

An Analysis of Teamwork and Interdisciplinary Communication in a Med-Surg Setting

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Introduction

Underlining effective patient care and safety involves teamwork and interdisciplinary communication among the healthcare team. Once these two principles are firmly established, there will be a noticeable improvement in patient outcomes and a general sense of support in the workplace environment. Diversity is noted throughout many medical-surgical units, not only among the patients but also among the staff. The interdisciplinary rounds model has been utilized as far back as the early days of nursing by Florence Nightingale to ensure a team-oriented approach addresses each patient's specific needs. Today, healthcare facilities follow this ideology through nurses, physicians, pharmacists, social workers, and other healthcare providers discussing patient cases collectively.

As with any nursing interventions or improvement measures, there are pros and cons to creating a healthy work environment. Dissection of this model can reveal how teamwork can affect patient and healthcare team satisfaction. To understand the benefits and deficits seen in this model, work towards the continual improvement of effective collaborative efforts for the healthcare team and directly improving patient care.

Description of the Teamwork Model

These interdisciplinary rounds involve a multitude of different healthcare professionals, which is key for encouraging collaboration in patient care. Understanding all aspects of a patient's condition allows each department to implement best practices regarding their clinical presentation. This collaboration allows each provider to contribute their specialized knowledge and address potential barriers to patient recovery (Smith et al., 2020).

Interdisciplinary rounds are typically conducted daily or at least several times weekly on med-surg floors. All patient care team members are allowed to share their input on what should be done for them. An example of this could be physical therapy's evaluation of a patient's ambulation ability, while a respiratory therapist would discuss the patient's oxygen needs. Information sharing between team members lowers the risk of fragmenting the patient's care. Throughout my clinical experience, these rounds have proven to be especially effective in flagging a patient's decline before it can become a more significant issue, leading to poor outcomes.

Analysis of the Model's Pros and Cons

Several advantages exist by using the interdisciplinary rounds model. The first is superb communication between providers. Many different medical errors arise from missing information about a patient's care. Studies have shown that interdisciplinary communication can reduce medication errors, improve patient satisfaction, and lower hospital readmission rates (Jones & Carter, 2021). Sharing information face-to-face does a much better job of preventing lapses in information compared to the use of electronic health records.

Another benefit of interdisciplinary rounds in patient care is its holistic approach. The different care team members can share their insights, enabling a comprehensive model for a patient's plan of care. Another example of this can be the nurse sharing how a patient tolerated a new medication, which is essential when debating whether a referral to a specialist would be needed or an alternative medication to achieve a therapeutic effect. Addressing a patient's psychological, social, emotional, and physical needs achieves more personalized and patient-centered care.

The overall level of job satisfaction among healthcare providers has been shown to improve with the integration of the interdisciplinary rounds model. When the different members of the healthcare team feel like their opinions are heard and valued, there is a stronger sense of working towards a common goal. This opens the door for trust amongst the staff and mutual respect. According to Brown and Green (2019), healthcare professionals involved in interdisciplinary teamwork report higher levels of job satisfaction and lower levels of burnout compared to those working in more hierarchical environments.

Despite its benefits, interdisciplinary rounding comes with hindrances that impede its effectiveness. A common challenge of interdisciplinary rounds is time constraints. Conducting thorough interdisciplinary rounds is far from ideal in busy units experiencing high turnover rates, like the emergency department. When the team feels overwhelmed using yet another quality improvement measure, their contribution during rounds would likely be superficial to check the box asked of them. Alternatively, they may unevenly distribute their focus towards the higher acuity patients, which may overlook the warning signs of a lower acuity patient's decline.

Hierarchical barriers pose a potential problem for effective communication between healthcare providers. Interdisciplinary rounds are performed with the intent of collaboration between different care team members; however, power dynamics are an inherent inevitability that ruins any effort to place patients first. Suppose the physician on a particular unit conveys an authoritative approach to the patient's care plan. In that case, a nurse is more reluctant to voice any concerns, fearing being reprimanded. A study by Lee et al. (2021) found that hierarchical barriers in interdisciplinary teams can lead to underreporting of critical information, compromising patient safety.

The interdisciplinary rounding model requires a team-first mindset from each healthcare provider, which is unrealistic as the hospital has many leadership styles. There are healthcare workers who would resist this model regardless of its potential benefits because its largest downfall for them is having to push aside their own agenda in favor of the team's benefit. The friction that this could potentiate may negate any benefit the model would have in the first place, depending on how firmly rooted these individuals are.

Positive Impact on Workplace Health

We take steps as medical professionals daily, attempting to foster a more supportive and team-oriented work environment. Healthcare providers must have a tangible feeling of belonging to the care team to improve job satisfaction and professional fulfillment. This model encourages several facets of a healthy workplace environment, including mutual respect and open communication. This is especially important in a high-stress unit such as med-surg, where alleviation of burnout is done through the support of a high-functioning healthcare system. Accountability is another notable benefit of the interdisciplinary rounds model, as team members are given different responsibilities to share the patient's care evenly.

Areas for Improvement

Areas for improvement in the Interdisciplinary rounding model include training in skillful communication and conflict resolution. These can respond to those following the model facing adversity by team members opting for an individual approach to patient care or arguments that may arise between the care team. Healthcare providers often lack the training to excel in a team-first environment where effective communication is imperative. This training should be provided to all levels to lower hierarchal barriers between staff. Regular feedback from those practicing

this model can enable opportunities for improvement. This mitigates recurring errors and deficits seen in the long-term use of interdisciplinary rounding.

Conclusion

In conclusion, interdisciplinary rounding is an effective measure for quality improvement in the workplace, especially in medical-surgical units. It has been shown that patients can expect significantly improved outcomes and reduced fragmentation of care through interdisciplinary rounds. Strengthening relationships and communication between healthcare providers, such as promoting holistic patient care and greater job satisfaction among staff, has several beneficial takeaways.

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