Interprofessional collaboration in health care: Lessons to be learned from competitive sports

Brennan Bosch; Holly Mansell, BSP, PharmD

IMPROVED HEALTH CARE COLLABORATION HAS BEEN CITED AS a key strategy for health care reform.^{1,2} Collaboration in health care has been shown to improve patient outcomes such as reducing preventable adverse drug reactions,^{3,4} decreasing morbidity and mortality rates^{5,6} and optimizing medication dosages.⁷ Teamwork has also been shown to provide benefits to health care providers, including reducing extra work⁴ and increasing job satisfaction.⁸ As a fourth-year pharmacy student at the University of Saskatchewan (BB), I have noticed this shift becoming increasingly evident in our education, with the incorporation of interprofessional-based learning activities and relocation to a recently built health sciences building.

Having played competitive hockey for about 15 years, I have been on both highly successful teams that went on to win championships, as well as teams that were unable to function effectively. What was it about these teams that contributed to our successes or failures? Moreover, can these lessons be extrapolated to health care teams?

Characteristics have been identified in both sports and health care that may influence team success.^{2,9} Examples include accountability, communication, leadership, discipline, coordination, having a clear purpose and having a strategy in place. While a cooking recipe may consist of many ingredients (some perhaps to add flavour; others for consistency), a few ingredients will always remain essential. Reflecting on my experiences as an athlete and as a pharmacy student, 5 key ingredients seem necessary for success in a collaborative team (Table 1).

Role clarity

We have all seen examples of teams that consist of members who are extremely talented and yet do not function effectively. Conversely, some teams that are considered to lack skill succeed where others fail. In a successful team, every single participant is relied on to execute his or her unique role. For instance, in the game of hockey, there are goal scorers, defensemen, "grinders" and goalies. If a hockey team is composed of only

goal scorers, the other aspects of the game will be ignored and the team will have weaknesses. Teams in health care consist of diagnosticians, prescribers, medication experts and members who tend to the ongoing daily needs of the patient. Each expert adds a specific value, creating a collective synergy so that patient needs can be most effectively met. While role clarity is essential, team members need to be comfortable with some "overlap" of skills. Sometimes doing what is in the best interests of the patient most efficiently will require team members to step outside their traditional professional role. A defenseman, for instance, will take a shot at an open net should the opportunity arise.

While some members within a team or collaborative relationship may take on more of a leadership role, everyone must be enabled to contribute. Why would some commit to making sacrifices for the betterment of a team if they felt their role was insignificant? Individual contributions need to be valued and not underplayed. Yet, for maximum performance, the focus needs to be on "team success." The old saying "Win as a team and lose as a team" holds true in health care as well. Thus, a team filled with members who know their individual roles, put personal egos aside and feel appreciated increases the likelihood of team success and individual job satisfaction.¹¹

Trust and confidence

Trust, one of the most important elements of a successful team, is difficult to gain yet easy to lose. Developing trust takes time and a lot of personal contact. This may be a challenge in some health care settings due to logistical barriers such as rotating staff schedules, which contributes to constantly changing teams. If teams have the opportunity to work together daily, the development of confidence within the team is naturally facilitated.

Having just completed my Structured Practical Experience Program (SPEP) rotation at the Saskatchewan Transplant Program, I had the opportunity to work with an effectively functioning team of pharmacists, physicians and nurses. The health care practitioners in this setting are hired by the transplant

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TABLE 1 Five essential ingredients for team success

	Sports teams	Health care teams
 Role clarity Each member is relied on to execute his or her unique role. Individual contributions should be valued, yet the focus must be on team success. 	Examples in hockey include goal scorers, defensemen, grinders and goalies.	Examples include diagnosticians, prescribers, medication experts and members who tend to the patient's daily needs.
2. Trust and confidenceMembers must be confident in their own abilities to develop team trust.	Facilitated by time spent together practicing.	Facilitated by proximity and time, as well as exposure to other health care disciplines.
 The ability to overcome adversity Challenges require every member to remain committed to the collective goal despite setbacks. 	Examples of adversity may include a turnover in basketball or a bad call in football.	Examples of adversity may include dealing with complex patients or staff shortages.
 4. The ability to overcome personal differences Members must be able to overcome personal differences even if they do not always get along. 	Members must work towards a common goal of winning the game.	Members must work together, putting patient care first.
 5. Collective leadership A philosophy that takes pressure off any one individual and disperses it throughout the group. 	Can help facilitate "buy-in" from team players.	Collaborative leadership is 1 of the 6 competency domains for interprofessional education.

