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# TEAM WORK IN A MEDICAL UNIT: DREAM OR A REALITY

Orthopaedics

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KEYWORDS

'TEAM- Together Everyone Achieves More' is a guiding principle in all departments in all organizations. On literature search, we can find plenty of materials relating to goals, principles and strategies for team work in health care settings. But are we practising it in clinical settings? And if not, is it due to lack of knowledge and skill regarding implementation of strategies for team work or is it due to attitude problems of leaders who want to force their way of thinking and their opinion in everything and then blame others or juniors for any error which is incurred? Cohesive health care teams have 5 key characteristics- Clear goals with measurable outcomes, clinical administrative systems, division of labour, training of all team members and effective communication [1]. The quality of team work is associated with higher quality of patient safety care systems and is imperative in reducing errors. This requires that staff be comfortable in recognizing and discussing challenging situations. Structural briefing and debriefing are an effective team strategy, but they like all other interventions require strong leadership to realize their benefits [2]. The hall mark of high performing organizations is that leaders defined a very clear set of behaviours that apply to everyone whether they clean the floor or are the chief of staff [3]. Smart teams are not simple team of smart members and collective intelligence requires social perceptiveness of team members or their ability to infer others mental state such as beliefs or feeling based subtle cues [4]. The study highlights that for creating smart team two critical communication processes are required from team members i.e. (a). Speak up when their expertise can be useful & (b). Influence the team's work so that the team does its collective best for the patient [4]. The incorporation of sharing responsibilities with accountability between team members in health care systems offers great benefit. However, shared responsibility without high quality team work can result in immediate risk for patients [5]. As is a common saying 'where everyone is responsible actually no one is responsible', which can be a dangerous situation for health care services.

Interdisciplinary rounds have been used for many years as a means to assemble team members in a single location [6]. It brings concerned doctors and nurses physically together at a given time and place and discussing patient related management strategies is a simple and time tested manner of team work. Replacing this with discussion on whatsapp and mobile phone may be a convenient method of sharing information but may lead to communication gaps. Use of inter disciplinary rounds have been associated with lower mortality amongst intensive care unit (ICU) patients [7].

Surgical care is a team based approach and relies a lot on quality of surgeon information transfer and communication about the patient and plan of care for that patient. A study carried out to determine the nature of surgeon information transfer and communication error found that errors can be classified into four types which includes blurring boundaries of surgeon and surgical residents responsibility for aspects of care, decreasing surgeon familiarity with aspects of patient situation, diverting surgeon attention away from patient's situation, distorting or inhibiting the amount and/or nature of information communicated among care providers [8]. Objective observational measures are needed in surgery as a basis for interdisciplinary team assessment and training. The 'Observational team work assessment for surgery (OTAS)' tool assesses two facets of surgical process. Observer 1 monitors specific tasks carried out by team members, under the categories patient environment, equipment provisions and communications. Observer 2 uses a behavioural scale to rate behaviour for three surgical phases (preoperative, operative and postoperative with components of team work-cooperation, leadership, coordination, awareness and communication). The OTAS tool enables two independent observers i.e. a surgeon and a psychologist to record detailed information both on what operation theatre team does and how they do it and has the potential to identify constraints on performance that might relate surgical outcome [9].

Practical tips for effective team work for health care professionals are [10]-

- Always introduce yourself to the team
- Clarify your role
- Use objective & not subjective language
- Be assertive when required
- State the obvious to avoid the assumptions
- Ask questions, check and clarify
- Delegate tasks to specific people, not to the air
- If something does not make sense, find out other person's perspective
- When in conflict, concentrate on 'what' is right for the patient and not 'who' is right or wrong

**Barriers To Team Work In A Medical Setting Are-**

i. Ignorance regarding knowledge and skills of formation and functioning of a team. A study shows that focus on individual accountability and achievement that results from existing models of health professional training is not consistent with the competencies required for effective team work [11]. Finally researchers have began to identify skills that define team performance in health care and it includes making inquiries and assertions, communicating , giving and receiving feedback, exerting leadership, maintaining group climate and re-evaluating actions [12]. Thus medical education needs to include in its curriculum standard operating procedures (SOPs) for team work and ways to evaluate and improve. Bynum published a commentary in which he stated that strong teams take time to form, and is challenging in a rotational model as he observes that just as the team begins to develop cohesion and get to know each other, people are off to new group with different personalities. He noted that it is upto attending chief and senior residents to set the tone [13].

