

High-Performance Teams for Current and Future Physician Leaders: An Introduction

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The scope of patient management increasingly crosses the defined lines of multiple medical specialties and services to meet patient needs. Concurrently, many hospitals and health-care systems have adapted new multidisciplinary team structures that provide patient-centric care as opposed to the more traditional discipline-centered delivery of care. As health care continues to evolve, the use of teams becomes even more critical in allowing interdependence between multiple disciplines to provide excellent care delivery and ongoing patient management. The use of teams permeates the health-care industry (and has done so for many years), but confusion about the structure, role, and use of teams contributes to limited effectiveness. The health-care industry's underuse of the fundamentals of corporate teamwork has, in part, created ineffective team leadership at the physician level. As the first in a series of documents on teamwork, this article is intended to introduce the reader to the rudiments of team theory and to present an introduction to a model of teamwork. The role of current and future physician leaders in ensuring team effectiveness is emphasized in this discussion. By educating health-care professionals on the foundations of high-performance teamwork, we hope to accomplish two main goals. The first goal is to help create a *common* and *systematic taxonomy* that physician leaders and institutional management can agree on and refer to concerning the development of high-performance health-care teams. The second goal is to stimulate the development of future physician leaders who use proven teamwork principles as a powerful modality to achieve efficient and optimal patient care. Most importantly, we wish to emphasize that health care, both philosophically and practically, is delivered best through high-performance teams. For such teams to perform properly, the organizational environment must support the team concept tangibly. In concert, we believe the best manner in which to cultivate knowledge and performance of the health-care organizational mission and goals is by using such teams. (J Surg 65:145-150. © 2008 Association of Program

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INTRODUCTION

In the United States, large corporate entities were the first organizations to adopt the team concept in an attempt to satisfy a human relations movement as well as to improve productivity by incorporating the Japanese management model.¹⁻³ These initiatives were part of an effort to create less bureaucratic organizations in which teams formed the basic unit of empowerment between employees—small enough for efficient and productive involvement within the larger organizational structure, yet large enough for collective strength and synergy created by diverse skills and talents.

Accordingly, the psychological/sociological research on teams is traditionally associated with the literature on corporate strategy. Yet, teams have been a mainstay in the health-care industry for decades.⁴ Even so, teamwork as a tool has been relatively stagnant in its development as compared with corporate team research and development. Recently, the relevance and emphasis of teamwork in health-care delivery has increased for several reasons. Foremost, the necessity of multidisciplinary care created by changes in the health-care environment requires a team approach by definition. It should be emphasized that health care, both philosophically and practically, is best delivered using proven principles of high-performance teams. In the last 20 years, exponential advances in scientific discovery, evidence-based practice, and the diagnostic/therapeutic armamentarium have created increasingly specialized and sophisticated patient care delivery. With this continued specialization, the numerous disciplines involved in the delivery of care have become increasingly interdependent.^{5,6} Second, teams are considered to be more effective than hierarchical or bureaucratic forms of health-care delivery in terms of efficiency and quality

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of care for patients.⁷ The economics of health care has forced organizations to reconsider how care is delivered, with many health-care systems increasingly abandoning the more traditional and bureaucratic structures for newer forms such as the team-directed approach. It is recognized widely that teams—by combining multiple skills, experiences, and judgments of individuals—can realize better results than can individuals who work separately within specific job roles and responsibilities.⁸ Third, a philosophical shift has occurred in the culture of organizations toward the team concept. A prime example is a hospice, which uses this concept as the ideologic foundation for accomplishing its intended mission.⁹ In a hospice, the special skills, knowledge, and experiences of diverse health-care professionals are brought together to provide both medical and emotional care for terminally ill patients and their families.

A paucity of familiarity and training exists in team care excellence among most health-care professionals, despite the existence of a variety of teams in the health-care setting.^{10,11} Examples include interprofessional clinical teams, hospital management teams, quality improvement teams, committees, and task forces. Frequently, hospitals require teams composed of administrative and clinical staff to address process improvements, new service development, and other operational issues.¹² From an ideologic (and, often, marketing) standpoint, teamwork is the centerpiece of clinical care at many academic and private health-care institutions. Often, teams are charged with the responsibility of facilitating the educational process for students and residents. Furthermore, the Joint Commission (formerly JCAHO) also requires that certain aspects of patient treatment planning be multidisciplinary in nature.¹³ Primary care specialties have used team approaches to health care in an increasingly holistic manner, with a focus on healthy lifestyle, disease prevention, and ambulatory care. Teams are an integral part of every health-care organization, and achievement of an organization's short-term goals and long-term vision requires a successful team approach.

This article provides an introduction to a model of teamwork and discusses its potential in creating high-performance teams in health-care organizations. The role of the physician leader in ensuring team effectiveness is emphasized in this discussion. In subsequent articles, we will introduce elements of the model not discussed here as well as address issues regarding the creation of teams, ongoing management of teams, potential dysfunctions, and methods of intervention. With proper implementation, use, and management, the high-performance team concept has the potential to provide a unique modality of care delivery that is geared toward a common, central purpose: systematically improving the standard of patient care.

A MODEL OF TEAM PERFORMANCE

Many distinct challenges exist to create and to manage teams in the health-care environment primarily because teamwork is a multifaceted concept. Integral components of theory include team models and structure, organizational structure, team-level

and organization-level philosophies, adaptability, team dynamics, and performance assessment. Much of the prior literature that characterizes health-care teamwork focuses on individual facets of the team concept rather than addressing a comprehensive framework for the development and use of health-care teams. A more comprehensive analytic model for categorizing the facets of teams is needed. In response, considerable research has occurred in developing models of teamwork.¹⁴⁻¹⁷ Many models are not tailored toward health-care teams; the focus is on more generic aspects of teamwork. However, they still remain useful as a framework for the development of a future health-care model. Here, we introduce one particular model that is the product of a meta-analysis of the current literature on a health-care teamwork.¹⁸ It is important to note that no single model can capture all components of teamwork. The literature identifies collectively over 130 skill labels, many that have considerable overlap.¹⁹ However, a model that captures systematically and organizes most facets will be extremely helpful in facilitating health-care team development.²⁰ This particular model is organized in a hierarchical fashion with varying levels of conceptual understanding. The model consists of 4 major “domains” that exist at the highest conceptual level: structure, context, process, and productivity. At lower conceptual and hierarchical levels, each domain has multiple dimensions, with each dimension categorized further into specific elements, which include the different experiences and behaviors that characterize the dimension. An in-depth discussion of the multiple levels of this model exceeds the scope of this article, primarily because the lower and more specific aspects of the team model often become industry-specific and are not broadly applicable. Instead, the goal of this team series is to define the framework for team model analysis while simultaneously providing the reader with adequate depth to encourage independent learning. Knowledge of the model will provide physician leaders with a *common language* useful for identifying and defining the key behaviors and actions necessary for effective medical team performance, as well as a foundation for a critical analysis of the teams in which they function. Here, we introduce the domains

TABLE 1. The Major Domains of Teamwork

Major Domains of Teamwork	
Structure	Team—Members, Roles, and Hierarchy
	Organization—Compatibility and Support for Teams
Context	Team—Emotional or Operational Climate for Members
	Organization—Operational Climate for Teams
Process	Interdependence—Defining Member Roles and Team Strategy
	Growth and Development—Aligning Personal and Team Goals
Productivity	Measures and Metrics—Assessing Team Performance
	Plan of Action—A Blueprint for Team Success

(Adapted from a proposed teamwork model by Heinemann and Zeiss.)

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