

# Trustee Insights

PHYSICIAN ISSUES



## Redefining the Physician's Role as Care Team Leader

Training and support can help break down silos and enhance communication to improve care

BY MAGGIE VAN DYKE

**A** team of experts is not necessarily an expert team, said Christopher Hund, director, AHA Center for Health Innovation. In other words, assembling teams of clinician experts (e.g., physicians, nurses, social workers) does not necessarily mean that those experts will effectively collaborate and communicate to ensure patients receive the best possible care.

"On a team of experts, everybody's at the top of their game,"

explained Hund. "But they don't always work together."

The link between high-functioning expert care teams and patient safety is well established. An estimated 80% of medical errors are tied to miscommunication between caregivers, according to The Joint Commission.

Collaborative teamwork is needed to address many other health care challenges, from reducing costs and transitioning to value-based payment to coping with



### TRUSTEE TALKING POINTS

- Patient safety requires care teams to communicate and collaborate.
- To ensure a high-functioning care team, physicians need to engage team members around common goals and encourage everyone to actively share their expertise and speak up if they have a concern.
- Evidence-based approaches to team building are available, including TeamSTEPPS, provided by AHA Team Training.
- Effective team leaders are often practiced in soft skills, such as listening. Physicians may need additional training and opportunities to practice these leadership competencies.

clinician shortages and electronic health record (EHR) challenges. "In this shifting landscape, situations come up every day for which there is no expert," said Jay Bhatt, D.O., American Hospital Association senior vice president and chief medical officer. "The solutions need to come from the people who are challenged by them."

The good news is that effective teamwork can be taught. Many health care organizations are adopting an evidence-based team-building framework, called TeamSTEPPS. The AHA offers this framework through its national AHA Team Training program (<https://www.aha.org/center/performance-improvement/team-training>).

However, cultural and environmental issues can hinder effective teamwork. Like any group, health care teams operate within and respond to established hierarchies and norms. Turning a team of experts into an expert team requires that everyone align around clear goals, support each other and value the voice of each member. Getting all team members to adopt these values and behaviors is vital, but one team member is particularly important to engage: the physician, who is considered the de facto leader in many patient care situations, from the operating room to the outpatient clinic.

## The Frontline Physician's Changing Role

A major disconnect exists between what is expected of front-line

physicians today and how they were trained in residency. "This whole idea of team leadership is not what most physicians are prepared



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for," said Karen Frush, M.D., chief quality officer, Stanford Health Care, Stanford, Calif.

■ **Silos and hierarchies.** Part of the problem is silos, according to Robert Smith, PhD, director, Medical Staff Assistance Programs, The MetroHealth System, Cleveland. "Physicians are trained in their silo in medical school, nurses in their

silo, and so on," he said. "Then they are expected to come together with other professions and operate as a team. But when they come into a hospital or clinic, those silos may continue. For instance, oftentimes, surgeons and anesthesiologists hardly talk outside of the OR."

Some medical schools and residency programs are beginning to address this issue by bringing different professions together for team-training exercises, including simulations of patient care scenarios. But the majority of practicing physicians have to learn teamwork on the job.

Another issue is the traditional top-down hierarchy in medicine. "There's a stepping stone, and physicians are at the top," Smith said. "Hierarchies can breakdown communication, breakdown the sense of a team."

### ■ High reliability and humility.

As team leaders, physicians need be aware of the silos and power dynamics that exist in health care and consistently seek input from nurses, pharmacists and other clinical experts. "If physicians are operating from a model of hierarchal authority, they can miss opportunities

where the voices of others could raise important issues," Bhatt said.

The ultimate goal is high-reliability, or prioritizing safety in high-pressure situations. "Hospitals are very much interested in becoming high-reliability organizations, like in the airline and nuclear power industries," Hund said.

"There is a lot in the high-reliability

literature about making sure that the person on the team who has the expertise in a particular situation needs to be the person who is looked towards to make the call.”

Frush believes in humble leadership, a relationship-based approach described in Edgar and Peter Schein’s book, *Humble Leadership: The Power of Relationships, Openness, and Trust*. “It’s about mutual respect,” she said. “It’s about asking questions rather than always being the first to speak,” she said. “It’s about creating a tone of psychological safety that invites people into a conversation and allows them the courage to even speak up.”

■ **The balcony and the dance floor.** Physician leaders also need to hone their ability to see the big picture so they can ensure the care team is effectively working toward desired goals for the patient or the organization. This is a key aspect of adaptive leadership, a framework to help organizations and teams succeed in shifting environments. “You have to get off the dance floor and get on the balcony to see the system,” Bhatt says. “What are the patterns emerging in the system that you might not see when you’re on the dance floor?”

At the same time, physicians need to recognize when their full attention is needed for a patient care task. In these instances, physicians need to hand off leadership to another member of the team, Hund stresses. “In a patient care situation, such as performing surgery, we don’t think the leader

should also be a doer,” he said. “In those instances, physicians need to be task fixated and cannot maintain the situational awareness needed to lead the team. They need to hand off leadership to another team member, saying ‘I’m handing leadership off to Sue or whomever.’”



### Strategies for Engaging Front-Line Physicians

TeamSTEPPs training teaches clinicians how to work together as teams by giving them principles to follow and a variety of tools to adopt and adapt.

However, many frontline physicians need to better understand the value to engage with team training. Health care organizations often need to combine training with other strat-

egies, including the following:

■ **Present teamwork as a core skill.**

Like everyone in health care, physicians have a million things to do. “Physicians are overwhelmed with dealing with all the regulations, the EHR, and this and that,” Hund said.

