Leadership Development for Interprofessional Teams to Drive Improvement and Patient Safety

Bryony Lamb and Nick Clutton

Introduction

‘Effective interprofessional education (IPE) enables effective collaborative practice, and effective collaborative practice strengthens health (and social care) systems and improves health outcomes’ (WHO, 2010, p. 5). However, it is acknowledged that training and developing a collaborative practice-ready health and social care workforce is not sufficient; supportive management practices and champions across agencies are required with the resolve to change the culture and attitudes of health (and social care) workers (WHO, 2010).

An open, inclusive, collaborative culture is required which is risk-aware, supports learning for improvement and provides structures that enable interprofessional teams throughout the patient pathway to strive to improve services and increase patient safety (Lamb & Clutton, 2010).

Leaders are critical to safe and effective team performance (Flin et al., 2008). The style of leadership adopted by managers across and within organizations to establish and sustain this way of working is therefore crucial: apart from many GP pathfinder leaders, too often a more directive style of leadership (NHS Confederation Conference, 2011) has been associated with NHS managers in England; they may be good strategists and target-focused but less good on partnership and listening to colleagues. Health leaders who are committed to service improvement and patient safety, as well as achieving targets, are more likely to underpin their practice with a more strength-based style of leadership, valuing contributions from all team members and recognizing the importance of crew resource management/human factors training and interprofessional learning (Eid et al., 2012; Flin & Yule 2004; Flin et al., 2006).

This chapter makes a case for such an approach to leadership which underpins the philosophy of interprofessional education and learning, crew resource management/human factors training, and more effective patient safety practices. Leadership for interprofessional teams to drive improvement and patient safety is therefore discussed within the context of the
development of the model of transformative interprofessional teamwork development, the transformative cycle of improvement (Lamb & Clutton, 2010) and the interprofessional leadership skills toolkit. Exercises and a case study will guide readers through the process of applying the tools to their own practice.

Definitions

Interprofessional education (IPE) Please refer to Chapter 1
Interprofessional teams
A group of people from different professional backgrounds who work together to deliver services and coordinate care programs across agencies throughout the patient pathway; goals are set collaboratively through consensual decision making to improve practice for patient safety, which results in individualized care plans/quality services delivered by one or more team members, which maximizes the value of shared expertise and minimizes the barriers of professional autonomy (adapted from Forman, 2007).

Human factors (clinical) (HF)
These are concerned with enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture, and organization on human behavior and abilities, and the application of that knowledge in clinical settings (CHFG, 2011a).

Crew resource management (CRM)
HF is included within CRM, which is defined as a management system which makes optimum use of all available resources – equipment, procedures, and people – to promote safety (RAeS, 1999). Implicitly CRM is a holistic management system involving leadership and team skills that extend across interprofessional boundaries and that include a knowledge and application of human factors. For the purpose of this chapter clinical HF and CRM cover the same subject areas.

Patient safety
Freedom from accidental injury; ensuring patient safety involves the establishment of operational systems; and processes that minimize the likelihood of errors and maximize the likelihood of intercepting them when they occur (Kohn et al., 1999).

Interprofessional education, leadership, and CRM/HF for patient safety
Improving patient safety requires a whole systems approach, enabling an understanding of the nature of risk and the complexity of the interaction between the health and social care environment, health, and social care