

## Current Opinion

# Health care professional development: Working as a team to improve patient care

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## ABSTRACT

In delivering health care, an effective teamwork can immediately and positively affect patient safety and outcome. The need for effective teams is increasing due to increasing co-morbidities and increasing complexity of specialization of care. Time has gone when a doctor or a dentist or any other health practitioner in whatsoever health organization would be able to solely deliver a quality care that satisfies his or her patients. The evolution in health care and a global demand for quality patient care necessitate a parallel health care professional development with a great focus on patient centred teamwork approach. This can only be achieved by placing the patient

in the centre of care and through sharing a wide based culture of values and principles. This will help forming and developing an effective team able to deliver exceptional care to the patients. Aiming towards this goal, motivation of team members should be backed by strategies and practical skills in order to achieve goals and overcome challenges. This article highlights values and principles of working as a team and principles and provides team players with a practical approach to deliver quality patient care.

### Key words:

Teamwork; Health organization; Quality care; Effective team; Communication.

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## INTRODUCTION

An effective teamwork is now globally recognized as an essential tool for constructing a more effective and patient-centred health care delivery system. Identifying best practices through rigorous research, which can provide data on optimal processes for team-based care, is subject to identification of the core elements of this system. Once the underlying principles and core values are agreed and shared, researchers will be able to more easily compare team-based care models and commissioners will be able to promote effective practices [1]. Therefore, a number of designated health professional bodies worldwide have come out with recent statements to define teams and their roles and the characteristics of a successful team [1-4]. They elaborated on essential values and principles of a team based health care, to share a common ground on this very hot topic. These have all been highlighted in this article. The potential challenges, and practical tips on how to successfully approach the task, have also been explored and included alongside proposed implementation strategies.

## DEFINITIONS, IMPORTANCE AND EVOLUTION

The nature of a team is varied and complex. Though many patients may think that the most effective team is the multidisciplinary team, however, teams may be drawn from a single professional group.

### Definitions:

*A team* can be defined as a distinguishable set of two or more people who interact dynamically, interdependently and adaptively towards a common and valued goal/objective/mission, who have been assigned specific roles or functions to perform and who have a limited lifespan of membership [2].

*Team-based health care* is the provision of health services to individuals, families, and/or their communities by at least two health providers who work

collaboratively with patients and their caregivers—to the extent preferred by each patient - to accomplish shared goals within and across settings to achieve coordinated, high-quality care [5]. The incorporation of sharing responsibilities with accountability between team members in health care systems offers great benefit. However, in practice, shared responsibility without high-quality teamwork can result in immediate risks for patients. For example, poor communication between health-care professionals, patients and their caregivers, has emerged as a common reason for patients taking legal action against health-care providers [2]. Medical errors, “near misses” and other adverse events may also occur due to inadequacy of communication among team members even in a well coherent team [6-10]. Moreover, lack of purposeful team care can also lead to unnecessary waste [11]. Therefore, identification of best practices may help avoiding some of these dangers, and may help to control costs [12,13].

*An effective team* is a one where the team members, including the patients, communicate with each other, as well as merging their observations, expertise and decision-making responsibilities to optimize patients’ care [2]. Understanding the culture of the workplace and its impact on team dynamics and functioning will make a team member a good team player.

### Importance:

Nowadays, patients are rarely looked after by just one health professional. In the context of a complex health-care system, an effective teamwork is essential for patient safety as it minimizes adverse events caused by miscommunication with others caring for the patient, and misunderstandings of roles and responsibilities [2]. Patients are undoubtedly interested in their own care and must be part of the communication process too; their early and throughout involvement has been also shown to minimise errors and potential adverse events [2].

**The evolution of patient care:**

One all-knowing physician, or a private nurse living in the community in the “good old days” cared for people, and either was very easy to approach when needed at any time of the day [1]. Health care has changed enormously since then with more rapid pace in the last 20 years. It is now seen as undesirable in health care to practice in isolation and may even put the patient at risk [14,15]. The complexity of modern health care, which is evolving rapidly acts as a driving force behind the transition of health care practitioners’ from being soloists to members of teams who share a common aim [1].

