Building Highly Functional Interprofessional Teams in our Practices

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A team can be defined as “a small number of people with complementary skills, who are committed to a common purpose, set of performance goals, and approach for which they hold themselves mutually accountable.” A core part of the patient-centered medical home and other comprehensive primary care models involves increasing the use of advanced team approaches to care, which includes integrating new team members as well as training and empowering existing staff members to work to the highest level of their knowledge, skills, ability, and licensure. Such team-based approaches decrease medical errors, increase the level of innovation in practices, and improve quality of care, patient satisfaction, staff satisfaction, and clinician satisfaction if done well. Teams work most effectively when they have the active participation of all team members, a clear purpose and common vision, good communication, a set of protocols and procedures, and effective conflict resolution skills and mechanisms. Successful teams recognize the professional and personal contributions of all members, promote both individual development and team interdependence, recognize the benefits of working together, and see accountability as a collective responsibility. An interprofessional team approach creatively uses the different skill sets within the practice to collectively share responsibility for meeting patient and family needs, with clearly defined roles. This necessitates understanding the roles and abilities of each individual and the functions they provide, as well as providing training for staff to reliably take on new tasks and responsibilities. Primary care practices face challenges in implementing team-based approaches, with clinicians and staff members poorly prepared for true team-based care. Despite an increasing focus on interprofessional education at medical schools and health sciences campuses, preparation of medical students, primary care residents, and other health professionals to work in highly functioning teams is still suboptimal.

To prepare our trainees to work effectively in interprofessional teams, we need to transform our clinical practices to model such teamwork. Implementing true team-based care involves changes in leadership styles for most practices, as it is a big culture change to empower teams and allow team roles to expand, especially in hierarchical residency practices. Teamwork is strongly impacted by the culture of our residency practices and programs, and a clear vision of the importance of teamwork could produce innovative new ways of working together and overcoming resistance to change and turf wars about scopes of practice.

This issue of Family Medicine includes a paper by Stock and colleagues describing the development of the Team Development Measure, a new survey tool that can be used to assess team functioning in primary care practices as well as assist practices in team development. Their instrument provides a framework for measuring and understanding four key elements for building teams, starting with team cohesiveness, followed by team communication, then definition of team roles and goals, and finally moving to a sense of team primacy, where team members value the goals and accomplishments of the team more highly than
their own. While this team assessment and its accompanying model for team development needs further research and testing, it provides a great tool and framework for residency and community practices to further understand and work toward the development of highly functioning teams as a part of their practice transformation efforts.

In response to the Institute of Medicine’s report on medical errors and patient safety in 1999, the Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) program was developed by the Department of Defense’s Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality. TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes and improving patient safety by improving communication and teamwork skills among health care professionals, with a particular emphasis on improving care quality and safety. The TeamSTEPPS program provides a set of materials and a training curriculum to integrate teamwork principles into health care systems, with the materials available through the AHRQ website at http://teamsteps.ahrq.gov. TeamSTEPPS training focuses on four key components—leadership, communication, mutual support, and situation monitoring. While originally developed for hospital teams, it is currently being modified for primary care use, with initial versions of those materials available through the TeamSTEPPS web site. A TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ) has been developed to assist in the evaluation of the TeamSTEPPS and may also be of use in assessing perceptions of the level of teamwork in practices.

In The Five Dysfunctions of a Team, Lencioni outlines five key problems that cause teams to fail. These include the absence of trust, a fear of conflict that results in an artificial sense of harmony and a lack of innovation, a lack of accountability by team members, and inattention to team goals. Our practices (and our training programs in general) have often provided splendid examples of all of these dysfunctions. While all primary care practices need to be actively working on building more functional and effective team-based models of care, this is particularly crucial for our residency and other training practices. The use of tools such as the Team Development Measure or TeamSTEPPS can provide useful evidence-based assistance for these endeavors. Practices that haven’t yet focused improvement efforts on building highly functional clinical teams are strongly encouraged to consider investigating these and other team development models and to proceed with this important work.

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**References**