

ONE

The Intersection of Teams, Partnerships, and Leadership in Nursing and Health Care

Talent wins games, but teamwork and intelligence win championships.
—Michael Jordan

LEARNING OBJECTIVES

1. Define “team” in the context of nursing and health care.
2. Discuss the importance of partnerships in modern health care.
3. Analyze the impact of teams and partnerships in health care today.
4. Identify how nursing education at a variety of levels prepares nurses with teamwork competencies.
5. Illustrate the importance of team competencies to interprofessional practice.

How many of us have been a member of a team? Think back over the course of your life and your professional career, and you will likely identify multiple team memberships—teams for school projects, sports teams, care teams, special project teams, and administrative or leadership teams will probably be a part of your list. How many of us have been members of a partnership? Again, think about your personal and professional life. Perhaps your list will include a significant relationship, a marriage, a partnership across departments, or across organizations. But what do all of these teams and partnerships have in common? This book will provide you with an understanding of the common features of teams and partnerships, and is designed to help you develop the competencies needed to intentionally create and lead

effective teams and partnerships. The book is based on the belief that skills in teaming and partnering are translatable to any health care situation, and if these skills are mastered, more effective teams and partnerships, regardless of their purpose, will result. Throughout the book, you will find case examples from a variety of nursing and health care situations that will illustrate the competencies. These case studies are drawn from direct care environments such as hospitals, long-term care and public health, education settings, management and administrative environments, and even public policy. Through these case studies, you will see competencies in action, providing you with a context for application of team and partnering skills in your environment.

WHAT IS A TEAM IN NURSING AND HEALTH CARE?

Although the nursing and health care literature is replete with praise for teamwork, many experts have faulted research in the area of teamwork because of a lack of a common definition of the concepts of *team* and *teamwork*. A simple definition of *team* found in the *Merriam-Webster Dictionary* (2011) is “a number of persons associated together in work or activity.” Katzenbach and Smith (1993) have posited that a team is “a small number of people with complementary skills, committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable” (p. 45). Mickan (2005) agrees, calling a team “a small manageable number of members with the appropriate mix of expertise, who are committed to a meaningful purpose for which they are collectively responsible” (p. 211). Using these definitions, teams could be characterized as having some common traits:

- Small group of members
- Complementary skills, mixed expertise
- Agreed-upon purpose for existence as a team
- Collective accountability and responsibility

Teamwork, or the work of teams, is seen in modern health care as an important facilitator of positive outcomes. How does teamwork relate to the commonly defined traits of teams? The *Merriam-Webster Dictionary* (2011) defines *teamwork* as “work done by several associates with each doing a part but all subordinating personal prominence to the efficiency of the whole.” This definition provides some insight into the actions that may lead to collective accountability and

responsibility, specifically the importance of the success of the team over the importance of any one individual team member's status. But what else is necessary for a team to be successful in its work? After an analysis of the concept of teamwork in health care, Xyrichis and Ream (2008) proposed that teamwork be defined as a "dynamic process involving two or more health care professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning or evaluating patient care. This is accomplished through interdependent collaboration, open communication and shared decision-making, and generates value-added patient, organizational, and staff outcomes" (p. 238). This definition provides us with insights into the necessary actions of a team in order to affect positive outcomes. So, we could add the following actions involved in a team's work to our list of common team traits:

- Interdependence
- Collaboration
- Open and frank communication
- Shared decision making

WHAT IS A PARTNERSHIP IN NURSING AND HEALTH CARE?

A term closely related to *team* and *teamwork* is *partnership*. The Institute of Medicine (IOM), in the 2010 report *The Future of Nursing: Leading Change, Advancing Health*, has called for new partnerships to ensure that we have enough nurses and nurses with the right skills and competencies to care for society in the future (pp. 250–251). The *Oxford Dictionary* (2011) defines *partnership* within the context of acting as a partner, which is defined as "a person who takes part in an undertaking with another or others, especially in a business or firm with shared risks and profits." Similar then to teaming, partnerships imply shared responsibilities and accountability. Perhaps a more fitting definition of partnerships for health care is one proposed by the World Health Organization, which defines a partnership as "a collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical" (WHO, 2009, p. 2). Many times partnerships are considered to be inter-organizational, as opposed to teams, which are typically considered

to be intraorganizational. However, these rules do not always hold, and teams and partnerships are more likely defined by their common characteristics and context as opposed to their locations and members.