Today, as both clinicians and patients integrate new technologies into their management process, the overall rapidity of change in health care systems will continue to accelerate. The U.S. National Guideline Clearinghouse has listed over 2,700 clinical practice guidelines now, and, each year, the results of more than 25,000 new clinical trials are published [16]. No single practitioner can handle, absorb and use all this information, and the need for specific knowledge in specialized areas of care by different team members has become a necessity. Now, more than ever, there is an obligation to strive for perfection in the science and practice of inter-professional team-based health care [1]. Each clinician relies upon information and action from other team members. Yet, without explicit acknowledgment and purposeful cultivation of the team, systematic inefficiencies and errors cannot be addressed and prevented [1].

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## THE DEVELOPMENT AND CHARACTERISTICS OF A SUCCESSFUL HEALTH CARE TEAM

Different types of teams can be identified in health care systems [2]:

**Core teams:**

These are directly involved in caring for the patient.

They usually consist of team leaders and members who are direct-care providers such as nurses, dentists, pharmacists, doctors, assistants...etc. They also include case managers.

**Coordinating teams:**

The group responsible for operational management, coordinating functions and resource management for core teams.

**Contingency teams:**

Formed to deal with emergencies or specific events (e.g. cardiac-arrest teams, disaster-response teams, etc).

**Ancillary teams/services:**

The group supports services that facilitate patient care such as cleaners or domestic staff.

**Support services and administration:**

Those who provide indirect, task-specific services in a health-care facility support services. It includes secretaries and the executive leadership of a unit or facility. This team has 24-hour accountability for the overall functioning of the organization.

In order for any team to form and develop in a way that makes it coherent, effective and strong enough to face future challenges, research have shown that it usually passes through the following stages [2]:

**Forming:** Typically characterized by ambiguity and confusion. Team members may be unclear about tasks at this stage. They have not yet chosen to work together and may communicate in a superficial and impersonal manner.

**Storming:** A difficult stage when there may be conflict between team members and some rebellion against the assigned tasks. Team members may get frustrated here when do not progress well in the tasks.

**Norming:** Open communication between team members is established and the team starts to confront

the task at hand. Generally accepted procedures and communication patterns are established.

**Performing:** The team focuses all of its attention on achieving the goals. The team is now close and supportive, open and trusting, resourceful and effective.

After being formed and continue to develop, Health-care teams interact dynamically and have the common goal of delivering health services to patients. In order to succeed, the team members need to share **certain characteristics**, which include [2]:

- Possess specialized knowledge and skills and often function under high-workload conditions.
- Know their role and the roles of others in the team(s) and interact with one another to achieve a common goal.
- Act as a collective unit, as a result of the interdependency of the tasks performed by team members.
- Possess specialised and complementary knowledge and skills.
- Take decisions.

## VALUES, PRINCIPLES AND BENEFITS

The values needed in an effective team member harmonize with the core competency domain of “Values/Ethics” put forward in the meeting sponsored by Inter-professional Education Collaborative (IPEC) entitled “*Team-Based Competencies*”. The following are five *personal values* that characterize the most effective members of high-functioning teams in health care [1]:

**Honesty:** A high value is put on effective communication within the team, including transparency about aims, decisions, uncertainty, and mistakes. Honesty is critical to continuous development and for maintaining the mutual trust,

which is prerequisite for a high-functioning team.

**Discipline:** Team members carry out their roles and responsibilities with discipline, even when it seems inconvenient. Such discipline allows teams to develop and stick to their standards and protocols even as they seek ways to improve.

**Creativity:** Team members are excited and motivated to tackle emerging problems creatively. They see even errors and some unanticipated bad outcomes as potential opportunities for improvement.

