Team Culture
Strengthen Team Cohesion and Engagement

AMA IN PARTNERSHIP WITH

Stuart Pollack, MD
Brigham and Women’s Physician Organization, South Huntington

Joseph Frolkis, MD, PhD
Brigham and Women’s Hospital, South Huntington

CME CREDITS: 0.5

How will this module help me?

1. Identifies 10 steps for building a stronger, healthier team culture.
2. Provides answers to common questions about team culture.
3. Discusses case reports describing how practices successfully enhanced team culture.
Introduction

Anyone who has ever tried to change anything in a medical practice may notice that sometimes the change sticks, and sometimes it doesn’t. The change is a stunning success in one hallway, while in the next hallway down, nothing happens. Why is that? Did we use the wrong strategy? Employ the wrong people? Not provide enough training? Team culture is an important place to look for answers.

What is team culture in a practice?

Think of your culture as a set of underlying rules and beliefs that determine how your team interacts with patients and each other. Culture is the way an organization “does business.” Usually, new team members gradually absorb the practice’s culture without being taught or even noticing.

Ten STEPS to cultivate strong team culture in your practice

1. Diagnose the current state of your team culture.
2. Discuss the results and brainstorm possible improvements.
3. Create a team staff compact.
4. Create opportunities for team communication throughout the day.
5. Meet regularly.
6. Strengthen the team by focusing on individual development.
7. Get to know your team members.
8. Teach leaders to be mentors, not managers.
9. Create an environment that supports continual learning.

10. Engage patients.

**Diagnose the current state of your team culture.**

Similar to how we diagnose a patient before we treat, it is a good idea to diagnose your culture before you start intervening. Surveys are a great tool to gauge the health of your team culture. Examples of team culture surveys include: PeaceHealth's TEAM Development Measure Survey¹ and the Agency for Healthcare Research and Quality's (AHRQ's) Medical Office Survey on Patient Safety². It is important to emphasize that the survey is anonymous, and the results will be used to improve the practice. These surveys should never be used to blame or punish any individual or group.

Once the surveys are complete, share the results with your entire practice. Some practices post the findings in a common area so team members can review the results and think about opportunities for improvement in their own time, before convening as a group.

"Culture is what we say, what we do, and what we value."

**Gurpreet Dhaliwal, MD, Internal Medicine, University of California, San Francisco**

**Q&A**

Why focus on practice culture?

Your practice's culture may be more important than individual strategies and policies you adopt. In fact, it has been said that “culture eats strategy for lunch.” Just as you can transform your processes, you can transform your culture. Furthermore, there is a feedback loop—if your practice's team culture is healthy, it will influence the success of your practice's operations. We believe you can engineer your culture to be one that will flourish in the current rapidly changing health care environment.
What drives successful team culture in health care?

Successful team cultures have several attributes in common:

• They have integrated teams.
• They are continuously learning.
• They engage patients in a meaningful way.
• They communicate well, and listen to each other.

Discuss the results and brainstorm possible improvements.

This can be as simple as asking people what results they think the group should work on and/or what they can do to improve in those areas.

General rules about brainstorming:

• Every idea matters. Don't criticize the ideas of others. Don't discuss the viability of the ideas while brainstorming.
• Combine and build on the ideas of others.
• Quantity matters more than quality. You can pare down the list of ideas later.

How to facilitate a brainstorming session:

• Use freewheeling approach where group members call out their ideas spontaneously while a scribe records the ideas as they are suggested.
• Use round robin where each member gets a turn to share an idea. Participants may pass on any round, and the session continues until all members have contributed at least once.
• Use an individual or silent approach where each participant writes ideas on sticky notes and passes them to the facilitator.
• Try a combination. If your practice finds that multiple approaches could work, use a combination. Give everyone one to two minutes to silently brainstorm, followed by the approaches that best fit your practice.

Categorize ideas for improving team culture:

• Begin to organize the ideas into categories if you have time during the brainstorming session, begin. If you don't have time, the facilitator can organize the ideas later.
• Eliminate or “table” ideas that are not currently realistic for your practice, such as an idea that requires hiring a new employee or one that requires the electronic health record (EHR) to function in a way that is not possible.
• Let people know why some suggestions were eliminated, so it does not appear that you are neglecting certain ideas. If you cannot entertain ideas that require significant resources, be sure this is shared as a general rule early on in the brainstorming session.