He recommends presenting teamwork as a core skill that all clinicians need to acquire versus another initiative the hospital is piloting.

■ **Illustrate the benefits.**

Teamwork influences many metrics that matter to physicians. Most important are patient outcomes and safety. There are numerous case examples of how TeamSTEPPs has impacted patients ([https://www.ahrq.gov/news/newsroom/case-studies/index.html?search\\_api\\_views\\_fulltext=teamstepps](https://www.ahrq.gov/news/newsroom/case-studies/index.html?search_api_views_fulltext=teamstepps)). For instance, SSM Health St. Mary’s Hospital in St. Louis reduced Cesarean section rates using TeamSTEPPs learnings, and Archer Family Health Care improved diabetes outcomes.

Teamwork also impacts other metrics that physicians are often held responsible for, such as efficiently moving patients through medical appointments. “We’re often able to get physicians engaged by sharing data as well as stories that really get to their hearts,” Hund said.

■ **Mentor and simulate.** The soft skills required of frontline physician leaders (e.g., listening, motivating team members), as well as TeamSTEPPs tools, often require a lot of practice.

“I think physicians need mentoring to help them step forward into leadership roles,” said Diana Contreras, M.D., chair, Department

of Obstetrics, Gynecology and Women's Health, at New Jersey-based Atlantic Health System. "You need to give them the opportunity to slip up so that you can guide them and mentor them along the way."

Simulations provide a safe space for mentoring. For instance, at Stanford Medicine, care teams simulate various patient care scenarios using high-tech mannequins designed with faux pulses, heart rates, and other vital signs. "Using these mannequins, we teach and practice teamwork and communication skills just like we teach and practice technical skills, such as how to insert a catheter," Frush said.

Low-tech simulations can help as well. For instance, during AHA Team Training TeamSTEPPS training, teams may be told to build a Lego® tower. At the end, the team has a debrief to identify lessons learned. "The team might realize, 'Everyone struggled because we didn't specify roles and responsibilities,'" Hund said. "Then they realize that maybe they should have talked beforehand and made a plan."

■ **Create synergy through cross-discipline improvement efforts.** Another way for physicians to learn teamwork skills is to involve them in performance improvement activities at the unit, department and organizational level. For instance, MetroHealth has 17 action councils that bring together different disciplines to discuss and improve problematic processes and structural inefficiencies. There's one action council for surgical intensive care,

trauma and burn units because the same clinicians rotate on all three units.

Some of the improvements achieved include a redesign of waiting rooms to ensure patient privacy when registering and the establishment of a blood draw lab in diagnostic imaging so patients



don't have to walk to another building to get a blood test.

"People are excited about what they've been able to improve, and physicians feel more engaged and have better rapport with their colleagues," Smith said.

Atlantic Health recently launched a system-level obstetrics collaborative made up of multidisciplinary workgroups that are focused on developing protocols and guidelines to improve specific outcomes

and processes, such as C-section prevention and management of pregnancy-induced hypertension.

Each of the workgroups is co-led by a physician and a nurse. "We are trying to get front-line physicians to own the initiative, and we are seeing some tremendous engagement because many feel what they are doing is valuable," Contreras said.

■ **Free up physician time to assume new roles.** The biggest challenge for physicians being asked to assume leadership roles is time, Smith said. "They're asking 'Where am I supposed to find the time for supervising or mentoring? I'm also supposed to be documenting in the EHR and responding to emails from patients and checking lab values.'"

To address this issue, MetroHealth has assigned medical scribes to all critical care units and the emergency department. "Physicians love them," Smith said. "During rounds, the scribe can be documenting what's discussed. When the rounds are done, all the physician has to do is proof the notes and sign off. That can save hours in a day."

■ **Measure teamwork.** As part of a patient safety survey, Stanford Medicine asks its providers, including physicians, residents and nurse practitioners, questions related to four domains: teamwork, wellness, engagement and the safety climate. Leaders believe that all four domains are interrelated, Frush said. Effective teamwork not only ensures patient safety but also helps to reduce clinician burnout and engage staff by ensuring

everyone is supporting each other.

When a particular unit scores low on one of the survey domains, an action plan is created with interventions designed to address identified issues. For instance, when frontline staff are hesitant to speak up, senior hospital leaders may visit the unit for a patient safety walk-around, which can help “break down the hierarchy,” Frush said. “The leaders visit at a scheduled time and talk to staff about what matters to them and how they keep patients safe. They celebrate the unit staff and encourage them to continue to work even harder to prevent infections.”

## The Role of Trustees

When asked how trustees can help encourage collaborative teamwork and engage physicians as team leaders, Contreras stresses the need for the board and senior executives to model the same leadership traits they are asking of physicians, including listening to staff and

## TRUSTEE TAKEAWAYS

Boards should consider discussing the following questions:

- What actions has our hospital taken to ensure we develop and support high-functioning teams?
- What barriers or challenges to effective teamwork exist in our organization? How are we addressing them?
- What additional training or support do we offer to our physicians to help them become high-performing team leaders?
- How have we seen effective teamwork positively influence patient safety and outcomes in our organization? In what ways do we share these results organization-wide?
- What metrics focused on enhancing teamwork should our board be monitoring?
- How can we make effective teamwork and its impact on our organization an ongoing priority for our board?

creating a culture of psychological safety where everyone feels empowered to speak up to ensure patient safety. “It’s their responsibility to set the culture and the mental model,” she said.

Trustees might also consider participating in patient safety rounds or asking teams to come

present their safety results at a board meeting. “That builds our energy,” Frush said. “It’s an honor for people who are working at the bedside to talk to the trustees about what they’ve achieved.”

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