Index

Abstracted empiricism, 78
Academic Health Council, 187
Accreditation, 99, 102
Accreditation Council for Graduate Medical Education, 31
Action research, 97, 175
Activity theory, 84–5
American Interprofessional Health Collaborative (AIHC), 33, 185
American Physical Therapy Association, 31
Appreciative inquiry, xiv, 104
Asynchronous communication, xiv, 34, 63, 68
Audit Commission, 11
Australasian Interprofessional Practice and Education Network (AIPFN), 33, 185
Benchmark statements. See Interprofessional education
Canadian Health Services Research Foundation, 2
Canadian Interprofessional Health Collaborative (CIHC), 33, 185
Care mapping, 68
Case management, xiv, 46, 97
Centre for the Advancement of Interprofessional Education (CAIPE), 33, 186
Chronic illness, 27–8
Collaboration, xiv. See also Interprofessional typology
Collaborative patient-centred care/practice, xiv, 26–7
Community mental health teams, 64, 75
Competency frameworks. See Interprofessional education
Complexity of clinical work, 69
Computer conferencing, xiv, 68
Consumerism, 29
Continuous quality improvement (CQI), xiv, 54, 102.
See also Quality improvement initiatives
Crew resource management (CRM), xiv, 52–3, 96
Cultural issues, 72–4
Danish Medical Association, 31
Demographic shifts, 27–8
Department of Health (UK), 31
Department of Health and Human Services (US), 30
Descriptive studies, 112–13
Direct teamwork intervention, xiv, 93, 96, 100, 102
Discourse theory, 79, 88–9. See also Power
Diversity in teams, 74
Division of labour, 60
Economics
Costs and effect, 75
Economic rewards, 76
Rising costs of health care, 29–30
Education. See Interprofessional education
Emotional labour, 63
Epistemology, xv, 79, 119
Ethnography, xv, 174
European Interprofessional Education Network, 186
Evaluation, xv
Considerations, 105–7
Critical appraisal tools, 180–81
Critical approach to evaluation, 106
Designing teamwork evaluations, 172–9
Dissemination, 176
Ethics, 177–8
Evaluative tools, 182–4
Formative, xv, 108–9
Future directions, 142–3
Mixed methods, xvi, 118–20, 142, 175
Models, 172–3
Nature of, 107–8
Need for, 107
Participation in, 117–8
Planning checklist, 178–9
Practicalities, 176–7
Purpose of, 108–9
Qualitative approaches, 115–18, 174–5
Quantitative approaches, 112–14, 173–4
Summative, xvii, 109
Synthesizing evaluation studies, 121–36
Targets, 110
Type of evidence, 110–12
Use of theory, 117
Expert patient programmes, xv, 29
Family health teams, 14–15
Formative evaluation. See Evaluation
Framework for interprofessional teamwork, 4, 8, 57–8, 79, 102
Contextual factors, 4, 57–8, 72–6, 141
Organisational factors, 4, 57–8, 70–72, 141
Processual factors, 4, 57–8, 66–70, 141
Relational factors, 4, 57–65, 141
Gender, 50, 74–5
General medicine teams, 85, 101, 126–32
Geriatric Interdisciplinary Team Training Program (GITT), 187
Grand theory, 78–9, 90
Groupthink, 64

Hawthorne effect. See Reactivity
Health Canada, 14, 27, 31
Hegemony, 59. See also Power
Hierarchy, 60–61
HIV teams, 16

Iatrogenic disease, 25
Impression management theory, 82–4
Indirect teamwork interventions, xv, 93, 96, 98, 102
Information technology, 33–4, 68
Institute for Healthcare Improvement (IHI), 18, 33, 54, 186
Institute of Medicine, 25, 30
Institutional influence theory, 79, 85–6
Integrated care pathways, xv, 96–7
Interactionism, xv, 79, 82–4
Interprofessional collaboration. See Interprofessional typology
Interprofessional coordination. See Interprofessional typology
Interprofessional education, xvi, 35–6, 82, 93–4
Benchmark statements, xiv, 36
Competency frameworks, 36
Simulation, 94
Team building, 65, 93
Team retreats, 94
Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP), 14, 27
Interprofessional networks. See Interprofessional typology
Interprofessional teamwork, xvi
Arguments for, 1–2
Champions, 33, 134
Conceptual issues, 3–4
Contingency approach, 4, 7, 43–8, 138, 142
Descriptions, 39–41
Emergence, 12–18
Funding for, 31–2
Historical accounts, 15–17
Key dimensions, 10–11
Online resources, 185–8
Professional experiences, 19–22
Support for, 11–12
Team performance factors, 48–51
Team tasks, 40–2
Underlying assumptions, 5–6
Interprofessional teamwork interventions, xvi
Classification, 91–2
Contextual interventions, 100, 102
Design issues, 136, 141
Developing and piloting, 115
Implementation factors, 133–4
Intervention activities, 168–71
Intervention planning tools, 165–8
Limitations, 103–4
Multifaceted interventions, xvi, 100–102
Organisational interventions, 98–100, 102
Processual interventions, 96–8, 102
Relational interventions, 93–6, 102

