

Background

- The shift in health care delivery from acute care to community care
- The shift from solo practitioner to team-based care



Our Research Team

- Geoff (Primary care physician, health services researcher, realist methodologist)
- Maura (Nurse, health services researcher, program evaluation, qual/quant)
- Ruth Abrams (psychologist, research associate-realist methods)
- Katelyn Merrett (nurse, graduate student)

Our Research Questions

What team processes are associated with team effectiveness in Canadian primary healthcare clinic settings?

What mechanisms and contextual factors result in team effectiveness?

Study Design

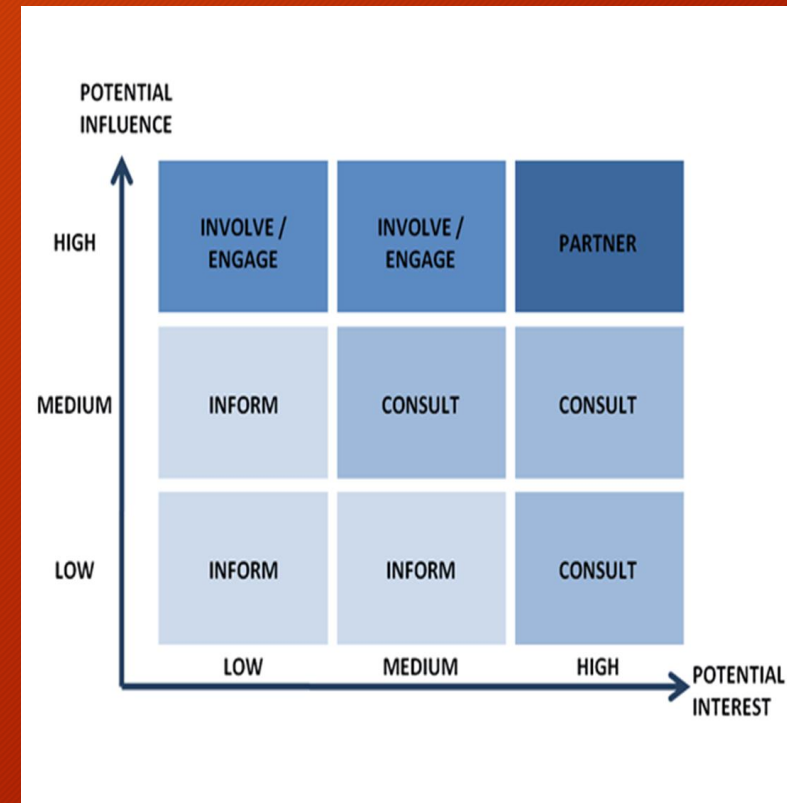
Review design: Pawson et al. (2005)

Realist review—a new method of systematic review designed for complex policy interventions

The realist approach: “Causation is a generative process—where outcomes are caused by context sensitive mechanisms” (Abrams et al. 2018, p. 3)

Stakeholder engagement

- The realist review employs iterative cycles of stakeholder engagement.
- Who is a relevant stakeholder?
- How do you locate them?
- When should you engage with them?
- What can they do for you?