program and work together exclusively. The pharmacists and nurses partially attribute their team success to the fact that they share an office and work so closely with one another. Proximity and contact have led to an atmosphere where trust has been built rather than lost. Exposure to other health care disciplines and the opportunity to work collaboratively have been shown to facilitate awareness and appreciation for interprofessional roles. ¹² It is more likely that members of health care teams will develop a mutual trust if they are aware of other professions' roles and witness their capabilities firsthand. ¹³ In addition, evidence shows that implementing interprofessional education (IPE) earlier in health care curriculums can positively influence students' perception of teamwork. ¹⁴ Efforts to incorporate IPE into students' education should therefore be encouraged, with the goal of fostering future collaborative practice.

To develop team trust, it is essential that members are confident in their own abilities. It is noteworthy that the athletes I have played hockey with who have gone on to win championships and compete at the highest level (the National Hockey League) have radiated individual confidence, which in turn facilitated team confidence. When faced with pressure situations, the team remained confident because we trusted each other and had spent countless hours together improving our skills and forming good habits throughout the season. This was evident in the transplant program, which deals with complex patients and high-stress situations when organs for transplant become available. Trust and confidence in one another there kept the pandemonium in check, similar to being down a goal with 30 seconds left on the clock.

The ability to overcome adversity

At some point, all teams will be faced with adversity. In an athlete's world, this could be a turnover in basketball or the referee making a bad call during a football game. Adversity and challenges are part of health care delivery, whether it be complex patients or dealing with staff shortages. It is during these difficult situations that collaboration becomes even more essential, and it is in the face of adversity that the team's true integrity is revealed. When teams are faced with adversity, the tendency can be to pass blame and begin to question the system, management or leadership. Challenges require every member to remain committed to the ultimate goal, which in the case of health care is patient care. Since adversity is something that every team in any setting will inevitably encounter, it is imperative that health care providers working collaboratively become adept at dealing with it effectively.

The ability to overcome personal differences

It is not always possible to get along with every team member, but how those differences in opinions are handled is what truly matters. When I played hockey in Medicine Hat, there were arguments between team members on a daily basis, and it was not uncommon for teammates to fight during practice. Despite these disagreements, the players had the ability to move past their differences and focus on the common goal. Team diversity should be viewed as a strength; it can bring about different viewpoints, facilitate innovation and problem solving and have the potential to result in amazing outcomes. The key

is for everyone to work towards a common goal and have a shared vision on how to achieve it.

Collective leadership

Collective leadership takes pressure off any one individual and disperses it throughout the group. During my time in Medicine Hat, I was fortunate to be coached by the current coach of the Vancouver Canucks, Wilbrod Desjardins. He was a true believer that each person is only as good as the people they are surrounded by. Rather than relying exclusively on the team captain, a leadership group consisting of 8 players would convene regularly to discuss team issues. This group approach helped to engage more individuals and facilitated "buy-in" from the rest of the team. The value of collective leadership has been noted in both sports teams and health care. ^{17,18} In fact, collaborative leadership has been recognized as 1 of the 6 competency domains for interprofessional education and has been given a priority for student learning in this capacity.

Conclusion

In sports, winning is obviously more gratifying than losing, and reflecting on my hockey career, the years we ended up winning championships were the most enjoyable. I believe that our successes during these years resulted because we had discovered a winning recipe for functioning effectively as a team: while each person played a unique and fundamental role, we practised collective leadership. We had built trust and confidence in our teammates, and we learned to put personal differences aside and overcome adversity. These factors were also evident within the interdisciplinary team at the Saskatchewan Transplant Program. Judging from their patient successes, it leads me to believe that these 5 ingredients are essential in health teams as well.

To conclude, the importance of interprofessional teamwork in health care has been consistently highlighted. To increase the likelihood of team success, the value of selecting individuals capable of embodying these core characteristics should not be overlooked.

