

## Strengthening Collaborative Care: Evaluation of a Teamwork Program

**Background:** Effective teamwork is critical to achieve optimal patient outcomes. Complex conditions, increasing co-morbidities, specialisation and scarcity of resources means health professionals need to work effectively in a team to achieve quality, safe patient care.

**The Program:** The Team Management Systems (TMS) program was developed and implemented based on the TMS work profile. The tool provided individual and team feedback on preferences, types of work, and how the combination can be used to enhance performance.

Figure 1. The TMS model.



**Method:** A mixed methods audit study was conducted, and Kirkpatrick's Four Level Evaluation Model was used as a framework to evaluate an interprofessional teamwork program delivered in a large metropolitan hospital.

Figure 2. Kirkpatrick's 4 Level Model of Evaluation.



### Results:

Level 1 (Reaction) - Almost all responders (n=515, 94%) indicated they were satisfied with the program content and outcomes. Five

hundred and eight respondents (93%) found the program excellent or very good, with the remaining 7% (n=38) reporting the program was adequate. Five hundred and thirty-six responders (98%) were satisfied with the materials and resources provided, and five hundred and

forty responders (99%) were satisfied with the facilitation of the program.

Level 2 (Learning) - Significantly more (p = 0.008) clinicians in the cohort who had completed TMS training (within 1-2 years) felt they were working in a high-performing team, compared to those who had no TMS training. Those who had participated in TMS training reported significantly more positive perceptions towards their team dynamics across all domains assessed, compared to the untrained cohort, including: a shared sense of purpose and goals (p=0.002), high level interpersonal skills (p=0.002), trust and respect (p<0.001), valuing diversity (p=0.003), enhanced collaboration (p=0.003), strong leadership (p=0.042) and leadership at all levels (p=0.005).

Level 3 (Behaviour) - Six months post commencement of the program, 73% of participants reported they were actively engaged in and applying TMS, and 69% reported their team was actively engaged in and applying TMS (Table 1). Common themes on how TMS has been applied included pacing with colleagues, allocating activity based on work preferences and using the principles in clinical supervision. Key barriers and facilitators to applying learnings are shown in Table 2.

Table 1. Engagement and application of TMS 6 months post-training.

Behaviour	A lot % (n)	Somewhat % (n)	Little % (n)
Individual engagement & use	39 (35)	34 (30)	27 (24)
Team engagement & application	42 (37)	27 (24)	28 (25)
Contribution to quality, safe care, and improved patient outcomes	18 (16)	45 (40)	37 (33)

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Table 2. Facilitators and barriers to application in a clinical setting.

Facilitators	Barriers
TMS leaders or champions	No team champion
TMS network	Staff changes
TMS online 'Hub' and intranet	Limited cross profession application
Strong leadership support	Trust and respect issues
Allocation of time for follow up	Lack of time for follow up & application
Communication strategies	Not all team members participated

Level 4 (Reaction) - There was perceived impact of the program on patient and organisational outcomes, though this was modest relative to levels 1-3. Sixty-three percent of respondents believed that the TMS program had at least somewhat of a beneficial impact on quality, safe and/or efficient health service provision. However, thirty-three responders (37%) perceived little to no impact to patient care (Table 1).

**Conclusion:** This teamwork program yielded positive impacts on staff satisfaction, knowledge, team dynamics and teamwork behaviours. Perceived impact of the program on patient and organisational outcomes was evident, though less compelling than the changes to knowledge and behaviour. The findings demonstrate the significant value of teamwork initiatives to enhance capability and effectiveness of interprofessional healthcare teams.

It is critical for our patients that we influence our leaders within and outside allied health to understand, value and implement interprofessional team development programs and cultivate essential teamwork knowledge, skills and behaviours. More research is required on the impact of interprofessional teamwork programs on patients and the organisation.