Pick one or two ideas:

• Consider “multi-voting”. For example, give everyone five pennies. Label cups with the ideas that they're voting on. Team members can use their pennies to vote for the ideas that they support. They have the option to place all five pennies in one cup to support one idea, place one penny for each cup if they support all five ideas, or any combination in-between. The cup with the most pennies wins. The advantage to this process is that it can be anonymous.
• Create an impact-effort matrix. The matrix will help your practice determine where ideas fall on a scale of high to low effort in regard to implementation and impact. Participants can rate each idea on the impact that they think it will have, and the effort that it will take to implement. You can also do this as a group with sticky notes, a whiteboard, and a coordinate grid. The x-axis can be labeled “impact” while the y-axis is labeled.
“effort”. Ask the group to place their sticky notes on the matrix based on the impact and effort they believe each idea will have.

Create a team compact.

A staff compact is a written document that details how team members should treat each other. Everyone in your practice should contribute to the team compact. The process of creating the compact can be more important than the final product. Team members will be more invested and motivated to adhere to the compact if they are involved in the creation. The process of drafting a compact strengthens team culture by focusing the team on the values at the core of the practice’s culture. Annually updating the compact gives your team an opportunity to make appropriate changes and involve new team members in making cultural decisions.

Sample Team Compact
Use the examples in this document to help your team create a compact that meets your practice’s needs.

Q&A

What should we include in a staff compact?

The staff compact should include list of observable behaviors. Some examples include, “I will treat my colleagues with respect” or “I will arrive on time and evenly share my work with my teammates.” This gives your team the opportunity to reinforce positive behaviors that help shape a productive work environment.

How do we get everyone to participate in creating the staff compact?

The following process should encourage broad participation:

1. Set the stage by using a “getting to know each other” activity, such as one of these icebreakers. You can also ask participants to share positive team experiences, such as winning a high school basketball championship or their first job as a teenager.
2. Do small group brainstorming sessions. Focus on cultural questions like “What do you expect from the people you work with?” and “What are you willing to promise them?”
3. Specify a facilitator and have them compile those ideas into a single document.
4. Consider letting the group review other compacts for more ideas to add to the list.
5. Combine similar ideas into single bullet points, and organize those points into categories like communication, helping others, etc.
6. Discuss the ideas with the group, and limit the length of the document by using voting methods.
7. Share the draft compact with the team, and offer an opportunity for other contributions or revisions. Adjust the document based on the feedback received.
8. Vote for the final version of the staff compact. The goal is to reach a group consensus where each team member is satisfied with the final document.
9. Post laminated, colorful copies of the new team compact in all the offices and team rooms. Refer to the team compact when conflict arises to remind everyone of their commitment to each other. As a team, discuss the compact prior to culture-building activities.

Create opportunities for team communication throughout the day.

Co-location, morning huddles, warm handoffs, end-of-day debriefs, and weekly team meetings can strengthen relationships and help to build a positive team culture.

Q&A

Why is communicating with each other in person so important?

Teams that have frequent face-to-face exchanges perform better than those that don't. One study found that an increase in face-to-face communications in a practice/organization the number of emergency room (ER) and urgent care visits among their patients, and decreased the global costs of care by nearly $600 per patient per year.

Our doctors prefer private offices. How can we show them co-location could be good for our teams?

Co-location allows teams to have multiple brief conversations during clinical sessions. It is easier for team members to communicate if they are in close proximity of each other. Co-location helps foster more interactions. Communication builds camaraderie, trust, and reliance among team members.

Co-location also creates efficient workflows, so the work day can end earlier. The nurse or medical assistant (MA) and physician can discuss messages verbally rather than having time-consuming conversations over email or batching communications for the end of the day.

What is a huddle?

Huddles are informal, five- to ten-minute meetings which often occur before the clinic day or session starts. In these brief meetings, the team might discuss staffing (e.g., who is out today and who is filling in), the needs of particular patients on the schedule, needs of the team, and any schedule changes.

Huddles get the team on the same page about the clinic workflow each day. Letting the non-physician members run the huddle helps break down some of the hierarchy that can damage team culture. This also helps shift the practice’s culture from physician-centric to one that fosters teamwork and team-based patient care. Huddles not only change culture, they also make the day run more efficiently and improve patient care.

What is a warm handoff?

