

**Knowledge Flow & Exchange in
Interdisciplinary Primary Health
Care Teams:
*INTERIM RESULTS***

Dr Shannon L Sibbald

Dr Anita Kothari

Dr Nadine Wathen

*Funded by: UWO Interdisciplinary Development
Initiative; PI: K. Shoemaker*

Research Objectives

1. Explore how new knowledge enters & is exchanged within interdisciplinary health care teams (HCTs)
2. Identify factors HCTs perceive are related to good communication, knowledge flow, patient education and overall team functioning.

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Why HCTs?

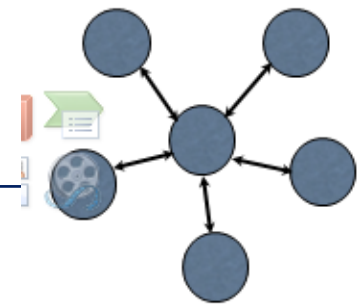
- team-based models of primary care have been argued to provide benefits to health systems, providers, & patients.
 - better coordination of care,
 - focus on collaborative problem solving and decision-making,
 - a commitment to patient-centered care
- However, there is little evidence on the processes used or how these benefits are achieved

(Mickan & Rodger, 2005).

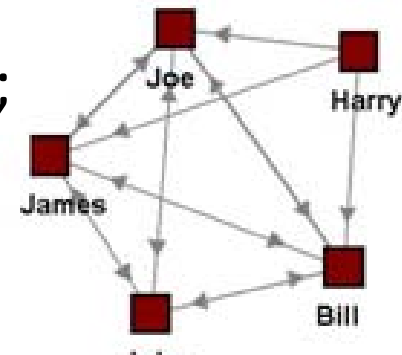
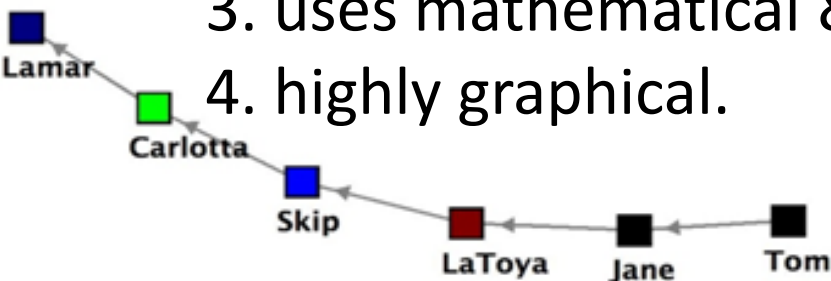
Methodology

- Data Collection: Mixed method
 - Social network mapping analysis questionnaire
 - to quantify types and numbers of relationships and interactions
 - Semi-structured 1-on-1 interviews
 - to explore experiences with information and knowledge flow
 - Demographic questionnaire
- Analysis: descriptive social network analysis (SNA) and content analysis of individual interviews.

SNA



- SNA is about structure –
 - emphasis is on the relations and interactions rather than the attributes of the actors involved in a network.
 - Help describe how networks communicate; (currently little evidence in this area, Luke & Harris, 2007)
- 4 key features:
 1. detects linkage patterns between actors or units
 2. grounded in empirical data;
 3. uses mathematical & computational models;
 4. highly graphical.



Sample

- 1 urban, academic health care centre
 - 5 independent teams with approx 4 health professionals per team (n=20)
 - Supportive health professionals (NP, SW) (n=4)
 - Speciality service team (n=3)
 - 20 participants
 - response rate: 74%

Preliminary Qualitative Results

- (1) Obtaining research is *perceived to be a shared responsibility* among team members;
 - New trainees > largest role in in knowledge acquisition: team meetings, outside ‘experts’, directed searches (by supervisor)
 - Sr. Docs > turn to new trainees
 - Nurses > More removed from process, often bring info in from outside; not clear on
- the degree to which “research evidence” enters HCT naturally is not obvious

Preliminary Qualitative Results

- (2) Sharing knowledge: inconsistency and uncertainty of current knowledge-sharing venues &/or occasions
 - organization and maintenance of regular team meetings varies among teams;
 - little agreement surrounding the goals/outcomes
- Most room for improvement in this area

