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# An Interprofessional Collaboration Experience for Online Doctoral Nursing Students Using the Jefferson Teamwork Observation Guide and Reflective Practice

Mary Lou Manning, PhD, CRNP, FAAN  
Monika Pogorzelska-Maziarz, PhD, MPH  
Jefferson College of Nursing  
Philadelphia, PA

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Presented by: Elena M. Umland, Pharm.D

# BACKGROUND

- The American Association of Colleges of Nursing's (AACN), *The Essentials of Doctoral Education for Advanced Nursing Practice* states that Doctor of Nursing Practice (DNP) graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate.
- More specifically, AACN DNP Essential VI, *Interprofessional Collaboration (IPC) for Improving Patient and Population Health Outcomes*, indicates that DNP programs integrate IPC content and clinical practice opportunities.
- There is little guidance on how to apply the competencies in development of clinical practice learning opportunities incorporating IPC in online asynchronous DNP programs.

# BACKGROUND

- Realizing the importance of advancing DNP student IPC competencies and the potential impact that DNP students had to influence interprofessional collaborative practice, a new clinical assignment was created and tested in our existing 15-week asynchronous online post-Master's DNP Leadership and Interprofessional Collaboration course.
- The assignment, linked to course objectives and supported by existing theoretical content, consisted of three, interrelated, learner-centered activities.

# COURSE GOAL & ACTIVITIES

## GOAL

Provide a vehicle for students to apply course content by evaluating their ability to recognize and assess competency-based characteristics of IP teams, and to reflect on their attitudes, beliefs, or assumptions about what drives successful IP collaborative practice

## ACTIVITIES

1. Conduct IP team observations and evaluate the interaction using the Jefferson Teamwork Observation Guide (JTOG), a survey tool design to assess IP behavior of teams
2. Write a reflective narrative for each observation,
3. Participate in a reflective group discussion

# METHODS: Interprofessional Team Observations

Students were instructed to:

- 1) observe ten interprofessional “team in action” in their workplace, their organization, or other healthcare organization,
- 2) evaluate the team interaction using the Jefferson Teamwork Observation Guide (JTOG), and
- 3) keep a structured journal with a description of each observation (including location, date, and time) with reflective narrative.

# JTOG: Teamwork Observation Guide Items and Corresponding IPEC Competencies

1. There appeared to be a team leader that coordinated the discussion (L)
2. The team leader facilitated the discussion rather than dominated it (L)
3. Members of the team came prepared to discuss the case/situation from their profession specific perspective (R)
4. Members of the team who were involved in the case/situation contributed to the discussion (C)
5. Discussion was distributed among all team members (C)
6. Members of the team appeared to understand the roles and responsibilities of other members of the team (R)
7. Team members appeared to have respect, confidence, and trust in one another (V)
8. Team members listened and paid attention to each other (C)
9. Team members listened to and considered the input of others before pressing their own ideas (C)
10. Team members added other supporting pieces of information from their profession specific perspective regarding the case/situation (R)
11. The opinions of team members were valued by other members (V)
12. Team members appeared to feel free to disagree openly with each other's ideas (V)
13. Team members sought out opportunities to work with others on specific tasks (T)
14. Team members engaged in friendly interaction with one another (T)

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C=communication competencies, L=leadership competencies, R=roles and responsibilities competencies, T=teamwork competencies, and V=values and ethics competencies Lyons et al.2016 J Allied Health, 45(1):49-53

# METHODS: Self and Group Reflection

- **Self:** students were instructed to write a reflective narrative for each IPC observation. Guiding questions included: “during this observation, what went well and what concerned you, and what have you learned about your own IPC competencies?”
- **Group:** students participated in an asynchronous reflective group discussion during the final week of class. They were asked to share stories about their observational experiences, reflect on their attitudes, beliefs, or assumptions about what drives IPC practice, and suggest how they can apply what they learned to lead and facilitate IPC in their own clinical practice.