Just as teams have common characteristics and traits, so do partnerships. Successful partnerships require specific skills and strategies. The common traits found in the definitions of partnership presented here include:

- Collaboration
- Trust
- Equality
- Mutual understanding
- A stated goal
- Shared accountability

Although there are many additional definitions of teams, teamwork, and partnership in the literature, the definitions presented in this chapter provide us with the common traits of teams and partnerships that will serve as a framework for discussions later in this book about building teams, strategies for team success, working as a team within organizations, facilitating change, the evaluation of team outcomes, and finally, special considerations for building partnerships in health care.

HOW DO TEAMS AND PARTNERSHIPS IMPACT 21ST-CENTURY HEALTH CARE?

Now that we have a shared understanding of teams and partnerships, the question remains, why are teams and partnerships so important in 21st-century health care? Multiple reports, articles, and books have been written about the impact of teams and partnerships in health care over the last two decades. Teams in health care have been credited with positive impacts on the safety and quality of care, job satisfaction and decreased burnout and turnover, and organizational success.

Safety and Quality of Care

Organizations such as the IOM (1999), the Agency for HealthCare Quality and Research (AHRQ), The Joint Commission, and the Centers for Medicaid and Medicare Services (CMS) have advocated for the use of teams in health care as a method to improve patient safety and

quality of care. In relation to patient safety, fewer errors occur when teamwork is strong because processes are planned and standardized. Members know their responsibilities as well as the responsibilities of their teammates. Team members are aware of the actions of their teammates, and notice errors before they occur. Effective team members trust others' judgment, have mutual respect, and pay attention to one another's safety concerns (IOM, 1999). A Cochrane systematic review of the benefits of teamwork in 2007 found that practice-based interprofessional team interventions improve health care delivery and outcomes, but the small number of studies, small sample size, and challenges in measuring collaboration make it difficult to generalize about the elements of teamwork that were responsible for these positive effects (Zwarenstein, Goldman, & Reeves, 2009). A review of the literature on the benefits of team approaches from 1985 through 2004 found that the diversity of clinical expertise involved in team decision making may account for improvements in patient care and organizational effectiveness, while collaboration, conflict resolution, participation, and cohesion may enhance team member satisfaction and perceptions of team effectiveness (Lemieux-Charles & McGuire, 2006). Specific safety and quality outcomes that have been documented to be impacted by teamwork include mortality rates (Langhorne, Williams, Gilchrist, & Howie, 1993), operative complications and death (Mazzocco et al., 2009), and patient satisfaction (Meterko, Mohr, & Young, 2004). Higher teamwork scores have been associated with higher levels of nurse assessed quality of care, perceived quality improvement over the last year, and confidence that patients could manage their care when discharged (Rafferty, Ball, & Aiken, 2001). Specifically, team care in a wide variety of clinical settings has been associated with the following outcomes: decreased length of hospital stay (Barker et al., 1985); increased functional capacity in older adults, improved mental status, decreased falls, improved self-perceived health and life satisfaction, and reduced hospital readmission rates in community-dwelling elders (Johannson, Eklund, & Gosman-Hedstro, 2010); fewer nursing home admissions following hospitalization (Zimmer, Groth-Junker, & McClusker, 1985); decreased mortality 1 year after discharge (Langhorne et al., 1993); decreased prescribing of psychotropic drugs among nursing home residents in Sweden (Schmidt, Claesson, Westerholm, Nilsson, & Svarstad, 1998); an increase in maternal transfusions attributed to more rapid identification of hemorrhage (Contratti, Ng, & Deeb, 2012); and decreased overall health care costs (Williams, Williams,

Zimmer, Hall, & Podgorski, 1987). A British report revealed that a lack of communication and teamwork within the obstetric and midwifery teams and in multidisciplinary teamwork contributed to substandard care resulting in over half of the maternal deaths they examined in a 2-year period (Lewis & Drife, 2004). A supportive practice environment, which includes many markers of effective teamwork such as effective participation by nurses in hospital affairs teams and collegial nurse–physician relationships, has been documented to positively correlate with nurse’s error-interception practices, resulting in fewer medication errors (Flynn, Liang, Dickson, Xie, & Suh, 2012).

