

Medical Leadership and Effective Interprofessional Health Care Teams: A Competency-based Approach

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Executive Summary

In the current dynamic era, health care leaders are promoting interprofessional teams as one method to ensure timely access to the highest quality care. However, in a care paradigm that involves multiple professionals with specialized expertise, what is the role of medical leadership? How are contemporary professions to navigate these potential conflicts of expertise and authority in order to achieve optimal patient care? This paper outlines a competency-based approach to the solution.

Effective interprofessional health care teams require members to be prepared for a team approach, including clear roles and an understanding of team dynamics. The physician role in such a team must include an understanding of shared decision making and respect for diversity, while applying their medical expertise. All team members must possess both appropriate clinical expertise and teamwork abilities. In Canada, the Royal College of Physicians and Surgeons has developed the CanMEDS framework of competencies to ensure just such a multidimensional approach to competence. The CanMEDS Collaborator Role is an explicit domain designed for team abilities. Ultimately, such a competency-based approach can enable emerging models of effective patient care in our era of dynamic change.

Introduction

Western countries are experiencing a nexus of powerful forces reshaping both their health care systems and their health professional education enterprise. Concurrently, there exists an apparent health workforce crisis in an era of financial imperatives and high public expectation for quality care. The health workforce is experiencing demands for more access, better care, evidence-based decision-making, more regulation, less cost, and new care models.^{1 2 3 4 5 6 7 8 9 10 11 12} At the same time, health professions education is undergoing a “competency revolution”, in which curricula, standards, and assessment are being reoriented worldwide to frameworks of applied professional abilities and away from tradition approaches.^{13 14} In this dynamic environment, health care leaders are promoting interprofessional teams as one method to ensure timely access to the highest quality care.^{15 16 17} However, in a care paradigm that involves multiple professionals with specialized expertise, what is the role of medical leadership? Is the traditional view of the physician as the “team captain” now an anachronism? How are contemporary professions to navigate these potential conflicts of expertise and authority in order to achieve optimal patient care? This paper outlines a competency-based approach to the solution. Effective interprofessional health care teams require members to be prepared for a team approach, including clear roles and an understanding of team dynamics. The physician role in such a team must include an understanding of shared decision making and respect for diversity, while applying their medical expertise. The evolution of interprofessional teams in health care must take into account the issues of culture, tradition, expertise, and medicolegal liability. Such a competency-based approach can enable emerging models of effective patient care in our era of dynamic change.

The Evolution of Health Care Teams

The concept of health care teams has as many definitions as those who have attempted to define it. The etymology of “team” comes from Old English and German words describing a group of farm animals pulling together.¹⁸ The essential notion in health care involves organizing groups of health professionals for optimal patient care. However, in the Western tradition, this idea has evolved along with the nature of health care. Renaissance health care witnessed the introduction of physicians to the hospitals founded by religious orders and run by nurses. The medical tradition was one of the independent, autonomous, isolated practitioner, serving their private patients, and occasionally consulting in the hospital. This gave way to an era in which physicians largely assumed the authority for patient care, with nurses in a supporting role.¹⁹ It is only the last century that has witnessed the explosive evolution of health expertise and the emergence of numerous professions and specialties. Teamwork first appears in medical journals only around 1909.²⁰ Hospitals have become massive, multifaceted institutions, medicine has grown remarkably complex, health care has diversified, and the professions have multiplied exponentially. The dramatic advances of science have driven rapid specialization and subspecialization. Clinical care now involves multiple professionals, consultations, and countless interactions in an unprecedented manner.^{21 22} These “health care teams” vary dramatically, but are often loose connections of practitioners who share

information and fragments of patient care. Amid this dynamic growth, the traditional health care model has generally maintained the autonomy and responsibility of physicians in clinical decision-making. In the loosely-organized traditional medical team, the MD is the “captain”. However, these traditional teams are distinct from the contemporary interprofessional ideal.

Contemporary Challenges to the Traditional Team

The Western tradition has been determined to be unsustainable, given the evolution of the professions, the inexorable growth of the demand for health care, and challenges of health human resources. That demands for access to health care and for interactions with health professionals have outstripped supply has been well-documented.^{8 10 15 16} Meanwhile, the emergence of various health professions, each with focused expertise, has changed the nature of teams. Physiotherapists, occupational therapists, respiratory therapists, and nursing subspecialists have all emerged in the 20th century.²³ Whereas physicians accounted for one-third of the health workforce in the US at the beginning of the 20th century, this ratio has fallen closer to one-in-twenty.²⁴ Similarly there are numerous physician specialties (the Royal College of Physicians of Canada currently recognizes 60²⁵). Given these powerful forces for narrower scope of practice and the supply-demand imbalance for health professionals, the traditional model of the small team of few professionals with a MD appears to be rapidly becoming outdated. There is an inadequate supply of physicians and many other health professionals to operate in the same manner as post-WWII health care. At the same time, the emerging health professions have formalized their expertise, and welcome greater autonomy. Thus, governments and policy-makers have moved to create the contemporary idea of interprofessional teams (IPT).

