceptional patient experience, improved physical and mental health outcomes, reduced hospital readmissions, and decreased cost of care. An innovative IPCP model of care is an effective approach to improve health outcomes and care transitions. However, it may not be fully successful if health care professionals practicing within these models cannot collaborate effectively or maintain personal well-being. The value of using an authentic leadership lens to guide IPCP team development cannot be underestimated. Key words: authentic leadership, high performing teams, interprofessional collaborative practice (IPCP), population health, quadruple aim.

Table 1. Targeted Strategies Using an Authentic Leadership Lens to Build High Performing IPCP Teams

<table>
<thead>
<tr>
<th>Intervention Category Based on Authentic Leadership Theory</th>
<th>Targeted Strategy Using an Authentic Leadership Lens to Build High Performing IPCP Teams</th>
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</thead>
</table>
| Self-awareness: Address understanding of how we know ourselves and how people around us see us | 1. Team training sessions on the following:  
- Interprofessional collaborative practice competencies  
- Team STEPPS  
- Concerned, Uncomfortable, Safety (CUS) technique for focused communication  
- Situation, Background, Assessment, Recommendation (SBAR) technique for handoff communication  |
| Internalized moral perspective: Addresses self-regulation of behaviors and alignment with values | 2. Leadership development training sessions on the following:  
- Signature strengths with interpretation  
- Emotional intelligence with interpretation  
- Crucial conversations with conflict management  
- DISC profiles with interpretation  |
| Balanced processing of Information: Addresses ability to objectively examine relevant data in process of decision-making | 3. Team creation of a mission, vision, and values statement  
- Incorporation of mission, vision, and values statement in hiring and evaluating IPCP team members  
- Visual display in work area of mission, vision, and values statement for enhancing accountability  |
| Relational transparency: Addresses person’s ability to represent self as transparent, collegial, and trustworthy way | 4. Engagement of external consultation as needed for aligning behaviors with values  
5. Just-in-time intervention group meetings to address conflicts using role-playing and conflict resolution techniques  
6. Individual conflict resolution counseling with referral to resources as needed  
7. Daily IPCP team huddles and debriefs  
8. Monthly IPCP team meetings  
9. Quarterly IPCP team retreats with emphasis on working through stages of team formation, building trust, and showing appreciation  
10. Sharing of IPCP team outcomes and CPAT scores as group  
11. Mediated conflict resolution conversations with IPCP team members as needed  
12. Formal leader and IPCP team member 1:1 sessions as needed |

Abbreviations: CPAT, collaborative practice assessment tool; DISC, dominance, influence, steadiness, conscientiousness; IPCP, interprofessional collaborative practice; STEPPS, strategies and tools to enhance performance and patient safety.
Leadership for High Performing IPCP Teams

Lessons Learned and Future Strategies

Performance Measurement and Outcomes

Leadership for High Performing IPCP Teams
Measuring Collaborative Practice: Collaborative Practice Assessment Tool (CPAT)

- CPAT is valid and reliable instrument
- Administered to the team twice yearly
- Measures 8 dimensions using 7-point Likert scale (Strongly Disagree=1 to Strongly Agree=7)
  - Mission, meaningful purpose, goals
  - General relationships
  - Team leadership
  - General role responsibilities, autonomy
  - Communication and information exchange
  - Community linkages and coordination of care
  - Decision-making and conflict management
  - Patient involvement
Highlights of Team Performance Science

• Shared cognition matters in team performance

• Team training promotes teamwork and enhances team performance

• Multiple factors have been identified to influence team performance

• Well designed technology can improve team performance

• Psychological safety contributes to the success of high performing teams

Salas, Cooke & Rosen (2008)
Strategies for Designing High Performance Teams

**General Relationships**
- Daily huddles, End of the day Quality huddles
- Monthly team meetings, Quarterly retreats, Mini-retreats
- Individual counseling with referral to resources

**Roles and Responsibilities**
- Multiple sessions to help define clear roles and expectations
- Team discussions on overlapping roles

**Conflict**
- Timely intervention group meetings including role playing and conflict resolution
Strategies for Designing High Performance Teams

• Multiple team training sessions
  ✓ IPEC competencies
  ✓ Rapid cycle quality improvement
  ✓ Leadership and Team Development
    • Team STEPPS, CUS, SBAR technique for communication
    • Signature Strengths, Emotional Intelligence, Crucial Conversations, DISC Profile Assessment, Fostering Positive Relationships at Work, Positive Environment Pledge
    • Personal note writing with expressions of gratitude
Fun for a Good Cause
Collaborative Practice Assessment Tool -- Communication and Information Exchange

* Scale of 1 to 7 - Higher scores indicate higher alignment with IPCP.