Preliminary Qualitative Results

- (3) Applying knowledge is most often the *responsibility of the team leader* (i.e. most senior physician)
 - Most changes to clinical practice are attributed to research, but this is not clear
 - *“it’s the physician’s responsibility to give the direction what to do”*
 - Outlier/ exception: some organizational changes done by veteran RNs

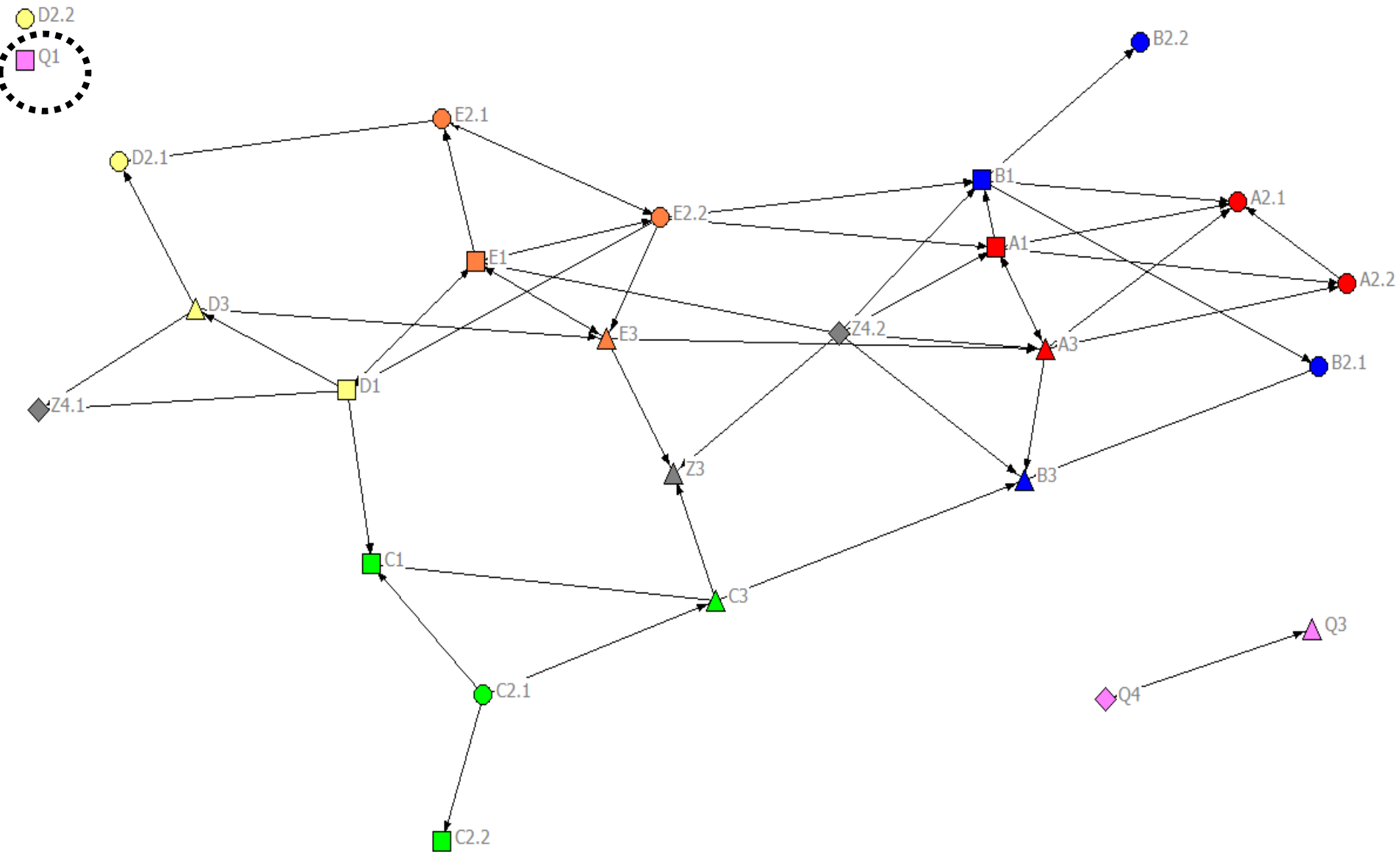
Results: SNA

- Orientation: ego centric perspective
 - taking one person's perspective of whole network.
 - overlaid 20 people's perspectives of the network to produce findings to six research questions
- **Two Questions:**
 1. Typically GIVE information/knowledge from this person
 2. Typically SEEK information/knowledge from this person

