dear residents

Teamwork Depends on Cohesion and Communication **July 10, 2022**

Dear Residents,

I expect that the first week of the academic year has flown by for you and that you are beginning to learn the "**system.**" This system is *healthcare* (one word) which is different from *health care* (two words). *Health care* (two words) is the care you deliver to your patient, while *healthcare* (one word) is the system that enables it.

My **initial mental model** of what doctors did was derived from watching my father at an early age. On weekends, he would let me ride with him when he made home visits. He would cast fractures, change dressings, administer medications. Anything material he needed was in his doctor's bag and every skill he needed was in his head. My own internship at Civil Hospital Karachi (1987-88) wasn't too far off – we shot our own x-rays, developed the films, started our own IVs, hung antibiotics, drew blood samples and ran simple blood counts in a side lab using manual methods. This was total autonomy, total responsibility, total control of the system. This was never going to be sustainable…

Fast forward a few decades, the system now involves work distributed to those who have the requisite knowledge and skills to perform these tasks with efficiency and reliability – phlebotomists, nurses, radiology techs, pharmacists etc. We also depend heavily on consultants, armed with the latest specialty specific knowledge – a vast and expanding body of expertise that no one person can reliably hold and maintain in their own heads. There is also a proliferation of "peripheral brains" – all those online and app-based resources you so heavily rely on.

All this system functionality must come together as "teamwork." The underpinnings of effective teamwork are team cohesion and team communication. **Team cohesion** can be schematized along five domains (courtesy of Dr. Shannon Scielzo):

Task - An attraction or bonding between group members that is based on a shared commitment to achieving the group's goals and objectives .

Social - A closeness and attraction within the group that is based on social relationships within the group.

Belonginess - The degree to which members of a group are attracted to each other.

Group Pride - The extent to which group members exhibit liking for the status or the ideologies that the group supports or represents, or the shared importance of being a member of the group.

Morale - Individuals' high degree of loyalty to fellow group members and their willingness to endure frustration for the group.

Team Communication is often the weak link in the system – the ward team many communicate well within their own group of attendings, residents and students, but they may be siloed off from other teams like nurses, social workers, pharmacists etc. In many ways the EHR is our common language and medium to communicate with these siloed teams– but this alone is less than sufficient.

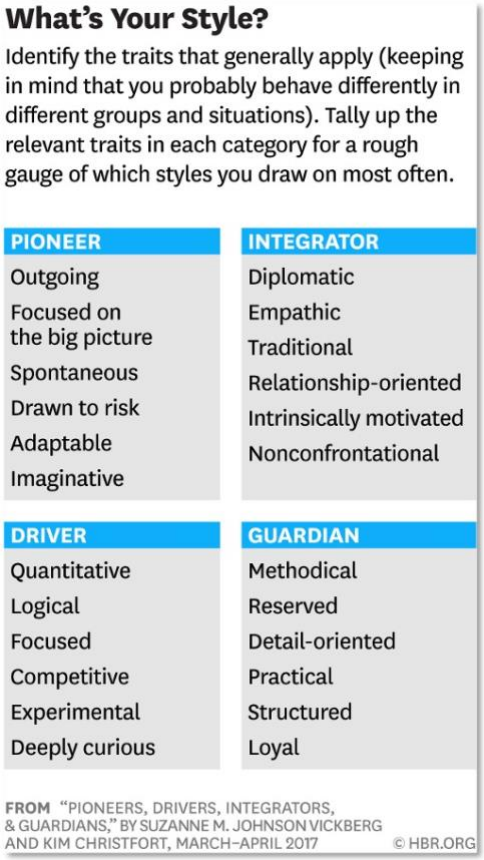
Team Chemistry refers to understanding and managing the individual work styles of each team member. Deloitte's Suzanne M. Johnson Vickberg and Kim Christfort provide a framework for identifying and managing four primary working styles. Each one of us probably has elements of every one of these styles:

Pioneers value possibilities, and they spark energy and imagination on their teams. They believe risks are worth taking and that it's fine to go with your gut. Their focus is big-picture. They're drawn to bold new ideas and creative approaches.

Guardians value stability, and they bring order and rigor. They're pragmatic, and they hesitate to embrace risk. Data and facts are baseline requirements for them, and details matter. Guardians think it makes sense to learn from the past.

Drivers value challenge and generate momentum. Getting results and winning count most. Drivers tend to view issues as black-and-white and tackle problems head on, armed with logic and data.

Integrators value connection and draw teams together. Relationships and responsibility to the group are paramount. Integrators tend to believe that most things are relative. They're diplomatic and focused on gaining consensus.



What's Your Style?

Identify the traits that generally apply (keeping in mind that you probably behave differently in different groups and situations). Tally up the relevant traits in each category for a rough gauge of which styles you draw on most often.

PIONEER	INTEGRATOR
Outgoing	Diplomatic
Focused on the big picture	Empathic
Spontaneous	Traditional
Drawn to risk	Relationship-oriented
Adaptable	Intrinsically motivated
Imaginative	Nonconfrontational

DRIVER	GUARDIAN
Quantitative	Methodical
Logical	Reserved
Focused	Detail-oriented
Competitive	Practical
Experimental	Structured
Deeply curious	Loyal

FROM "PIONEERS, DRIVERS, INTEGRATORS, & GUARDIANS," BY SUZANNE M. JOHNSON VICKBERG AND KIM CHRISTFORT, MARCH–APRIL 2017 © HBR.ORG

There are many **tensions in residency training** – you are deeply curious and imaginative. You find yourself operating in a highly structured environment – driven largely by the electronic health record design and embedded healthcare system rules and processes. This creates safety and reliability while serving as an impediment to imagination and creativity. Much has been written about sociotechnical factors in healthcare and I could not do any of this justice here. But I will say that we are not simply followers of technology and the process-rules created by it – the intersection of technology and humans creates a sociotechnological interaction that is fertile ground to understand modern healthcare delivery and create meaningful change that can improve both system reliability and teamwork.

You are on a remarkable learning curve – learning about your own skills and work styles, absorbing knowhow from others who are "old hands" and incrementally understanding the healthcare system and ultimately, pushing the system to make it better. At the risk of embarrassing Dr. Vicente Morales – here is a comment from his attending which exemplifies successful resident agency: *"On several instances, Dr. Morales was able to turn what was initially refused/declined into a long lasting and sustainable treatment plan for our patients. Examples include genetic testing for a patient with suspected familial pancreatitis, funding for anti-TNF therapy for a patient with severe UC, visitation rules for a chronically ill young man, and an indwelling palliative drain for a man suffering from refractory ascites. In each of these instances, the health system initially declined our request. In every instance, Vicente challenged, pushed, and worked the system to deliver the result that was best for our patients."*

I will end with an excerpt from a commencement speech delivered at Harvard Medical School by Dr. Atul Gawande:

> *"The problems of making health care work are large. The complexities are overwhelming governments, economies, and societies around the world. We have every indication, however, that where people in medicine combine their talents and efforts to design organized service to patients and local communities, extraordinary change can result."*

Residents are change agents – the system will advance because of you.

Dino Kazi