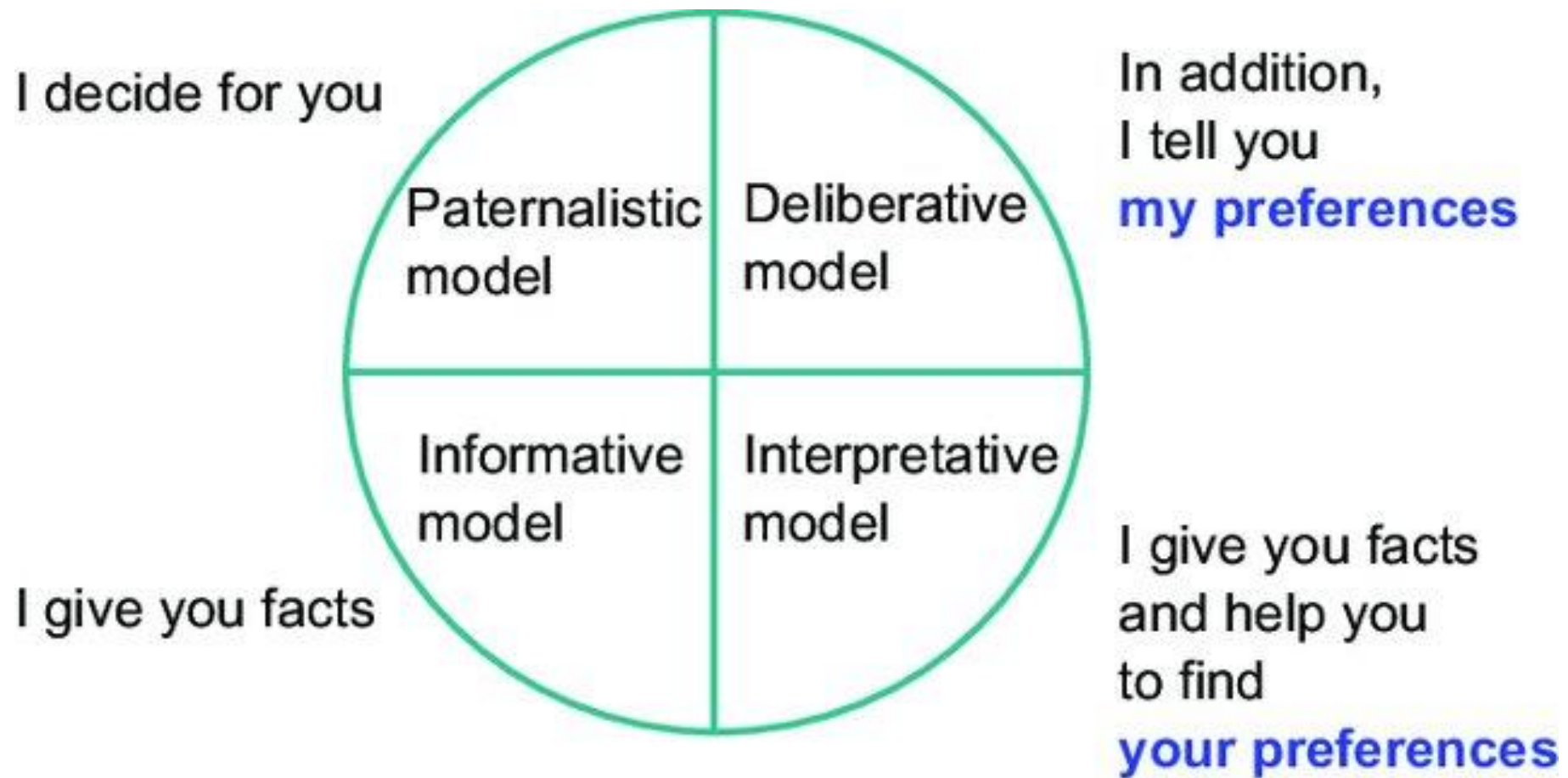


Introduction to communication in health care Teamwork in health care

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Introduction to communication and cultural competency



Cultural competency

Cultural competency refers to treating patients from different racial and ethnic backgrounds, as well as the elderly, and indigent in accordance with their unique cultural needs, beliefs, and risk factors

How to deal with cultural background?

1. To examine cultural background for interpreting the needs of patients
2. To learn how to communicate with patients in a way that creates a safe space for them to freely discuss their cultural norms and beliefs

Family decision-making and withholding of information

In many cultures it is the norm for the family to make decisions as a unit

They may decide to withhold information about a serious or terminal diagnosis from one member if it is deemed to be in that person's best interest

This is generally done with the idea of protecting patients from the bad news and the emotional distress that comes with information

Family decision-making and withholding of information

How does culture influence the way patients and families discuss medical information and make medical decisions?

Is it ever acceptable to withhold information from a patient?

