

# Teamwork Observation Tool

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## BACKGROUND

In the clinical setting, health professions students work with practitioners as well as students from other disciplines, but not always together on teams or with supervisors who have the time or preparation to provide detailed feedback on IP core competencies. Using a national TeamSTEPPS survey (web address) and the Interprofessional Collaborator Assessment Rubric from Canada (ICAR) (citation), we developed two direct observation tools that can be easily and efficiently used in a variety of clinical settings to observe students as they work in interprofessional teams. Observational results can be used for feedback and individual coaching. We have chosen to implement the observation templates using eWalk, a software application for the iPad or tablet designed for direct observation and site walk-throughs in K-12 education settings (<http://www.media-x.com/ewalk/>). The software provides a mechanism for recording interactions using individualizable templates with pull down response categories and ethnographic notes that can be synched to produce a database of observation reports for email or print distribution to individuals or teams. Observations across instances can be combined to produce aggregated reports unique to a site, department, or team.

## IMPLEMENTATION

- A. Tool Name:** Teamwork Observation Tool
  - Revised TeamSTEPPS Template
  - Teamwork Interprofessional Collaborator Assessment Rubric focuses on an individual member of a team.
- B. Participants:** Health care students from any level and faculty members immersed in workplace settings.
- C. Setting:** The survey or rubric is completed by a trained observer using an iPad or other IOS tablet device and can be used when teams are working in a conference room or directly with patients. Results are stored in the device for synching to the internet when online or can be collected directly on the internet.
- D. Requirements:** eWalk requires a license with costs based on the number of observers, not on the number of persons to be observed. A 30-day free trial or a customized quote is available from the Media-X website (<http://www.media-x.com/getstarted/>). The two teamwork surveys can also be used to populate other online data collection/reporting tools such as REDcap.
- E. IPEC Competencies:** The observation tools include subcompetencies from the Interprofessional Communication and Teams/Teamwork competencies.

The Revised TeamSTEPPS Assessment Template includes 6 teamwork competencies with 4 to 8 observable elements for each competency taken from the AHRQ TeamSTEPPS 2.0 Assessment Questionnaire. Teamwork ICAR is composed of the highest descriptors for 4 to 7 items for each of the 6 competencies from the published rubric with ratings from Consistent to Minimal frequency of use.

- F. Administration:** You can use eWalk on your internet browser, iPad (iPhone), and Windows device. Data can be exported to be used in Excel, FileMaker and many other programs. While the templates are straightforward and require no training in how to enter data, creating new templates, managing existing results, and selecting or customizing reports will require training, all of which is available in an online handbook from the Media-x website. Of greater importance is the training of observers in how to structure the observation and what actions to consider in determining the best response choice for each item. For our purposes, two of us did initial observations together then discussed our results and clarified what you would expect to observe in team interactions for the highest rating for each item.
- G. Recommended uses:** Our observations have been done almost entirely in the setting of work rounds or teaching rounds in the inpatient setting. Of greatest concern was the lack of actual opportunities in our training sites for nursing and medical students where teams were composed of interprofessional members. In many instances the interprofessional members were referred to but not present.

As an assessment tool – Since we were unable to observe the same team or individual on multiple occasions, we were unable to determine reliability for the templates. We recommend that observations be used for formative purposes only.

As an instructional tool – Results from the TeamSTEPPS observation can be distributed to team members for discussion of critical features of effective interprofessional teams. Results from the ICAT observation can be discussed with an individual student for purposes of professional development.

As a program evaluation tool – The observation results from either template can be used as a needs assessment to document the types of interprofessional opportunities available for student education in your clinical settings? What is the composition of teams in the clinical setting and how well do members of those teams work together? How well prepared are students for teamwork, particularly interprofessional teamwork?

- H. Strategies for providing results to students:** eWalk provides individual reports that can be emailed to individual students for ICAR results or to individual team members or a team leader. These results are available as

soon as the observation is completed. Results are best utilized with some form of personal coaching, for individual students, team leaders, or the team as a whole.

- I. **Challenges:** In pilot testing the bedside observation tool, we found it difficult to identify places across our multiple health care settings in which medical or nursing students were meeting with or rounding with interprofessional teams. On a geriatric ward service, there were conference room rounds but no patient visits together. At the VA, there were conference room meetings for trainees and providers, but these were generally not attended by medical or nursing faculty members. In the intensive care units, there were nursing and medical staff, students, and residents present but interactions at bedside were limited with staff and students from both groups being frequently called away for other work. In pediatrics, a new initiative for family-centered rounds created the best example of a full team of providers and students interacting with the patient and family at bedside. A 2014 study of bedside interprofessional rounds (Gonzalo, Kuperman, et al, 2014) found that the greatest barriers to this type of rounding in the inpatient setting are the limited time that nursing staff have to participate, the amount of time required for bedside nurse-physician encounters, and the need to coordinate timing for all involved, particularly without shared geographical structures in both medicine and nursing.

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