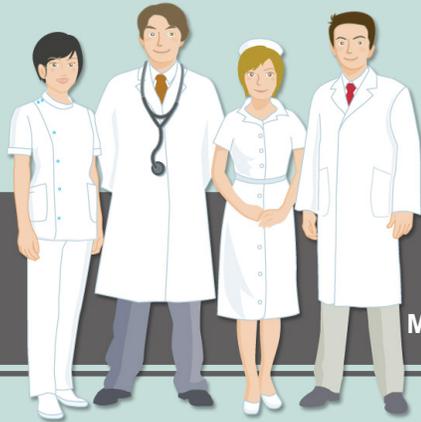


## Family Physicians' Perspectives on Factors Influencing Teamwork



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## Faculty/Presenter Disclosure

- Faculty: Jacqueline Torti
- Relationships with commercial interests:
  - None to declare



# Outline

1. Background
2. Purpose
3. Methods
4. Results
5. Conclusion
6. Acknowledgements



# Background



## Introduction to PCNs

- Interprofessional teams have become an integral part of primary care in Canada.
- In Alberta, these primary care teams are known as primary care networks (PCNs).

*“A group of family physicians who work with other health professionals such as nurses, dietitians, social workers, etc., as well as AHS community agencies to coordinate the delivery of primary health services for their patients...”*

-Alberta Primary Care Networks (2014)



## Purpose



## Purpose

- To describe, from the physician's perspective the factors that facilitate and hinder team-based care.



## Methods



## Methods

- Qualitative descriptive study
- Participants
  - Academic/Community based family physicians
  - Working within a PCN



## Data Collection & Analysis

### Data Collection

- Individual interviews
- Semi-structured interview guide
- Audio-recorded
- Transcribed verbatim

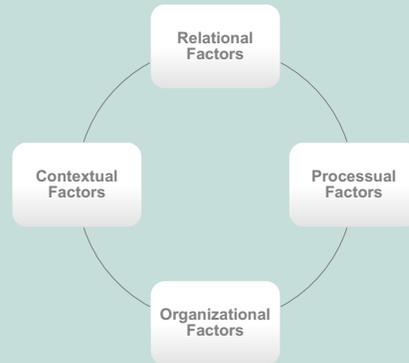
### Data Analysis

- Analyzed transcripts independently
- Content analysis
- Regular team meetings
- Used ATLAS.ti 7 software to record consensus analysis



# Theoretical Framework

- Theoretical framework for interprofessional teamwork developed by Reeves, Lewin, Espin, and Zwarensten (2010).



# Results



## Participant Characteristics

- 19 individual interviews
  - 10 community based; 9 academic
  - 14 females; 5 males
  - 1-39 years of clinical practice
  - 1-8 years working in a PCN



## Facilitators



## Relational Facilitators

### Communication

*"...it's an open communication, clear communication, regular communication...that helps with teamwork." (Participant 10)*

### Understanding Team Members Roles & Responsibilities

*"But over time, I became more familiar with what she knew and then we would conference weekly to discuss our patients and how we managed them. So over time, I became more familiar with her knowledge base and that made me feel more secure in the team relationship." (Participant 2)*



## Process Facilitators

### Co-Location

*"I think having the physical interaction and seeing and being able to go down the hall and talk to them directly and introducing patients to them directly, it's helped me, I think, work with them better because of that physical proximity." (Participant 14)*

### Task Shifting

*"The other thing is realizing that other people can do things just as well as I, as the physician can do, and sometimes actually even better. So it's getting the right person to do the right job at the right time." (Participant 1)*



## Organizational Facilitators

### Policies Management & Strategic Direction

*“Having an active PCN board who are keen on making progress and [are] innovative...is helpful, and great management and support staff at the PCN level is a great facilitator.” (Participant 16)*

### Governance

*“... the PCN nurse is not my employee, she belongs to the PCN. So I don't have authority over her, I didn't hire her, I can't fire her, I don't pay her. So we work in a much more collaborative setting.” (Participant 9)*



## Contextual Facilitators

### Payment Mechanisms

*“...a lot of it is team-based discussion and strategic planning, etc., sometimes you're just reviewing notes, you're not actually seeing people. So that time has to be recognized. So if you're fortunate enough to be in an alternative payment plan, that's good, but...if you're in a fee-for-service environment, it needs some strategic thinking around how to provide reimbursement.” (Participant 18)*



# Barriers



## Relational Barriers

### **Lack of Clearly Defined Roles & Responsibilities**

*“Professional ignorance, by which I mean not knowing what each other can do.” (Participant 16)*

### **Physician Power & Control**

*“...I think that’s a struggle for some physicians because if you’ve always been doing everything you just think that you’re the only one that can do it.” (Participant 1)*



## Process Barriers

### Frequent Staff Turnover

*"I think repeated turnover of staff can definitely hinder it 'cause we went through a period of time where we were turning our staff over quite quickly, and that made things quite tough for a little while."* (Participant 13)

### Scheduling Differences

*"So she's actually only here for, it only overlaps with my hours, a very limited amount and then she's shared by a lot of other people. I haven't at this point depended on her to see people on the same day as my own nurse..."* (Participant 4)



## Organizational Barriers

### Misalignment of Goals

*"...the goals of the PCN are not necessarily the goals of this clinic and I'm sure other clinics might feel that as well. It's difficult to get such a large and desperate group of people all pulling in the same direction."* (Participant 12)



## Contextual Barriers

### Power & Control

*“And physicians are very driven individuals. They tend to be perfectionists. They tend to be a little compulsive and obsessive, and those are hard personalities to be able to give up things, and to give up control.” (Participant 1)*

### No Training

*“In medical school, no formal interprofessional training ... We never had that as a resident, nothing formally...” (Participant 14)*



## Conclusion



## Conclusion

- Moving family physicians toward more integrative and interdependent functioning within the primary care team will require addressing:
  - Facilitators and barriers to teamwork
  - Training in team-based interactions
  - Overcoming a culture of traditional professional roles



## Acknowledgements

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Thank You