Job Turnover, Burnout, and Retention

Nurses have long recognized the satisfaction that comes from working with an effective team. Teams have been documented to promote job satisfaction for team members (Gage, 1998). But teamwork has even greater impact on nurses’ lives than mere satisfaction. In a study by Rafferty et al. (2001), nurses in England with higher teamwork scores were not only significantly more likely to be satisfied with their jobs, but they planned to stay in those jobs, and had lower burnout scores. Nurses with higher teamwork scores also exhibited higher levels of autonomy and were more involved in decision making. An intervention to increase teamwork in an acute care hospital by Kalisch, Curley, and Stefanov (2007) resulted in lower staff turnover and vacancy rates. In a study of nurses intent on leaving their current positions, Larrabee and colleagues (2003) found that the major predictor of intent to leave was job dissatisfaction, and the major predictor of job satisfaction was psychological empowerment. Predictors of psychological empowerment identified in this study included, among others, the essential teamwork characteristics of nurse/physician collaboration and group cohesion. As a nursing workforce crisis continues in the United States, nurse leaders are increasingly looking to teams and teamwork to improve nurse job satisfaction and retention.

Organizational Success

Organizational outcomes are increasingly dependent upon teams and teamwork. High-reliability organizations, like those in health care as well as other industries like aviation and the military, rely on finely tuned teams for organizational success. Organizations that

are “hypercomplex, tightly coupled (i.e. task interdependence), hierarchical, time compressed, and rely upon synchronized outcomes” (Baker, Day, & Salas, 2006, p. 1590) are especially dependent upon teamwork. It has long been recognized in other industries that teamwork, and in fact the tenure of the team relationship, has an impact on organizational outcomes such as strategy and performance, which exceeds industry performance (Finkelstein & Hambrick, 1990). Other researchers have shown that top management teams have significant impact on other organizational outcomes, such as strategic change (Cho & Hambrick, 2006; Wiersema & Bantel, 1992) and innovation (Bantel & Jackson, 1989; Elenkov, Judge, & Wright, 2005; Smith & Tushman, 2005). However, it is increasingly evident that teams across the organization are as important as management teams to organizational success. In a multi-industry survey conducted by the Center for Creative Leadership, 91% of respondents identified teams as a key ingredient to organizational success (Center for Creative Leadership, 2007). Collaborative nurse practitioner and physician hospitalist teams have been documented to decrease length of stay and costs and increase hospital profits with readmission and mortality rates similar to traditional care models (Cowan et al., 2006; Ettner et al., 2006). Partnerships linking teams of nurses and finance department members in one university hospital significantly improved organizational outcomes, including managing growth and budget variances, and improving interpreter services for the organization (Esposito-Herr, Persinger, Regier, & Hunt, 2009).

HOW WILL NURSES AND OTHER HEALTH CARE PROVIDERS LEARN TO WORK IN 21ST-CENTURY TEAMS?

Organizations such as the IOM have called for teamwork training. Accrediting bodies like the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, now referred to as The Joint Commission) and others require teamwork competencies to realize patient care quality and safety goals. Just as multiple organizations have advocated for the use of teams to improve care processes, academic organizations have begun to recognize the need for the integration of teamwork competencies into entry-level and continuing-education efforts. Teamwork competencies and education standards are now commonplace for education-accrediting bodies.

In nursing education, teamwork competencies are now included across all levels of nursing education accreditation standards. The

National League for Nursing (NLN) includes teamwork as an integrating concept for nursing curricula for graduates of nursing programs at all levels, from practical nursing through the doctorate (NLN, 2010) (Figure 1.1).

