Develop Coalitions – Applying teamwork to develop patient centred coalitions

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BACKGROUND

Coalition
- A group of people or organizations outside of the direct care team that share a common goal and pool their capabilities to achieve that goal.
- Coalitions are built on relationships.

Applying teamwork to coalition building
- Integrated with competency of listening to patient voice.
- Coalitions must be deliberately constructed to ensure all providers involved in patient’s care create a seamless pathway so that quality improvement informs practice.

OBJECTIVES

- To show how the discipline of developing coalitions is key to seamless patient care and quality improvement.
- To outline how important defining roles & responsibilities a creating trust are to an effective coalition.

INTENDED LEARNING OUTCOMES

Beginning - The resident will:
- Develop an awareness of the need to build coalitions to maximize the quality of individual patient care.
- Know the importance of understanding and clarifying roles, responsibilities of various coalition partners.
- Seek to engender and maintain trust in coalitions.
- Demonstrate trust-building factors in classroom activities, on the job, or while interacting with individuals from potential coalitions.

Advanced - The senior resident will demonstrate:
- The knowledge to build coalitions to maximize the quality of population-based patient care.
- The skills to seek out such knowledge; and the ability to utilize it as appropriate for collective patient care.
- The ability to explain and demonstrate factors that engender and maintain trust in patient-centered coalitions.

CASE

Frank is a 38 year old, healthy man who underwent surgery for obstructive sleep apnea; he was discharged the next day. Over the next 3 weeks, Frank visited the ER 4 times and a community clinic once, each time with a high fever spike, general malaise and rigors. The acuity of symptoms had mostly disappeared by the time he arrived at the ER and was seen, each time 4-6 hours after the onset of the symptoms. After 5 such episodes, he was admitted and treated with IV antibiotics.

Questions for discussion:
1. What elements of this case suggest that the coalitions that should exist between providers did not—or if they did, were not working well?
2. What are the appropriate roles/responsibilities of different partners (e.g. surgeon, ER doctor, nurse, staff, patient) in:
   (a) the design of a well-understood patient pathway for recovery;
   (b) when unanticipated consequences are experienced by the patient?
3. What factors would build trust amongst providers and Frank to facilitate better communication, information sharing, and Frank’s confidence in following an appropriate recovery process?

INSTRUCTIONAL METHODS

- Case and situation (i.e., real) based learning
- Interactive workshop
- Self-study—readings, assignments, portfolio
- Online learning—chat groups, online assignments
- On-site learning (e.g., hospital rounds, teaching sessions by staff physicians, and/or peer teaching).
- Program that integrates above methods

ASSESSMENT METHODS

- Emphasis on formative vs summative assessment
- Applied assignments instructor reviewed—think pieces re case; application of content to real scenarios
- Observation—discussion participation; 360; online chats; peer/colleague interactions, Peer assessments—feedback on situations in which resident demonstrates evidence of learning
- Self assessment—reflection on experiences, and plans to improve subsequent situations

TEACHER’S GUIDE

- Beginning and advanced learning outcomes for progression of learning.
- Face-to-face, self study and online methods.
- Teaching at point-of-care is vitally important; can be augmented with small group discussions, didactic sessions and online modules.
- Link teaching to assessment for feedback and to summative assessments in the program.
- Share content re roles and responsibilities for building coalitions and how to build trust.
- Story-telling : examples of coalitions built.
- Description of workshops, activities, and methods to apply and practice knowledge and skills of coalition building in case and real-life scenarios experienced in the clinic/hospital/organization.

OTHER RESOURCES

TEAMWORK AND COALITIONS: REFERENCES

Readings:

Online resources:
• Partnering for patients to make transitions seamless http://hospitalnews.com/partnering-patients-make-transitions/
• Stephen Covey: Leading at the Speed of Trust. https://www.youtube.com/watch?v=cF2IbyUaQ_o

Other resources (available upon request)
• Trust and Accountability in the Organisational Context: A Workshop for Medical Leaders (G. Dickson)

This leadership module on Conflict Management can be accessed at www.sanokondu.ca

More information about TISLEP is available at http://tislep.pgme.utoronto.ca