4 ways teamwork can make the dream work in residency training

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The notion that health care is a team sport has long been advanced in the medical profession. Making that phrase a reliable fact of life in health care requires a concerted effort.

The people behind programs such as the Interprofessional Partnerships to Advance Care and Education (iPACE) at Maine Medical Center are doing that work at the physician residency training level. The program aims to improve interprofessional collaboration so that it meets specific needs and workflows in each patient care setting.

Two grant team members who help spearhead the iPACE program—which received an AMA Reimagining Residency initiative grant and is expanding to cover all units at Maine Medical Center—offered insight on how residents can work to create a more cohesive team dynamic when working with their nonphysician colleagues. Here are four of their key tips.

Find power in numbers

The iPACE philosophy relies on everyone working in unison to create a single plan to treat a patient. To do that, bedside rounds are carried out with multiple members of the care team such as physicians, nurses, pharmacists and occupational therapists.

Even outside of rounds, it is helpful to bring other members of the care team with you when you are evaluating a patient, according to Kalli Varaklis, MD, MSEd, a professor of obstetrics and gynecology at Maine Medical Center who is also the principal investigator on the iPACE project.

“Don't go see a patient alone,” she said. “Talk to the nurse and bring them in with you. If you see the occupational therapist on the floor, grab them and go in as a group to see the patient. … You can do that when it’s not structured.”

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**Give up the boss mantle**

“Popular representations of medicine, TV shows like ‘Grey's Anatomy,’ and some of the experiences in more traditional medical schools really tee up medical students to think that when they come to residency, they’re the head of the team,” Dr. Varaklis said.

“And it's just not like that anymore in an iPACE setting—or not an iPACE setting. Nobody wants to feel undervalued in a health care team.”

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**Create cohesion**

There’s a lot of job turnover health care. Introducing yourself to members of the care team you don’t know, and perhaps having an interaction outside of the clinical realm during a shift, can increase psychological safety for team members. Dr. Varaklis gave the example of working with a traveling nurse.

This interprofessional team model is even more effective when the resident says something such as, “Hey, I see that you’re new: I'm Joe. I'm the resident this week. Let's round together. Tell me what you need. I'll tell you what I need.”

Just a few comforting words like that and “then all of a sudden, that traveling nurse’s anxiety goes way down,” Dr. Varaklis said.

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**Make the patient your teammate**

The patient is at the center of all care decisions. During a chaotic shift, that central fact can get lost in the mix.

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Approaching patients in tandem with other members of the care team can help residents keep the focus on who they are treating and further involve the most important stakeholder in their care plan.

“It is a way to demystify medicine for the patient and it allows this opportunity for the patient to peek into the process,” said Melissa Zelaya-Floyd, PhD, iPACE’s program manager. “Additionally, it gives the patient the opportunity to have a voice in developing the plan of care. And it extends beyond the patient to the family as well.”

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