ii. Ineffective leadership. In a health care setting, a team leader is a departmental head or unit head and has to perform the role of giving directions to the team. A departmental head is not given any formal or structured knowledge regarding leadership. He runs the department based on his observations of his peers and his belief systems which define his attitude. Effective team work requires not only teaching of specific team work tools and behaviour but also effective leadership and an acute understanding of safety culture environment in which the team operates [14]. The team leader's knowledge of subject is not good enough for good results unless he adept in team work. A proud and confused head cannot lead his team properly. The outcome is borne by patients and junior most residents or nursing personnel, who are blamed for all shortcomings thereafter. Leaders of clinical teams should have the qualities to manage the group [15]. There are three recognized styles, directive which tend to be autocratic, participative which is inclusive and delegative which equates with laizzez faire, out of which participative is the most popular type of leader among employees. Effective leaders always set a positive, active tone and continuously invite other team members into the conversation, both for their expertise and to voice concerns. A highly intelligent and qualified

team leader besotted with nepotism and jealousy may not delegate a certain task to appropriate team member and thus lead to adverse outcome in patient care.

**Absence Of Knowledge, Skill And Attitudes In Team Work Can Result In Following Behavioural Patterns Resulting In Adverse Outcomes-**

I. Impatience to listen by seniors. When people in authority do not give ears to juniors' medical and paramedical personnel out of arrogance or to avoid facing a problem, the problem grows and bursts one day like a volcano, causing widespread damage and destruction. Sometimes advice and suggestions of colleagues are not heard, which may have been useful, if deliberated and thought about.

II. Inability to take decisions. Sometimes in critical situations, important decisions need to be taken. Lack of ability and courage by team leader often is the cause of confusion and complications. An individual who is not good at decision making and by seniority becomes a team leader without developing the quality, this may be disaster in critical situations.

III. Inability to communicate. A team may be a big or small, comprising of people of different designations. Improper and absence of communication skills, as is evident by inability to chair small group discussions can lead to tactics of avoidance, inaction leading to adverse outcome. Communication gaps may be in the form of non clarity of words, non clarity in the content of the speech regarding the issue being discussed, inaccurate information sharing etc. People being given instructions may not understand, hear, register or forget what has been told to them.

IV. Inability to coordinate. In a unit, everyone's role and work has to be defined to be able to coordinate any activity. Absence of standard operating procedural guidelines or procedures can lead to in coordination. Sometimes, all doctors are not equally committed to the care of the patient. A patient who is one doctor's priority is often not the priority of others. Although doctors see the patient individually, they may not meet as a group to discuss management.

V. Arrogance of junior medical and paramedical personnel including nursing staff. At every level, arrogance may disrupt team work, as they refuse to ask, inform the seniors and follows instructions as and when required and appropriate. Inability to accept mistakes and blaming the other attitude, only adds to the confusion in the patient care services and thus lead to potentially adverse outcome.

## CONCLUSION-

Though “team work” in all organisations is greatly emphasised to get good results in any sector of life, however very few departments have actual team work spirit. If teams are such a good idea, why are not they more prevalent? Teams have some inherent drawbacks as they require dealing with challanges of human relationships and personalities. While some team members may shine as initiators, clarifiers or encourager, others may play negative roles as dominators, blockers, evaders and recognition seekers [16]. A leader needs a spiritual mindset to control his own ego and give space to others and administrative abilities to control the arrogant and direct the ignorant to be able to perform well in the medical field, which translates into fewer adverse events, leading to decreased treatment related morbidity and mortality. More psychological research is required on how team members form cohesive social units, inter disciplinary function and adapt over time to achieve goals and manage complex work contributes to educational, technological and work redesign interventions to improve health care delivery, patient outcome and public health [17].

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