

The Power of Teamwork

WORKING TOGETHER TO ENSURE PROFESSIONAL PROGRESS

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Are doctors of chiropractic team players in the health care system? Are we even in the game? As you ponder these questions, consider how you represent yourself to patients, other health care professionals, third-party payers, the media, government officials and the general public.

During introductions, do you introduce yourself as a doctor or do you go with the "first names only, please" approach? When a new patient tells you about their previous chiropractic experience, how quick are you to support the previous chiropractor's work? Or is this your chance to diminish other doctors of chiropractic by use of chummy references or suggestions that previous treatments received were somehow less than what you can provide?

When a colleague calls your office apologizing for the interruption and asks your chiropractic office assistant to briefly speak to "the doctor" about an important clinical concern, have you instructed your staff to put the other doctor right through or have they been instructed to say that "you are busy with a patient and cannot come to the phone," even if you are actually available? No one likes to be interrupted at work by trivia or "pitches," but consider the bigger picture and your role as part of Team Chiropractic.

It should be recognized in this modern era that teamwork is essential in the provision of health care and that no individual can satisfy every health care need or issue. Effective teamwork has been consistently identified as a requirement for enhanced clinical outcomes in the provision of health care, but there is limited knowledge of what makes health professionals effective team members, and even less information on [how to develop skills for teamwork](#).¹

There is currently little or no formal training in teamwork skill development in chiropractic undergraduate or postgraduate education programs and very limited understanding of how individual health professionals contribute to effective teamwork. Doctors of chiropractic, like other health care team members, do not fully understand the personal competencies required for team success.

It has been suggested that "each team member's abilities, skills experience, attitudes, values, role perceptions and personality... determine what they are willing and able to contribute, their level of motivation, method of interaction with other team members and degree of acceptance of the team norms and goals."² Leggat has identified a [management teamwork competency set](#). It is comprised of leadership, knowledge of organizational goals and strategies and organizational commitment, respect for others, commitment to working collaboratively and to achieving quality outcomes.³

There are many benefits of teams, including being able to meet the complex needs of patients, improving patient care, organizational effectiveness, strengthening overall health care delivery and often overlooked, improved and increased satisfaction in the professional staff. The increasing focus on multidisciplinary care teams is being driven in part, by the increasing number of older patients, often

with co-existing ailments (multiple co-morbidities) whose complex treatment plans require the collaboration of many professionals from different disciplines.⁴

Recent work in human factors research has contributed significantly to the science and practice of teams, teamwork and team performance. Eight new discoveries include: "the importance of shared cognition; advances in team training; the use of synthetic task environments for research; factors influencing team effectiveness; models of team effectiveness; a multidisciplinary perspective; training and technology designed to improve team effectiveness." [Five challenges for future consideration](#) when implementing teamwork include: "an increased emphasis on team cognition; reconfigurable adaptive teams; multicultural influences; naturalistic study and better measurement."⁵

High-performance teams can now be identified as a small number of people (generally less than 10 individuals) with complementary skills who are committed to a common purpose, with performance goals and an approach for which they [hold themselves mutually accountable](#).⁶

It should be clear from the foregoing discussion that team processes benefit from a better understanding and knowledge of the skills of your colleagues as well as the free exchange of information and opinions. However, there are a number of important factors that have been identified which create barriers and sabotage effective teamwork. There can be significant variation in the educational background and quality of professional training both intra-professionally and inter-professionally. These differences often translate into perceptions, right or wrong, that perpetuate significant status distinctions that influence and often impede the nature and frequency of communication or interaction across disciplines and negatively impact the experience of working in teams.

Health care services claiming to offer a multidisciplinary approach to clinical care have led to a melange of pseudo teams which fail to meet even the basic clinical service outcomes. The risk for allied health, as these teams fail, is the criticism that multidisciplinary teams do not work or that allied health professionals are ineffective team members.⁷

Even when provided with extra resources, teams underperform because members may not agree on what the team is supposed to be doing or even about who is actually on the team. The idea that bigger is better is also problematic since as a team grows, the effort needed to manage the links between team members increases exponentially. Team leaders need to be ruthless about defining teams and keeping them small and some individuals (known as team destroyers) should be forced off the team.

Another fallacy about teams suggests that teams whose members have been together for a long time become stale. In fact, research by Harvard professor of organizational psychology J.R. Hackman reveals that [new teams make 50 percent more mistakes](#) than established teams.⁸

Multidisciplinary cooperation is considered an essential quality aspect for teams working in rehabilitation particularly to effectively counter the many competing priorities which occur during a course of therapy as well as to [minimize unnecessary or duplicate clinical diagnostic examinations](#) that waste time, increase costs and generate uncertainty in our patients.⁹

Doctors of chiropractic are at the verge of being incorporated into modern health care teams. The chiropractic profession is diminished when DCs fail to stay current with their postgraduate education,

disparage their colleagues and other health care professionals, or make outrageous claims that are not supported by science, reason or ethical behaviour. The best and most cost-effective outcomes for patients and clients are achieved when professionals work together, learn together, engage in clinical audits of outcomes together and generate innovation to ensure progress in practice and services.¹⁰

References

1. Leggat SG. [Effective healthcare teams require effective team members: defining teamwork competencies](#). *BMC Health Services Research*, 2007;7(17):1-10.
2. Cole K. *Supervision*. Prentice Hall, Frenchs Forest, NSW, 2001.
3. Leggat SG. [Teaching and learning teamwork: competency requirements for healthcare managers](#). *J Health Adm Educ*, 2007 Spring;24(2):135-49.
4. McKee M, Healey J. *Hospitals in a Changing Europe*. Open University Press, Philadelphia, 2002.
5. Salas E, Cooke NJ, Rosen MA. [On teams, teamwork and team performance: discoveries and developments](#). *Hum Factors*, 2008 Jun;50(3):540-7.
6. Katzenbach JR, Smith DK. [The discipline of teams](#). *Harv Bus Rev*, 1993;71(2):111-20.
7. McLeod B, Stevenson K. "Formulating Clinical teams - A Decision Tree." Allied Health, New South Wales, Department of Health.
8. Coutu D. [Why teams don't work](#). *Harv Bus Rev*, 2009 May;87(5):98-105,130.
9. Korner M. [Analysis and development of multiprofessional teams in medical rehabilitation](#). *GMS Psycho-Social Medicine*, 2008;5.
10. Borrill CS, et al. "The Effectiveness of Health Care Teams in the National Health Services." Aston Centre for Health Service Organization Research, Birmingham, 2001.

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