

Interprofessional collaboration

Business



This essay will demonstrate to the reader how my personal contribution to the inter professional education (IPE) team impacted towards the purpose and output of team working throughout this module. The essay will aim to draw upon several theories in order to support the research gathered on different ways of effective team working methods. In addition to this, team working roles will be discussed and will include the contribution I made as an individual. Furthermore, the essay will draw upon how this experience will affect how the student approach's team working within the healthcare setting.

The IPE team consisted of five individuals, all from different professional disciplines: two radiographers, a paramedic, a physiotherapist and myself a paediatric nurse. A productive team is essential for the success of any task and for this to take place the team needs to develop over several stages prior to the productive stage (Wong, 2007). The model constructed by Tuckman and Jenson (1977) involves four stages; forming, storming, norming and performing. Looking at the four stages, not all teams go through all the above stages and not all teams go through the stages in the same way.

However, a successful team is one who can adapt through the different stages as and when required (Borrill, 2002). Our team fluctuated many times through these different stages, however, this can be seen as a characteristic of a successful team (Avery, 2004). Looking at the theoretical behaviours of the team throughout the different stages, the team had reached the performing stage, meaning the team were producing outstanding results. This involved the members of the team working together to undertake the

task at hand. During week two of the module, the team met and each team member introduced themselves.

Moreover, the group took time to inform each other about their roles within their different healthcare professions. At this stage, all members of the group were rather quiet and from the onset there was no leader that I could identify. This was because we were in the 'forming' stage of group development (Tuckman & Jenson, 1977). As the team had never met prior to this stage, the forming stage was possibly the most important. Our first task to be carried out as a team was to create and present a presentation on the topic of new ways of working.

As a team we identified our own individual strengths and weaknesses and also took this time to get to know one another better. We discussed the role of appointing a team leader, however at this stage no one wanted to take up this responsibility. By not assigning a leader at this point, can be seen as a disadvantage as this meant there was no specific person delegating the work between the members of the team (Fisher, 2000). Therefore, we agreed to work together and decided to distribute the work evenly between us.

By doing this, it can be said that we were a consolidating team as each of us knew what work had to be done for the following meeting (Woodcock, 1979). Each member kept to their designated tasks and completed it well however exact roles within the group were not noticeable. As time was a huge factor, I felt the team pulled together very well, producing and delivering a successful presentation. Having delivered the formative presentation, at the end of week two, each team was given the remit for the summative

presentation. As a group we came to the decision that we would meet before members went out to practice placements.

In the first meeting where the summative presentation was discussed, as a group we decided the initial research for the topic should be split equally between us. As we recovered an excellent result whilst doing the formative presentation, we felt this method worked for us. We then agreed that the next meeting should consist of sharing the different information each group member had obtained. This would then enable us to decide what our presentation would be based on and hence what information should be provided in the presentation to acknowledge the audience about our service.

The 'storming' and 'norming' stages of Tuckman and Jenson's (1977) model took place in the following meetings. At this point I felt there were more evident roles within the team although it was clear each team member had their own individual strengths. According to Belbin's (2001) team roles, I felt within the team we had a co-ordinator, implementer, plant, team worker and a specialist. As a team we were able to share ideas and work together to help each other out. The roles within the team changed overtime and it could be seen some members of the group undertook more than one role. The group shared their ideas with each other in order to come up with a reasonable service to provide for the public. However, the team faced obstacles as the initial service did not meet the aims and objectives set out. To overcome this, we conversed as a team and did not let this fall back put our spirits down. Thinking of a service to involve all of our different professional disciplines was hard for the team as it had to focus upon paediatrics, as my course is directed at paediatric nursing.

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Some members of the team found it hard to grasp the concept of the service being aimed at paediatrics only, as their individual professions include treating adults as well as children. At this stage I found myself taking on a slight leadership role as my profession involves taking care of children and ensuring their needs are met. According to Belbin's (2001) team roles, I felt my role in the team was a co-ordinator as well as a plant. At the end of meetings I found myself delegating small tasks to each individual so that research gathered could then be brought together in order to begin to build a foundation for our presentation.

Another member of the group also took this role and we found working together produced efficient and faster results. As time progressed, members of the team began to notice a couple of the group members were struggling with research and were not pulling their weight as much as the rest of the team. During our meetings, it could be seen that these members of the group, took on a specialist role within the group (Belbin, 2001). Even though they provided some knowledge and skills to the group, this was seen to be on a rare basis and contribution to the task was minimal (Belbin, 2001).

Personally I was disappointed as time was a factor and certain areas of research were not being carried out. A team leader can be defined as one who can persuade people to agree with their way of working through a non coercive manner (Marquis & Huston, 2009). On the other hand, any one can be a leader, and each can have their own different behavioural style (Cartwright, 1951). Looking at this, any of the team members could have spoken to the remaining group members regarding their lack of input towards the presentation.

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Analysing the situation, shows that I took more of a Laissez-faire type of leadership style as I never confronted the group members who did not contribute as much as others (Cartwright, 1951). As the deadline approached, the team members carried out the remainder of the research in order to finalise the presentation. My role had now become a completer/finisher as well as still aiming to co-ordinate the team and be a team worker. This meant along with helping others, I also had the task of ensuring all the work was completed to a high standard.

With the help from other team members, I was able to ensure all outcomes had been achieved, ready to deliver the final presentation. Fortunately we moved into the performing stage fairly quickly which aided making up for time lost during the extended storming phase. The team worked very well together and rarely needed my input as a co-ordinator. Members were working harmoniously in order to complete the task and therefore, my main role at this stage was to facilitate the process and complete my aspect of the task.

As stated above, taking the role as completer, I made sure everything was done to the best of the team's ability. Mini deadlines were set to keep the team working at a comfortable pace, ensuring all team members could discuss their progress with one another. The other two members of the team as well as my self, who shared the role as co-ordinators, set a deadline before the presentation was to be delivered in order to give us enough time to correct any problems. This gave the group enough time to rehearse the presentation and ensure that the work produced was to the best of our ability.

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The latest vision for the improvement of healthcare states a greater level of communication between healthcare professionals is vital (UK Department of Health, 2008). Going through the process of working with other healthcare professionals was a simulation of what working inter-professionally in the real world would be like. The conflicts that were come across, especially those that arose from members having different healthcare backgrounds and therefore making time an issue, gave a true picture of how difficult this new vision will be to achieve.

However, it also taught us how these problems can be overcome and how having an understanding and appreciation of other healthcare professional's responsibilities is crucial for integrated patient care. Simple things, for example, re-iterating common goals made the team's performance more focussed. On the whole, the process and concept of inter-professional learning to achieve a successful outcome was a very valuable task in preparing us to work as a team in the healthcare environment and is now crucial to achieve the best possible patient care available.