

What medical residents must know to excel in team-based care

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A successful interprofessional team can improve patient care and the health care processes at the system level. Ensuring high-quality, efficient care in interprofessional teams requires defined roles and leadership. A module in the AMA GME Competency Education Program aims to train residents on the attributes of effective teams and how to apply them.

In medical education, at both the undergraduate and graduate levels, the concept of interprofessional teams is a key tenet for institutions incorporating a health systems science perspective—one that emphasizes an understanding of how patients access and receive health care—in their curriculum.

“There’s a recognition among people who do health systems science that the old way of doing things in silos doesn’t lead to the outcomes that we are looking,” said Jason Higginson, MD, the chief of pediatrics at the Brody School of Medicine at East Carolina University and co-author of the module on working in interprofessional teams. “Obviously, there’s a huge emphasis in medicine in making sure that all layers of decision making and workforce are coordinated as opposed to working independently.”

With contributions by subject-matter experts from around the country, the AMA GME Competency Education Program offerings include more than 30 courses that residents can access online, on their own schedule. Among the experts are several who contributed to the AMA’s “Health Systems Science” textbook, which draws insights from faculty at medical schools that are part of the Association’s Accelerating Change in Medical Education Consortium.

Modules cover five of the six topics—patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice—within the ACGME’s core competency requirements. The sixth requirement, medical knowledge, is one that is typically addressed during clinical education.

Laying the groundwork for a successful team

The module defines interprofessional teams as “when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver highest quality of care.”

Effective teams have a shared understanding of their goals and roles. Each team is going to be unique in its approach, but leadership is key to a team finding success. A team leader’s responsibilities may include identifying team members, defining roles and team objectives, and assigning appropriate tasks to each team member.

While it is frequently assumed otherwise, a physician isn’t always the most qualified to occupy the leadership role on an interprofessional team.

“If you look at the data, the emerging consensus that comes out from examinations of high-reliability organizations is that there’s an idea that deference to expertise is an important aspect in not making errors and becoming a high-reliability organization,” Dr. Higginson said. “With that in mind, there are times where somebody else has the knowledge that a physician doesn’t have to be the leader. A good example would be if physical therapy or some other modality is more important to the patient progressing. In those instances, the physician shouldn’t be necessarily calling the shots.”

Communicating in teams

With the reach of interprofessional teams extending across health systems, communication is key to their success. Effective communication is about both quantity and quality. It could include team huddles prior to a case and team members that are not physicians in rounds. Another key is ensuring all team members are on the same page by closing the communication loop (following up to ensure that the plan is understood and agreed to by all team members).

Communication should also include the largest stakeholders: the patient and their family members.

“We try to make sure that families are involved in our discussion and the nurse is at the bedside,” Dr. Higginson said. “They often have perspective that informs the medical decisions that we are making. You can’t make some decisions because there are value judgments involved, the patient is the one that has to follow your orders. They have to buy in to what you are doing, so making sure that there’s open communication and transparency is a big part of that.”

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