Chronic Disease Nurse Practitioners working in a collaborative model- team dynamics and advantages

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Objective: Different personality types can sometime disrupt team dynamics. The Integrated Chronic Disease Nurse Practitioner (ICDNP) model of care has now been running for 18 months. This team consists of 3 specialty Nurse Practitioners (NPs) – heart failure, diabetes and renal, with inclusion of a NP candidate – chronic disease. Specialty learning has consolidated our team cohesiveness and improved our skills and knowledge.

Design: Systematic review on Team dynamics. Using a qualitative descriptive design, 14 patient interviews and 3 focus groups with staff (medical, allied health, nursing and administrative) were conducted. Data was analysed for themes.

Method: Partnering with the Queensland University of Technology (QUT) researchers provided valuable data. This enabled the NPs to gain insights into each other's views and those of participants in the interdisciplinary teams. Individual interviews with each NP were conducted to further explore themes and identify areas for improvement.

Results: Gaps and constraints were identified and ideas evolved from the themes to improve the service and ensure continuity of patient care. Clinics were changed and increased in number and locality to see more patients while accommodating each other's leave. Themes emerged which demonstrated professional respect for each other's roles and the cohesiveness discovered in working together. Importantly, satisfaction was high from the increase in the knowledge and upskilling required for providing care to a cohort of patients with multiple co-morbidities. Ongoing research may uncover further themes.

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