A warm handoff happens when patient care transitions directly from one team member to another. For example, after rooming a patient, the physician enters the room and the nurse or MA explains to the physician in front of the patient what he or she has learned about the patient during rooming. Another example is a physician introducing a patient to the behavioral health specialist and giving a brief synopsis...
of the patient’s case. Warm handoffs make it clear to the patient that their doctor and other professionals involved in their care work together on the patient’s behalf.

At the end of the day, we all just pack up and head home. Is there a positive way to conclude the day?

Some clinics have found that a quick debrief at the end of the day allows teams to reflect on the good work they have done together or to call attention to a process that should be added to their weekly team meeting schedule.

Meet regularly

Regular team meetings that take place weekly or every other week make a huge difference in the culture of your practice. It can improve relationships and productivity, and helps to emphasize the importance of teamwork.

Meetings should be scheduled based on the availability of team members, though it may be necessary to adjust patient scheduling to have everyone present. An agenda covering key discussion items should be distributed in advance. Assign one team member to lead the meeting, one to act as a timekeeper to keep the meeting focused, and one to act as a recorder to take notes on the discussion. The meeting should be used to build relationships, discuss important updates, and solve problems. Make it a point to start and end on time in an effort to respect everyone’s time.

Example ways of starting a meeting include a simple icebreaker, sharing a patient story, shout-outs, and sharing a piece of data about practice performance. For more information, see the STEPS Forward™ Team Meetings module.

Q&A

What activities can we use in meetings to help build team culture?

Here are four ideas to consider, as mentioned briefly above:

- Icebreakers can provide a chance for team members to learn something new about each other. To bring energy to the meeting, try an activity that involves movement.
- “Shout-outs” provide teams with the opportunity to publicly praise teammates who have done something great. Shout-outs encourage team members to emulate positive behaviors, recognize that their work is valued, and enhance team spirit. It is also an opportunity to thank each other for team initiatives.
- Tell stories and share data. Stories are how you figure out who you are as a group—an important aspect of culture. Encourage your colleagues to share stories that exemplify teamwork or great patient care.
- Find a piece of data and review with your team. Some people respond to stories, some respond to data, and some team members will respond to both. Stories and data are complementary. Stories tell you who you are; data tells you how you are doing.

We are worried about losing revenue by spending time in a meeting that could be spent with patients. What should we do?

Improving how your practice functions is worth every penny. You will make up the time devoted to the meeting by making your workflow more efficient, thus freeing up staff time to see patients. If this is a serious concern, you may need to meet before the clinic opens, at lunch or at the end of the day—though that risks sending the message that team building and improving culture are not real work.
The doctors meet regularly. Does that count?

Unfortunately, no. To build a strong and effective culture you must involve team members from all levels in your practice.

Strengthen the team by focusing on individual development.

People thrive in work environments where they can continue to learn and grow. Create opportunities for staff to take on new responsibilities. Encouraging team members to take courses, get a degree, and take on new roles and responsibilities sends a powerful message about the values of a practice. In one clinic, the manager and medical director meet annually with every team member. During this review, they discuss goals for advancement for the upcoming year and for the next three years. Discussing these goals helps team members establish a plan to attain their goals. Individuals who know that their team is invested in them will be more engaged in interactions and their work, leading to better performance.

“Culture is the sum total of shared habits and expectations. Culture has tremendous inertia. That’s why it’s culture. It works because it lasts.”

Bill Thomas, MD Excerpt from the book Being Mortal by Atul Gawande, MD

Get to know your team members.

It may seem obvious, but getting to know your team members is a simple way to strengthen team culture. Simple methods to learn more about your colleagues and improve team spirit include:

- Celebrate birthdays, work anniversaries, a new team member joining, promotions, and retirements.
- Celebrate your local sports teams—including letting people break the dress code and wear shirts with logos of their favorite team.
- Celebrate holidays.
- Host potlucks or institute a monthly rotation where specific staff members, such as the nurses or doctors, cook for the rest of the practice.
- Foster new relationships across multiple groups in your building (e.g., primary care and specialty practices) by finding opportunities to connect all groups to get to know each other.
- Eat lunch together. Studies show that something as simple as rearranging the lunchroom to have one large communal table improves how well a team functions. This arrangement encourages people to sit next to someone they may not know.