**Humility:** Team members do not believe that one type of training or perspective is uniformly superior to the training of others, though they recognize differences in training. They also recognize that they are human and will make mistakes. Hence, a key value of working in a team is that fellow team members can rely on each other to help recognize and avert failures, regardless of where they are in the hierarchy.

**Curiosity:** Team members are dedicated to reflecting upon the lessons they learned in their daily activities and using this reflective experience in *continuous professional development* and the functioning of the team.

### Principles of Team-Based Health Care:

There are many models to describe effective teamwork. Historically, these have come from other industries, such as the aviation’s crew resource management (CRM) [2]. The principles that characterize a successful team based health care include [1]:

**Shared goals:** The team, including the patient and, where appropriate, family members or other support persons, generate a common and clearly defined purpose that includes collective interests and demonstrates shared ownership.

**Clear roles:** There are clear expectations for each team member’s functions, responsibilities, and accountabilities, which optimize the team’s

efficiency and often make it possible for the team to take advantage of division of labour, thereby accomplishing more than the sum of its parts.

**Mutual trust and respect:** Team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement. They respect and appreciate the role of each other. They also respect each other's talents and beliefs, in addition to their professional contributions. Effective teams also accept and encourage a diversity of opinions among members.

**Effective communication:** This is crucial for the teamwork success. The team prioritizes and continuously refines its communication skills. It has consistent and accessible channels for complete communication, and used by all team members across

all settings.

**Measurable processes and outcomes:** Reliable and timely feedback on successes and failures should be agreed and implemented by the team. These are used to track and improve performance immediately and put strategies for the future.

**Leadership:** Effective team leaders facilitate, coach and coordinate the activities of other team members. Effective leadership is a key characteristic of an effective team.

**Benefits of effective teamwork:**

Effective teams can improve care at the level of the organization, the team itself as a whole, the individual team member and the patient (Table 1) [2]:

**Table 1- The benefits of effective teamwork**

Organizational benefits	Team benefits	Patient benefits	Benefits to team members
Reduced time and costs of hospitalization	Improved coordination of care	Enhanced satisfaction with care	Enhanced job satisfaction
Reduction in unexpected admissions	Efficient use of health-care services	Acceptance of treatment	Greater role clarity
Services are better accessible to patients	Enhanced communication and professional diversity	Improved health outcomes and quality of care Reduced medical errors	Enhanced well-being

**CHALLENGES TO EFFECTIVE TEAMWORK**

Several barriers exist to establishing and maintaining effective teamwork in health care [2]:

**Changing roles:**

In many health-care teams, there is considerable change and overlap in the roles played by different health-care professionals. These changing roles

can present challenges to teams, in terms of acknowledgement and role allocation.

**Changing settings:**

Some changes in the nature of health care such as increased delivery of care for chronic conditions require the development of new teams and the modification of existing teams.



***Health-care hierarchies:***

The strongly hierarchical structure of health care can be counterproductive to well-functioning and effective teams where all members' views are considered.

***Individualistic nature of health care:***

Many health-care professions, such as nursing, dentistry and medicine, are based on the autonomous one-to-one relationship between the health care provider and patient. While this relationship remains a core value, it is challenged by many concepts of teamwork and shared care.

***Instability of teams:***

Some health-care teams are transitory in nature, coming together for a specific task or event (e.g. Trauma team).

***Failing teamwork leads to accidents:***

Reviews of high-profile incidents have identified three main types of teamwork failings, namely, unclear definition of roles, lack of explicit coordination and other miscommunication.

***Resolving disagreement and conflict:***

The ability to resolve conflict or disagreement in the team is crucial to successful teamwork. This can be especially challenging for junior members of the team or in teams that are highly hierarchical in nature.

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## PRACTICAL TIPS

**How to apply teamwork principles?**

Here are some tips to help health care teams to head towards successful achievements, which include:

- A life example of a strategic plan.
- Practical tips for health care team members.
- Monitoring progress through patients' satisfaction.