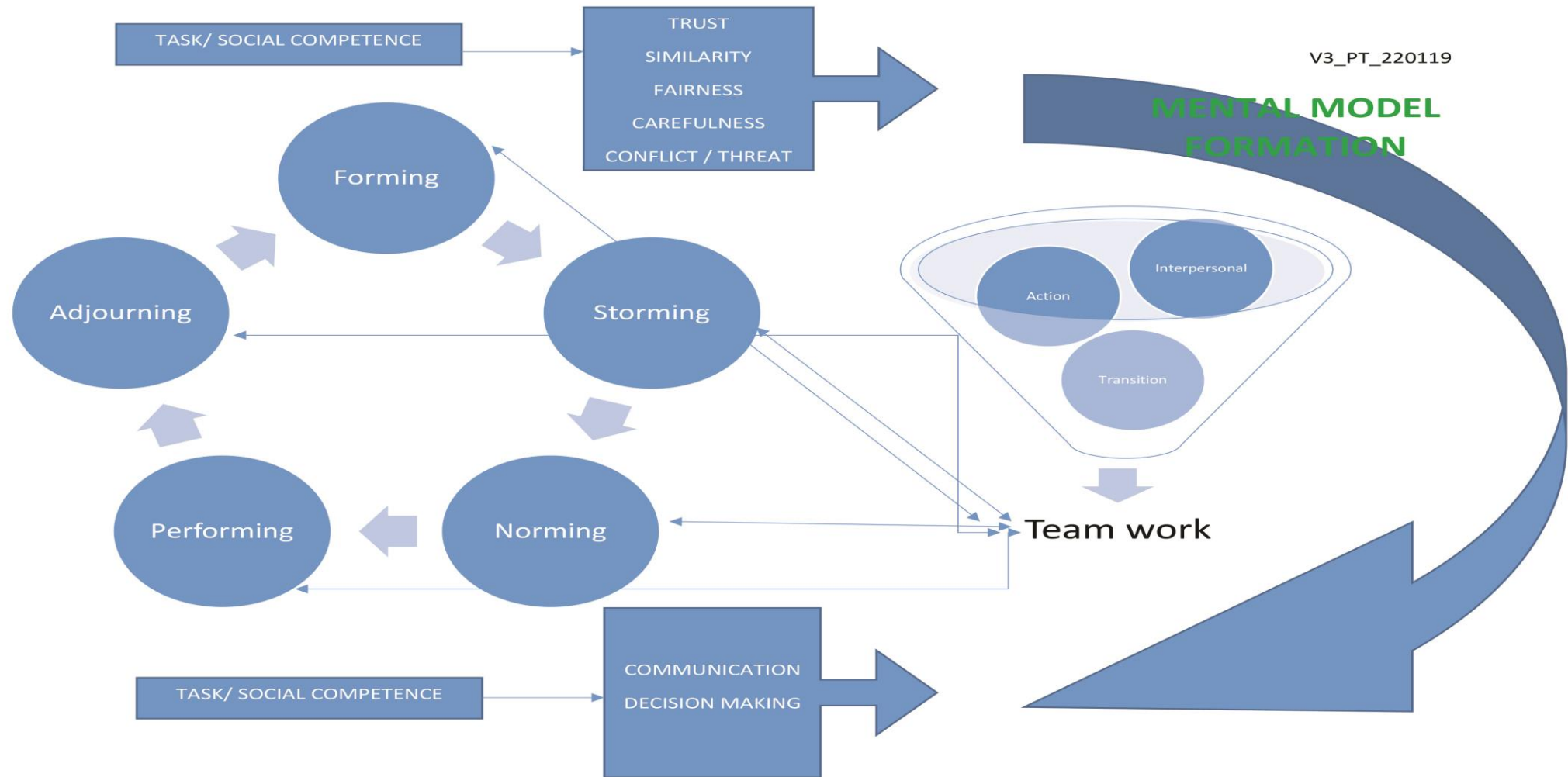
Step 1. Locating existing theories

Step 1. Locating existing theories: An iterative process

- Stakeholders, subject matter experts
- Exploratory search of the literature
- Project team discussions

- End result: An initial program theory

Team Processes-An Initial Program Theory



Step 2. Searching for Evidence

- You need a medical librarian. Many thanks to Katherine Miller.
- You need a skilled research assistant. Many thanks to Katelyn Merrett.
- Our search topics: Team processes in primary care contexts in Canada
- Inclusion criteria: English, last 20 years, key search terms
- Three databases:
 - CINAHL, Ovid Medline, TRIP database
- Over 4,000 → 120
- Title, abstract, key words: 10% independent consistency check

