

## FROM THE EDITOR

# THE SCRUM

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SGIM Forum

Over the last year, I became a fan of rugby. Don't ask me why. I still don't get all of the rules but I can at least follow the ball. Rugby fans know that at this time of the year we are in the thick of the Six Nations Championship, a tournament that includes France, Italy, England, Wales, Ireland, and Scotland. Last year, I had the opportunity of seeing Ireland beat England in Dublin on their way to a Grand Slam (they essentially beat everyone else). Even though I still lack the knowledge to appreciate the nuances of the game and many of its rules (I can't figure out what *off-sides* is regardless of the sport), I can still appreciate how teamwork and execution can be effective to reach a goal and win the game. I also used to be an American football fan. But the Jets and the NFL's handling of chronic head trauma among their players had me rethink that.

Early on in my career, I often heard and described the Primary Care or Generalist Physician as the “quarterback” of a patient's care. Interestingly, the focus was always on the physician as the only member of the healthcare team responsible for coordinating the care of a patient. Rugby and American football have similar origins but, unlike American football, rugby is faster paced and members on the team have much less specialized roles. However, some of the positions are fairly similar: for instance, two members of the 15-member Rugby team, the scrum half and the fly half, carry out a similar role and are closest to a quarterback in American football.

In the era of the Patient Centered Medical Home (PCMH), I now believe that rugby is a more appropriate sports metaphor for delivering care than American football. Primary care physicians and hospitalists are more likely to work in teams with other professionals, some with specific roles like pharmacists and psychologists and some with complementary roles, such as nurse practitioners and physician assistants. In rugby, a scrimmage is called a *scrum*. To me, a scrum is akin to a huddle where healthcare teams typically convene prior to delivering care at the outset of care delivery. In the huddle, the role of the lead team member is often but not always that of the physician and can appropriately change given the patient or the clinical issue at hand. At the Zucker School of Medicine, our primary care internal medicine track trains residents as part of an interprofessional team. In our resident practice, the IMPACcT Clinic, huddles are routinely used and organized such that the medical assistant, pharmacy, or

physician assistant (PA) student take on the role of huddle leader when it is clear they are the one most knowledgeable about a patient and what are the goals of the visit. The rugby concept of multiple quarterbacks is a great metaphor for medicine.

In rugby, the scrum half and the fly half are good examples of interchanging leadership responsibilities on a team. The scrum half collects the ball and gets it into open play. He or she often has to get it over to his or her colleague, the fly half. The fly half is the playmaker in rugby. It is his or her job to read the state of play and make timely decisions: to run, pass, or kick the ball. All the while opposing players are running towards him or her (there is no blocking). In medicine, we as physicians often have other healthcare team members that we rely on when caring for patients. Medical assistants and other front-line staff get us in the game while pharmacists, psychologists, etc., help us read the state of play and aid in diagnostic and therapeutic decisions. All this happens with no time outs or commercial breaks.

What does this have to do with this month's *Forum*? Mostly to highlight the point about how state-of-the-art primary care can be delivered. *Forum* never lacks for examples of team-based interprofessional care and education from SGIM members. Danielle Zipkin and her colleagues describe a tool to teach both EHR skills and interprofessional roles in the ambulatory setting. Recognizing the diverse nature of an interprofessional team, Dr. Zipkin and her coauthors show how they use the EHR to teach residents how to effectively collaborate and communicate with all team members and how to share tasks with a team of nurses, pharmacists, and social workers. This month's issue also features a piece in which Dr. Nancy Keating reminds us that the Patient-Centered Outcomes Research Institute (PCORI) needs a reauthorization and how “Friends of PCORI” are gearing up to support it. The Health Policy Committee puts out a call for SGIM members to get involved and change practice, education, and research through the use of white papers. In addition, this issue presents a feature that I would love to see more of—a book review. Dr. Tiffney Leung gives her thoughts on the book *Graphic Reproduction: A Comics Anthology* by Jenelle Johnson. How to use coding and documentation to teach residents and a Perspective piece from a young faculty on attending the annual meeting makes for a great issue.

Go Team!!

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