Interprofessionalism: How do we learn to practice together?

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Everything is awesome! Everything is cool when you’re part of a team!

- Teams are the central organizing principle of modern life – from primary school to the workforce
- Teams are supposed to enhance efficiency and effectiveness through synergistic processes...do they?
Learning to be part of a healthcare team

Assumptions:
- Health care professionals are generally smart, nice, well-intentioned people
- We assume that asking smart, nice, well-intentioned people to work together for a greater good should be easy
- Apparently….it’s not
What is the experience of “team” in health care – from the perspective of professionals?

- Inefficient
- Disorganized
- Mechanism for diffusing responsibility
- Method for containing power of certain professions
- Time consuming and resource intensive
- Does not produce desired outcomes

Eddy JK. (2014) The experiences of health professionals who participate in teamwork education in acute hospital settings: a systematic review of qualitative evidence. MSc Thesis, School of Translational Health Sciences, Joanna Briggs Institute, University of Adelaide, South Australia
The psychology of teamness ("entitativity")

- Shared goals
- Commitment to collaborative processes
- Investment in outcomes
- Social awareness and engagement
Social theories to understand how teams work

Social Identity Theory (Tajfel)
- Personal identity built upon foundation of group memberships
- Group hierarchies define self

Social Identification Theory (Phinney)
- Need to establish personal dominance through in-group favouritism and out-group derogation
How do we learn “teamness” in health?

- Personal psychology
- Professional education
- Professional socialization
- Societal cues
Personal Psychology

The “Big Five” Personality Traits:
- Openness
- Conscientiousness
- Extraversion
- Agreeableness
- Neuroticism

Interested in learning about your own “Big Five”? http://personality-testing.info/tests/BIG5.php
Are we really that different?

“Big 5” Comparison Class of 2T0 (University of Toronto)

- Openness
- Conscientiousness
- Extraversion
- Agreeableness
- Neuroticism

Pharmacy vs. Medicine
How do different professionals “learn” to approach and solve clinical problems?

- Reasoning from First Principles
- Application of Rules
- Pattern Recognition

Professional Socialization/Social Cues

- Reinforcement of social group hierarchy (social identity theory)
- Media/popular culture depictions of different professions and professionals
- Cultural/parental expectations and their influence on self-esteem and personal identity
What does this mean for teamness?

What are the psychological underpinnings of teamness?

• **Shared** goals
• **Commitment** to collaborative processes
• **Investment** in outcomes
• Social awareness and **engagement**
What does this mean for us as pharmacists?

**Trust:** “firm belief in the reliability, truth, ability, or strength of someone or something”

- Cognitive model of “trust” for pharmacists more frequently shaped by externalities (e.g. degree, status, stature, non-verbal cues) than for others who are more influenced by history and personal relationships

What does this mean for us as pharmacists?

Communication: “the imparting or exchanging of information or news”

- In a well-intentioned but spectacularly misdirected attempt to be polite, respectful and deferential to authority, pharmacists frequently communicate indirectly – which may appear to be uncertain or unwilling to actually take responsibility (“power-distance index”)

What does this mean for us as pharmacists?

Responsibility: “the state or fact of having a duty to deal with something, of being accountable or to blame”

- For pharmacists, responsibility is about doing everything possible within the rules and respectful of processes, while for physicians it means willingness to put one’s own neck on the line to break a rule when necessary to solve a problem

What does this mean for us as pharmacists?

Self-confidence: “assurance, belief in oneself and one’s abilities”

- For pharmacists, clinical confidence means certainty in having the RIGHT answer, while for problem-oriented individuals it means serenity in believing that if/when things go wrong, they will cope and deal with it at that time.

What does this mean for us as pharmacists?

- Learning more about ourselves is the essential first step in thinking about enhancing our practice
- Personal development and professional development are the same thing with respect to interprofessional practice
How can we learn to practice together – better?

- Recognize importance of social identity and social identification theories on shaping human behaviours/interactions
- Accept that certain professions may “cluster” in certain psychographic typologies – and remember that “culture eats strategy for breakfast” if we think we can change this!
How can we learn to practice together – better?

• Help individuals to recognize and better manage emotional responses to interprofessional team dynamics
• Do not rely upon policy-procedure to “fix” team dynamics...this will generally only reinforce social hierarchy
• Do not assume that smart, nice, well-intentioned people will just “figure it out”
How can we learn to practice together – better?

- Manage our own communication (e.g. reduce subconscious hierarchical language use)
- Anticipate, accept, and respond to psychological needs of other team players (e.g. need to prove oneself)
- Value the contribution of different modes of clinical reasoning to better team-based decision making (e.g. first principles vs pattern recognition)
- Don’t try to turn everyone into a physician!
Summary

• Current emphasis in team-based education may actually only reinforce problems of hierarchy
• This is ultimately an interpersonal psycho-social issue, not a technical-competence problem
• Encouraging honest self-assessment and reflection to support personal development is neither easy nor efficient…but may be the missing link in enhancing team functioning
Further Reading