Search Strategy

Search Term Concepts		Results from Search	Results: Terms Combined with "OR"	Results: 3 Search Concepts Combined with AND
TEAM	(MH (<i>medical heading</i>): Teamwork OR MH: "Multidisciplinary Care Team")	49,438	230,378	834
	(MH: Collaboration OR MH: "Interprofessional Relations" OR MH: "Intraprofessional Relations" OR MH: "Nurse-Physician Relations")	66,034		
	TI (<i>title</i>): (Collaborat* OR Team* OR Interprofession* OR Interdisciplin* OR Multidisciplin* OR Intraprofession*)	51,074		
	AB (<i>abstract</i>): (Collaborat* OR Team* OR Interprofession* OR Interdisciplin* OR Multidisciplin* OR Intraprofession*)	135,025		
PRIMARY HEALTH CARE	MH: "Primary Health Care"	53,621	88,838	834
	TI: ("Primary Care" OR "Primary Health Care" OR "Primary Healthcare")	31,283		
	[TI: ("Primary Care" OR "Primary Health Care" OR "Primary Healthcare" OR "Family Health Team**")]	31,480		
	AB: ("Primary Care" OR "Primary Health Care" OR "Primary Healthcare")	49,725		
	[AB: ("Primary Care" OR "Primary Health Care" OR "Primary Healthcare" OR "Family Health Team**")]	50,102	[with "Family Health Team**"] 89,284	
CANADA	MH: Canada+	88,978	112,237	834
	TI: (Canad* OR Newfoundland OR Prince Edward Island OR "Nova Scotia" OR "New Brunswick" OR Quebec OR Ontario OR Manitoba OR Saskatchewan OR Alberta OR "British Columbia" OR Yukon OR "Northwest Territories" OR Nunavut)	29,522		
	AB: (Canad* OR Newfoundland OR Prince Edward Island OR "Nova Scotia" OR "New Brunswick" OR Quebec OR Ontario OR Manitoba OR Saskatchewan OR Alberta OR "British Columbia" OR Yukon OR "Northwest Territories" OR Nunavut)	45,468		

Note. All results from February 7, 2019.

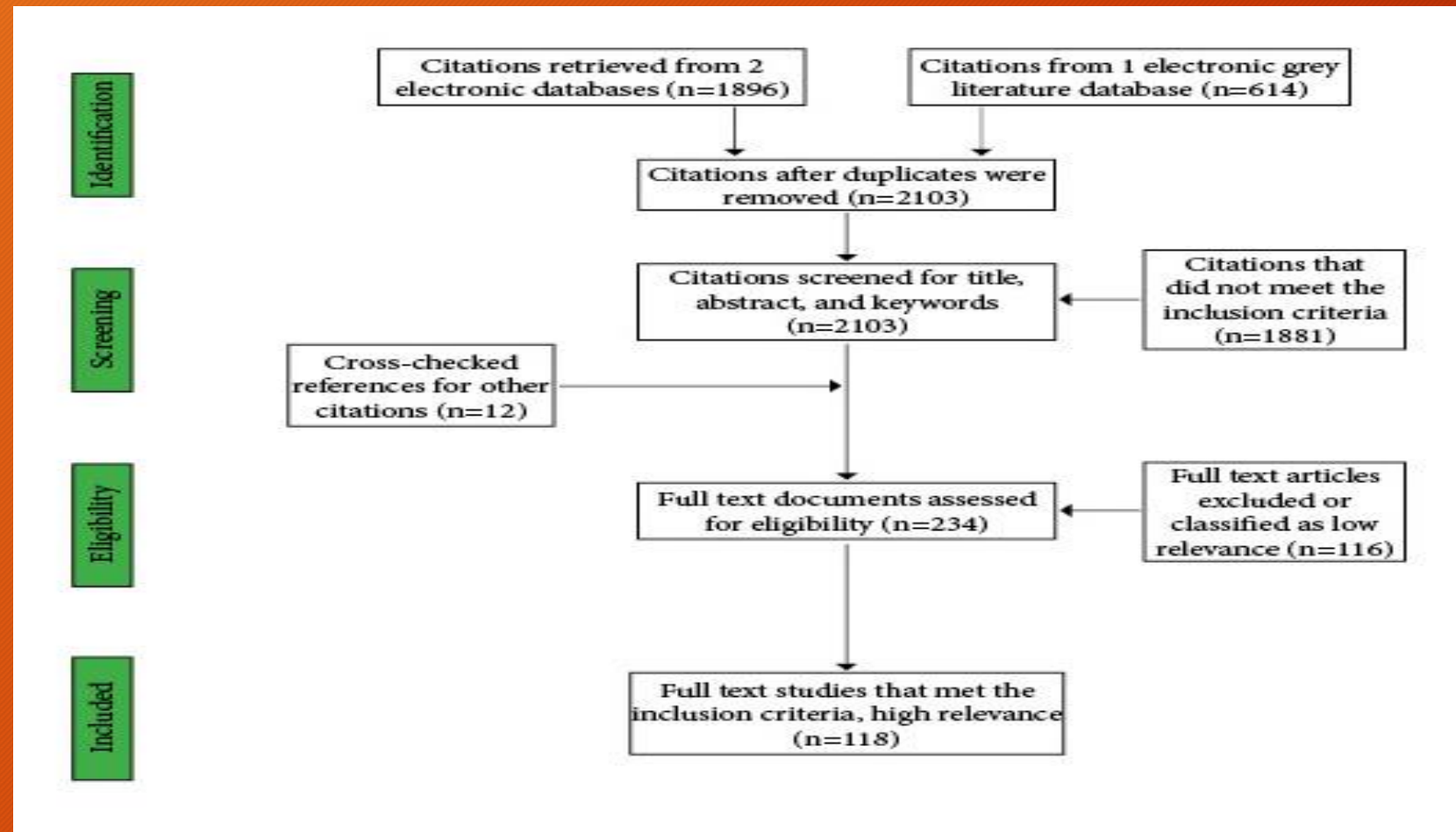
Search Term Concepts		Results from Search	Results: Terms Combined with "OR"	Results: 3 Search Concepts Combined with AND
TEAM	SH: Patient Care Team OR Nursing Team	64282	367908	1095 Results limited to English Language: 1062
	SH: Interprofessional Relations OR Interdisciplinary Communication OR Physician-Nurse Relations	66333		
	(Collaborat* OR Team* OR Interprofession* OR Interdisciplin* OR Multidisciplin* OR Intraprofession*).ti,ab,kw.	286372		
PRIMARY HEALTH CARE	SH: Primary Health Care/ (includes all subheadings)	70749	147102	834
	(Primary Health Care OR Primary Healthcare OR Primary Care).ti,ab,kw.	126022		
CANADA	SH: Canada/ OR Alberta/ OR British Columbia/ OR Manitoba/ OR New Brunswick/ OR "Newfoundland and Labrador"/ OR Northwest Territories/ OR Nova Scotia/ Or Nunavut/ OR Ontario/ OR Prince Edward Island/ OR Quebec/ OR Saskatchewan/ OR Yukon Territory/	148063	216673	834
	(Canad* OR Newfoundland OR Prince Edward Island OR Nova Scotia OR New Brunswick OR Quebec OR Ontario OR Manitoba OR Saskatchewan OR Alberta OR British Columbia OR Yukon OR Northwest Territories"OR Nunavut).ti,ab,kw.	149922		