The American Association of Colleges of Nursing (AACN), in their *The Essentials for Master's Education in Nursing* series, outline the necessary curriculum content and expected competencies of graduates from baccalaureate, master's, and Doctor of Nursing Practice programs. At each level of education, teamwork is specifically noted as an essential curricular component. For instance, at the baccalaureate level, "leadership skills are needed that emphasize ethical and critical decision making, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration within inter-professional teams, care coordination, delegation, and developing conflict resolution strategies" are key competencies for graduates (Essentials of Baccalaureate Education, 2008, p. 13). Specific to teamwork, the AACN believes that baccalaureate graduates are prepared to "apply leadership concepts, skills, and decision making in the provision of high quality nursing care, health care team coordination, and the oversight and accountability



FIGURE 1.1 NLN education competencies model.

Source: Reprinted with permission of National League for Nursing (2010).

for care delivery in a variety of settings” and to “demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the inter-professional team” (p. 14). Education experiences should develop these competencies in baccalaureate graduates and might include content and clinical experiences to build “teamwork skills, including effective teams/characteristics, application to patient care teams, team process, conflict resolution, delegation, supervision, and collaboration” (p. 15). The AACN advocates for building knowledge regarding teamwork at the graduate level of nursing education. *The Essentials for Master’s Education in Nursing* (2011) holds that master’s graduates must be “able to demonstrate leadership by initiating and maintaining effective working relationships using mutually respectful communication and collaboration within inter-professional teams, demonstrating skills in care coordination, delegation, and initiating conflict resolution strategies” (p. 11). Again, specific to teamwork, the AACN believes that MSN degree programs should prepare graduates who are qualified to “apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, health care team coordination, and the oversight and accountability for care delivery and outcomes” and “assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills” (p. 12). Education experiences should prepare graduates with these competencies, and may include content regarding “teams and teamwork, including team leadership, building effective teams, and nurturing teams” (p. 13). Finally, at the clinical doctorate level, the AACN *Essentials of Doctoral Education for Advanced Practice Nursing* (2006) holds that the Doctor of Nursing Practice (DNP) graduate has “advanced preparation in the inter-professional dimension of health care that enables them to facilitate collaborative team functioning and overcome impediments to inter-professional practice ... and DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing inter-professional teams, participating in the work of the team, and assuming leadership of the team when appropriate” (p. 14). Education programs should prepare DNP graduates to “lead inter-professional teams in the analysis of complex practice and organizational issues” and “employ consultative and leadership skills

with intra-professional and inter-professional teams to create change in health care and complex health care delivery systems” (p. 15).

The Quality and Safety Education for Nurses (QSEN) initiative, funded by the Robert Wood Johnson Foundation, is a national initiative to transform nursing education to integrate quality and safety competencies. QSEN clearly emphasizes the need for teamwork and collaboration as a quality and safety imperative for nursing education at the pre-licensure and advanced nursing practice levels. Integral knowledge, skills, and attitudes for teamwork and collaboration have been developed, and are now being adopted into a variety of nursing programs (QSEN, 2012). The KSAs (knowledge, skills, and attitudes) for pre-licensure programs are shown in [Table 1.1](#), and for Advanced Nursing Practice in [Table 1.2](#). For more information on the QSEN initiative, including competencies, teaching strategies, and additional resources, please visit their website at www.qsen.org.

Most recently, in May of 2011, the Interprofessional Education Collaboration (IPEC) released a report of an expert panel, convened to determine core competencies for interprofessional collaborative practice (Interprofessional Education Collaborative Expert Panel, 2011). The IPEC is sponsored by associations that lead health professions education in the United States, including the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools of Public Health. The Expert Panel’s report titled “Core Competencies for Interprofessional Collaborative Practice” (2011) concluded that there were four essential domains of competencies for interprofessional practice. These include Competency Domain 1: Values/Ethics for Interprofessional Practice; Competency Domain 2: Roles/Responsibilities; Competency Domain 3: Interprofessional Communication; and Competency Domain 4: Teams and Teamwork. Through a consensus process, the expert panel determined 11 essential competencies to support effective teams. The general competency statement for the domain of teams and teamwork is that all health care providers should be able to “apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable” (IPEC, 2011,

TABLE 1.1
Teamwork and Collaboration Knowledge, Skills,
and Attitudes for Pre-Licensure Education