**Practical strategic approach:**

“The context for health care and support is changing. Most significantly, with people living longer, we have a greater number of older patients and people to support, many with multiple and complex needs, and with higher expectations of what health, care and support can and should deliver. Delivering health and care support and services involves us working with people in a new partnership, offering and engaging with people in making choices about their health and care, and supporting ‘no decision about me without me’ [3]. These are statements made by the senior NHS nurses, Midwifery staff and other health related professionals in the UK who have engaged a wide range of professionals and patients in assessing satisfactions and suggestions of these team members in quality of delivered care. Accordingly, they put a strategy to meet the rapidly progressing demands on the service. The purpose of the engagement was two-fold. Firstly, they wanted to get wider views on 6Cs: care, compassion, competence, communication, courage and commitment. They wanted to test whether these would resonate with staff and patients and form a common language of their vision. Secondly, they wanted to test responses to six areas of action that (underpinned by the 6Cs of value and behaviour) which will enable ongoing improvements in care and services for all patients and service users [3]. The strategy addressed equality issues under the Equality Act 2010, considering it from the point of view of both the people receiving care and those giving it. The six areas of action that were supposed to deliver their vision included [3]:

- Action area one: Helping people to stay independent, maximise well-being and improving health outcomes.
- Action area two: Working with people to provide a positive experience of care.
- Action area three: Delivering high quality care and measuring the impact.

- Action area four: Building and strengthening leadership.
- Action area five: Ensuring we have the right staff, with the right skills, in the right place.
- Action area six: Supporting positive staff experience.

#### **Practical tips for health-care professionals [2]:**

- Always introduce yourself to the team
- Clarify your role
- Use objective (not subjective) language
- Learn and use people's names
- Be assertive when required
- Read back/close the communication loop
- State the obvious to avoid assumptions
- Ask questions, check and clarify
- Delegate tasks to specific people, not to the air
- If something doesn't make sense, find out the other person's perspective
- Always do a team briefing before starting a team activity and a debrief afterwards
- When in conflict, concentrate on "what" is right for the patient, not "who" is right/wrong?
- And remember: "Teamwork doesn't just happen". It requires [2]:
  - An understanding of the characteristics of successful teams
  - Knowledge of how teams function and of ways to maintain effective teams.

#### **Patient satisfaction:**

A sensitive indicator for a successful health delivered teamwork is Patient satisfaction, which requires:

#### **C.P.R.**

**C:** Compassionate Communication

**P:** Patient information/Pain management

**R:** Response

For a high patient satisfaction, the delivery of the following is critical [4]:

- Communicate to the patient who you are, what

you do and who are the members of the team.

- Inform the patient daily what their plan is for the day and set expectations – write on the whiteboard so they can see it and revise as they need.
- Inform the patient and family if they have any questions, concerns to call - you are there to help.
- Encourage the patient to communicate how they are doing in managing their pain – their comfort is vital!
- Include the patient - tell them what you are doing in the room, even the simple things like adjusting IV's or taking a vital sign. The more you communicate about what you are doing, the more comfortable they will be with asking questions.

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## CONCLUSION

The ambition of delivering quality patient care is subject to high performance through patient focused teams. However, we need to close a gap between traditional practices and the new attitudes required from an effective team to achieve such a great ambition. Therefore, health care organizations should aim at providing exceptional patient care by adopting wide team based culture in which certain values and principles are shared and transparently communicated among team members including patients who should be placed in the heart of the care.

