

Building teams for effective audit

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"Difference of opinion leads to inquiry, and inquiry to truth" THOMAS JEFFERSON

In all the variety of structures and of methods which constitute audit in Britain the one common factor seems to be that people are not conducting their audits on their own. Almost by definition, audit takes place in some sort of group. These audit groups usually comprise a single profession (most commonly doctors, since funding is so narrowly targeted) and reflect a bringing together of the clinical teams of a single specialty, specifically for conducting meaningful audits. This paper will argue why the audit group should work as a team and how it might best achieve this.

The differences between a group and a team are slight but important. The *Oxford English Dictionary* tells us that "a group" is "a number of persons belonging or classed together;" so an audit group might contain all doctors, or all rheumatologists, or all those concerned with patient care in rheumatology. However, a group does not have to have a purpose, just a characteristic in common and, social psychologists argue, face to face contact. A "team," on the other hand, is the term usually applied to a group which has some task or common purpose. So all teams are groups, and therefore the findings of research in social and occupational psychology on both teams and groups are relevant to them.

Team characteristics

The first definition of a team that the *Oxford English Dictionary* provides is "two or more beasts of burden harnessed together." This may feel highly appropriate to many health service workers, though it is not quite the meaning most organisations envisage. Nevertheless, the opportunity for discussion and sociability and the chance to shift the load occasionally that is implicit even in this type of team lets us realise that even if we are "beasts of burden" life might be easier and pleasanter if we work together towards a common aim than if we work alone. The second definition refers to a "set of players on one side in some games – for example, football." Although an audit team is not opposing any other team, the football analogy adds again to our understanding of the attributes of a team. The football team has a captain, the players have distinct capabilities and functions but can take over the functions of other players when necessary; even the fact that its purpose might sometimes be defensive may be interpreted as a useful characteristic for audit. The final definition refers to "combined effort" and "organised cooperation," and here we arrive at

the meaning of team in the workplace – that is, a group of people coming together to get things done. The box sets out the characteristics of teamwork.

Characteristics of teamwork

- Common goal
- Diversity of skills and knowledge
- Support for team members
- Acceptance and management of conflict
- Development of individuals
- Working towards unity

Effective team working is very different from old styles of organisational structures, in which a manager (or consultant) is in charge of various individuals and unity of views, purpose, and many other factors, is simply assumed. An effective team, on the other hand, will welcome diversity and opposing views while working towards unity and managing conflict.¹ Although a traditional management approach assumes that people are skilled, an effective team will foster development of its individuals, not through confrontation or criticism (as a large proportion of junior doctors see happening in audit groups²) but by recognition that the audit activity itself is an exploration of uncharted ground which will inevitably entail the need for various new skills in each team member.

Teams for innovation

Above all else, audit is concerned with innovation: the activity as a whole is new to most clinicians, the methods are still being developed, and the whole aim of audit is to bring about change in terms of patient care. Because teamwork is the most effective means of bringing about innovation in organisations³ it is teams that we should look to in order to solve the demands for change that the audit process entails.

INNOVATION IN EDUCATION

Although the white paper¹ seemed to assume that all clinicians were able to conduct medical audit, most were ignorant of what it entailed – an unsurprising consequence of absence of any previous training in methods beyond a knowledge of a basic research model which was frequently more confusing than helpful in terms of audit. In this sense, audit is new for all of us – clinicians, audit officers, and managers alike.

Ignorance of any sort is likely to cause stress and difficulties in groups through defensive behaviour (and most probably contributed to

the conflict reported in one of the case studies of small group working by Newton *et al* (p 256).⁵ In more traditional management groups if those with lower status have more knowledge than those with high status this can create serious difficulties with the groups' functioning,⁶ not least in their decision making. For example, in a classic study⁷ bomber crews were given a difficult task which no crew could initially complete. During "a break" one member of each crew – either the pilot or the tail gunner – was given a piece of information which would help. But the suggestion was much more rarely adopted when presented to the group by the gunner than the pilot. However, in teamwork a diversity of skills and states of knowledge is presumed and welcomed. An effective team leader would recognise and develop the diverse skills of each member whatever his or her status or professional group.

