

Interprofessional Collaboration between Residents and Nurses on a Simulated General Internal Medicine Ward: Behaviors Enhancing Teamwork Quality

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INTRODUCTION: Studies have shown that effective teamwork is necessary for optimal patient care. However, there is insufficient understanding of interactions between physicians and nurses on Internal Medicine wards as compared to intensive-care or reanimation settings. The aim of our study was to describe residents' and nurses' behaviors that contribute to teamwork quality.

METHODOLOGY: A volunteer sample of 14 residents and 14 nurses was recruited from the General Internal Medicine Division at the University Hospitals of Geneva, Switzerland. Resident-nurse pairs were asked to manage one non-urgent and one urgent clinical case in a simulated Internal Medicine ward, using a high-fidelity mannequin. After the simulation, participants attended a stimulated-recall session during which they viewed the videotape of the simulation and explained their actions and perceptions.

All simulations were transcribed, coded, and analyzed, using a qualitative method (template analysis). During previous interviews with the study participants, we identified behaviors important to observe during the simulations, which then constituted the basis for our codebook, as well as items of published scales. A team of 3 researchers (consisting of an educationalist, a physician, and alternately one of the following: nurse, anthropologist, sociologist, or medical education specialist) first coded the videos independently and then compared and discussed coding differences until consensus was reached. Overall quality of teamwork during the simulations was scored based on patient management efficiency, shared management goals, and the general tone or atmosphere of the interaction.

RESULTS: Analyses were ongoing at the time of the abstract submission. Preliminary results suggest that, more than individual performance, the ability of the pair members to compensate for each other's weaknesses (such as lack of experience or autonomy) was associated with enhanced teamwork quality. Individual decision-making without dialogue, coordination, and communication was associated with diminished teamwork quality. The clinical case (urgent versus non-urgent) also seemed to influence participants' teamwork behaviors.

CONCLUSION: Certain behaviors, similar to those observed in multimember reanimation teams, appear to enhance resident-nurse pair teamwork and may also compensate for some individual weaknesses. Such behaviors should be addressed in interprofessional training at the pre- and post-graduate levels.