Interprofessional Teams

The 21st century idea of effective interprofessional teams has been well articulated by Oandasan and colleagues.²⁶ This contemporary ideal is based on the following elements:

- Division of labour, and involvement of multiple health professions, each with relevant areas of expertise
- Shared goals
- Shared decision-making among team members
- Effective communication among team members
- Patient-centred care
- Enhanced quality of care and patient outcomes
- Shared accountability
- Team learning and continuous improvement.^{27 28}

This is aligned with Katzenbach and Smith’s paradigm of effective teams, in which they distinguish a team from a group with a common assignment:

A team is 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.²⁹

Saltman and colleagues further elaborate this concept in healthcare.³⁰ In theory, the enhanced role of a team of providers improves access for patients, brings additional expertise to bear, and ensures that the available health workforce is optimally deployed to serve the population.³¹ This idea of synergy from high-performing healthcare teams has also been called “integrative care” by Boon and colleagues,³² and collaboration by others.³³ In the case of scarce physicians for example, working as part of interprofessional teams would allow physicians to focus on the clinical problems best matched to their expertise, while the team as a whole provided greater quality care. In the case of stroke care, another example, teams have been shown to improve patient outcomes.³⁴ In practice, implementing this IPT ideal will require a number of fundamental changes within health care: modified regulations, new payment systems, different communication systems, new infrastructure, adjusted work cultures, new research, and changes to clinical leadership dynamics. The evolution of health care teams is ongoing, evidence of their effectiveness is slowly emerging, and many barriers are still to be overcome. One of the barriers to this new IPT, is clarifying the role of medical leadership in 21st century health care.

The Challenge to Medical Leadership

Leadership also has numerous definitions.³⁵ Medical leadership has variously been described as involving the idea of physicians as resource managers and gatekeepers in healthcare, the idea of physicians as agents of change and improvement, and the idea of physician authority for clinical decision making.^{36 37 38 39} For the purposes of this discussion of implementing IPT, medical leadership refers to the latter: the role of the physician as a medical expert in a team, responsible for clinical decisions.⁴⁰ If in the tradition health care team, the MD was the “captain”, what is the physician role in this new evolving ideal of IPT? Physicians, because of the nature of their expertise, will always be key players in contemporary health care. The unique constellation of physician abilities for diagnosis, treatment, and coordination of care, ensures doctors have critical contributions to care. However, how shall physician expertise fit into high-performing health care teams, where shared decision making among multiple professionals is the goal? Are new IPTs doomed to conflict and role confusion? Who is ultimately responsible for the patient’s care?⁴¹ Who is liable for any errors? Are physicians destined to lose autonomy? How can the IPT ideal be achieved? The solution lies in a competency-based approach to health care teams. Such an approach preserves essential physician autonomy in clinical decision-making, and integrates this within the diverse expertise of the team.

A Competency-based Solution for Effective Health Care Teams

Expertise is the key to effective IPT. Effective interprofessional healthcare teams require members with two essential domains of competence: team dynamics and clinical expertise.

Team Dynamics. In order to ensure the necessary collaborative approaches for IPT, all members must be prepared to be an effective team member. They must understand team dynamics, how they form, function, and dysfunction. Professionals need to manage inevitable conflicts via prevention, negotiation, communication, and conflict resolution methods. They must be able to clearly identify and define the roles of team members in a dynamic fashion. There must be a commitment to the team approach, mutual respect, excellence, continuous improvement, and to the strengths of diversity. Team members must be able to learn and perform as a team.^{27 28 29 30 31 32} This area of competence has not been emphasized in health professions education previously.

Clinical Expertise. Team members must be able to effectively contribute their specific areas of expertise to the work of group. All the health professionals need to understand how each member's expertise is best employed and deployed to patient care. The roles of the social worker, nurse, or occupational therapist on a rehabilitation ward need to be distinct, clear, and contributory to the clinical problems they address.

In effective teams, these two broad domains of ability serve to clarify and integrate each member's roles. In such a performing group, decision making is shared even while authority is preserved. Leadership is dynamic: team members' roles and decision-making authority varies with the problem at hand.^{28 42 43} For example, a social worker is responsible for leading the approach to acquiring community resources for disposition, the rehab medicine specialist ensures that optimal clinical decisions are made, the team as a whole ensures these decisions are integrated and known. The potential conflict with medical leadership is lessened.