I trust the accuracy of information reported among team members.

Our team has developed effective communication strategies to share patient treatment goals and outcomes of care.

Our team meetings provide an open, comfortable, safe place to discuss concerns.

Patients' concerns are addressed effectively through regular team meetings and discussion.

Relevant information relating to changes in patient status or care plan is reported to the appropriate team member in a timely manner.

The patient health record is used effectively by all team members as a communication tool.


Team Transition

New Team
### Collaborative Practice Assessment Tool -- General Role Responsibilities and Autonomy

*Scale of 1 to 7 - Higher scores indicate higher alignment with IPCP.*

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<tr>
<td>Each team member shares accountability for team decisions and outcomes.</td>
<td>5.8</td>
<td>5.7</td>
<td>6.2</td>
<td>5.3</td>
<td>5.4</td>
<td>5.0</td>
<td>3.4</td>
<td>3.9</td>
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<tr>
<td>It is clear who is responsible for aspects of the patient care plan.</td>
<td>6.3</td>
<td>6.3</td>
<td>6.4</td>
<td>4.8</td>
<td>5.2</td>
<td>3.7</td>
<td>2.6</td>
<td>3.1</td>
</tr>
<tr>
<td>Physicians assume the ultimate responsibility for team decisions and outcomes.</td>
<td>6.0</td>
<td>5.3</td>
<td>5.0</td>
<td>4.8</td>
<td>3.4</td>
<td>4.8</td>
<td>4.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Physicians usually ask other team members for opinions about patient care.</td>
<td>1.0</td>
<td>2.7</td>
<td>2.4</td>
<td>3.8</td>
<td>4.6</td>
<td>3.0</td>
<td>1.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Team members acknowledge the aspects of care where members of my profession have more skills and expertise.</td>
<td>5.8</td>
<td>6.0</td>
<td>6.0</td>
<td>5.2</td>
<td>5.2</td>
<td>5.3</td>
<td>3.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Team members are held accountable for their work.</td>
<td>5.3</td>
<td>5.7</td>
<td>6.4</td>
<td>4.8</td>
<td>5.4</td>
<td>4.8</td>
<td>4.6</td>
<td>3.7</td>
</tr>
<tr>
<td>Team members feel comfortable advocating for the patient.</td>
<td>6.3</td>
<td>6.3</td>
<td>6.8</td>
<td>6.0</td>
<td>6.0</td>
<td>5.7</td>
<td>4.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Team members feel limited in the degree of autonomy in patient care that they can assume.</td>
<td>4.0</td>
<td>3.3</td>
<td>6.2</td>
<td>4.5</td>
<td>4.8</td>
<td>3.5</td>
<td>3.6</td>
<td>3.1</td>
</tr>
<tr>
<td>Team members have the responsibility to communicate and provide their expertise in an assertive manner.</td>
<td>6.5</td>
<td>6.3</td>
<td>5.8</td>
<td>5.3</td>
<td>5.6</td>
<td>5.5</td>
<td>3.6</td>
<td>4.3</td>
</tr>
<tr>
<td>Team members negotiate the role they want to take in developing and implementing the patient care plan.</td>
<td>6.0</td>
<td>4.3</td>
<td>6.2</td>
<td>4.8</td>
<td>4.6</td>
<td>4.5</td>
<td>2.8</td>
<td>3.6</td>
</tr>
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</table>

**Roles and Responsibilities**

**Outside Facilitator**

**Mornings with MD**

**Roles and Responsibilities**
Collaborative Practice Assessment Tool -- Decision-making and Conflict Management

* Scale of 1 to 7 - Higher scores indicate higher alignment with IPCP.