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## REFERENCES

1. Mitchell P, Wynia M, Golden R, McNellis B, Okun S, Webb CE, et al. Core Principles and Values of Effective Team-Based Health Care. Discussion Paper. Washington, DC: Institute of Medicine; 2012.
2. World Health Organization. Being an effective team player. Available from: URL:[http://www.who.int/patientsafety/education/curriculum/who\\_mc\\_topic-4.pdf](http://www.who.int/patientsafety/education/curriculum/who_mc_topic-4.pdf). Accessed 2 Decemeber 2014.
3. Compassion in practice – nursing, midwifery and care staff – our vision and strategy, the Chief Nursing Officer for England’s Conference. 4 December 2012. Available from: <http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf> . Accessed 19 Aug 2013.
4. Frampton S, Guastello S, Brady C, et al. Patient centered care improvement guide. VII.A. Communicating effectively with patients and families. Boston: Planetree, Inc. and Picker institute 2008. pp 77-199. Available from:
  1. URL: <http://www.patient-centeredcare.org/chapters/chapter7a.pdf>. Accessed 19 Aug 2013.
5. Naylor MD, Coburn KD, Kurtzman ET, Prvu Bettger JA, Buck H, Van Cleave J. et al. Inter-professional team-based primary care for chronically ill adults: State of the science. Unpublished white paper presented at the ABIM Foundation meeting to Advance Team-Based Care for the Chronically Ill in Ambulatory Settings. Philadelphia, PA; March 24-25, 2010.
6. Petersen LA, Brennan TA, O’Neil AC, Cook EF, Lee TH. Does housestaff discontinuity of care increase the risk for preventable adverse events? *Ann Intern Med* 1994; 121:866-872.
7. Horwitz LI, Moin T, Krumholz HM, Wang L, Bradley EH. Consequences of inadequate sign-out for patient care. *Arch Intern Med* 2008; 168:1755-1760.
8. Williams RG, Silverman R, Schwind C, Fortune JB, Sutyak J, Horvath KD, et al. Surgeon information transfer and communication: factors affecting quality and efficiency of inpatient care. *Ann Surg* 2007; 245:159-169.
9. Sentinel Event Alert, Issue 30: Preventing infant death and injury during delivery. [http://www.jointcommission.org/Sentinel\\_Event\\_Alert\\_Issue\\_30\\_Preventing\\_infant\\_death\\_and\\_injury\\_during\\_delivery\\_Additional\\_Resources/](http://www.jointcommission.org/Sentinel_Event_Alert_Issue_30_Preventing_infant_death_and_injury_during_delivery_Additional_Resources/). Accessed November 25, 2014.
10. Gawande AA, Zinner MJ, Studdert DM, Brennan TA. Analysis of errors reported by surgeons at three teaching hospitals. *Surgery* 2003; 133:614-621.
11. Olsen L, Young PL. The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary. National Academies Press; 2010. Available from: [http://www.nap.edu/openbook.php?record\\_id=12750](http://www.nap.edu/openbook.php?record_id=12750). Accessed November 25, 2014.
12. Famadas JC, Frick KD, Haydar ZR, Nicewander D, Ballard D, Boulton C. The effects of interdisciplinary outpatient geriatrics on the use, costs and quality of health services in the fee-for-service environment. *Aging Clinical and Experimental Research* 2008; 20:556-561.
13. Boulton C, Green AF, Boulton LB, Pacala JT, Snyder C, Leff B. Successful models of comprehensive care for older adults with chronic conditions: Evidence for the Institute of Medicine’s Retooling for an Aging America report. *Journal of the American Geriatrics Society* 2009; 57:2328-2337.
14. Grumbach K, Bodenheimer T. Can health care teams improve primary care practice? *JAMA* 2004; 291:1246-1251.
15. Gawande A. Cowboys and Pit Crews. Harvard Medical School Commencement Address, 2011.
16. Institute of Medicine (US) Committee on Standards for Developing Trustworthy Clinical Practice Guidelines. *Clinical Practice Guidelines We Can Trust*. Washington (DC): National Academies Press (US); 2011. Available from: [http://www.nap.edu/openbook.php?record\\_id=13058&page=R1](http://www.nap.edu/openbook.php?record_id=13058&page=R1). Accessed November 25, 2014.