KNOWLEDGE	SKILLS	ATTITUDES
Describe own strengths, limitations, and values in functioning as a member of a team	Demonstrate awareness of own strengths and limitations as a team member Initiate plan for self-development as a team member Act with integrity, consistency, and respect for differing views	
Describe scopes of practice and roles of all health care team members	Function competently within own scope of practice as a member of the health care team	Value the perspectives and expertise of all health team members
Describe strategies for identifying and managing overlaps in team member roles and accountabilities	Assume role of team member or leader based on the situation Initiate requests for help when appropriate to situation	Respect the centrality of the patient/family as core members of any health care team
Recognize contributions of other individuals and groups in helping patient/family achieve health goals	Clarify roles and accountabilities under conditions of potential overlap in team member functioning Integrate the contributions of others who play a role in helping patients and families achieve health goals	Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities
Analyze differences in communication style preferences among patients and families, nurses, and other members of the health care team	Communicate with team members, adapting own style of communicating to needs of the team and situation Demonstrate commitment to team goals	Value teamwork and the relationships upon which it is based

(continued)

TABLE 1.1
Teamwork and Collaboration Knowledge, Skills, and
Attitudes for Pre-Licensure Education *(continued)*

KNOWLEDGE	SKILLS	ATTITUDES
Describe impact of own communication style on others	Solicit input from other team members to improve individual, as well as team, performance	Value different styles of communication used by patients, families, and health care providers
Discuss effective strategies for communicating and resolving conflict	Initiate actions to resolve conflict	Contribute to resolution of conflict and disagreement
Describe examples of the impact of team functioning on safety and quality of care	Follow communication practices that minimize risks associated with handoffs among providers and across transitions of care	Appreciate the risks associated with handoffs among providers and across transitions of care
Explain authority gradients and their influence on teamwork and patient safety	Follow communication styles that diminish the risks associated with authority gradients among team members Assert own position/ perspective and supporting evidence in discussions about patient care	
Identify system barriers and facilitators of effective team functioning	Participate in designing systems that support effective teamwork	Value the influence of system solutions in achieving team functioning
Examine strategies for improving systems to support team functioning		

Note: Definition of teamwork and collaboration competency: Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.

Source: Reprinted from Cronenwett et al. (2007), with permission from Elsevier.

TABLE 1.2
Teamwork and Collaboration Knowledge, Skills, and
Attitudes for Advanced Practice Nursing Education

KNOWLEDGE	SKILLS	ATTITUDES
Analyze own strengths, limitations, and values as a member of the team	Demonstrate awareness of own strengths and limitations as a team member	Acknowledge own contributions to effective or ineffective team functioning
Analyze impact of own advanced practice role and its contributions to team functioning	Continuously plan for improvement in use of self in effective team development and functioning	
Describe scopes of practice and roles of all health care team members	Act with integrity, consistency, and respect for differing views Function competently within own scope of practice as a member of the health care team	Respect the unique attributes that members bring to a team, including variation in professional orientations, competencies, and accountabilities
Analyze strategies for identifying and managing overlaps in team member roles and accountabilities	Assume role of team member or leader based on the situation Guide the team in managing areas of overlap in team member functioning Solicit input from other team members to improve individual, as well as team, performance Empower contributions of others who play a role in helping patients and families achieve health goals	Respect the centrality of the patient/family as core members of any health care team
Analyze strategies that influence the ability to initiate and sustain effective partnerships with members of nursing and inter-professional teams	Initiate and sustain effective health care teams	Appreciate importance of interprofessional collaboration

(continued)

TABLE 1.2
Teamwork and Collaboration Knowledge, Skills, and Attitudes
for Advanced Practice Nursing Education *(continued)*

KNOWLEDGE	SKILLS	ATTITUDES
Analyze impact of cultural diversity on team functioning	Communicate with team members, adapting own style of communicating to needs of the team and situation	Value collaboration with nurses and other members of the nursing team
Analyze differences in communication style preferences among patients and families, advanced practice nurses, and other members of the health care team	Communicate respect for team member competence in communication	Value different styles of communication
Describe impact of own communication style on others	Initiate actions to resolve conflict	
Describe examples of the impact of team functioning on safety and quality of care	Follow communication practices that minimize risks associated with handoffs among providers and across transitions of care	Appreciate the risks associated with handoffs among providers and across transitions of care
Analyze authority gradients and their influence on teamwork and patient safety	Choose communication styles that diminish the risks associated with authority gradients among team members Assert own position/perspective and supporting evidence in discussions about patient care	Value the solutions obtained through systematic, inter-professional collaborative efforts
Identify system barriers and facilitators of effective team functioning	Lead or participate in the design and implementation of systems that support effective teamwork	Value the influence of system solutions in achieving team functioning