Disagreements among team members are ignored or avoided.

In our team, there are problems that regularly need to be solved by someone higher up.

On our team, the final decision in patient care rests with the physician.

Our team has an established process for conflict management.

Processes are in place to quickly identify and respond to a problem.

When team members disagree, all points of view are considered before deciding on a solution.


Conflict Management

New Team Members

Conflict Management

Emotional Intelligence

Communication Skills

DISC Assessment
Collaborative Practice Assessment Tool -- Patient Involvement

* Scale of 1 to 7 - Higher scores indicate higher alignment with IPCP.

Information relevant to health care planning is shared with the patient:

- 2015 Baseline: 6.5
- 2015 July: 6.7
- 2015 October: 6.8
- 2016 July: 6.8
- 2017 January: 6.0
- 2017 July: 6.0
- 2018 January: 5.4
- 2018 June: 6.3

Team members encourage patients to be active participants in care decisions:

- 2015 Baseline: 5.8
- 2015 July: 6.7
- 2015 October: 6.8
- 2016 July: 6.5
- 2017 January: 6.0
- 2017 July: 5.7
- 2018 January: 5.8
- 2018 June: 6.0

Team members meet face-to-face with patients cared for by the team:

- 2015 Baseline: 6.3
- 2015 July: 6.7
- 2015 October: 6.8
- 2016 July: 6.7
- 2017 January: 6.2
- 2017 July: 6.0
- 2018 January: 6.2
- 2018 June: 6.4

The patient is considered a member of their health care team:

- 2015 Baseline: 6.5
- 2015 July: 6.7
- 2015 October: 7.0
- 2016 July: 7.0
- 2017 January: 6.2
- 2017 July: 5.8
- 2018 January: 5.6
- 2018 June: 6.6

The patient’s family and supports are included in care planning, at the patient’s request:

- 2015 Baseline: 6.3
- 2015 July: 6.7
- 2015 October: 6.8
- 2016 July: 6.7
- 2017 January: 6.0
- 2017 July: 6.2
- 2018 January: 5.2
- 2018 June: 6.3
Change in Team Composition

HRTSA SOAP-C

May and July 2019 Results
1-5 Scale, with 5 more aligned with IPCP

New Staff
Team Building Attends
Role Clarification

Communication  Decision Making  Stress/Chaos  History of Change  Overall

May 19: 2.46  2.75  3.25  2.75
Jun 19: 3.66  3.70  3.19  2.44  3.00
Jul 19: 3.66  3.70  3.19  2.44  3.00
Grants Supporting IPCP Work

**NEPQR #1**
- **PATH Clinic**
  - Chronic Disease Management
  - $1.4M

**NEPQR #2**
- **HF Clinic**
  - Chronic Disease Management and Transitional Care
  - $1.5M

**NEPQR #3**
- **BHI**
  - Chronic Disease Management and Transitional Care
  - $1.5M

**NEPQR #4**
- **Primary Care**
  - Primary Prevention and Control of Disease
  - $2.8M

**Starting Teams**

**Making Teams Work**

**Integrating Behavioral Health**

**Taking Teams into Communities**

Sustainability
Designing Teams for the Future

SAVE the DATE

REGISTERED NURSES IN PRIMARY CARE SUMMIT: “LEADING IN PRACTICE”
MARCH 26 – MARCH 27, 2020
Hilton Birmingham at UAB - Birmingham, AL
Sponsored by the UAB School of Nursing
With Affiliate Partner Tuskegee University School of Nursing
Key Takeaways

• Designing IPCP models with high performing teams is not easy
  ✓ Hiring the right people for IPCP matters and is necessary for peak performance
  ✓ Planning for set backs when adding new team members is realistic

• Investing in building your interprofessional teams pays off
  ✓ Moving from forming to performing stages of team development does not happen overnight
  ✓ Understanding nuances of team formation and developmental stages = crucial for better
    performance measurement and deployment of targeted team building strategies

• Using an authentic leadership lens to embed a positive team culture helps high
  performing teams to achieve and sustain desirable outcomes
  ✓ This strategy assumes leaderful organizations where every member of the team is developed as an
    authentic leader
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