

Letting Go – Dr. Jeff Aalberg

We're hearing a lot about teamwork in healthcare these days. I interviewed a candidate for our new Tufts-MMC Medical School last week, and even she brought up the concept. What does it mean when we say that we should be working as a team, and what does a good team look like?

I don't watch much TV sports these days, but I've been on a number of teams in my earlier days. I do remember the success and satisfaction of being part of a winning football team that had no single star but was a group of people functioning together in a synchronous fashion. Of course, the quarterback had the most visible role, but each and every team member had individual skills and important responsibilities. Healthcare is similar, but the problem is that we've produced a culture in which a quarterback is expected to organize the team, decide on the plays, throw the ball, run, be responsible for defense, kick the field goal...well you get the picture. The reality is, even with a great quarterback, others will be better at organizing, blocking, kicking, defense, etc. It is this symphony of skilled performers that will be a winning team. And to be honest, the docs can't remember all there is to do in patient care. The key to quality is reliability built through standardization, redundancy and 'watching each other's back'. So I offer a partial list of things the quarterback (physician) may not have to do:

- Remember when to book PEs or disease follow ups
- Order routine labs, preventive screenings: mammograms, colonoscopy, bone density
- Fill out PAs, PHQ9s, AAPs, ACTs, M1s: many can be started by the patient or staff
- Refill routine Rx's that can be done by staff per protocol
- Remember which shots are due
- Triage routine complaints: if the patient wants to be seen-see the patient; allow add ons per protocol
- Coordinate care
- Be the only 'provider' for your patients

Health care delivery is a team sport but it requires a bold move: *letting go*. None of the above activities require MD/DO training. Once you learn to *let go*, your staff will have increased passion in their work, and you will be freed up for what you enjoy and are trained to do: *talking to patients, diagnosing and treating*. How to build such a team? Let's go back to the football analogy. Say your football team wants more input into creating and choosing plays. You can call a team meeting, create a playbook and develop a system to share decision making. But team interest and creativity will quickly wane if you always call the plays and run the ball. It's the same with our health care teams.

Some things to ponder for successful team building:

- Invite staff to gather, train all in meeting process and request input into problems and solutions. Let's use the example of designing protocols for refilling Rx's: this seems simple but actually requires a full microsystem analysis of steps in the process: patient-phone-MA-protocol-pharmacy-signature. Let the team go at it.
- Demand that your team members work at the top of their training.
- Support the team process (really, honestly, and continually) and never override the process. Give feedback, constructively and frequently; use huddles.

So that college student, soon to be a medical student, already knows what many of us don't: medicine is too complex and the work too important for docs to feel ownership for the entire process of care. *Let go*, give plenty of hand-offs and enjoy the new culture of the team. The more your team is encouraged to be innovative, accountable and involved, the more quality will be delivered, and your patients will be the beneficiaries.