Note. All search results from February 7, 2019.

Search Strategy → Grey Literature

Table 3				
TRIP Database Search Strategy				
Search Term Concepts		Results from Search	Results: 3 Search Concepts Combined with AND	Added Specifiers
TEAM	(Team* OR Collaborat* OR Interprofession* OR Interdisciplin* OR Multidisciplin* OR Intraprofession*)	142,445	9,558	Primary Care/Family Practice: 549 Searched (Team* AND "Primary Care" AND Canada) and found 63 additional sources. No unique results when 'Interprofessiona' is used instead of 'Team' / No unique results when "Primary Health Care" used instead of "Primary Care" Added: 2 grey literature sources from GreLit.org TOTAL: 614
PRIMARY HEALTH CARE	("Primary Care" OR "Primary Health Care" OR "Primary Healthcare")	88,725		
CANADA	(Canad* OR Newfoundland OR Prince Edward Island OR "Nova Scotia" OR "New Brunswick" OR Quebec OR Ontario OR Manitoba OR Saskatchewan OR Alberta OR "British Columbia" OR Yukon OR "Northwest Territories" OR Nunavut)	257,654		
<i>Note.</i> Search Results from Friday, February 8, 2019.				

PRISMA Chart



Step 3. Document Selection

- Documents are selected based on:
 - Relevance
 - Rigour

Relevance=contribution to theory development and refinement

Rigour=credibility and trustworthiness of the methods used to generate data

- Consistency checks by two reviewers on 10% of documents

Step 4. Data Extraction

Two-fold data extraction:

1. Table of documents with descriptive information
2. Document upload for data analysis (NVivo 12)

Step 5. Data Analysis

- Data analysis uses “realist logic analysis” to refine the program theory
- A unique aspect of realist data analysis:
 - Always looking for potential linkages context-mechanism-outcome configurations (CMOCs)
- Our data coding was:
 - Deductive (based on initial program theory)
 - Inductive (emerging from the documents)
 - Retroductive (potential causal processes or mechanisms)
- We conducted consistency checks on 10% of coded documents