Preparing Effective Team Members: A Competency Framework

For current and future health care professionals to be prepared for the new IPT ideal, educators must define the essential competencies needed and implement the necessary interventions to ensure their adoption. The contemporary "competency-based education" (CBE) movement in the health professions has arisen as one response to demands for more effective, more accountable preparation for practice. The approach is inherently utilitarian, and purports to begin with the essential outcomes of the education process in mind (a so-called "demand-side" approach versus a "supply side" one oriented to the knowledge available to learn).^{13 14 44 45} This allows a societally-responsive, patient-oriented, and dynamic framework for organizing health professions education. In Canada, this CBE approach has been developed for the postgraduate medical education of all specialists for nearly 20 years. It is called the "CanMEDS framework".^{46 47}

CanMEDS illustrates one approach to competency-based education for effective interprofessional teamwork.

CanMEDS

The Royal College of Physicians and Surgeons of Canada's CanMEDS framework defines multiple competencies for contemporary physicians, including aspects of teamwork (physician as "Collaborator") and medical leadership (physician as "Manager"), in addition to the core competencies of "Medical Expert". Developed in the early 1990s and implemented in multiple jurisdictions worldwide, the framework is organized around 7 domains of competence or "Roles": Medical Expert (the central Role), Communicator, Collaborator, Health Advocate, Manager, Scholar, Professional.¹ This same framework has been adopted by nurses, chiropractors, paramedics, physician assistants, family physicians, and veterinarians in various locations around the globe. The framework is used as a foundational document to guide a comprehensive approach to curriculum, standard setting, and assessment. Its strength lies in the CBE approach, and making explicit the traditionally implicit skill sets needed to be an effective health care professional beyond core medical / nursing / etc expertise. The definitions and generic competencies for each Role are listed in Appendix A. Further information on the framework has been published elsewhere.^{46 47 48}

The CanMEDS Framework of Competencies

In the CanMEDS framework, teamwork competencies are grouped in the Collaborator Role. Collaborator is operationalized as the abilities needed to "effectively work within a healthcare team to achieve optimal patient care." The identified key competencies include the abilities to "participate effectively and appropriately in an interprofessional healthcare team," and "effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict."⁴⁹ Collaborator is meant to define a curricular roadmap to IPT. Requiring Collaborator competencies as a standard in health professions education is the innovation needed to move IPT forward. The Collaborator enabling competencies include:

- 1. Participate effectively and appropriately in an interprofessional healthcare team**
 - 1.1. Clearly describe their roles and responsibilities to other professionals
 - 1.2. Describe the roles and responsibilities of other professionals within the health care team
 - 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own

¹ Note: CanMEDS standard usage involves capitalization of the 7 domain names and the word "Role" when referring to the CanMEDS competencies.

- 1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
 - 1.5. Where appropriate, work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
 - 1.6. Participate effectively in interprofessional team meetings
 - 1.7. Enter into interdependent relationships with other professions for the provision of quality care
 - 1.8. Describe the principles of team dynamics
 - 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
 - 1.10. Where appropriate, demonstrate leadership in a healthcare team
- 2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict**
- 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
 - 2.2. Work with other professionals to prevent conflicts
 - 2.3. Employ collaborative negotiation to resolve conflicts
 - 2.4. Respect differences, misunderstandings and limitations in other professionals
 - 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
 - 2.6. Reflect on interprofessional team function

Medical Expert, the central integrative CanMEDS Role, describes the key functions of physicians (or nurses, etc, when applied to other health professions). It is this domain which describes the clinical knowledge and skills, and decision-making responsibility inherent in the profession. “As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care...”⁵⁰ The central Role idea is equally applicable and essential for any health profession it adapted for.

CanMEDS Communicator involves the ability to “effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.”⁵¹ Communicator is framed exclusively to the interaction between professionals and patients (in contrast to Collaborator which is about interactions between professionals).

The Health Advocate Role involves the ability to “responsibly use...expertise and influence to advance the health and well-being of individual patients, communities, and populations.”⁵² Within this, are the competencies needed to: advocate for individual patients as they navigate the health care system, recognize and respond to community health needs and determinants, and to promote health at the micro, meso, and macro levels.

The Manager Role embodies the abilities need to be “integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.”⁵³ Within Manager, the idea of physician leadership is explicitly addressed in one of the four key competencies.

In CanMEDS, Scholar involves the abilities needed to “demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.”⁵⁴

Finally, CanMEDS Professional involves commitments “to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.”

Organized around these seven domains of competence, the CanMEDS framework is designed to prepare health professionals to be successful in the current environment of healthcare. In Canada, it has been implemented across 62 medical disciplines, and the standards of curriculum, assessment, accreditation, and credentialing that govern them.

Conclusions

In order for interprofessional teams to be effectively utilized as one solution to the current health human resources crisis, health professionals need to be prepared to team members. The IPT ideal has evolved from of an era when physician autonomy and leadership were unquestioned, and the abilities needed for 21st century care include new team competencies. The RCPSC CanMEDS framework is one example of a competency framework that explicitly prepares physicians for effective IPT.

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