From the College of Pharmacy and Nutrition, University of Saskatchewan, Saskatoon, Saskatchewan. At the time of writing, Brennan Bosch was a fourth-year pharmacy student at the University of Saskatchewan who was completing a Structured Practice Experience Program (SPEP) rotation at the Saskatchewan Transplant Program, under the supervision of Dr. Mansell. Brennan played competitive hockey for over 15 years, and his accomplishments include a Western Hockey League championship in 2006-07 with the Medicine Hat Tigers and the 2011-12 Canada West hockey title with the University of Saskatchewan Huskies. Contact holly .mansell@usask.ca.

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References

- 1. Romanow RJ. Building on values: the future of health care in Canada. Ottawa (ON): Canada, Commission on the Future of Health Care in Canada. 2002. Available: http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf (accessed March 4, 2015).
- 2. Oandasan I, Baker RG, Barker K, et al. Teamwork in healthcare: promoting effective teamwork in healthcare in Canada. Canadian Health Services Research Foundation. June 2006. Available: www.cfhi-fcass.ca/Migrated/PDF/teamwork-synthesis-report_e.pdf (accessed March 4, 2015).
- 3. Kucukarslan SN, Peters M, Mlynarek M, Nafziger DA. Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. *Arch Intern Med* 2003;163:2014-8.
- 4. Leape LL, Cullen DJ, Clapp MD, et al. Pharmacist participation on physician rounds and adverse drug events in the intensive care unit. *JAMA* 1999;282:267-70. 5. Wheelan SA, Burchill, BN, Tilin F. The link between teamwork and patients' outcomes in intensive care units. *Am J Crit Care* 2003;12:527-34.

- 6. Hall D, Buchanan J, Helms B, et al. Health care expenditures and therapeutic outcomes of a pharmacist-managed anticoagulation service versus usual medical care. *Pharmacotherapy* 2011;31:686-94.
- 7. Martinez AS, Saef J, Paszczuk A, Bhatt-Chugani H. Implementation of a pharmacist-managed heart failure medication titration clinic. *Am J Health Syst Pharm* 2013;70:1070-6.
- 8. Chang YW, Ma JC, Chiu HT, Lin KC, Lee PH. Job satisfaction and perceptions of quality of patient care, collaboration and teamwork in acute care hospitals. *J Adv Nurs* 2009;65:1946-55.
- 9. Morgan PBC, Fletcher D, Sarkar M. Defining and characterizing team resilience in elite sport. *Psychol Sport Exerc* 2013;14:549-59.
- 10. Wagner EH. The role of patient care teams in chronic disease management. $\it BMJ$ 2000;320:569-72.
- 11. Jünger S, Pestinger M, Elsner F, et al. Criteria for successful multiprofessional cooperation in palliative care teams. *Palliat Med* 2007;21:347-54.

- 12. Vincent-Onabajo GO, Mustapha A, Oyeyemi AY. Medical students' awareness of the role of physiotherapists in multidisciplinary healthcare. *Physiother Theory Pract* 2014;30:338-44.
- 13. Wilhelmsson M, Pelling S, Ludvigsson J, et al. Twenty years experience of interprofessional education in Linköping—ground-breaking and sustainable. *J Interprof Care* 2009;23:121-33.
- 14. Ruebling I, Pole D, Breitbach AP, et al. A comparison of student attitudes and perceptions before and after an introductory interprofessional education experience. *J Interprof Care* 2014;28:23-7.
- 15. Pearce JA, Ravlin EC. The design and activation of self-regulating work groups. *Hum Relat* 1987;40:751-82.
- 16. Sonnerschein W, Gardenswartz L, Rowe A. *The diversity toolkit: how you can build and benefit from a diverse workforce.* Lincolnwood (IL): NTC Publishing Group; 1998.

- 17. Fransen K, Vanbeselaere N, De Cuyper B, et al. The myth of the team captain as principal leader: extending the athlete leadership classification within sport teams. *J Sports Sci* 2014;32:1389-97.
- 18. West M, Eckert R, Steward K, Pasmore B. Developing collective leadership for healthcare. The King's Fund/Centre for Creative Leadership, London. 2014. Available: www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/developing-collective-leadership-kingsfund-may14.pdf (accessed March 6, 2015).
- 19. Canadian Interprofessional Health Care Collaborative. A national interprofessional competency framework. February 2010. Available: www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf (accessed March 4, 2015).