“Walk a mile in my shoes” is another exercise used to get to know team members and their roles. At an initial staff meeting, break everyone into groups based on their roles (i.e., front desk staff, MAs, nurses, doctors, etc.). If a team member has a specialized role (e.g., you only have one nurse care coordinator), they should do this initial exercise alone so the rest of the team can be oriented to their role and that of their colleagues. Use a structured brainstorming technique (see examples in Step 2) to answer a few of the questions listed below:

1. What is your role?
2. What training did you receive to do your role?
3. What is not part of your role?
4. What do you do during a typical day?
5. What do you like about your job?
6. What don't you like about your job?
7. What can others on the team do to help you do your job better?
8. Is there anything else you think other people would find useful or interesting about your role?

Have a team member in each group record the ideas generated during the exercise and eliminate duplicate responses. You may discover that some team members enjoy aspects of their role that others in the same role do not like. You may want to have practice or organization leadership review the lists to ensure that people are performing their required duties and conforming to policy and regulations. When reviewing these lists, you may discover there are certain activities that no one in the practice is doing, which should be addressed to ensure there are no gaps in care.

Each group should then take five to ten minutes at a subsequent meeting and present their answers to the entire team. Encourage everyone on the team to participate, even if it means each team member presents one answer to a question of their choice. Leave time for questions from other team members.

Q&A

How can we build culture from the first day of employment?

One organization begins to build culture during the job interview process by having a patient interview the prospective employee. Another includes shadowing as part of the orientation process. For example, an MA spends time in the call center to observe how work there will impact the MA’s future work in the clinic.

Teach leaders to be mentors, not managers.

Leadership plays a significant role in setting the tone for the culture of the practice. Successful team cultures promote leadership that emphasizes teaching and mentoring over traditional management structures. Physicians, and advance practice providers (APPs) use leadership and coaching daily through communicating with and teaching patients, so strive to use those skills in your interactions with your teams as well.

There are others on your team who are leaders (e.g., other practitioners, nurses, administrative staff) that should be noted and fostered in their roles.

Effective leaders should:

- Facilitate, encourage, and participate in improvement efforts alongside patients and team members.
- Communicate clearly to keep all team members on the same page and moving in the same direction.
- Demonstrate humility and show interest in their team members. All members of the team have something to share or give, and there is always more to learn.
- Teach, guide, and coach patiently and with clarity.
- Build day-to-day processes loosely to give the team flexibility to do their work most effectively.
- Protect and foster the processes that impact team culture.

Leaders can teach the practice how to give positive and actionable feedback. Like any skill, giving feedback needs to be taught and practiced before it becomes a habit. You may find it helpful to receive training on giving effective feedback from someone outside your organization. Once you are trained, practice giving feedback for a few months until it becomes comfortable and routine.

Suggestions for giving feedback:

- Reinforces and encourages positive behavior.
• Give positive feedback in public so that other team members can learn by example. Shout-outs at team meetings are a good forum for giving positive feedback. Use caution with this approach, because team members who are infrequently mentioned could become less engaged.
• Give negative feedback constructively and in private. The goal of negative feedback is not to embarrass or shame the person receiving it, but to help them improve.
• Ensure feedback is specific to the action (e.g., “you were seen using your phone”) and not the person (“you are goofing off”).
• Provide timely feedback.

One challenge for many leaders is that they spend most of their time in rooms with patients or in front of computers by themselves. This limits their opportunities to coach the team they lead. Consider spending more time with your team and learning about their work. This can be done when a patient no-shows, before or after a session, or over lunch. Ask how things are going, how you can help, and use the feedback to find areas that can improve.

9 Create an environment that supports continual learning.

A robust team culture will enable a practice to remain nimble in today’s ever-changing health care environment. Identify opportunities for improvement and promote continuous learning. This will help the team grow and evolve together, which strengthens team culture. Tools that can help your practice create an environment of learning and improvement can be found in the STEPS Forward™ Lean Health Care module.

10 Engage patients.

Physicians and other health care professionals are often too close to the work to experience health care as their patients do. Fortunately, when asked, most patients will share feedback with you. There are multiple ways to engage patients in an effort to redesign your operations and culture:

A. Focused surveys. If you have specific questions about a process, policy, or pilot program, ask patients what they think. Create a one- to three-question survey and ask patients to complete it at checkout. Emailing a survey link is another cost-effective way to obtain patient feedback.

