

Trauma Resuscitation Teams Descriptions of Working Together: Building a Teamwork Model to Improve Safety

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Purpose: One third of health care errors derive from the way providers work together (IOM, 1999) requiring sweeping changes in health care professions education to improve quality and outcomes (IOM, 2003). Yet there is scant research to guide education and preparation for effective teamwork behaviors. The research question in a multiphase project addresses this problem: What are factors that influence the way providers work together on trauma resuscitation teams? These teams were selected as a work intensive interdisciplinary group who come together for a defined purpose and then act quickly.

Method: Using a qualitative descriptive design, trauma resuscitation teams in a large urban teaching hospital with a busy trauma 1 emergency room participated in four focus groups (N=17), comprised of residents (8), attending physicians (1), fellows (3) and nurses (5). A Guided Interview format with a series of open-ended questions elicited descriptions of how providers work together. Participants completed a Demographic Form requesting age, gender, education, certification, and work experience. Tape-recorded interviews were transcribed for qualitative descriptive analysis that began with a thorough reading of the transcripts. Quotations and concepts identified came together into broader themes, with further meaning from “descriptive elements”.

Findings: Two investigators read and re-read the transcripts to comprehend the whole and highlight relevant data bits. Synthesis revealed five patterns emerging from the data, each subsequently related to theoretical formulations of how teams come together: Bringing the team together; Defining the work; Doing the work; Interacting; and Influences on what happens. Further analysis by the research team identified descriptive elements for each theme, verified by a representative group of participants to accurately present the participants’ perspectives. Investigators searched for and considered data to compare and contrast with the established themes to verify inclusion.

Discussion: The way people work together influenced outcomes through hierarchies, system of checks and balances, and complex environmental factors. The findings lead to new theoretical approaches underscoring teamwork as a complementary relationship of interdependence. Lacking consistent descriptions of teams or teamwork, both personal and organizational factors are considerations in evaluating how providers work together and thus influence patient outcomes. Findings are used in phase two of the project to develop an interdisciplinary provider training program patterned after the aviation model of teamwork, a proven approach to behavior change to improve safety.

This study was funded by the Agency for Healthcare Research and Quality

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Findings: Two investigators read and re-read the transcripts to comprehend the whole and highlight relevant data bits. Synthesis revealed three common themes emerging from the data, each subsequently related to theoretical formulations of how teams come together. At the Individual level the theme was described as Provider Characteristics; Group Process was described as Group Influences, and Organizational Influences were expressed as Work Place Factors. Further analysis by the research team identified descriptive elements for each theme, verified by a representative group of participants to accurately present the participants’ perspectives. Investigators searched for and considered data to compare and contrast with the established themes to verify inclusion.

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