# ANALYSIS

- JTOG surveys: Statistical evaluation included calculation of mean overall scores, as well as scores for each of the 5 domains, to examine the behaviors of the observed teams. Bivariate analyses were conducted to assess whether scores differed by setting (inpatient, outpatient, other), type of observation (patient care planning or process/system improvement) or observer participation in the team.
- Reflections: faculty independently looked for themes, and JTOG scores were carefully compared to the corresponding written reflections.

# RESULTS

- Between June 1 and August 5, 2016 students (n=11) conducted 120 observations in 17 health care facilities/settings. Thirty-six observations were not interprofessional and not included in the analysis.
- The majority of observations occurred in acute care hospitals (51%) and outpatient settings (43%), and most frequently included nurses (95%), physicians (81%), social workers (40%), and pharmacists (35%).
- The overall mean score across all JTOG observations was 3.44 (SD  $\pm$  0.48). The mean scores across the 5 JTOG domains ranged from 3.54 (SD  $\pm$  0.49) for roles/ responsibilities and 3.37 (SD  $\pm$  0.65) for values/ethics. There were no statistically significant differences in the overall or domain-specific scores by observer participation in the team or by type of setting.

# RESULTS

A written reflection accompanied each observation (100%). In most cases, the assigned JTOG scores were supported by detailed, positive, narrative statements and thoughtful analysis. Moreover, the reflections provided a much richer description of the teamwork encounter that was not captured in the JTOG scores, as demonstrated by students' comments related to communication:

- *The team demonstrated that they can troubleshoot through conflict in a diplomatic fashion. The team focused on the problem at hand and not any individual.*
- *During this patient/family meeting the physician did most of the talking. The nurse, social worker, patient and family members were placed in the role of listeners. It made me uncomfortable and more aware of the effect of my own behavior.*

# LIMITATIONS

1. The assignment required students to observe 10 interprofessional teams within a 15 week period and this specific number was chosen for reasons of feasibility and flexibility. However, fewer observations or observations within a shorter timeframe may also be sufficient to achieve the objective.
2. Several students had limited access to interprofessional teams, most notably students employed as nurse educators and healthcare administrators. Many of their planned interprofessional encounters unexpectedly were uniprofessional. Another student employed as a nurse practitioner at a “Minute Clinic” was the only provider on staff, and all interprofessional interaction was by phone. The JTOG tool was not designed to assess such interaction. Thus, 30% of observations were not interprofessional. Faculty did not anticipate this student challenge when creating the assignment, and will need to address this in the future.
3. Observations were self-reported and not validated by faculty. Faculty did compare each JTOG submission with the corresponding written description/reflection and found no evidence of fabricated observations.

# CONCLUSIONS

- Experiential learning (IPC observations using a standardized tool), coupled with individual written narratives and group reflective discussion enables DNP students enrolled in an asynchronous online course, to reach new levels of understanding, meaning, and insights about IPC practice.
- How this translates into actual practice is unknown and provides an important area for investigation.
- Although this is a report describing one clinical practice assignment in one course, it provides an exemplar on how to successfully integrate IPC experience into an existing asynchronous online DNP course.

# REFERENCES

- American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>
- Doll, J., Packard, K., Furze, J., Huggett, K., Jensen, G., Jorgensen, D.,...Maio, A. (2013). Reflections from an interprofessional education experience: Evidence for the core competencies for inter professional collaborative practice. *Journal of Interprofessional Care*, 27:194-196.
- Interprofessional Education Collaborative Expert Panel. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.
- [Lyons KJ](#), [Giordano C](#), [Speakman E](#), [Smith K](#), and [Horowitz JA](#). (2016). Jefferson Teamwork Observation Guide (JTOG): An instrument to observe teamwork behaviors. *J Allied Health*, 45(1):49-53.
- Miraglia, R. and Asselin, M.E. (2015). Reflection as an educational strategy in nursing practice: An integrative review. *Journal for Nurses in Professional Development*, 31(2),62-72.

# Contact Information

[marylou.manning@jefferson.edu](mailto:marylou.manning@jefferson.edu)



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