Teambuilding in the Residency Setting

Shermin Sayani, MD & Ronya Green, MD, MPH

Methodist Charlton Family Medicine Program, Dallas, TX

BACKGROUND

There are few industries that match the scale of health care. A single doctor visit requires **collaboration** among a multidisciplinary group of clinicians, administrative staff, patients, and their loved ones. In delivering health care, effective teamwork **positively affects** patient safety and outcome. Ineffective care coordination and the underlying suboptimal teamwork processes are a **public health issue**[1,2,3]. Good team building is where all team members understand, believe in, and work towards a *shared purpose* of caring and working for patients[4]. Teambuilding has the capacity to significantly reduce medical errors, and therefore, improve patient safety and outcome[1,2,3].

WHAT IS TEAMBUILDING?

Teambuilding is defined as "interventions designed to improve effectiveness in working together by confronting and resolving problems[5]." These interventions may have an emphasis on fun and enjoyment, simulation of workplace dynamics, problem-solving activities, psychometric assessment to ascertain roles and personality, adventure based interventions, and psychodynamic interventions. Organizations utilize teambuilding activities for a variety of purposes, including improving interpersonal relationships, increasing motivation, increasing productivity, finding direction, and resolving conflict[6,7].

Figure 1: Team Members of the Methodist Charlton Family Medicine Clinic Participating in a Teambuilding Workshop

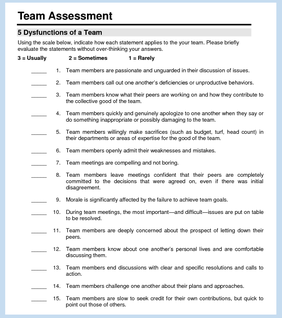
FIVE DYSFUNCTIONS OF A TEAM

Patrick Lencioni in his best-selling book, The Five Dysfunctions of a Team (2002), identities the root causes of dysfunction on a team and provides practical solutions to building high performing teams[8]. According to the book, the five dysfunctions are:

Figure 2: Five Dysfunctions of a Team by Patrick Lencioni

RESEARCH METHOD

This research study utilizes the information from Lencioni's book to identify team dysfunctions at the **Methodist Charlton Family Medicine Clinic**. Five teambuilding workshops were created for faculty members, residents, nursing, and ancillary staff. Team members were given Lencioni's Five Dysfunctions Team Assessment. To examine whether the workshops had any impact on survey results, individuals were given a survey before and after the workshops ended. For the purpose of this research, the average team score for each question was used to calculate a total score for each dysfunction.



Team Assessment

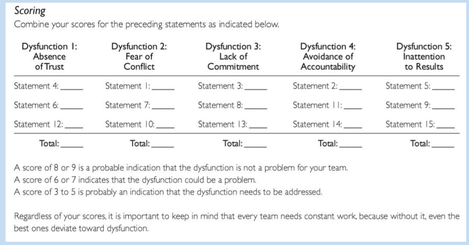
5 Dysfunctions of a Team

Using the scale below, indicate how each statement applies to the your team. Please briefly evaluate the statements without over-thinking your answers.

3 = Usually **2 = Sometimes** **1 = Rarely**

1. Team members are passionate and unguarded in their discussion of issues.
2. Team members call out one another's deficiencies or unproductive behaviors.
3. Team members know what their peers are working on and how they contribute to the collective good of the team.
4. Team members quickly and genuinely apologize to one another when they say or do something inappropriate or possibly damaging to the team.
5. Team members willingly make sacrifices (such as budget, turf, head count) in their departments or areas of expertise for the good of the team.
6. Team members openly admit their weaknesses and mistakes.
7. Team meetings are compelling and not boring.
8. Team members leave meetings confident that their peers are completely committed to the decisions that were agreed on, even if there was initial disagreement.
9. Morale is significantly affected by the failure to achieve team goals.
10. During team meetings, the most important—and difficult—issues are put on table to be resolved.
11. Team members are deeply concerned about the prospect of letting down their peers.
12. Team members know about one another's personal lives and are comfortable discussing them.
13. Team members end discussions with clear and specific resolutions and calls to action.
14. Team members challenge one another about their plans and approaches.
15. Team members are slow to seek credit for their own contributions, but quick to point out those of others.

Figure 3: Team Assessment by Patrick Lencioni



Scoring

Combine your scores for the preceding statements as indicated below.