Use of theory, 103
Interprofessional typology, 44, 141–2
Adaptive teamwork, 47, 138, 142
Collaboration, xiv, 45–6, 124
Comparing typologies, 48
Coordination, 45–6
Networking, 46–7
Teamwork, 45, 124
Intervention studies, 113
Intraprofessional, xvi, 126

Joint Commission for Accreditation of Healthcare, 54
Journal of Interprofessional Care, 187
Kaiser Permanente, 18
Knotworking, 67, 85
Lay participation, 29, 35
Leadership. See Team roles
Litigation, fear of, 72
London Deanery, 188
Long-term care teams, 59, 81
Loss and change theory, 80–81
Magical thinking, 103–4
Magnet Hospital Initiative, 18, 99
Media coverage, 28–9
Medical Home Model, 18
Medical Research Council, 165–6
Meta-ethnography, xvi, 125
Key findings, interprofessional interaction, 125–32
Micro theory, 78–9
Mid-range theory, 78–9
Mind mapping, 171
Mixed methods. See Evaluation
National Health Service (NHS), 15–16
National Health Service Management Executive, 12
National Institute of Health Research (NIHR), 32
Negotiated order theory, 82–3
Nordic Interprofessional Network (NIPNET), 186
NorthStar, 167
Nurse practitioners. See Professional roles
Nursing and Midwifery Council, 26, 31
Operating room teams, 26, 95, 115
Organisational support for teams, 71
Palliative care teams, 61
Paradigms, xvi, 118–19
Patient-centred care, xvi, 25–6
Medical homes, 18
Patient participation. See also Lay participation
In evaluation studies, 117
Patient Safety Network (PSNet), 186
Patient safety
Conflict and error, 25
Patient safety agencies, 25
Perceptions of error, 25–6
Patriarchy, xvi, 74–5
Physician assistants. See Professional roles
## Index