INNOVATION AND COMMUNICATION

Whenever change is necessary the most important need is for good communication. In terms of audit this will be communication about training, methods that work, standards of care, and changes that are brought about. Communication is not a one way process (for example, down a hierarchy) but always a two way process; otherwise, there is no mechanism for registering whether information has been received. For this reason teams are ideal for such an innovative activity as audit. So long as discussion is real and the views of everyone present are able to be expressed then true innovation is much more likely.

INNOVATION IN SETTING STANDARDS

Audit methods are still developing. However, setting criteria and standards is becoming an increasingly central aspect of most methods, and therefore new ways to tackle this difficult and new activity are needed. The inherent difficulty is caused as much as anything by consultants and junior doctors being made aware, often to a greater extent than they previously realised, of the variety of methods that make up everyday clinical care. In a traditional group such exposure to uncertainty is likely to be met by storing up opinions and formation of subgroups; in a team the support that can be provided by each member can encourage a tolerance to cope with this ambiguity, especially under a leader who can use it to demonstrate, among other things, the need for audit.

In setting standards what seems to be required is not a division of individuals (by profession or by specialty) but joining of appropriate people who might contribute to developing audit methods, setting standards for the process of care, and understanding what we mean by good outcome. Situations may even occur where what is a good outcome or a good aspect of care to one professional group is a poor outcome to another. Unless we audit in diverse groups we will not be able to appreciate something even so fundamental for patient care as this.⁸

INNOVATION IN PATIENT CARE

By definition, an audit team will have a central purpose for its work, and this should reflect the organisational goals as a whole. Why as an organisation, and as a profession, and as a team are you doing audit? Addressing the primary goal in this way is rare at all levels, perhaps because the answers seem obvious. However, spelling out even an obvious goal makes the team concentrate on the means it has of achieving it in the best possible way.

Although the agreed goal may vary slightly between hospitals or units, on the whole audit is probably being conducted to enhance the quality of patient care. Audit may also provide continuing education for those involved, but this is subordinate to the primary goal. Once this is agreed, it becomes clear that working in isolated professional groups or working as an unquestioning group of individuals is unlikely to bring about the concerted effort needed to improve patient care. The importance of real teamwork, which encourages diversity rather than uniformity, then becomes even more apparent; the necessity of clinical audit, as opposed to the narrower confines of medical audit, is an inevitable step for those attempting to improve patient care by the most optimal means.

Ingredients for effective teams

Effective teams display certain key attributes:

- (1) Diversity of members
- (2) Size
- (3) Ability to deal with conflict
- (4) Action planning
- (5) Leadership.

DIVERSITY

Groups composed of highly similar individuals who hold common beliefs and have similar abilities are likely to view a task from a single perspective. Although solidarity can be useful, it can also lead to an absence of critical thought necessary for evaluating complex problems and for decision making. As I have stated above, the gradual process of teasing out the elements of good patient care can be achieved only by including in the team representatives of all those involved in that care. This will bring together those who influence care and, where possible, those who have to change their practice as a result of the audit.

However, beyond this professional diversity an effective team will always contain several different roles, best played by different personalities. Belbin described the need for this variety in his work on the types of individuals necessary for successful teams,⁹ while the use of well validated personality tests such as the Myers-Brigg type indicator¹⁰ demonstrates a similar need for different preferences in their ways of functioning in groups. Some of the key roles described by Belbin⁹ are as follows.

A leader – initially someone who will promote discussion, appreciate conflict, and work towards unity; later perhaps one who will assign tasks and check performance.

Questioners – are devil's advocates, some who might put forward difficulties which need addressing throughout the meeting and others who are better at bringing together larger scale problems and benefits in the task as a whole. Both will be able to see beyond the detail of the task in hand.

A link with the outside world – As part of a larger organisation a team's work and goals have to fit into that organisation and be appraised by it. Someone in the team must maintain those links.

Team workers – Various people are needed both to see how the team is working during its meetings and to get the jobs done between meetings.

Finisher – Although the leader has overall responsibility for keeping the team focused on its function, another team worker maintaining this focus on a day to day basis – by checking details, attending to results, and concentrating on end products – is useful.

