

Teamwork and Patient Safety

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Abstract

This article relates teamwork to patient safety and the importance of teaching it in university courses. This arises due to the growing complexity of the health system, which presents greater possibilities of error. In this way, teamwork appears as a fundamental tool for professional practice. Technological advancement led to a cultural transformation and the horizontalization of the organizational structure, although the figure of the leader continues to be important so as not to lose the traditional humanistic approach. A university education must address this problem from the moment the student enters until he or she graduates to improve decision-making and provide security.

Keywords: Patient safety, Medical error, Medical education, Organizational management, Health team

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Introduction

The concept that a health team should “work as a team” seems obvious. However, everyday reality challenges it on more than one occasion. The main objective of such group work is to be more efficient and to be able to prevent, diagnose, provide the correct therapy and guarantee follow-up [1].

With the growing complexity of the health system, the challenge for its organizations is greater every day. The team, that is, the human resources destined to solve the patient's problems, are more exposed due to their natural vulnerability and are more prone to involuntary mistakes. When the “work team” is formed and consolidated, it achieves a better impact on patient safety [2].

Current Problems

Patient care has become more complex and with increasing possibilities of error, as a result of the following situations

- The greater specialization of medicine due to the fragmentation of knowledge makes comprehensive patient care difficult.
- The shortage of some human resources, sometimes very specific, which must be replaced by others, which correspond to other disciplines or professions that have some similarity, but without the proper specific responsibility.
- Many working hours of the health team, such as 24 h shifts that, if they are intense and exhausting, affect the actions of professionals and impact patient safety.
- Large health centers will have greater possibilities of coordination failure between the numerous areas involved [3].
- The greater survival of the population thanks to medical advances, installs a greater incidence of chronic diseases and their simultaneous existence.

- The crossed responsibilities of each member of the team and their responsibility in relation to local legislation causes interference in professional actions.

The Challenge of Achieving Operational Teams

To overcome the problems indicated, teams are formed, with the purpose of achieving “multidisciplinary care.” Thus, the complexity of medical knowledge and organizational structures constitutes the first challenge.

Putting together interdisciplinary patient care teams that function efficiently is something that is increasingly complex [4]. This need, present in these times, must be pointed out in the classrooms of the different careers of health professionals and taught with different strategies. Students and teachers must understand that the times, as well as the scenario in which they will participate, have changed and will require these new tools for their correct professional practice.

Putting together a health team is difficult in daily practice, because it is not only made up of doctors from different specialties, but also individuals from different health professions (dentists, kinesiologists or physical therapists, nurses, pharmacists, biochemists, psychologists, nutritionists, obstetricians, social workers, etc.). It is unquestionable that each discipline and/or profession has responsibilities, as well as different roles but a single objective: the integration of knowledge [5]. The interaction and communication between its members allow the good functioning of the group. In short, it is about including, growing and adding.

How to Achieve Operational Teams?

An operational team must be made up of well-prepared members. They must be taught by practicing activities and training them.

Clinical simulation is useful and key as an educational process



for the training of future undergraduate or postgraduate professionals in pursuit of a culture of patient safety. It allows for ongoing training, as well as error management in teams and the development of communication skills [6]. It is carried out in controlled environments, within the framework of a situation as similar as possible to the real one, which can be repeated, as well as made increasingly complex. It uses guided reflective and deliberative practice (or debriefing), also understood as a conversation of the actions that occurred in the clinical scenario with various models such as good judgment.

Depending on the proposed educational objective and the topic, skill training, error management in a given situation, process improvements, etc., programming is carried out. To do this, the various areas and a classification by zones are considered:

Zone 0: The student receives automatic feedback. Virtual platforms, virtual reality, computer simulation programs, etc. are used.

Zone 1: Development of clinical skills. Techniques and procedures are trained. The instructor guides and gives feedback to the students.

Zone 2: Students participate in scenarios where the patient deteriorates or becomes more complex.

Zone 3: Team development, human factors, customer relationship management (CRM) are trained. It also includes debriefing of simulations that can be applied to real patient care environments.

Zone 4: Use of debriefing in real clinical practice. It can allow the development of longitudinal learning systems in university and non-teaching hospitals.

Its approach is not exclusive to emergency or urgent situations, but also to clinical practice in the office, the internist, the operating room, etc. It supports clinical reasoning as an experiential model, and humanism. The usefulness of clinical simulation also helps reduce professional stress, while also safeguarding the rights of patients. This leads to an adequate introspection of errors, without harming the patient [7].

Let us remember that clinical simulation in its standards seeks to:

Establish a psychologically safer environment to ensure that students feel comfortable expressing their thoughts without uncomfortable feelings or fear of negative consequences.

Incorporate activities that help establish an environment of integrity, trust and respect.

Discuss the procedure to create an atmosphere of maximum confidentiality and professionalism.

Prevent defensive behavior and support risk interventions with the support of knowledge and professional identity performances.

On the other hand, communication between its members must be clear and timely. Everyone must understand the team dynamics. Therefore, informative and reflective meetings must be held between its members. The assignment of tasks avoids the duplication of unproductive efforts.

