



# Improving teams in healthcare

Resource 4: Team development



Developed with support from

# Background

In December 2016, the Royal College of Physicians (RCP) published *Being a junior doctor: Experiences from the front line of the NHS*.<sup>1</sup> This report identified the breakdown of the medical team as a central factor contributing to the low morale and disengagement felt by physician trainees. This is also reflected in previous RCP reports.<sup>2</sup> The benefits of high-quality team work in healthcare are well recognised. Effective team working has been shown to reduce medical errors,<sup>3</sup> increase patient safety<sup>4</sup> and improve patient mortality rates.<sup>5</sup> It also leads to better staff outcomes including reduced stress<sup>6</sup> and improved job satisfaction.<sup>7</sup> The RCP has produced a compendium of reports aiming to promote high-functioning team working in the medical setting.

Teams that come together to focus on their development in a proactive way, ensure better patient outcomes, higher staff satisfaction and more innovative practice.<sup>8</sup> In this resource we will:

- > discuss the components of good team development
- > explain why they are essential to effective team working
- > provide practical tools to help healthcare teams reflect, grow and adapt.



# What is team development?

Effective team working does not happen by chance. Teams have to take time to come together to focus on their development. This includes setting and reviewing team objectives, reflecting on failures and successes, and working together to improve team working dynamics. This is often overlooked in the NHS. In their review of team working in healthcare, West and Field describe a 'failure of healthcare teams to set aside time for regular meetings to define objectives, clarify roles, apportion tasks, encourage participation and handle change'.<sup>9,10</sup> Further to this, in the NHS staff survey 2015/16 41% of NHS staff said that their teams did not meet to discuss effectiveness.<sup>11</sup>

There are multiple factors that influence the way in which a team develops. These include development through leadership, team meetings, goal setting and review, reflection and reflexivity.\*

## The role of effective leadership

The Faculty of Medical Leadership and Management has recently published *Leadership and management standards for medical teams*.<sup>12</sup> This outlines vital roles for effective team leaders such as: building a robust vision, cultivating the necessary culture and skill mix, and managing clear, challenging and measurable objectives. The standards also allude to a leader's role in continuing development: 'team leaders should... help team members to understand their role... through developmental conversations that build collaborative personal development plans'.<sup>12</sup>

Regular one-to-one meetings between leaders and individuals, provide team members with a private opportunity to discuss personal needs, receive constructive feedback on performance, identify learning areas and discuss specific issues in a trusted environment. These should be done on a regular basis in a meaningful way.<sup>13</sup> All too often these are neglected in the medical setting or reduced to a tick-box exercise, frequently with supervisors not directly part of the team in which the trainee is working.<sup>14</sup> This is reflected in a Health Education England report,<sup>14</sup> where a listening exercise was conducted with junior doctors. It revealed that junior doctors did not feel valued, as reflected by comments including, 'No one is interested in my personal development' and 'I am treated like a worthless commodity'. Effective leaders should strive to ensure that all members of the team have opportunities to discuss their personal development on a regular basis.

### *Lessons from the ward*

*I recognised that, in the confines of a busy clinical day, I was not finding the time to meet with the junior doctors I worked with to understand their learning needs, career aspirations or elicit concerns or issues that they had. I therefore arranged meetings half an hour prior to the ward round to meet with each trainee one on one. These occur with each trainee once per month. This allows us time to get to know each other, we can discuss their training needs and I can subsequently tailor clinical work to ensure that these are met. These meetings have enabled closer relationships and helped in achieving a supportive, learning environment.*

- Medical registrar

\* The extent to which teams collectively reflect upon and adapt their working methods and functioning.<sup>16</sup>

## The role of team meetings

Team meetings can offer an environment where team members are able to question current approaches and work together to produce alternative strategies. High-performing teams allow individuals to offer their ideas and treat members as valued and important.<sup>15</sup> Primary care teams that have at least one meeting a week have been shown to introduce a greater number of innovations in patient care than those that have fewer meetings.<sup>16</sup>

Team development meetings can take many forms and there is no prescriptive model that fits all. It is important that meetings are conducted in a way in which all individuals are able to contribute fully, allowing the team to work together to achieve collective goals. This allows teams to come together to develop lasting relationships and a positive culture.

discuss their team’s effectiveness and over two-thirds felt that senior managers did not act on staff feedback.<sup>11</sup>

Team development meetings provide opportunities for the team to reflect on performance and examine ways to improve. An absence of formal meetings or other mechanisms for discussing issues can lead to problems being attributed to the wrong cause, a lack of follow-up on mitigating potential consequences, and in the worst case scenario, problems being buried. Meetings should include opportunities for group reflexivity that focus both on technical performance and social interactions.<sup>18</sup> Teams that focus on both aspects are more effective and innovative, with greater wellbeing among members.<sup>18</sup> This is demonstrated in the diagram below, adapted from West, 2012.<sup>19</sup>

Working in pressurised clinical settings can be challenging and highly stressful. Having a mechanism to discuss difficult or stressful situations is vital. Bringing teams together to discuss these difficult cases facilitates a more honest and open dialogue across the multiprofessional team.