Of course, these team types do not correspond to professional types. Ideally, a team would have individuals whose personality types made them prefer one of these working methods. In practice, a team might find itself short in one or more of the categories and would need to assign that role to someone. For example, in a team whose working involved little questioning, a member might be asked to play devil's advocate for the entire session. Sometimes that is the only way to overcome the difficulty of status differentials in a very hierarchical profession or organisation. Alternatively an observer might be appointed to identify people who seem unable to put their point of view, frustrated by the proceedings, or angry. Although this should be the leader's role, it is sometimes much easier to assign the role to a person who has the team's authority to raise such issues.

SIZE OF THE TEAM

Although hard evidence for the optimum size of groups is sparse, larger groups generally, do not operate as well as smaller groups, say of around seven people, and job satisfaction declines with increasing group size.¹¹ This poses difficulties for audit teams, especially in encouraging diversity of membership. One solution might be to divide an audit programme for one specialty into subgroups of diverse professionals and grades, which meet together at intervals to report back on progress, results, and changes. This approach would enable junior doctors and other health services trainees to gain the experience of achieving complete audits (at least once around the cycle) which they help to design but which are appropriately limited in breadth and so achievable within their job span; it would thus meet one of their chief criticisms of the audit process.²

ABILITY TO DEAL WITH CONFLICT

Conflict in groups is inevitable. As is demonstrated in the figure, too little conflict might be as adverse to performance as too much. An effective team will allow and

encourage people to acknowledge the pressures and work out their differences. It provides the social support that is needed to work in a difficult area – evaluating practice – in an uncertain environment – the health service today. If fears about performance and pressures due to constant change are present, then individual defences are bound to rise as a protective mechanism.¹² One way to tackle this is by drawing attention to the reality of the difficulties as they apply to everyone and so give permission for fears rather than defences; another is to encourage the development of superordinate goals – for example, competition with another trust, or the demonstration of a need for increased resources.

ACTION PLANNING

Once the team agrees its primary task, an action plan for audit can be developed. The plan helps to keep a disparate team focused. The types of questions an action plan should address have been suggested by Woodcock,¹³ and are as follows.

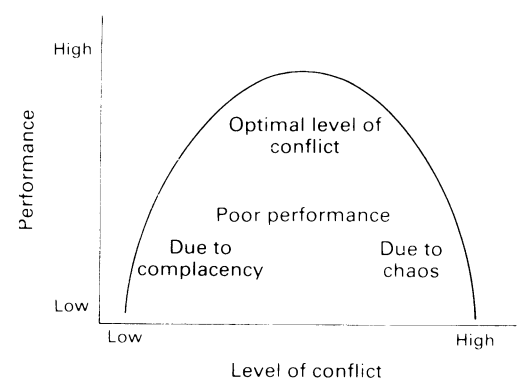
- Purpose
- People to be involved and their roles
- Action required
- Resources to be used
- Timescale.

EFFECTIVE LEADERSHIP

Audit groups are highly autonomous, and as such they can show all the characteristics of good self managing teams: they can provide more job satisfaction through real participation, and greater productivity and innovation through group effort. On the other hand, without effective leadership, such groups can be unusually oppressive and actually undermine individual initiative.

Most studies of leadership have shown that the quality of work achieved by democratic leaders (encouraging full discussion, freedom of working methods, and objective praise and criticism) was greater than that under autocratic or laissez-faire leaders,¹⁴ although the highest quantity of work was achieved by authoritarian leaders (determining policy, task, and techniques; praise and criticism are personal; staying aloof from the work).

Finally, the suggestions for leading a meeting given by Anthony Jay seem useful for those who lead teams¹⁵:



Effect of conflict on performance^{11a}

- (1) Control the garrulous
- (2) Draw out the silent
- (3) Protect the weak
- (4) Encourage the clash of ideas
- (5) Watch out for the suggestion squashing reflex
- (6) Come to the most senior people last
- (7) Close on a note of achievement.

Conclusions

Both within audit and in wider clinical practice we are working within groups which have the potential to be teams. If audit – clinical or medical – is to progress and offer the richness that makes it different from old style peer review or from the scientific research of individuals we need to learn how to create teams and how to work within them. These are new skills – in addition to so many others required of health workers – and will take time to emerge. As Newton *et al* suggest (p 256),⁵ initial outside facilitation is often very helpful, both to develop the team and also to pass on the skills to team leaders. However it is accomplished, the introduction of team working into the audit process will make the achievement of better patient care more enjoyable and more effective for all those concerned.

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