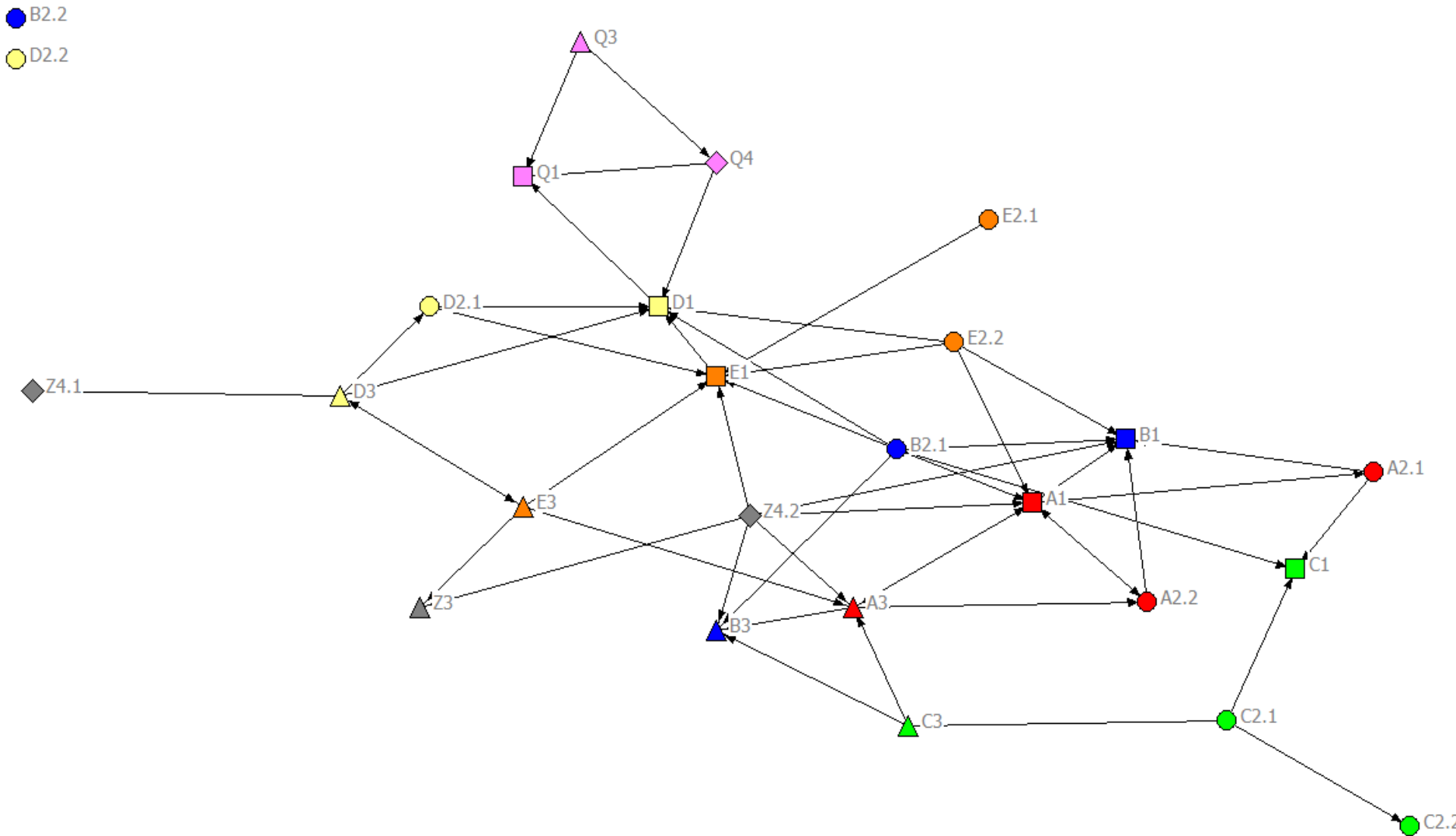
Typically give knowledge

- Teams seem fairly clustered with no obvious trend of informal knowledge 'broker'
- Outliers: no one 'gives' knowledge to Q1 (the specialist attending physician)
- # of direct connections (or 'size of egonet') ranged from 0-7
 - Average: 3 direct connections
 - 7 people (25%) with 6+ direct connections; not role specific