B. Patient/Family Advisory Council. Do you frequently solicit patient input? Patient/Family Advisory Councils can help strengthen relationships with your patients and communities. Select the right patients from your practice and form an advisory council. Invested patients are happy to volunteer their time to serve as a sounding board to help the practice develop its team culture. Advisory council meetings can occur at a frequency that works best for the practice, such as monthly or quarterly. Members are often treated to dinner during evening meetings or given a small gift card to show appreciation for their time. Patient volunteers should be able to:

• See beyond their own personal experiences.
• Listen well.
• Respect the perspectives of others.
• Speak comfortably in a group.
• Help the practice attain its goals.
Conclusion

Team culture is an indicator of the health of an organization. Use the strategies in this module to build and strengthen your team and improve your culture.

AMA Pearls

Connect with colleagues

Intentionally sharing meaningful stories and experiences with co-workers makes for a richer work life and environment. Giving these stories a title, such as “the reason I came to work today,” can help team members overcome any reluctance to speak positively about the value of their work.

Observe your team IQ

Research shows that teams have an IQ. A smart team is one that emphasizes the “equality in distribution of conversational turn-taking,” which essentially emphasizes the importance of all team members having a voice. To gain the full benefit of your practice’s team IQ, use the tactics in this module to synergistically combine every team member’s knowledge and problem-solving abilities to create better results than each individual could achieve on their own.

Create your practice “tribe”

According to Dave Logan’s book, Tribal Leadership, very few workplaces have the giant “uni-cultures” exhibited by companies such as Zappos and Nordstrom. In fact, his book argues that culture lives at the tribe level in groups of 25 to 100 people. Interestingly, this is the typical number of people found in our cell phone address books and the size of the average group of primates. Using this logic, this module can help change culture at the practice level. Even as practices merge with other groups to form larger health care systems, individual practices can retain aspects of their own culture if they are aligned with the mission and vision of the larger organization.

Use Lean to build your culture

Lean has become a very popular way to improve processes in the health care setting. Lean is successful because it involves everyone on the team and helps to change the relationship between team members and team leaders, which help build a stronger culture. When done well, Lean builds continuous learning, integrated teams, and collective intelligence. See the STEPS Forward™ module on starting Lean Health Care in your practice.
Team Culture Case Report: Brigham and Women’s Advanced Primary Care Associates, South Huntington

When they had the opportunity to open a new practice, the planning team at Brigham and Women’s Advanced Primary Care Associates, South Huntington in Jamaica Plain, MA, focused on building a practice that would evolve quickly. They designed and built a practice meant to foster a team culture that is truly integrated, multidisciplinary, patient-engaging, and continuously learning. Care team members were hired for their cultural fit. The planning team gauged the new hire’s excitement about teamwork, transformation, and leading change in a patient-centered environment. This approach was selected to proactively build systems and a culture that got better with time and under stress, since trying to predict and prepare for the future is impossible.

Stuart Pollack, MD, Clinic Director, says, “Now that I have data that confirms that our new clinic works, I have been trying to figure out why it works. Let’s face it—lots of practices are checking off the National Committee for Quality Assurance (NCQA) process lists, and many are not producing Triple Aim results (better quality, lower cost, better patient experience). I’m pretty sure it’s not because of our processes, but because of our culture. I think it is about building teams that evolve and that maximize their collective intelligence.”

Dr. Pollack found that the collective intelligence of the teams he worked with was superior to that of any one person working alone. Co-locating the teams in shared offices, holding huddles before clinic sessions, and conducting warm handoffs encourage those short conversations that make the team so effective.

Team Culture Case Report: Harvard Medical School Center for Primary Care

Russell Phillips, MD, Director of the Harvard Medical School Center for Primary Care, worked with 20 practices affiliated with Harvard to lead positive culture change. The important drivers of this positive culture change were identifying and adopting a quality improvement framework, having improvement-focused team meetings, and creating an environment that supported continuous learning.

In their quality improvement focus area, the practices utilized Plan, Do, Study, Act (PDSA) performance improvement framework cycles and tracked the results on run charts. Their first initiatives were to improve follow-up on test results and referrals and to measure the impact of the changes. Creating capacity for improvement gave the team a shared vision and enabled them to work together to attain common goals to build the team’s culture. This had the added benefit of improving practice efficiency and reducing physician burnout.

Dr. Phillips says, “A big source of professional dissatisfaction comes from feeling that systems are not supporting us in the work that we need to do. We experience a lot of undue worry about whether important aspects of patient care are falling through the cracks. Building capacity for quality improvement creates opportunities in the practice to work together to make processes better.”

Team members across the 20 practices participate in learning sessions, which are forums to help team members work together and develop their ideas. The Center has also created an academy to help leadership teams develop their skills for leading change and improvement in the practice.

