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Background

In palliative care, clinicians customarily work in interdisciplinary teams (IDT). An IDT in health care is defined as “a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable.” Effective team work can best meet the complex needs of seriously ill patients and their family caregivers, access complementary skills and resources, and members teach and support each other. Even well-functioning teams may experience conflicts that can cause distress and disrupt team functioning.

Objectives

1. Define IDT and phases of team development
2. Review characteristics of successful teams
3. Discuss principles of successfully managing and resolving conflicts

Case Description

NYPQ is an urban community teaching hospital with a well-established, experienced palliative care (PC) team consisting of 2 physicians, 2 advance practice nurses, 1 Social Worker, 1 chaplain, 1 pharmacist, 2 fellows. PC team sees a high volume of inpatient consults with high illness acuity, in one of the most ethnically diverse counties in the US. This volume and acuity led to long clinical hours, questions about sustainability, with potential for burnout. Team members have different diurnal schedules, personal and family needs, leading to different preferred team meeting times. Some team members prefer an earlier start time, while others prefer a later start time. This became a team conflict, creating team tension. The distress was such that individuals were not sharing their concerns within the team but individually escalating their concerns to the division chief. Division Chief promotes a culture of open discussion of issues, ideas, and opinions, and organized a team retreat to transparently discuss this conflict. Despite the tension, all team members attended the retreat and felt safe enough to express their feelings, concerns, preferences. Members validated that everyone’s contributions were meaningful and valuable. Team members listened to others even if they disagreed. Team proposed different solutions, ultimately agreeing on a variable schedule, some days starting earlier and other days later.

4 Phases of Team Development



Discussion

Becoming a team is a process in which missions are shared and members have clearly defined roles and relationships. Phases of team development include “Forming, Storming, Norming, and Performing.” There are 5 key dynamics that set successful teams apart from others: 1) Psychological safety; 2) Dependability; 3) Structure & clarity; 4) Meaning of work; 5) Impact of work.

The IDT employed important principles to manage and resolve conflicts, including:

- Acknowledging conflict
- Finding a non- judgmental starting point
- Listening to everyone’s story
- Identifying what the conflict is about, and articulating it as a shared interest
- Brainstorm options
- Looking for solutions that recognize the interests of all involved.

5 Key Dynamics for Successful Teamwork



Conclusion

- Effective IDT work is critical in palliative care.
- Conflicts are inevitable in team work.
- The most successful teams don’t agree on everything. But when disagreements arise, team members tackle them in a respectful and constructive way, leading to team growth and learning.

References

1. Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum. Bronx VA. <https://www.bronx.va.gov/docs/GRECCTrainingModules.pdf>
2. Julia Rozovsky . The five keys to a successful Google team. Google People Operations blog. November 17, 2015. <https://rework.withgoogle.com/blog/five-keys-to-a-successful-google-team/>