## The role of review, reflection and reflexivity

Teams that regularly take time out to review their performance and reflect on what can be improved perform more effectively, produce better outcomes and demonstrate higher levels of innovation.<sup>17</sup> However, over a third of NHS staff do not meet to



## Team debrief

The role of a team **brief** was outlined in *Resource 3: Team communication*. Of greater importance when it comes to team development, is a **debrief**.

Ideally debriefing should occur upon completion of any team activity, but especially after a difficult or challenging event. It allows teams to discuss actions and thought processes involved in a care situation, encourages reflection, and facilitates actions for improvements in future performance. Most importantly it provides a support mechanism for the members of the team. Trainee doctors who have had debriefings after critical incidents are more likely to feel supported by senior colleagues.<sup>20</sup> Debriefs are conducted in 'safe environments' where honest mistakes are viewed as learning opportunities with no assignment of blame or failure to an individual.

### A debrief checklist – adapted from TeamSTEPPS<sup>21</sup>

Did the team have clear communication?

What was their understanding of roles and responsibilities?

Did the team maintain situational awareness?

Was the workload distributed effectively?

Was there cross monitoring? (Did team members ask for help and were they offered it when needed?)

Were adequate resources available?

What went well?

Were errors made, mitigated or corrected?

What should improve?

## Schwarz rounds

A Schwarz round provides a structure where staff can come together to discuss the emotional and social aspects of patient care. Based on medical grand rounds, a multidisciplinary panel introduces a case that they were involved with, focusing in particular on how it made them feel. A skilled facilitator then helps the panel and participants to explore the challenging psychosocial and emotional aspects of the specific case in more detail. There is good evidence to show that staff attending Schwartz rounds feel less stressed, less isolated and have increased insight and appreciation for others' roles and responsibilities.<sup>22,23</sup> They also help to reduce barriers between staff of different disciplines.

## Lessons from the ward

*A Schwarz round made me realise that we all shared the same goal – to provide the best care we could for the patient... it affected everyone from the consultant to the receptionist.*

*By taking the time to reflect on our experiences together, we became closer as a department. Even afterwards people who I would have passed in the corridor suddenly had a name and a familiar face. We would stop and have a chat. Little things that make your working environment much more pleasant.*

- Medical registrar

## Balint groups

Balint groups consist of a smaller group of participants (typically 6–10 people) who come together to reflect on a challenging case. Participants sit in a circle with a group leader facilitating the discussion. One member of the group presents a challenging case and the leader then asks if there are any simple questions that need to be clarified. Following this the leader invites the group to respond to what they have heard. The presenter 'sits back' and remains silent while the group share their thoughts. The discussion aims to explore the case further, without judgement or seeking to offer advice or solutions, with a focus on the doctor–patient relationship. As each member of the group has their own personal background and experiences, the group benefits from a range of perspectives. Following the discussion the presenter is then invited back into the group and able to respond to the discussion. There is good evidence that Balint groups improve coping ability, job satisfaction and patient-centeredness, and prevent burnout.<sup>24</sup>

## Lessons from the ward

*We were looking after a gentleman presenting with ascites as a complication of his alcoholic liver disease. The decision was made that an ascitic drain should be placed, and as the person with most experience I was happy to go ahead.*

*An hour or so after the drain was placed, it became heavily bloodstained. A CT scan later suggested that the drain placement had caused significant bleeding into the abdominal cavity. The next day, as the gentleman became more unwell, the team made the decision to withdraw active treatment.*

*Immediately I began to feel responsible, doubting myself and the decisions made. This seemed like the same routine procedure I had done many times before. What had I done wrong?*

*The end of the week arrived, and with it the ITU MDT. It was an opportunity to discuss any patients who'd passed away that week. I was confident that the consultants would hold me responsible.*

*We reflected on our decisions, and agreed that no error had been made: this was a recognised complication of ascitic drains.*

*By reflecting with colleagues, I found it helpful to see that this was a rare but recognised complication of the procedure. During the meeting, my senior colleagues all shared their similar experiences. As doctors, we have to accept the responsibilities of the hundreds of decisions that we take every day. By reflecting on the event, the team could share their thoughts, learn and work together to minimise the risks we all inevitably deal with on a day-to-day basis. I've come to recognise that it's essential for us to work together in an open and honest environment, and only by sharing our experiences in this way, can we learn, reduce stress and ultimately help patient care.*

- ITU registrar

## The role of goals and objectives

Goals and objectives allow teams to assess and measure their performance. It's important for team development that goals are mutually agreed among all members and that there is the opportunity for regular status review.

Specific goals may include improving patient experience, reducing waiting times, increasing ward turnover or achieving a set number of clinical skills during a shift. Whatever the goals may be, they allow for targeting of efforts and a drive towards development.

The benefits of goals are covered in detail in *Resource 1: Building effective teams*, including the setting of SMART goals.