Dr. Phillips cites an example from his own practice: “Our team leader created an initiative to improve our processes for recording health care proxies. Together, we came up with a redesigned process where medical assistants (MAs) would offer information to patients. The MAs also received training in witnessing the forms. Patients started appearing at visits with the forms in hand so they could be discussed with the physician, then completed, witnessed, and scanned into the record by the MA after the visit. As a team, we monitored our progress using run charts and continually worked to improve the process. The team came together to share in the success of implementing this new process. It helped everyone on the team recognize that even changing systems is possible with the help of the team. The doctor doesn’t have to do everything, and the other members of the team rise to the challenge to take on new roles."
The practices in the Harvard Medical School Center for Primary Care are creating a culture where all feedback, including bilateral feedback between manager and staff and among team members, is welcome. “We now have huddles and we disrupt hierarchy so that everyone has an opportunity to contribute.”

Team Culture Case Report: Medical Associates Clinic

“That’s the reason I came to work today” is a phrase you’ll hear often at the Medical Associates Clinic in Dubuque, IA. Amid the myriad tasks of primary care—charting, coding, paperwork, and phone calls—it is easy to lose track of the real value of work. To help prevent this, the team at Medical Associates Clinic has started to share the experiences that made them think, “that’s the reason I came to work today.” Sharing these stories is one way to remain centered in the meaning and the mission of work and to build a team that shares similar values.

A few months ago, a patient told internist Christine Sinsky, MD, that she almost didn’t keep her follow-up appointment for depression. She changed her mind when she remembered how kind one of Dr. Sinsky’s nurses, Rachel, had been to her two weeks earlier during the rooming and preparation process. Prior to that first visit, in the mini-huddle, Rachel told Dr. Sinsky that this was a new patient here for headache and added, “She seems depressed.” Rachel had gone deeper into the history and asked the patient if anyone had been hurting her. The patient acknowledged that she was the victim of domestic abuse. Rachel gathered the referral information for the local domestic violence center and had it ready to share with the patient during her visit. With this preparation, Dr. Sinsky was in a much better position to care for this patient than if she had just walked into the room cold. The patient’s care was a team effort.

Dr. Sinsky likes to catch her staff doing a good job and publicly compliment them. During a break when all the nurses were together, Dr. Sinsky shared the story of this patient’s gratitude for Rachel’s kindness and the impact Rachel had on the patient’s decision to return to the practice. Rachel said that when the patient told her the same thing, she responded, “You were the reason I came to work that day. And you are the reason I came to work today.” Rachel went on to explain, “Every day I try to find one encounter that is ‘the reason I came to work today’—one interaction that is particularly meaningful.” Now, when one of the members of the team feels especially good about how a patient has been served, how an interaction went, or an expression of kindness from a patient, it is shared with the team as “the reason I came to work today.”

Dr. Sinsky noticed an improvement in performance since her team started sharing these stories. They all have a little more compassion, a greater willingness to go the extra mile for a patient, and a stronger sense of purpose in their vocation. This has led to a stronger culture of teamwork that is grounded in the team’s common vision of providing the best possible care to their patients.

*Disclaimer: Printed with permission from Family Practice Management.*

Team Culture Case Report: UCSF Liver Disease and Liver Transplant Clinic

The hepatology clinic at University of California, San Francisco, is a busy academic practice that books approximately 6,500 visits a year for patients with complex hepatic conditions. When a sense of disconnect and distrust developed between providers and the rest of the care team, patient satisfaction suffered. Clinic leaders knew they needed to act, and believed that building trust was the first step toward creating a care team that could better address the issues that had led to dissatisfaction among the clinic’s patients and care team members.

The clinic began holding monthly team meetings, where all care team members could begin sharing their thoughts. One issue that surfaced from these meetings was practitioners’ lack of acknowledgement of the other care team members when the practitioners arrived at the clinic for the day. The unacknowledged care team felt disrespected, and the lack of communication often led to delays for patients—for example, a patient would be placed in an exam room before the provider had arrived at the clinic. To solve these problems, the whole team worked together to create a check-in process. Now, attending physicians and fellows stop at the front desk and let the rest of the team know they have arrived. The change reduced misunderstandings and increased verbal
communication among all care team members, fostering greater teamwork and a greater sense of appreciation among the team.

