

PATIENT-CENTERED CARE

Formation of teams in the evolution of the pandemic

Here is the testimony of an intensive care doctor:

*“Look ... Today I answered the phone early in the ICU. They wanted to speak to Nurse Silvia. I did not know her and asked the technicians and nurses who were nearby, who was Silvia. And they started to ask each other if there was any Silvia there ...
A Babel of technicians from the operating room, from pediatrics ... newly hired nurses ... I no longer have a team. It is a collection of people who are available to work ...”*

During the Coronavirus pandemic, health managers and professionals will be daily involved in the most varied types of ethical challenges and dilemmas. A challenge is faced with difficult decision-making in which obedience to an ethical value may or may not have strong consequences.

It is the choice between good and evil, right, and wrong. While a dilemma is characterized when within a situation in which two ethical values clash, making the choice of one lead to the transgression of the other. This is the choice between good and good, between right and right. Note that different from what is thought, the challenges occur in greater numbers than the dilemmas within health organizations.

It is governance responsibilities, in this time of crisis, to establish rules, define and model the system. For that, some values such as transparency, responsibility, equity, and accountability need to be practiced raising the team's morale. It is necessary to eliminate any type of harassment and reduce excessive pressure.

Teamwork is essential for achieving and obtaining good results either in the health area or in any organization. Communication, good relationships between employees, and the retention of professionals can be improved, ensuring that three resources are present.

⇒ Significant Objectives

A set of compelling goals that team members share responsibility and accountability for achieving, helps to create a sense of shared purpose, trust, and collective achievement.

- **Clear roles and responsibilities among team members**

Team members need to be clear about what activities need to be done and who is responsible for completing them. This is especially important when teams are forming, but roles and responsibilities can change as your team matures and you know each other's strengths. These roles and responsibilities should be regularly reviewed to ensure that expectations about how things will work are in fact how they are working.

- **Reflect on how the team is working together**

All teams benefit from time to reflect on how they are working together and how they can improve. You can do this in the form of team time slots or regular meetings, covering the technical aspects of the job and how people are feeling. That time will be wasted, however, if people do not feel able to contribute freely, regardless of their role or position in the management hierarchy. Therefore, it is important to create a safe environment for members to speak up.

⇒ **Doctors, who manage uncertain diagnoses and risks and provide care to these patients with increasingly complex conditions, will need to be at the center of these teams.**

- There is no magic formula for structuring the “right” team in the practice of emergencies. The creation of a multidisciplinary team seems to be as important as the composition of the team. Evidence shows that, in any team, the mix of professions and professionals must be able to respond to the needs of the population concerned, although it is still small enough to allow members to get to know each other.
- It is necessary to have a clear understanding of the needs of patient population and to map the skills and knowledge of the existing team members in relation to those needs. This will help to identify gaps, which can be overcome in several ways.
- It is unlikely that new professionals will put their skills into practice without rethinking the workflow. To ensure that new professionals are added to the team, it is necessary to perform the following steps:

- describe the different tasks currently carried out by the team members and any new tasks required;
- identify what skills are needed to complete these tasks and any groupings of important tasks to keep together;
- identify the skills, strengths and interests of all members of the current team;
- involve the team (and patients, if possible) in reformulating the ways of working to combine tasks with people, with the aim of offering the best patient care and allowing personal and team development;
- run small-scale tests to experiment with new ways of working, before committing to full implementation.

⇒ **Integrating the right mix between members will allow the team to function effectively.**

- Whichever method is used, redesigning the workflow using data to demonstrate how changes in the team process can improve patient care will help the team accept the chosen model. It is necessary to make it clear when recruiting that they are job functions as part of a team and not as individual professionals.
- The importance of communication within teams cannot be underestimated. With new team members, changing roles, restructured teams and redesigned physical spaces, thinking about the communication flow will be the most important element to consider.

- People become more resilient and motivated when they feel safe. This can increase over time if leaders encourage and develop respectful communication.
- The use of short and frequent check-ins to discuss patients and the day's tasks. The introduction of new professionals will affect the continuity of care, and the use of this tool can help to reduce this risk, discussing specific patient issues and clarifying responsibilities.
- Digital media, supported by a robust IT infrastructure, are essential for coordinated teamwork, and for professionals to access and share patient information in an integrated manner.

The principle of effective leadership is to create a safe environment, where opportunities for professional development and reflection on practice are incorporated. Clarity of roles and responsibilities is critical, but there must also be a focus on communication between team members and on the way the physical space is designed to help these conversations.

Special attention needs to be paid to how people working in these new roles will be supported and managed. Clinical supervision should help to do this.

"Moral virtue is a consequence of habit. We become what we do repeatedly. In other words, we become righteous by doing just acts, controlled by doing acts of self-control, courageous when doing acts of bravery."

(Aristotle).