Dysfunction 1: Absence of Trust	Dysfunction 2: Fear of Conflict	Dysfunction 3: Lack of Commitment	Dysfunction 4: Avoidance of Accountability	Dysfunction 5: Inattention to Results
Statement 4: ____	Statement 1: ____	Statement 3: ____	Statement 2: ____	Statement 5: ____
Statement 6: ____	Statement 7: ____	Statement 8: ____	Statement 11: ____	Statement 9: ____
Statement 12: ____	Statement 10: ____	Statement 13: ____	Statement 14: ____	Statement 15: ____
Total: ____	Total: ____	Total: ____	Total: ____	Total: ____

A score of 8 or 9 is a probable indication that the dysfunction is not a problem for your team.
A score of 6 or 7 indicates that the dysfunction could be a problem.
A score of 3 to 5 is probably an indication that the dysfunction needs to be addressed.

Regardless of your scores, it is important to keep in mind that every team needs constant work, because without it, even the best ones deviate toward dysfunction.

Figure 4: Scoring system for Team Assessment by Patrick Lencioni

RESULTS

Tables 1 & 2: Average Dysfunction Score of all Team Members

Pre-Intervention n = 39	Score
#1 Absence of Trust	7.4
#2 Fear of Conflict	7.7
#3 Lack of Commitment	7.3
#4 Avoidance of Accountability	6.4
#5 Inattention to Results	6.9

Post-Intervention n = 34*	Score
#1 Absence of Trust	7.5
#2 Fear of Conflict	7.9
#3 Lack of Commitment	8.1
#4 Avoidance of Accountability	6.5
#5 Inattention to Results	7.1

*Five team members were lost to follow-up

Tables 3 & 4: Average Dysfunction Score for Team Members at the Program for > 4 years

Pre-Intervention n = 18	Score
#1 Absence of Trust	7.7
#2 Fear of Conflict	7.8
#3 Lack of Commitment	7.5
#4 Avoidance of Accountability	6.9
#5 Inattention to Results	6.9

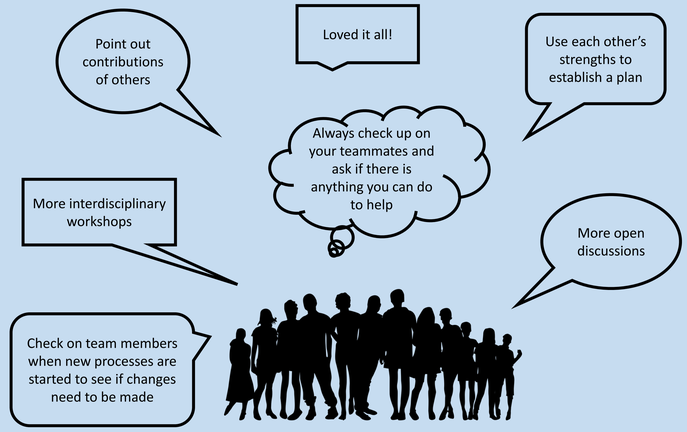
Post-Intervention n = 14	Score
#1 Absence of Trust	7.6
#2 Fear of Conflict	8.3
#3 Lack of Commitment	8.3
#4 Avoidance of Accountability	6.6
#5 Inattention to Results	6.8

Tables 5 & 6: Average Dysfunction Score for Team Members at the Program for < 4 years

Pre-Intervention n = 20	Score
#1 Absence of Trust	7.3
#2 Fear of Conflict	7.8
#3 Lack of Commitment	7.4
#4 Avoidance of Accountability	6.4
#5 Inattention to Results	7.1

Post-Intervention n = 18	Score
#1 Absence of Trust	7.5
#2 Fear of Conflict	7.8
#3 Lack of Commitment	7.8
#4 Avoidance of Accountability	6.4
#5 Inattention to Results	7.4

PARTICIPANT COMMENTS



DISCUSSION

The average post-intervention scores for all dysfunctions increased after the completion of the teambuilding workshops. This implies that team members perceived less dysfunction after the intervention. However, because there is no control group in this study, it cannot be definitively stated that the increase in the average scores is due to the intervention, i.e. workshops. In addition, while there was an increase in the post-intervention scores, the increase was minimal. This could be explained by the fact that the workshops were conducted within a period of four months. Teams need constant support and attention to build their strength to change deep-rooted systems effectively[7].

Interestingly, when average post-intervention scores for Dysfunction #3 (Lack of Commitment) were compared between team members at the residency program for >4 years and <4 years, there was a significant difference ($p < 0.05$, $\alpha = 0.05$) between the perceived level of commitment. Meaning, those at the program for >4 years perceived a greater sense of commitment than those at the program for <4 years.

Ultimately, teambuilding should result in actionable ideas to help the team and organization achieve their goals. For the Methodist Charlton Family Medicine Residency Problem, the goal is to **improve patient care and efficiency**.

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