To continue the positive feedback loop of communication, clinic leaders also instituted 360° evaluations for the entire team. These evaluations included feedback from an employee's supervisors, peers, subordinates, and other co-workers. Clinic leaders solicited input from the entire department about potential questions to include in the evaluations, covering the topics of professionalism, empathy and work issues, and then selected a short list of questions. The list was entered into online survey tools—one for providers and one for other care team members.

The surveys were confidential, with the data available only to the leaders of the clinic. The leaders met with team members individually to review the results of their evaluations and to ask for feedback about the experience. The honest appraisals led to greater trust among clinic personnel, according to Bilal Hameed, MD, associate chief of the clinic. “The goal of doing the evaluations was to increase everyone’s awareness about his or her own problem areas in teamwork and communication. The result was a greater sense of all working together to improve.” Clinic leaders believe that taking steps to develop trust and a friendlier work environment were essential to the success of subsequent quality-improvement projects.

Learning Objectives
1. Explain the importance of team culture
2. Describe strategies to improve team culture
3. List resources and tools that can be used to assess the current state of culture in your practice
4. Identify ways to engage your patients to help you build a stronger culture for your practice

Article Information

AMA CME Accreditation Information

Credit Designation Statement: The American Medical Association designates this enduring material activity for a maximum of .50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Target Audience: This activity is designed to meet the educational needs of practicing physicians, practice administrators, and allied health professionals.

*Disclaimers: Individuals below who are marked with an asterisk contributed towards Version 1 of this learning activity.

Statement of Competency: This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice, interdisciplinary teamwork, quality improvement and informatics.

Planning Committee:

Christine A. Sinsky, MD, FACP, Vice President, Professional Satisfaction, American Medical Association*
Marie Brown, MD, MACP, Senior Physician Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association & Associate Professor, Rush Medical College, Rush University Medical Center
Renee DuBois, MPH, Senior Practice Transformation Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association
Brittany Thele, MS, Program Administrator, Professional Satisfaction and Practice Sustainability, American Medical Association
Ashley C. Cummings, MBA, CRCR, CME Program Committee, American Medical Association
Rita LePard, CME Program Committee, American Medical Association*
Ellie Rajcevich, MPA, Practice Development Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association*
Sam Reynolds, MBA, Director, Professional Satisfaction and Practice Sustainability, American Medical Association*
Krystal White, MBA, Program Administrator, Professional Satisfaction and Practice Sustainability, American Medical Association*

Content Reviewers:
J. James Rohack, MD, FACC, FACP, Senior Advisor and former President, American Medical Association
Renee DuBois, MPH, Senior Practice Transformation Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association
Brittany Thele, MS, Program Administrator, Professional Satisfaction and Practice Sustainability, American Medical Association
Joseph Frolkis, MD, PhD, Vice Chair for Primary Care, Department of Medicine, Brigham and Women's Hospital*
Stuart Pollack, MD, Medical Director, Brigham and Women's Advanced Primary Care Associates, South Huntington*
N.S. Damle, MD, MS, FACP, Founding and Managing Partner, South County Internal Medicine Inc.*
David DeLong, MD, FACP, Assistant Clinical Professor, College of Physicians and Surgeons, Columbia University and Chief, Division of General Internal Medicine, Bassett Healthcare, Cooperstown, NY*
Mark B. Hallett, MD, MBOE, Chief Clinical Officer, ThedaCare*
Ellie Rajcevich, MPA, Practice Development Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association*
Sam Reynolds, MBA, Director, Professional Satisfaction and Practice Sustainability, American Medical Association*

About the AMA Professional Satisfaction and Practice Sustainability Group: The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

ABMS MOC Statement: Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Maintenance of Certification (“MOC”) Activities, this activity has met the requirements as an MOC Part II CME Activity. Please review the ABMS Continuing Certification Directory to see what ABMS Member Boards have accepted this activity.

Renewal Date: February 22, 2016; May 23, 2019

Glossary
co-location: Seating team members near each other so they can have multiple brief conversations during clinical sessions.
huddles: Informal five- to ten-minute meetings which often occur before the clinic day or session starts.
warm handoff: When patient care transitions directly from one team member to another.
end-of-day debriefs: A quick meeting at the end of the day to reflect on the good work the team has done or to call attention to a process that should be improved.
team meetings: Gathering the care team to build relationships, discuss important updates, and solve problems.

Disclosure Statement:
Unless noted, all individuals in control of content reported no relevant financial relationships.
References