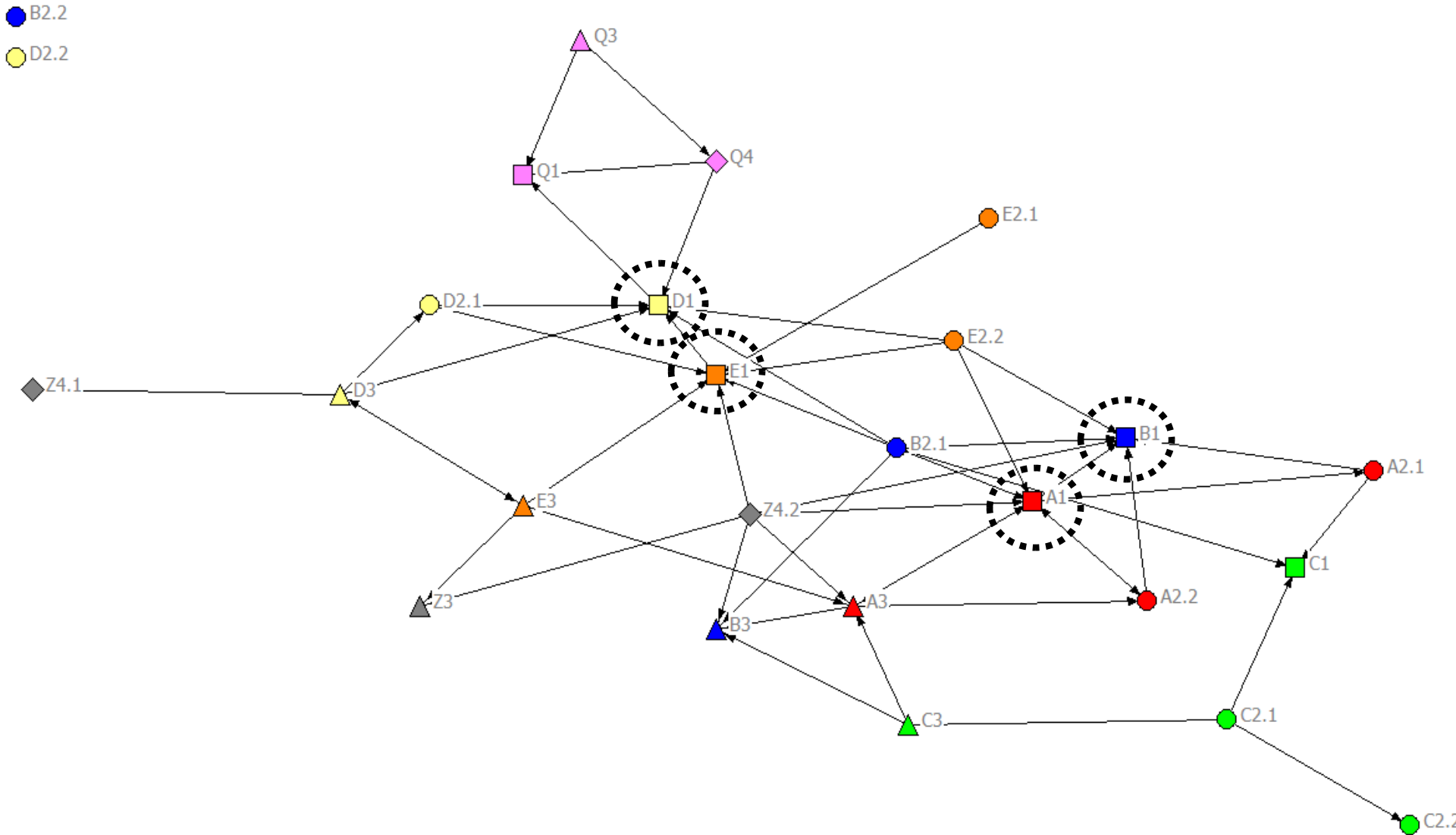
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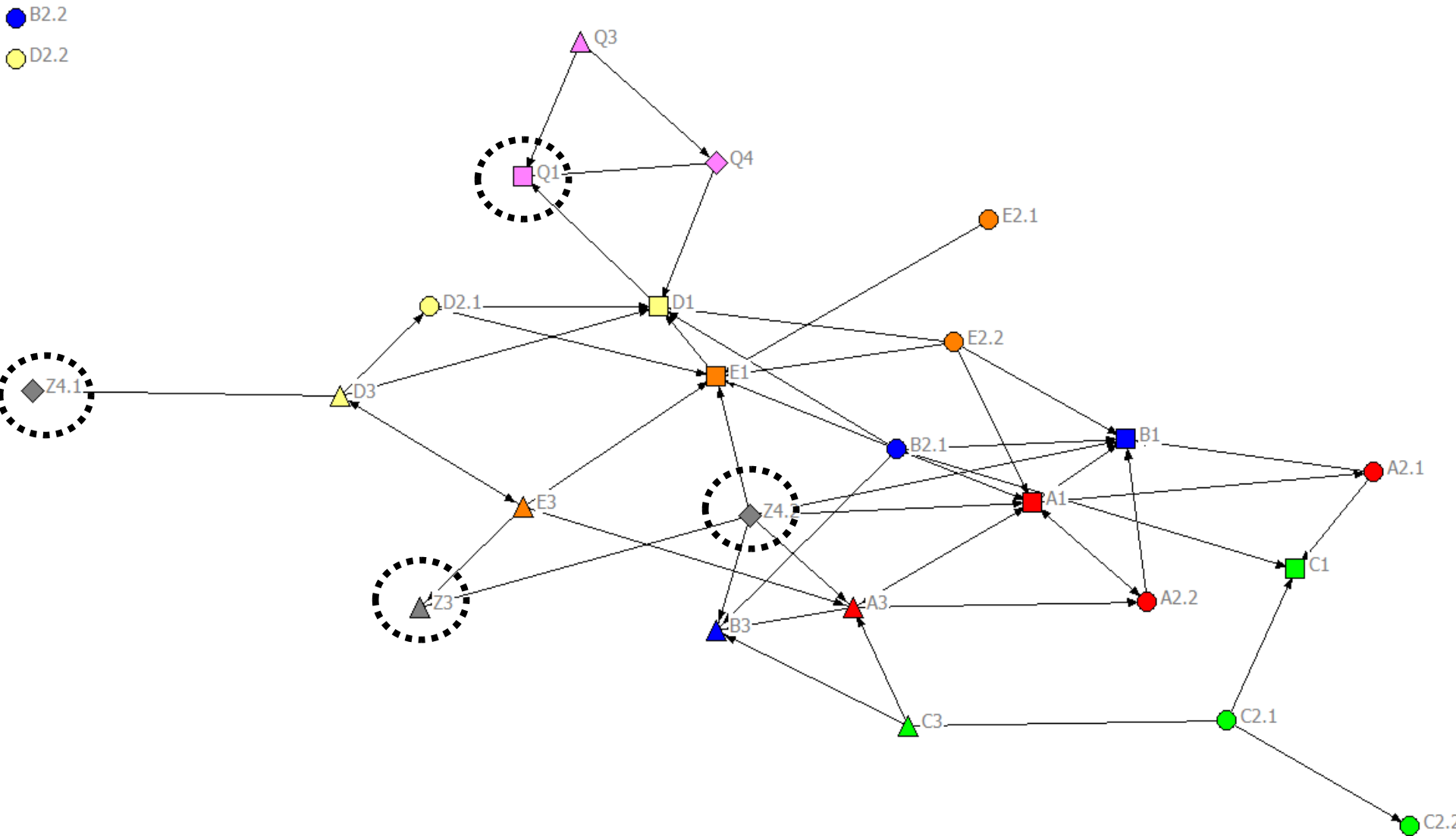
Typically seek knowledge from:



Typically seek knowledge from:



Typically seek knowledge from:



Further Analysis of SN

Conclusions & Next Steps

- implication for orgL level policies or evidence-based strategies for KT
- Despite a general understanding of clinical roles within teams, there is less agreement and understanding of the teams' role in information sharing and exchange.
- Future research to determine if information from the meetings actually changed practice behaviour.

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- contact: ssibbald@uwo.ca

