Teamworking – then and now

Dear Dr Charlotte – We met recently and decided to compare your experience as a newly-qualified doctor with mine from an earlier era and agreed to adopt the format of an open letter. The first letter explores the current buzzword 'teamworking'.

Teamworking: the 1960s experience

There was no formal undergraduate training in teamwork. However, during our clinical attachments, particularly in the third year, we were attached to one medical firm for four months. We felt part of the team and were treated as such. House officer posts (equivalent to the current foundation year one (F1) appointments) lasted six months. The senior house officer (SHO) worked on the firm for at least as long. The registrar would stay for one to two years while the senior registrar was often a feature of the same firm for many years.

This same team was responsible for outpatients, the acute take, elective admissions and the ward so there was a real sense of teamwork and continuity, bought at a price of long hours on duty. The house officer was resident with perhaps one evening of leave each week. Weekends ran from Friday 9 am until Monday at 5 pm with two weekends in three on duty. The options for medical treatment were much simpler: patients stayed in hospital much longer and out-of-hours cover was limited to one other ward – but decisions were often made by tired doctors. Help was always close at hand although from another tired, but rather more experienced, physician.

The team provided apprenticeship-style training but there was little or no formal teaching and no evaluation of progress or competence. The only documentation was the reference from the consultant to accompany the application for the next post. There was, however, an informal network of information for prospective applicants concerning the degree of support provided by the consultant for his team. Teams which provided positive support and encouragement attracted large numbers of capable applicants. There was therefore every incentive for the firm to work well together and particularly for senior members to support those more junior to them.

Medicine is now much more complex and specialised and the hours, quite rightly, have been reduced. There is more formal education and documentation of competence. I look forward to hearing of your current experience in an F1 medical post.

The Editor

In response
Teamworking: the 2007 experience

Editor – Working in teams was a crucial element of my undergraduate education, with training in the form of teamwork theory and frequent group projects, intended to prepare students for a workplace based on medical and interdisciplinary teamwork. As a student, I rotated through countless different attachments, with numerous other students; I never felt part of a medical firm. As a newly-qualified F1 doctor, however, I looked forward to working as a more permanent part of a team, through being attached to the same ward for four months.

I had not realised that the traditional firm you describe is now an elusive feature of teamwork and I was amazed that my team changed so frequently. During the course of a four-month medical post I worked with one consultant, four registrars and three SHOs. Three months into my placement, apart from the consultant, I was the longest serving member of the team! When training days, night shifts and annual leave were taken into account there were very few days when the entire team was present – I overlapped with the second SHO for five weeks, but only worked with him for five days. The team I worked with during on-call shifts was always different, so that I worked with a further ten SHOs.

Despite the ever-changing nature of the modern medical team, the new system of shift work certainly brings benefits, particularly in terms of hours. My jaw drops at the prospect of working the hours that you describe. By contrast, I was on call one evening a week, worked one in three weekends and had two weeks of nights over a four-month period. Despite the difficulties of working under pressure, with a new team for each on-call shift, the common aim of good patient care means that team spirit develops quickly.

Even though my team varied frequently, I still felt supported and seniors generally expected to be asked questions and were happy to provide help and advice. In addition, I received a great deal of support from a wider team of nursing staff and was extremely grateful for the phlebotomy service.

Clearly, a service manned by ever-changing teams brings problems. Although effective handover between different teams is vital to ensure continuity between shifts, it can be difficult to achieve in practice. The constant changeover makes following the patient's progress complex, with a real risk that when many individuals share responsibility for care, details may be missed. Now, more than ever, doctors need to have excellent interpersonal skills to communicate effectively with a wide range of people. This is especially important, since on-call shifts are extremely busy, with two junior doctors covering seven wards, making it impossible to know the patients well.

Ongoing learning and education is now formalised through regular appraisals and competency-based assessment. Although this should enhance training, completing the appropriate form does not guarantee the quality of education given or received. There is less incentive for senior doctors to provide training and education for their juniors when they do not reap the reward of having the same doctor with them on their next shift.

In such rapidly changing teams, leadership from senior members, particularly the consultant, is vital in fostering good team spirit. This is especially important now that the application system for foundation posts is web-based and neither applicants nor consultants have a real say in the process. On my medical firm we completed questionnaires about our communication styles to enable us to work more effectively together. This sort of activity can be extremely helpful, but is dependent on the initiative of individual consultants and may or may not occur.

The advent of the European Working Time Directive has altered the concept of the medical firm that you describe in the 1960s. Medical teams now change frequently as juniors rotate through shorter, four-month posts and work-shift patterns. It is much easier to work well as a team when members know each other, and have worked together for a while, but strong team spirit is still a feature of even the short-lived teams. Although I have not always felt part of a small firm, I certainly feel part of a wider team of doctors and have been encouraged and inspired by many different colleagues. While on some days the team appeared non-existent, because members have other commitments or because the group is poorly supported, my overall experience of teamworking has been positive. Despite its changing nature, its importance for good clinical care is undiminished.

Charlotte Allan