Family decision-
making and
withholding of
information

**How should doctors communicate with
families about medical information?**

Family decision-making and withholding of information

It is important to establish the way a patient and family prefer to receive information and make medical decisions

When the family functions as more of a unit, it is important to call more family meetings and try to discuss decisions in a group or with certain representative members in addition to the patient

Language barriers and communication

How important are professional interpreters (as opposed to family members or no interpreter) in the context of health care?

What problems can arise when family members or others non-professionals act as interpreters?

Language barriers and communication

Language barriers can lead to miscommunication and poor health outcomes

Using family members or “ad hoc” interpreters can lead to miscommunication due to their lack of training and the complexities of the task

Also, they may bring in their own biases and/or inhibit full disclosure of information by the patient

Teamwork in health care

Why teamwork is important in medicine?

Effective teamwork in health-care delivery can have an immediate and positive impact on patient safety

“Our challenge ... is not whether we will deliver care in teams but rather how well we will deliver care in teams.”

Paul M. Schyve, MD

http://www.who.int/entity/patientsafety/education/curriculum/who_mc_topic-4.pdf?ua=1

Why teamwork is important in medicine?

The importance of effective teams in health care is increasing due to factors such as:

- the increasing complexity and specialization of care
- increasing co-morbidities
- increasing chronic disease
- global workforce shortage

What is a team?

Salas defines teams as:

“a distinguishable set of two or more people who interact dynamically, interdependently, and adaptively towards a common and valued goal/objective/mission, who have been each assigned specific roles or functions to perform, and who have a limited lifespan of membership”

What is a team?

The nature of teams is varied and complex, they include:

- teams that draw from a single professional group
- multiprofessional teams
- teams that work closely together in one place
- teams that are geographically distributed
- teams with constant membership
- teams with constantly changing membership

What is a team?

Are patients health care team members?

Engaging the patient can:

- Improve patient safety
- Improve quality of the care
- Provide more information because the patient is present at all times during their care

Hierarchy

Physicians belong to a profession that has traditionally functioned in an extremely hierarchical fashion, both internally and externally

- academics vs. those in private or public practice
- physicians vs. nurses and other health professionals

Core teams

Core teams consist of team leaders and members who are involved in the direct care of the patient

Core team members include direct care providers and continuity providers (those who manage the patient from assessment to disposition, for example, case managers)

Coordinating teams

The coordinating team is the group responsible for:

- day-to-day operational management;
- coordination functions;
- resource management for core teams

Contingency teams

Contingency teams are:

- formed for emergent or specific events
- time-limited events (e.g. cardiac arrest team, disaster response teams, rapid response teams)
- composed of team members drawn from a variety of core teams

[http://www.who.int/entity/patientsafety/education/curriculum/who_mc_to
pic-4.pdf?ua=1](http://www.who.int/entity/patientsafety/education/curriculum/who_mc_to_pic-4.pdf?ua=1)

Ancillary services

Ancillary services consist of individuals such as cleaners or domestic staff who:

- provide direct, task-specific, time-limited care to patients
- support services that facilitate care of patients
- are often not located where patients receive routine care

Support services

Support services consist of individuals who:

- provide indirect, task-specific services in a health-care facility
- are service-focused, integral members of the team, helping to facilitate the optimal healthcare experience for patients and their families

Administration

Administration shapes the climate and culture for a teamwork system to flourish by:

- establishing and communicating vision
- developing and enforcing policies
- setting expectations for staff
- providing necessary resources for successful implementation
- holding teams accountable for team performance;
- defining the culture of the organization

Table 12: Measures of effective teamwork (adapted from Mickan, 2005)

Outcome measures of effective teamwork			
		Individual benefits	
<i>Organizational benefits</i>	<i>Team benefits</i>	<i>Patients</i>	<i>Team members</i>
Reduced hospitalization time and costs	Improved coordination of care	Enhanced satisfaction	Enhanced job satisfaction Reduced unanticipated admissions
Efficient use of health-care services	Acceptance of treatment	Greater role clarity	Better accessibility for patients
Enhanced communication and professional diversity	Improved health outcomes and quality of care	Reduced medical errors	Enhanced well-being

Table 13: Stages of team development (modified from Flin [18])

Stage	Definition
Forming	Typically characterized by ambiguity and confusion when the team first forms. Team members may not have chosen to work together and may be guarded, superficial and impersonal in communication, as well as unclear about the task.
Storming	A difficult stage when there may be conflict between team members and some rebellion against the tasks assigned. Team members may jockey for positions of power and frustration at a lack of progress in the task.
Norming	Open communication between team members is established and the team starts to confront the task at hand. Generally accepted procedures and communication patterns are established.
Performing	The team focuses all of its attention on achieving the goals. The team is now close and supportive, open and trusting, resourceful and effective