

The Journey from I to We: Building Effective Teams

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In 2000, the Institute of Medicine (IOM) report *To Err is Human* served as a call to action to improve patient safety.¹ Meaningful improvements have been difficult to achieve, however, and require a systemic, multidisciplinary approach to preventing medical errors.

In the last decade, the health care industry has moved from defining and measuring quality to publicly reporting performance metrics. The Patient Protection and Affordable Care Act (PPACA) has emphasized the concept of teamwork, requiring health care professionals to work with multidisciplinary teams. Unfortunately, most health care professionals currently in practice were not trained to work in a multidisciplinary framework.

Nonetheless, interprofessional teamwork is viewed as a critical component of high-value, safe, and effective health care. Teamwork not only enhances professional satisfaction but can also produce measurable gains in efficiency and outcomes by emphasizing disease management and prevention over acute episodic care.² Emerging evidence suggests that team training not only reinforces good team behaviors and attitudes but also improves clinical outcomes and patient satisfaction and reduces medical errors.^{3,4}

Within this new paradigm shift from solo performers to high-functioning teams, teamwork skills need to be developed and practiced to achieve the best patient outcomes.

Team and Teamwork

Mosser et al. define teams as groups of interdependent individuals who share responsibility for

achieving a common goal, with each individual having sufficient authority to take action to achieve the goal.⁵ In addition to physicians, patients, and health care workers such as registered nurses, social workers, pharmacists, and administrators are essential to the clinical team. Understanding the unique roles, skills, experience, and education of team members builds a foundation for cooperation and appreciation of shared resources to achieve the desired outcome. Salas et al. identified five core components of effective teamwork: 1) effective team leadership, 2) mutual performance monitoring, 3) backup behavior, 4) adaptability, and 5) team orientation.⁶ Additionally, a shared mental model, closed-loop communication, and mutual trust were identified as important facilitators of the five teamwork skills.

Resources to Promote Teamwork

Geographic cohorting of patients to specific inpatient units can improve nurse-physician communication and thus be used as a first step in creating an environment that promotes inter-professional teamwork.⁷ Whiteboards in patient rooms, checklists, interdisciplinary bedside rounds, and daily huddles can be useful tools for ensuring safe hand-offs between hospitalists and other members of the health care team.

Adoption of a team training curriculum such as AHRQ's Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), Crew Resource Management (CRM), and VA Medical Team Training (MTT) can help build physician teamwork skills. In addition, simulation can provide opportunities for

deliberate practice in realistic and safe environments.

At our own academic medical center, we trained multidisciplinary teams on a general inpatient unit using TeamSTEPPS and supplemented training with simulation to increase the effectiveness of the curriculum. The majority of the participants at our team-training workshop felt that the workshop was useful and that the skills they learned would be transferrable to their practice on the inpatient unit.

Challenges to Effective Teamwork

Organizational culture can be a significant barrier to effective teamwork. Before undertaking any teamwork training or activity, it is imperative to assess readiness within the organization and unit as well as among participants. Local frontline stakeholder buy-in is as important as organizational leadership buy-in. Resistance to change, personality conflicts, and a culture of independent practice can act as potential barriers to team building. Our own experience promoting teamwork on a general medicine inpatient unit was hampered by a lack of complete buy-in from all the key stakeholders working on the unit.

Conclusions

Teamwork and collaboration are cornerstones of success for high-reliability organizations. By providing resources and team-based incentives, organizational leadership can help cultivate a culture that promotes teamwork. Hospitalists are in a unique position to lead and manage these efforts.

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