In this way, activities and communication are the two fundamental pillars. The third pillar is to establish a hierarchical structure with a leader and that has the consensus of all. The leader facilitates, supervises and coordinates the tasks and also manages the team conflicts. With these three pillars, it is possible to achieve an efficient team that manages positively, overcomes challenges and barriers and can solve problems. When the team realizes this potential, it strengthens itself, grows and thus begins a stage of consolidation of its structure and functions [8].

Formation and Development of a Team

Every team that starts must go through several stages in its formation and development. They are not always successfully overcome; there are teams that survive each of these stages and others that do not.

The members of a team that starts may have unequal professional experiences (knowledge, skills, and abilities) and life experiences, but with theoretical and practical teachings they become more level. Learning and its assimilation is fundamental. It should also be noted that each of them may come from a different sociocultural sector, with different life experiences.

The moment of assembling a team is exciting. As it grows and develops, the group spirit is strengthened and consolidated. When the first objectives, which should be simple, are presented and achieved, the group becomes competent [9].

Team Culture as a Strategy

Health institutions, such as hospitals or clinics, encompass many universes: from business to care, science and education. Of all the companies, they are the most complex to manage.

The organizational structure in health systems has become "horizontalized" but the presence of a leader is necessary because he or she also controls the team. Another important issue is to consider the responsibilities of each of the members before the law. Technology has equalized the care and education practices that are always present in health institutions. These practices involve the doctor and the patient, as well as the teacher and the student. Only some doctors and teachers, due to their personality, are respected by their "hierarchy", maintaining a higher level, due to their experience and knowledge. Current technological progress has led to a rapid cultural transformation in this field [10].

However, the challenge is not to lose the traditional humanistic approach that health professions have, as well as to inspire change and build environments with excellent conditions for patient care processes.

In this context, professionals must not lose their enthusiasm or spirit to renew and improve themselves. Companies that stimulate these actions do so through management structures. Leadership in these structures is now more flexible, participative and more attentive to changes.

The true team culture where different profiles and talents participate is achieved with three characteristics: silent work, strength in the face of adversity and humility in the face of success. In short, we are talking about valuing effort, discipline and merit so that care has quality and efficiency [11].

Paradigm Shift in University Education

The profile of graduates from health careers has changed over time, and have to adapt to today's society, which is much more complex than that of just a few decades ago. On the other hand, nowadays it is rare for a patient to be treated by a single health professional as it was before.

Before, the idea of the graduate was that of a professional who had to solve everything on his own, in a fictitious framework of omnipotence. Even today, patients believe that the doctor can do everything and knows everything. Individualistic care has been replaced by pluralistic or shared care [12].

At the Faculty of Medicine at Universidad del Salvador, the teaching of patient safety in the medical degree extends throughout all years of the course, as an "integrative curricular activity" of all the



subjects of each year and with a scheme that allows the integration of content on the subject between the different years. Including, among other practices, activities in the area of clinical simulation, from the first to the fifth year, both in zone 1 and zone 3. In the sixth year of the degree, these are intensified, where soft skills such as communication, leadership and health team gain greater prominence, as well as technical skills developed in different strategies in zones 0 to 3 [13].

The topics covered extend to considering appropriate behavior, the human relations factor as a determinant for patient safety, the development and learning of the importance of interdisciplinary work and teamwork, as a fundamental basis for quality and safe health care.

Similarly, in the School of Health Sciences, the subject "Health team" was incorporated years ago, which crosses all academic years and is taught in an interdisciplinary (interprofessional) manner in the 8 degrees and incorporates, among others, topics on patient safety.

Nowadays, the idea that it is necessary to work as a team, in a responsible manner, with commitment, coordinating tasks and roles that each member must efficiently fulfill, is incorporated into the courses of all university degrees for health professionals [14].

Therefore, this paradigm shift of how said health professional should act must be taught from the first to the last day of the years that the degree lasts. Students must understand the importance and benefits of working as a team. This improves decision making and provides security for everyone: the patient, themselves, and the system to which they belong.

Differences Between Individual and Team Work: A Study Conducted at USAL

A study was conducted in the anatomy department with first-year medical students at the Universidad del Salvador with the dual purpose of providing statistical data on the advantages of teamwork and at the same time promoting and training it, from the first year in health-related careers.

Students were evaluated during practical work with multiple-choice tests in three stages: the first one individually and the next two in teams, the second in groups of three students, and the third in groups of six. In each stage, the percentage of wrong answers was determined, and its statistical significance was calculated [15].

Teamwork reduces wrong answers in a statistically significant way in the second and third stages.

In patient safety, it is important to overcome the obstacle of believing that consulting is underestimating their capacity and knowledge; It is also important that teamwork is promoted and trained from the first year of a career in the health field.

Conclusion

Three elements are basically involved in healthcare: the patient, the human resources dedicated to care, and the organizational structure. When one of them fails, the entire health system fails.

As for human resources, it is necessary to organize them into teams, in order to reduce the possibility of errors and achieve greater safety in patient care. The group has to be efficient and to do so it must have the following characteristics: coordinated, interdependent and dynamic. In addition, it must have a leader who favors interactions and allows the team to achieve its goals.

The notion and concept of "teamwork" should be taught from the beginning of the degree and continue throughout the training period,

until its completion. This is a recent paradigm that we suggest gradually including in all university education programs.

Efficient teamwork allows to minimize adverse events originating in current patient care. In short, it reduces medical errors and improves patient safety, both at a curative and preventive level.

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Conflict of Interest

None.

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