Step 6. Program Theory Refinement

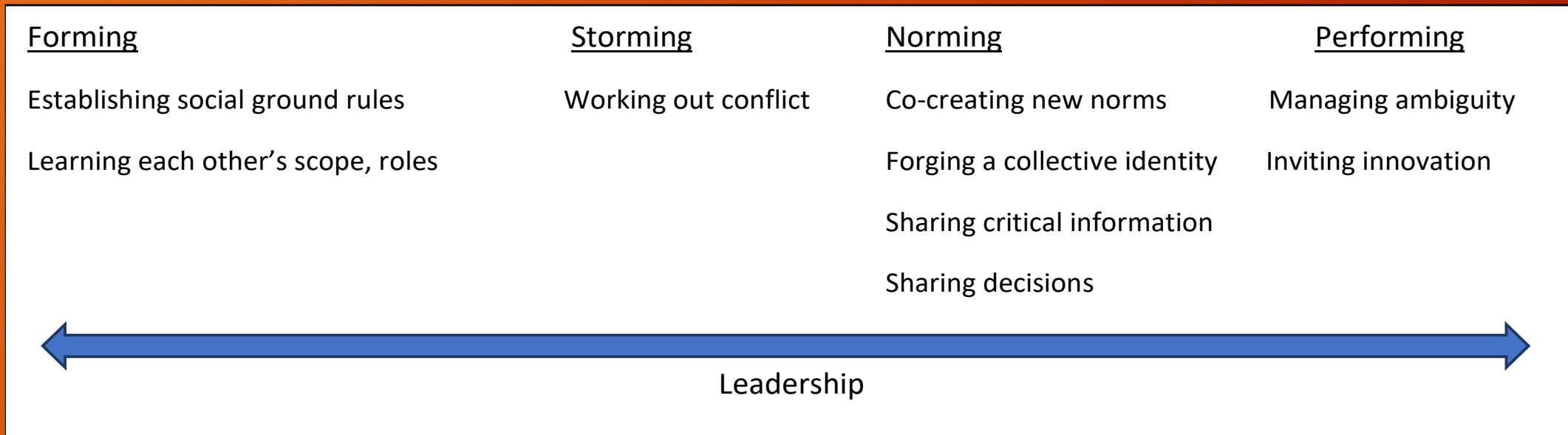
- Discuss, refine, hone the final theory with its CMOCs
- The final program theory/CMOCs is testable through realist evaluation
- Our realist evaluation: In partnership with Pender Clinic

CMOCs

#	Forming: Establishing social ground rules, learning about each other's scope and roles, creating a psychologically safe workplace
1	CMOC: When team members have opportunities to interact with each other (C), perspective-taking occurs (M), laying the foundation for social bonds and trusting relationships (O).
2	CMOC: When teams have dedicated supports in place (C), team members have increased opportunities for perspective-taking (M), resulting in more awareness of each other's roles and scopes (O)
3	CMOC: When team members are aware, interested and concerned about others (C), they strive to demonstrate carefulness in their actions and words (M), resulting in greater workplace psychological safety (O)
	Storming: Working out conflict, narrowing the us-them gap
4	CMOC: When team members lack carefulness for others (C), there is decreased perspective-taking (M), resulting in more conflict, less willingness to work collaboratively, and a greater us-them gap (O).
	Norming: Developing deeper, affective trust and a collective team identity
5	CMOC: When team members have planned time and space for ongoing opportunities to interact with each other (C), because of perspective-taking (M), they begin developing affective trust in one another (O).
6	CMOC: When team members openly share information and ideas (C), because of affective trust (M), they develop a collective team identity (O).
	Performing: Managing ambiguity, inviting change and innovation
7	CMOC: When team members use carefulness and perspective-taking (C), because of deep trust (M) they are comfortable with ambiguity and have the capacity to champion innovation (O).

Program Theory

Figure 1. Program theory for Team Processes in Canadian Primary Healthcare Settings



Knowledge Translation

Mechanism	Strategies
Perspective-taking	<ul style="list-style-type: none"> • Routinized, frequent interactions • Briefing, huddles, debriefing • Team meetings
Carefulness	Relational education <ul style="list-style-type: none"> • Mindfulness • Appreciative Inquiry • Reflected Best Self
Trust	<ul style="list-style-type: none"> • Formal, facilitated orientation • Creation of team ground rules • Shadow experiences