

# THE PHC TEAM

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# What is a team?



# What is a team?

- Teams normally have members with complementary skills and generate synergy through a coordinated effort which allows each member to maximize his or her strengths and minimize his or her weaknesses.

Wikipedia contributors, 'Team', *Wikipedia, The Free Encyclopedia*.  
<<http://en.wikipedia.org/w/index.php?title=Team&oldid=236207124>>

[accessed 16 September 2008]



# What is a team?

Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.

Andrew Carnegie



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To succeed as a team is to hold all of the members accountable for their expertise.

Mitchell Caplan



# Norms & Standards of District Hospitals

- Core competencies of staff
- Expectations of Family Physicians in some provinces (vs. excluding FPs in others!)
- Proposed change to introduction:
  - The expectation is that the members of the health care team together have the necessary competencies and can offer the range of services listed, rather than any clinician being expected to embody all the competencies.

(Thus far ignored by NDOH)



# Effective Health Teams: Some factors

- **Positive leadership**
  - Participatory and Democratic
  - Visionary
- **Sense of purpose**
  - Common goal
  - Jointly defined
- **Clear mandate**
  - Task defined
  - Authority and responsibility established
  - May arise from patients, community, health authority, etc.



# Effective Health Teams: Some factors

- **Clear roles**
  - Defined roles for team members
  - Everyone knows who does what
- **Co-operation not competition**
  - Concern for whole balanced with concern for individual
  - Personal agendas destroy teams
  - Individuals must still be rewarded
- **Local is lekker!**
  - Use local resources
  - Outside experts may disempower local teams
  - Build training into team



# Effective Health Teams: Some factors

- **Skills mix**
  - Defined by local needs
  - Appropriate to context
- **Learning together**
  - Everyone has something to teach others
  - Everyone on voyage of discover
- **Community and bureaucratic support**
  - Needs to be earned
  - Some teams thrive on opposition, but is this sustainable?



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Sticks in a bundle are unbreakable.

Kenyan Proverb



# Effective HCTs: Some obstacles

- Territorialism
  - Turf battles
- False consensus
  - Superficial agreement
  - Lack of trust in process
- Perceptions
  - Perceived value of team members
  - Sense of importance or not
- Crisis management
  - Crises may help teams form but cannot sustain them



# Effective HCTs: Obstacles

- Fragmentation of services
  - Geographical or conceptual separation
  - Lack of co-ordination
- Poor communication
  - Telecommunications
  - Transport
- Bad leadership
  - Dominant leaders
  - Incompetent leaders
  - Uninterested leaders



# Pitfalls

5 pitfalls in teams:

- **Absence of Trust**
  - Team members not open with one another about their mistakes and weaknesses
- **Fear of Conflict**
  - Incapable of engaging in unfiltered passionate debate of ideas
  - Resort to veiled discussions and guarded comments.
- **Lack of Commitment**
  - Team members don't buy into and commit to decisions
  - May feign agreement during meetings.
- **Avoidance of Accountability**
  - Team members hesitate to call their peers on actions and behaviours that are counterproductive
- **Inattention to Results**
  - Team members put their individual needs or needs of their departments/groups above the collective goals of the team.



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Teamwork is essential - it allows you to  
blame someone else.

Author Unknown



# Stages of team development

- **Forming**
    - Coming together to lay the foundation for the team: excitement, anxiety, dependence, uncertainties
    - Issues: Testing of authority; feelings of inclusion and trust.
  - **Storming**
    - Realising the amount of complicated work ahead
    - Seeing disparity between hopes and reality
    - Issues: Power, control and conflict; feelings of incompetence, confusion, frustration
  - **Norming**
    - Getting used to working with one another.
    - Issues: Sharing of responsibility, building confidence in reaching goals, and developing trust and respect among members.
  - **Performing**
    - Team members are comfortable with each other
    - Everyone is "reading from the same page"
    - Issues: Continuous accomplishment of goals and maintaining the momentum
- (Adjourning and Transforming)**



# Types of T.E.A.M.'s

(Do not take the names too seriously!)

Do you recognise these?

## 1. The **E**asygoing **A**ustralian **M**odel

- Loose, undefined
- Everyone drifts into roles
- Common model in patient care and community organisations

## 2. The **E**nergetic **A**asian **M**odel

- Lots of effort in defining rules
- Everything clearly written down
- Potential to climb mountains
- Often stops with the paper



### 3. The **E**nthusiastic **A**merican **M**odel

- Passion to achieve
- Nothing can stand in their way
- Great for short-term projects
- Crises, doubt and boredom derail this team

### 4. The **E**nigmatic **A**frican **M**odel

- Relationships are key
- Results are secondary
- Lack system and structure

### 5. The **E**lusive **A**ntarctic **M**odel

- Think of Scott of the Antarctic
- A team in name only
- One person on a mission – takes the glory
- Nominal team blamed for failure
  - NB Scott made it there, but ...



# Dangers?

One man alone can be pretty dumb  
sometimes, but for real bona fide stupidity,  
there ain't nothin' can beat teamwork.