# The good and the bad: developing a team

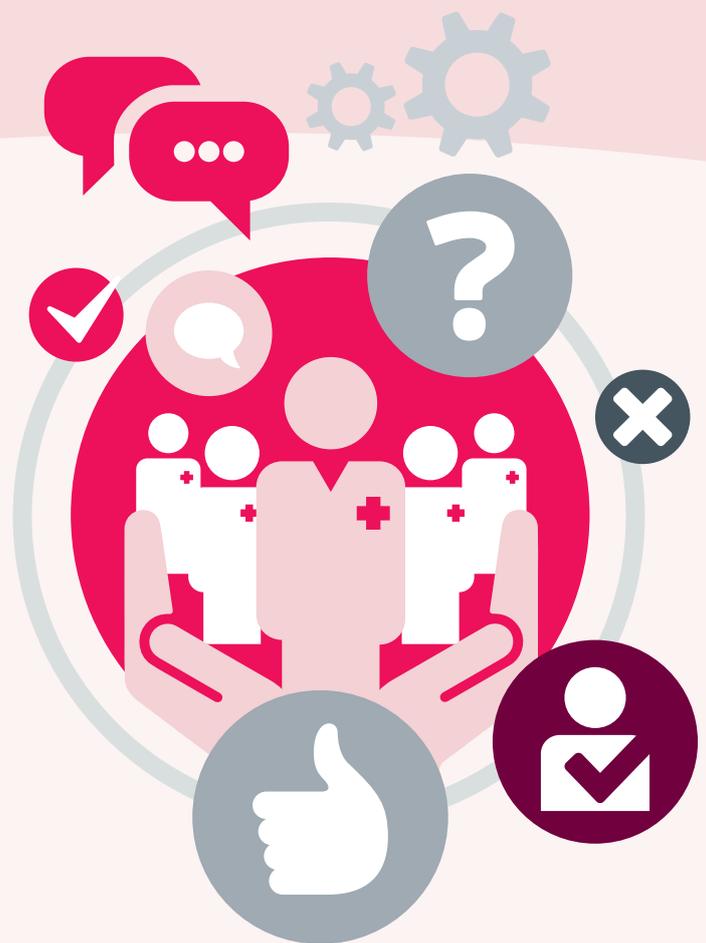
The following examples will help to put into context some of the issues raised in this resource around developing effective teams. They are theoretical, but many healthcare professionals will identify with them using their own experiences, both good and bad.

## ✓ The good...

The clinical lead for a psychiatry service noticed increasing stress levels among her team. She met with each team member individually, as well as running a Schwarz round with a trained facilitator. This helped her to identify modifiable stress factors that the team could collectively find solutions for and improve cohesion among the group.

## ✗ The bad...

A team responds to a cardiac arrest call. During the arrest, there is a lack of clarity about who is leading the arrest and poor delegation of tasks by the medical registrar. A medical student attends the arrest and is noted to be traumatised by the event. There is no team debrief after the arrest – this leaves no opportunity to review the team's weaknesses or to support the medical student.



# Key recommendations

- ✓ All team members, encouraged by effective leadership, should focus on the ongoing development of their team. This should be an active process.
- ✓ Team debriefs and development meetings should be used more widely in healthcare settings. They could take the form of an interprofessional ward meeting, departmental review or a dedicated part of a shift handover.
- ✓ Balint groups and Schwarz rounds should be considered by all teams as methods for team development, as a means of facilitating reflection and targeting negative thought processes such as stress and depression.
- ✓ The checklist below should be used to help teams to think about their ongoing development.

## Objectives

- > What are our current objectives/goals and why? Are they SMART?
- > Do they need to be updated or reviewed?
- > What are we doing as a team to achieve our objectives? What does success look like?

## Roles and responsibilities

- > Are all members aware of each other's roles and responsibilities moving forward?

## Review and reflect/team innovation

- > What have we done well?
- > What could we have done better?
- > What should we stop doing? What should we start doing?
- > How can we work better together?

## Rewarding individuals and teams

- > Are there any individual or overall successes that team members would like to highlight?

## Facilitated discussion on sharing stressful situations (this may require a dedicated session)

- > Have there been difficult cases or problems that the team would like to discuss here or separately?

## Identifying learning needs

- > Have there been any changes to working practice or relevant guidelines/policy that the team should be aware of?
- > Does the team have any learning needs that need to be addressed?

## Conclusion

High-performing team working is now recognised as an essential tool for delivering patient-centred, coordinated and effective healthcare. Investment in team development can lead to alignment and clarity around goals and objectives, improved team working culture, reflexivity and innovative practice. In an increasingly complex healthcare environment, this resource aims to help prioritise and support high-functioning team development in medicine.

Further information on team working can be found in the accompanying resources on building effective teams, team culture and team communication.

Resource produced by Dr Nina Dutta, Dr Lewis Peake, Dr Jude Tweedie and Dr Andrew Goddard.

The RCP and HEE will be working together to embed the principles of teamwork outlined in this document within the training environment, so all doctors in training programmes are supported by a team or a 'modern firm'.

For a list of references used in this resource, visit: [www.rcplondon.ac.uk/improvingteams](http://www.rcplondon.ac.uk/improvingteams)