(continued)

TABLE 1.2
Teamwork and Collaboration Knowledge, Skills, and Attitudes
for Advanced Practice Nursing Education *(continued)*

KNOWLEDGE	SKILLS	ATTITUDES
Examine strategies for improving systems to support team functioning	Engage in state and national policy initiatives aimed at improving teamwork and collaboration	

Note: Definition of teamwork and collaboration competency: Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.

Source: Reprinted from Cronenwett et al. (2009), with permission from Elsevier.

p. 25). Specific *Team and Teamwork (TT) Competencies* outlined in the report include:

- TT1. Describe the process of team development and the roles and practices of effective teams.
- TT2. Develop consensus on the ethical principles to guide all aspects of patient care and teamwork.
- TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem solving.
- TT4. Integrate the knowledge and experience of other professions—appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/preferences for care.
- TT5. Apply leadership practices that support collaborative practice and team effectiveness.
- TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health care professionals and with patients and families.
- TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
- TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.

TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.

TT10. Use available evidence to inform effective teamwork and team-based practices.

TT11. Perform effectively on teams and in different team roles in a variety of settings. (IPEC, 2011, p. 25)

Source: Reprinted with permission of Association of American Medical Colleges (2011).

These teamwork competencies, along with the other interprofessional competencies in the report, have been designed to prepare all health professions students for “deliberatively working together with the common goal of building a safer and better patient-centered and community/population oriented US health care system” (IPEC, 2011, p. 25).

Analysis of all of the competencies posited by leadership groups in health care education further supports the common characteristics of teams discussed earlier, including mixed and complementary expertise, an agreed-upon common purpose, collective accountability and responsibility for outcomes, interdependence, collaboration, frank and open communication, conflict resolution, and shared decision making.

SUMMARY AND NEXT STEPS

This chapter began by asking you to look back on your life experiences as a member or leader of a team or partnership. Given what you now know about teams and partnerships, think again about those experiences. How often have you been a member of a team that was formed intentionally, choosing members based on expertise and complementary skills, who acted based on a common, stated purpose, with goals set for performance, a plan for how to accomplish those goals, and mutual accountability among members? How did your nursing education at all levels prepare you with the knowledge, skills, and competencies posited by nursing education leaders? How do you stack up against the team and teamwork competencies suggested by the IPEC Expert Panel? Simply identifying yourself as a member of a team, or calling a group a team, does not lead to effectiveness. The chapters that follow will help you to think about the elements that make a team effective, allowing you to build and lead strong teams and partnerships that have real impact on health care organizations and the people they serve.

QUESTIONS FOR THOUGHT

1. Describe a team in which you have been a member. How has the team demonstrated the common traits of teams as outlined in this chapter?
2. Imagine an ideal team in your organization. How might the common team traits of interdependence, collaboration, open and frank communication, and shared decision making be demonstrated in this team?
3. Compile a list of partnerships you know about in which your organization participates. How do these partnerships exemplify the common traits of partnerships such as collaboration, trust, equality, mutual understanding, and shared accountability? What would a partnership look like if these traits were not present?
4. Describe a situation you have experienced in which a team has impacted outcomes in a positive way? What characteristics or actions of that team affected the outcomes? Conversely, think about an experience in which the lack of teamwork led to a poor outcome? What opportunities by the team to make a positive impact were missed?
5. Think about how you were prepared to work as a team member or team leader in your nursing education. Describe those experiences that impacted your knowledge and skills about teamwork. How do your competencies as a team member or leader compare to those posited as essential competencies by organizations who are national leaders in nursing education? What skill gaps do you recognize as they relate to teaming?
6. Do you practice as a part of an interprofessional team? Does your team have the competencies outlined by the Interprofessional Education Collaboration (IPEC) as essential for interprofessional practice? If not, how will you develop those competencies?