<table>
<thead>
<tr>
<th>Political will, 75</th>
<th>Team composition, 61–2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positivism, xvii, 118</td>
<td>Team processes</td>
</tr>
<tr>
<td>Power</td>
<td>Communication, 63</td>
</tr>
<tr>
<td>Professional, 59–60, 88–9</td>
<td>Conflict, 64</td>
</tr>
<tr>
<td>Professions-management, 71</td>
<td>Humour, 64</td>
</tr>
<tr>
<td>Resistance, 60</td>
<td>Individual willingness, 65</td>
</tr>
<tr>
<td>Primary care teams, 34, 66, 70, 89, 98</td>
<td>Teambuilding. See Interprofessional education</td>
</tr>
<tr>
<td>Professional associations, 31, 71</td>
<td>Team emotions, 63</td>
</tr>
<tr>
<td>Professional identity, 61</td>
<td>Team stability, 65</td>
</tr>
<tr>
<td>Professional roles</td>
<td>Trust and respect, 63–4</td>
</tr>
<tr>
<td>Evolution, 35</td>
<td>Team reflexivity. See Reflexivity</td>
</tr>
<tr>
<td>Nurse practitioners, 30, 70, 98</td>
<td>Team roles, 62</td>
</tr>
<tr>
<td>Physician assistants, 30, 35, 70</td>
<td>Teamwork activities/experiences</td>
</tr>
<tr>
<td>Role/task shifting, 69–70, 98, 102</td>
<td>Australia, 12–13, 19, 21</td>
</tr>
<tr>
<td>Specialisation, 35</td>
<td>Brazil, 13–14</td>
</tr>
<tr>
<td>Working regulations, 35</td>
<td>Canada, 13–15, 19, 21, 27, 36–7, 123–4, 126, 139–40</td>
</tr>
<tr>
<td>Professional socialisation, 61, 82</td>
<td>Norway, 19, 21</td>
</tr>
<tr>
<td>Professionalisation theory, xvii, 86–8</td>
<td>South Africa, 14–16, 20–2, 121–2, 124, 126</td>
</tr>
<tr>
<td>Public inquiries, 28–9</td>
<td>United Kingdom, 15–17, 20, 22, 32, 37, 122–4, 126, 140</td>
</tr>
<tr>
<td>Quality of care issues, 24–5</td>
<td>United States, 16–18, 20, 22, 34, 37, 140</td>
</tr>
<tr>
<td>Quality improvement initiatives, xvii, 54–5, 99, 102</td>
<td>Reorganising the delivery of care, 99–100</td>
</tr>
<tr>
<td>Qualitative methods. See Evaluation</td>
<td>Resistance. See Power</td>
</tr>
<tr>
<td>Quantitative methods. See Evaluation</td>
<td>Reviews, xvii</td>
</tr>
<tr>
<td>Randomised trials, xvii, 113, 173</td>
<td>Scoping review, xvii, 91–2</td>
</tr>
<tr>
<td>Reactivity, 176</td>
<td>Systematic review, xvii, 30</td>
</tr>
<tr>
<td>Realistic conflict theory, 81–2</td>
<td>Role shifting. See Professional roles</td>
</tr>
<tr>
<td>Reflexivity, xvii, 5–6, 65, 139, 170</td>
<td>Routines and rituals, 67</td>
</tr>
<tr>
<td>Registered Nurses Association of Ontario, 34</td>
<td>Royal College of Nursing, 31</td>
</tr>
<tr>
<td>Reorganising the delivery of care, 99–100</td>
<td>Royal College of Physicians and Surgeons of Canada, 36</td>
</tr>
<tr>
<td>Resistance. See Power</td>
<td>Rural care, 30</td>
</tr>
<tr>
<td>Reviews, xvii</td>
<td>Rural mental health teams, 13</td>
</tr>
<tr>
<td>Scoping review, xvii, 91–2</td>
<td>SBAR (Situation-Background-Assessment-Recommendation), 95, 169–70</td>
</tr>
<tr>
<td>Systematic review, xvii, 30</td>
<td>Social defence theory, 80</td>
</tr>
<tr>
<td>Role shifting. See Professional roles</td>
<td>Social identity theory, 81–2</td>
</tr>
<tr>
<td>Routines and rituals, 67</td>
<td>Socialisation. See Professional socialisation</td>
</tr>
<tr>
<td>Royal College of Nursing, 31</td>
<td>Sports teams, 35–6, 87</td>
</tr>
<tr>
<td>Royal College of Physicians and Surgeons of Canada, 36</td>
<td>Stereotypes, 61, 82</td>
</tr>
<tr>
<td>Rural care, 30</td>
<td>Stroke teams, 32</td>
</tr>
<tr>
<td>Rural mental health teams, 13</td>
<td>Summative evaluation. See Evaluation</td>
</tr>
<tr>
<td>SBAR (Situation-Background-Assessment-Recommendation), 95, 169–70</td>
<td>SUPPORT tools, 166–7</td>
</tr>
<tr>
<td>Social defence theory, 80</td>
<td>Surveillance theory, 79, 88–9</td>
</tr>
<tr>
<td>Social identity theory, 81–2</td>
<td>Synchronous communication, xvii, 33–4, 63, 68</td>
</tr>
<tr>
<td>Socialisation. See Professional socialisation</td>
<td>Task shifting. See Professional roles</td>
</tr>
<tr>
<td>Sports teams, 35–6, 87</td>
<td>Team checklists, 95</td>
</tr>
<tr>
<td>Stereotypes, 61, 82</td>
<td>Unions, 71–2</td>
</tr>
<tr>
<td>Stroke teams, 32</td>
<td>Uniprofessional. See Intraprofessional</td>
</tr>
<tr>
<td>Summative evaluation. See Evaluation</td>
<td>Unpredictability in teams, 68–9</td>
</tr>
<tr>
<td>SUPPORT tools, 166–7</td>
<td>Urgency of clinical work, 69</td>
</tr>
<tr>
<td>Surveillance theory, 79, 88–9</td>
<td>Validity, 113–14</td>
</tr>
<tr>
<td>Synchronous communication, xvii, 33–4, 63, 68</td>
<td>Veterans Administration (VA), 17–18</td>
</tr>
<tr>
<td>Task shifting. See Professional roles</td>
<td>Videoconferencing, xviii, 33–4</td>
</tr>
<tr>
<td>Team checklists, 95</td>
<td>Wikipedia, xviii, 29</td>
</tr>
<tr>
<td>World Health Organization, 25</td>
<td>W.K. Kellogg Foundation, 17, 100</td>
</tr>
<tr>
<td>Work-group mentality theory, 80</td>
<td></td>
</tr>
</tbody>
</table>