Consenting Non-Technical Skills in chronic care healthcare professionals: applying Health Consensus in collective self-assessment

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1. BACKGROUND

Our ageing populations have changed the epidemiology our health care services currently face. Chronic care, complex and frail patients require a different care approach based on preventive activities and care follow-up by multidisciplinary teams. Healthcare has been traditionally based in face-to-face encounters between the patient and the healthcare provider. Collaboration of healthcare professionals remained for those activities such as emergencies and surgical procedures. This is probably the reason why the first taxonomies of non-technical skills came out from the specialties of anesthetics and surgery (Fletcher et al 2003; Flin and Maran 2004; Yule et al 2008).
Non-technical skills are the set of interpersonal and cognitive skills complementary to clinical technical skills. It encompasses competences such as communication, teamwork, leadership, decision-making or situational awareness.
A first approach to non-technical skills for healthcare professionals responsible of delivering care services and health maintenance was developed recently in Spain in the context of home care for chronic patients (Escarrabill et al 2014)

2. METHODS

We applied Health Consensus, a web-based system collective intelligence tool inspired in the Delphi method previously tested in technological innovation processes (Monguet et al, 2010; Martí et al 2014). Health consensus introduces a breakthrough in health management participation allowing unlimited number of participants to come along regardless of geographic and professional limitations. It also allows a qualitative participation through a transparent and instant participation outcome feedback as it has been tested as effective participation design (Buur et al, 2013).

The main goal was to test the theoretical Non-Technical Skills (NTS) model using a strategy of collective self-assessment among health care professionals involved in caring chronic patients. Two aspects were assessed, the current level of the team and its potential for improvement in each NTS. The final purpose of this exercise is to guide healthcare managers to design and prioritize (collective) training strategies for NTS.

Table1. Taxonomy of Non-Technical Skills for chronic care management

Main category	Non Technical Skill
Patient-centredness	Help Relationship
	Wellness preservation
	Patient integral and biopsychosocial vision
	Personalized care
	Support and human attitude towards patients, families and carers
Collaboration	Interprofessional and community support
	Contextualized organization and coordination
	Management of diverse situation and counselling to other teams.
	Healthy management of healthcare complexity
	Strengthen of interprofessional team and task update
	Mobilization of social resources network
	Continuous desire of learning and systematic analysis of the tasks.
	Efficacy and efficiency of care tasks
	Shared management of fears, losses and adversities
Relationship	Co-leadership of learning initiatives for health care
	Active and warm listening
	Assertive and emphatic communication
	Simplicity, availability and accessibility
	Proximity and contact

3. RESULTS

3.1. Collective self-assessment

A total of 171 health professionals of Primary Care services in Barcelona participated in the participation process. Doctors and nurses were the main professions (45% each) while the remaining participants were social workers and clerks.

The first result was that skills related with collaboration scored below patient-centredness and relational competences as it is shown in table 2 and 3. All NTS were self-assessed in the high-end of the grading scale.

Table 2. Level of competence for NTS main categories

	Level	Consent
Patient-centredness care	4,69	0,86
Interprofessional organization and collaboration	4,35	0,96
Relational competences	4,57	0,92

Table 3. Level of competence for each NTS (in Catalan)

5	acompanyament i actitud humana envers els pacients, famílies i cuidadors	4,91
18	senzillesa, disponibilitat i accessibilitat	4,84
13	eficàcia i eficiència de la tasca assistencial	4,79
19	proximitat i contacte	4,78
4	personalització de l'atenció	4,78
12	desig d'aprenentatge	4,72
3	visió integral i biopsicosocial del malalt	4,66
16	escolta activa i acollidora	4,65
1	relació d'ajuda	4,59
17	comunicació mediadora, empàtica i assertiva	4,54
2	preservació del benestar	4,52
9	gestió de la complexitat assistencial	4,44
7	organització i coordinació	4,43
11	mobilització de la xarxa de recursos socials	4,33
6	relació i suport interprofessional i comunitari	4,24
10	enfortiment de l'equip interprofessional	4,18
8	maneig de situacions diverses i assessorament a altres equips	4,11
15	colideratge d'iniciatives d'aprenentatge per a la cura de la salut	4,01
14	gestió compartida de pors, pèrdues, dols, neguits i adversitats	3,94

Note: Color-coded by main categories

4. DISCUSSION

Our findings show that NTS applied at individual level (patient-centredness or relational) outperform NTS applied at collective level (interprofessional collaboration) mainly due to the fact of individual training along all health professions studies.
A second finding is the consistency of results across teams which may ease the deployment of skills training. We have not noticed variation by age, gender or healthcare team.

Availability of collective intelligence techniques and a further developed participation culture will bring health policy making to new stages at different health decision making levels, from the ministry to hospitals and clinics.

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