Development of a framework for assessing individual physicians' competency in teamwork

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ABIM background

Mission: The American Board of Internal Medicine enhances the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills, and attitudes essential for excellent patient care

ABIM is a standards-setting organization; our programs have both an indirect and direct relationship to quality of patient care
Overview of ABIM project on teamwork

All healthcare is delivered by teams.

These teams are rarely formally recognized or supported.

ABIM is exploring ways to improve our methods of assessing individual physicians’ competency in practice.

In Spring 2008, we began an iterative R&D project to explore whether, and how, to assess individual physicians' ability to work as part of a team.
Step 1: Form our own team

Our interdisciplinary project team:
- Cultural anthropology
- Internal medicine
- Public health
- Psychology
- Social work/sociology

Our key questions:
- Is "teamwork" a competency that can be assessed in individuals?
- What does “teamwork” mean for internal medicine physicians and their collaborators?
Step 2.1: What is “teamwork”?

How have others defined/assessed teamwork?

Findings from a semi-comprehensive lit. review:

- Medicine, aviation, military, industry, etc.
- Teamwork = important, but hard to define
- Focus is on improvement, not pass/fail standards
- In US healthcare, mostly studied in ORs, ERs, etc.
  - Well-defined team
  - Clear tasks/roles
  - Passive patient
  - i.e., not much like internal medicine
Step 2.2: Useful frameworks

“Relational coordination” (Gittell et al 2008)
- Mutual knowledge, trust

Defining attributes of teamwork (Xyrichis and Ream 2007)
- Exercising concerted effort
- Employing interdependent collaboration
- Utilizing shared decision-making

Core Knowledge/skills/aptitudes of physician teamwork (Baker et al 2005)
- Team leadership
- Mutual performance monitoring
- Backup behavior
- Adaptability
- Team/collective orientation
- Shared mental models
Step 2.3: Get expert feedback, ideas

We convened a panel of experts in the field to explore definitions, approaches to assessing teamwork.

- Physicians, nurses, patient, aviation...

Their recommendations:

- Don’t assume the physician is the leader
- 4-fold “individual competency”:
  - Communication
  - Collaboration
  - Boundary spanning (mitigating harmful effects of hierarchy)
  - Assessing the team environment (staying aware of team’s context and resources)
- Don’t forget: “teamwork” is an emergent aspect of working relationships in context
Step 3.1: Fieldwork

How do healthcare teams actually work in context?

How might our concepts, approaches fit current practices?

Ethnographic research (observation and interviews in context)

- 3 primary care practices
  - Solo-MD
  - Multi-MD independent practice
  - Multi-MD, multi-specialty university practice

- 5 hospitalists in 3 hospitals
3.2 What we found in primary care

Physicians isolated from others

- Working alone in the “frantic bubble”
- Under the gun of the “fictive schedule”

Staff able to collaborate with each other, but disconnected from physicians

Little/no interdisciplinary communication or shared decision-making

Need to understand better what “teamwork” means here if we are to assess it.
3.3 What we found in the hospital

Some hospitals, units had lots of highly-visible interdisciplinary teamwork

- “Geographic” units
- Multidisciplinary rounds
- Routine team check-ins

Others seemed to have no teamwork at all

- No team familiarity or functional communication
- Isolated physicians disconnected from others
  - Care is more collaborative than in primary care practices, but communication isn’t necessarily any better

Key findings:

- Physicians need a tool that helps them define their “team” (“We don’t have teams here”)
- Structure/context matters!!
Step 4: Develop and test assessment tool

For use by hospitalists and their teams

4-part process:
- Identify hospitalist’s team
- Self-assessment
- Assessment by team members
- Reflect on results

Formative assessment, not summative
4.1: Define “team”

Worksheet guides physicians through process of defining their team members.

Hospitalists may work as part of many different teams, and/or may not recognize themselves as having “teams” at all.

Our criteria:

- “Professionals with whom you work to provide care”
- At least 15 raters (↑ reliability, ↓ selection bias)
- Not more than 5 physicians (e.g. consultants)
4.2: Self-assessment

Web-based survey includes questions drawn from several sources:

- Adapted from other team-assessment tools
- Interviews with hospitalists and other clinicians
- Ethnographic observations

Sample questions:

- I respond to other care providers' requests (for example, for information, new orders, etc.) without their having to remind me to do so.
- I make sure my team knows when there are urgent changes to a patient's plan of care.
- I respect unit and hospital rules and protocols around patient care.
- 5-point Likert-type scale (Never-Rarely-Sometimes-Usually-Always), with room for comments or examples.
- Also includes key background data on hospital
4.3: Assessment by team members

Team members complete modified version of the same survey used for self-assessment.

Sample questions:

- ___ makes sure I know who to contact, and how and when to contact them, if problems arise in a specific patient-care situation.
- ___ remains professional when dealing with difficult situations.
- ___ knows my role in providing patient care.
- Also includes key background info on rater and relationship with physician.

We conducted 11 cognitive lab interviews with non-physician care providers (pharmacists, radiation therapists, nurses, etc.)

- Assess how potential respondents interpret questions
- Are we measuring what they find important?
- Brainstorm new questions
4.4: Reflect on results

ABIM gives the physician a feedback report that compares self-assessment responses to responses from raters.

- Physician completes “Guided debrief with trusted peer”
- Sequence of questions meant to walk person being assessed through meaningful reflection on what the data mean, and what they should do next
- Very important: They must work on this with someone else (“trusted peer”)
  - Experts warned us: People do not know how to interpret, act on this kind of data—will get stressed out and/or discard information.
Current status and key questions

About to pilot with a small sample of hospitalists

Key q’s for discussion:

- Advice for pilot tests?
- Feedback on our overall approach?
- Models of teamwork for ambulatory/primary care?
- Possibilities for collaborating with other professions
- Thoughts on the project as a whole:
  - Interdisciplinary teamwork
  - Certification boards’ role
  - Research/development process
  - Etc.
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