Edward Abbey (1927 - 1989)



# IDIOCY

NEVER UNDERESTIMATE THE POWER OF STUPID PEOPLE IN LARGE GROUPS.



# Roles of team members

- Certain people needed in each team
- Because **T**ogether **E**ach **A**chieves **M**ore\*: team functions better
- Each is critical
- Number, names and types vary amongst experts: these are my versions:
  - 1. The visionary**
    - Inspires others
    - Galvanises team
  - 2. The coordinator**
    - Ensures the work is done, meetings happen, the momentum continues, etc
    - Not the same as the administrator/secretary (who may or may not be a team member)
  - 3. The doubter**
    - Raises the questions no-one else wants to ask
    - Pokes holes in theories
    - Makes life difficult, but absolutely indispensable
    - “When we all think alike, no one is thinking.” (Walter Lippman)



# Roles of team members

## 4. The peacemaker

- Conflicts always arise: someone needs to bring opposing views together
- Coordinator too impatient to move forward
- Visionary too focused on the future

## 5. The carer

- Nurturing role
- Sustains team members
- Without care, “things fall apart”
  - E.g. Bertoni

## 6. The faithful servants

- Implement the decisions
- The “workers”
- Must feel they are valued and supported and have team’s backing

Who is the leader?

- Partnership
- Usually 1 or 2



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Remember:

There is no "I" in "TEAMWORK"



# Doctors

- A difficulty for teams!
- The most humble doctor still tends to think he is a cut above the rest
- Selected to medical school due to ability to think and reason, critical analysis, independence of mind – these factors make it difficult for us to function well in teams we don't lead!
- Cats in a team?



# David Hilfiker (a rural doc)

“The degeneration of the physician–staff relationship into authoritarianism has a long and glorious history. In part it stems from the physician's habit of relating to patients in an authoritarian fashion. The habit simply generalises to other relationships. The physician's high level of expertise also contributes to this attitude. There is often the unspoken assumption that he knows the job of each team member better than the team member himself.”



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“For his part, the physician often finds it difficult to step down from his usual place of authority and ask for help. It seems like an admission of weakness..... Moreover, the rest of the staff may be so accustomed to an authoritarian setup that a physician’s first halting attempts to reveal more of himself are met with an awkward, stunned silence. It may feel more comfortable for both parties to stay in a known relationship than to take a chance. The end result is isolation from potentially healing human contact. The physician is left alone with the overwhelming burden of being helper, healer, doer, of conforming to the expectations of “good men” in our dominant Western culture. He is ideally always in charge, not swayed by emotion (yet compassionate), efficient, powerful, omniscient. The possibility of sharing is lost and the physician goes his own way.”



Best "Human landscape" in 2007 Best pictures on the Internet Awards, [www.whatatop.com](http://www.whatatop.com)



# Clinician-patient relationship

- Types of relationships  
(Also applicable to inter-HW relationships)
  1. Paternalism
    - Clinician knows best
  2. Consultation
    - Opinion sought, compliance expected
  3. Participation
    - Inclusion in decision-making
  4. Partnership
    - Equal share in decision making
  5. Autonomy
    - Clinician as servant of patient who takes ownership of decisions



# The shared consultation

## Reasons for consultation:

- Help to make/confirm diagnosis
- Patient's problem outside of scope of practice.
- Patient requires treatment that cannot be prescribed/initiated by the PHCN.
- Patient requires an administrative function that cannot be done by the PHCN, e.g. disability grant form completion, sick leave certificate, etc.
- Patient is not responding to treatment
- Patient has a chronic illness which is not well controlled on current management.
- Need for further investigation, which cannot be ordered by the PHCN.



# Models of “shared” consultations

## *1. The Consultant Model*

- PHCN and doctor have no direct contact
- Referral by note
- Commonest form
- Limits learning and team work.



# Models of “shared” consultations

## 2. *The Master-Servant Model*

- PHCN presents patient to the doctor
- Takes no further part in the consultation (except, perhaps as an interpreter or nursing aide)
- Also common
- Missed potential: great opportunities lost



# Models of “shared” consultations

## *3. The Teacher-Pupil Model*

- PHCN presents the patient to the doctor
- Doctor uses consultation as an opportunity to teach the PHCN
- Benefit of ongoing development of the PHCN
- Requires sensitivity to ensure that the PHCN does not feel s/he is being slighted or scolded in front of the patient



# Models of “shared” consultations

## *4. The Teamwork Model*

- PHCN presents the patient to the doctor
- Doctor and PHCN discuss the issues raised
- Together decide the way forward, with the patient,
- Shared decision-making (with the patient) and responsibility
- Takes time and effort
- Requires a commitment from both parties.



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# Preliminary research findings

## Bob Mash



# Questions

- How can the family physician best add value to the PHC team?
- How can we train family physicians in team work? Practical ideas ...
- How can we assess the competency of team work?
- What problems can arise because of team work? How can we deal with these?