

## ON THE LEARNING CURVE

# Leadership Skills, Part VI

Great leaders never work alone. Success occurs when a group of people work together as a high-functioning team toward a shared vision. However, achieving this unity is usually much easier said than done. Many think of team building as something only for those really cheery consultants with an unending arsenal of group games and activities. Although this type of team building has its place, the real work occurs day to day and in routine interactions.

Most of us could probably describe a high-functioning team, but it is harder to know how to get there. High-functioning teams are motivated and share a common vision. They are efficient and work well together. Individuals know their own roles and perform them well, but are willing to step out of the box to achieve the goals of the group.

They do not just practice “groupthink” (the phenomenon where a domineering leader and too much pressure to agree lead to poorly thought-out decisions), but rather continuously question and challenge. This is not done in an adversarial way, but rather in a way that promotes discussion and allows for thoughtfulness and compromise. Conflicts, which will always arise, are dealt with in an open and positive manner.

The true mark of a well-functioning team is the outcome. Work is done well, innovations are welcomed, and the members of the team (and their constituents, or in our case, their patients) are happy.

Team assessment is a very interesting exercise. There are many instruments available online, both free and for purchase, which can describe a team’s function in greater detail. You also can just sit for 20 minutes and think about how everyone works together. What are everyone’s roles—who are the leaders and followers, the

conflict avoiders and the conflict managers, the organizers and the big thinkers? Evaluating the temperaments of all the individuals on the team also can be helpful, and can lead to a better understanding of why everyone works together the way they do.

A few years ago, I performed a similar exercise with a small team that I manage. There was one staff member who seemed distant in her daily work. She was a very dynamic woman who was very accomplished, so I was confused by that.

When we all completed the temperament exercise, the results were striking. The vast majority of the team members had the “warm-fuzzy” type of temperament, the type who values relationships above all other things and often seeks compromise at the expense of getting things done. This staff member was an “action” type—her temperament was to just jump in and do it, and ask questions later.

No wonder she was frustrated. She wanted to just try something and move on, and the rest of us were spending a lot of time talking. We realized that we all brought something important to the table, but we needed to be better balanced to improve our functioning. Sometimes the talking is good and sometimes the action is good, and usually both need to be happening.

Just as individuals do, teams also experience learning, and it is important to understand that process to manage it skillfully. Teams change and develop over time, and are dependent on both external and internal factors.

The Tuckman model describes four stages of development: forming, storming, norming, and performing. During the forming stage, the team is figuring things out—what is the leader like, what is everyone’s role—



BY LEE SAVIO BEERS, M.D.

### Selected Resources

- ▶ **Team Management Systems:** [www.tms.com.au](http://www.tms.com.au)
- ▶ **Team Technology:** [www.teamtechnology.co.uk](http://www.teamtechnology.co.uk)
- ▶ **Teambuilding Inc.:** [www.teambuildinginc.com](http://www.teambuildinginc.com)

and is usually pretty fragmented. During the storming stage, the conflict occurs. Trust is being established and team members are learning their roles, but are still somewhat unpredictable.

The norming stage leads to more stability and productivity as everyone becomes increasingly comfortable, and the performing stage is the well-oiled machine we all hope for. Of course, not every team makes it through all these stages, and some get stuck in different places (or backtrack), but understanding where your team sits can help you decide what to do next.

Entire books have been written about the theories of teamwork and strategies to improve team function, so I can only begin to touch on the topic here. (See box for additional resources recommended to me, which have links to many free articles.) There are, of course, countless other resources if you are interested.

Effective teams can make the difference between a vision and reality, and it is well worth the time to foster them. ■

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## Most Georgia Practices Surveyed Lose Money on Vaccinations

BY KERRI WACHTER

BALTIMORE — Three-quarters of pediatric practices lose money on vaccinations, based on a small study of 34 Georgia practices.

For the study, the researchers stratified the practices by percentage of patients on the federal Vaccines for Children (VFC) program. “Only about 25% of practices receive a positive net return from vaccinating children—the higher the number of VFC patients, the higher the net loss,” said Margaret Coleman, Ph.D., a health economist with the Centers for Disease Control and Prevention and the lead investigator.

The researchers surveyed Georgia pediatricians from three organizations, one of which was the Georgia chapter of the American Academy of Pediatrics. A total of 34 practices provided enough information to be included in the analysis, which was presented at the annual meeting of the Pediatric Academic Societies.

**‘Only about 25% of practices receive a positive net return from vaccinating children—the higher the number of VFC patients, the higher the net loss.’**

Any child who was on Medicaid or who was uninsured was eligible for VFC and was considered a public payer. Practices received vaccines for these patients free of charge.

Total costs included practice costs, vaccine costs, labor, and overhead. Private reimbursement included administration and vaccine; public reimbursement included only administration.

The average value of the number of doses reported on hand at the practice was \$133,644, and the average value of the combination of doses on hand and on order was \$274,644.

The median values were \$58,107 and \$123,500, respectively.

Almost all of the practices ordered vaccines on a monthly basis. However, more expensive vaccines (such as human papillomavirus, or HPV) usually were ordered on a bimonthly basis. “For a small business, this is a lot of cash to be tied up,” said Dr. Coleman.

The researchers found that for children

on VFC, practices lost \$17 if the child showed up for only one dose.

If the child received five doses, the practice lost almost \$12 per child.

“Across the board—private or public pay—it’s a loss if a child shows up for just one vaccine dose,” she said.

“The bottom line is that the practices that fall into the 0%-10% [VFC-eligible children] group earn a small return on vaccination when weighted between private-pay and public-pay patients. For all other practices, the losses for VFC-eligible children outweigh the gains from the private-pay patients,” Dr. Coleman said.

In addition, the researchers found that

the greater the number of VFC-eligible patients seen in a practice, the lower the pediatrician income. The number of VFC-eligible patients in a practice was directly related to the time spent counseling patients/parents. (See table.)

The practices with 0%-10% of patients being VFC eligible hired more than half of the registered nurses in the entire sample.

Dr. Coleman said it’s possible that RNs in these practices may take on more of the vaccine counseling, freeing up physicians for other tasks.

Dr. Coleman reported that she had no conflicts of interest relevant to this study. ■

### Practice Income Is Inversely Linked to Vaccine Counseling Time

Percentage of VFC-eligible patients	Average annual income	Average vaccine counseling time
0%-10%	\$256,000	4 min
11%-30%	\$198,000	5 min
31%-60%	\$160,000	8 min
61%-100%	\$134,000	9 min

Note: Based on a survey of 34 Georgia pediatric practices.  
Source: Dr. Coleman