

Leadership & Professional Development: New Team? No Problem. Creating Teams From Strangers

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"Well begun is half done." — Aristotle

In the clinical environment, team composition changes frequently and time is limited. As a result, teams often jump directly into patient care, addressing issues related to interpersonal dynamics only after they arise. Team leaders can accelerate the process of forming highly effective teams by deliberately leveraging principles of teaming, or the process of "how to turn a group of strangers into a team."¹

SETTING THE STAGE

On the first day with a new team, a common misconception is that teaming will take away time, when in fact it will save time. Investing a few minutes before rounds to clarify roles and expectations can streamline subsequent shared work. For example, an attending might request to accompany residents and medical students for new admissions in the last 2 hours of the workday, rather than following the usual pattern of discussing the case after the team completes a full evaluation on their own. Importantly, attendings should clarify their intent—to preserve learning opportunities while helping teams wrap up on time—and their role, which is to provide real-time feedback, facilitate decision-making, or assist with documentation. This 2-minute upfront investment results in improved team camaraderie, better task coordination, and fewer late days in the hospital.

UNCOVERING CONNECTIONS AND SKILLS

By integrating a few positively framed, thoughtful questions into introductions, teams may also discover surprising expertise or valuable perspectives that positively impact team performance.² For example, in lieu of questions about level of training or hometown, you might ask, "What is an experience outside the hospital that helps you inside the hospital?" or "What skills allow you to contribute best on teams?" These questions might lead, for example, a medical student to leverage her background in computer science to help her team design new electronic health record shortcuts. Or, they might enable a resident with a personal history of leukemia to help the team communicate with a young patient facing a prolonged

hospitalization for a newly diagnosed serious illness. With typical introductions, these opportunities and unexpected solutions can easily be missed.

CREATING MUTUAL UNDERSTANDING AND FOCUS

As part of teaming, members should also explicitly share individual work-style preferences to avoid misunderstandings that may adversely affect subsequent work. On new teams, members—especially trainees—expend considerable energy scrutinizing subtle behaviors, such as a clarifying question or a blank stare, to assess whether their performance is perceived favorably. That energy can be reallocated to more important tasks by encouraging each person to state nuances of their work style that may be misinterpreted. For example, an attending might share, "I ask questions to identify what to teach, not to judge knowledge, so don't worry about saying you don't know," whereas a resident might warn, "I have trouble concentrating when I'm hungry, so I often get impatient if we don't take a break for lunch." Without this information, a student might feel unnecessarily embarrassed by an attending on rounds, and an attending might incorrectly interpret a resident's impatience around lunchtime as a reflection of low commitment. Individual work styles vary, and recognizing these differences upfront allows teams to maintain a sharper focus on more important issues, such as clinical care.

A WINNING TEAM

In the hospital, we find ourselves in perpetual motion, with frequent transitions of care and new team members. Teaming offers a concrete method to proactively avoid predictable challenges and to enable teams to become more efficient, effective, and connected. Furthermore, teaming empowers us to substitute the uncertainty of ever-changing teams with the excitement of discovering what each new team can achieve through intentional leadership at the outset.

Disclosures: The authors reported no conflicts of interest.

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Received: March 25, 2021; Revised: May 13, 2021; Accepted: May 26, 2021

© 2021 Society of Hospital Medicine DOI 10.12788/jhm.3661