

## PRESIDENT'S COLUMN

**Bryant and the Strength of Teams**

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*Integration and coordination of physician efforts with non-physician professionals and patients is critical to the success of generalists and health care reform.*



**E**arly in my career, Dr. Bryant Kendrick, a former navy corpsman, ordained Baptist minister, associate program director for primary care, and mentor, suggested that we use a “ropes course” to build team spirit among our primary care interns before they began their arduous first year of training. “Ropes” is a day-long team-building exercise, challenging a group to think and work together to solve a series of physical challenges. Five nervous soon-to-be-interns, several residents, and the program directors were challenged physically and mentally to overcome a series of obstacles in a wooded course. Early in the day, our ropes instructors told us that we needed to trust and rely on each other and work as a team to successfully complete the course. One of the first challenges was a “trust fall” whereby a team member stood on a 5-foot-high platform and, with arms folded, fell backwards off the platform to be caught by the rest of the team. Everyone needed to complete the trust fall before we moved to the next task, but as a team we asked a smaller team member to be first. Standing with palms up and arms interlaced “like a zipper,” the team lined up and tensed as the first team member nervously fell backwards into the group, and we were all relieved when we successfully caught and lowered our team member to the ground. Bryant was last to make the trust fall. Bryant was not a small man. A former football lineman, Bryant weighed a shade more than 240 pounds and, not unaware of his girth, calmly ascended the platform.

Five feet up, Bryant loomed over us, and I suspect five interns silently feared the consequences of dropping the program director, which seemed very likely. Standing with arms interlaced, the team tensed as Bryant confidently fell backwards...and the team held and caught him! Every year for almost a decade, Bryant confidently ascended the platform, and every year the team, including five new nervous interns, learned they were stronger than they thought. Sadly Bryant passed away in 2000, but when I look at his picture on my office shelf, I remember how confident Bryant was in the strength of his teams.

Maybe more daunting than the “trust fall,” academic general internists face a challenging future of rising clinical productivity demands, more patients as a result of health care reform, the challenge of electronic health records (EHRs) and “meaningful use,” and the incredible complexity of our patients. “Ropes” and Bryant taught me that people working in teams are more powerful than a group of individuals, which brings me to the theme the 2015 SGIM Annual Meeting in Toronto—*Generalists in Teams: Adding Value to Patient Care, Research, and Education*—scheduled for April 22-25, 2015. Health care reform focused on high-value patient-centered care is driving team-based delivery system redesign across the breadth of SGIM member interests. Team-based models of patient care—inpatient, outpatient, long-term, and transitional care—are rapidly evolving. The edu-

cation and training experiences of general internal medicine physicians need to include knowledge of team member roles and responsibilities; new skills, such as team leadership; informatics; and quality and patient safety measurement.<sup>1,2</sup> We need to develop and evaluate interprofessional training venues and encourage our own team members to participate in SGIM. Research methods will continue to evolve to provide high-value team performance information from existing and new data sources. Integration and coordination of physician efforts with non-physician professionals and patients is critical to the success of generalists and health care reform.

David C. Thomas (chair) and Sharon Straus (co-chair) will lead the 2015 Annual Meeting Program Committee. They have assembled their own incredible team to plan the meeting focused on how teams increase value. There is a dearth of data about the structure, function, training, roles, and accountability of interprofessional teams in new primary care delivery system models such as the patient-centered medical home and VA’s patient-aligned care team—not to mention inpatient care teams focused on quality, patient safety, and care transitions.<sup>3</sup> The Association of Chiefs and Leaders in General Internal Medicine (ACLGIM) is considering a program for interprofessional team leadership,<sup>4</sup> and a critical ingredient will be methods to include patients and other stakeholders in team-based

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care. We hope SGIM members will also hear how many organizations are now developing payment and financing strategies to support team-based care in the form of accountable care organizations and provider networks. SGIM members are involved in innovative informatics applications supporting teams that provide high-value patient care and health services research to evaluate team impact on the value of care provided to patients. Finally, SGIM and other organizations are participating in building coalitions to continue delivery system transformation to teams that provide high-

value care to patients, high-value research, and team-centered education. Please consider submitting to the 2015 meeting in Toronto, and especially consider volunteering to help the Annual Meeting Program Committee plan an outstanding SGIM annual meeting.

### References

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