

# Keeping Your Clinical Team Winning: Insights and Experience From the KP Georgia Region

By James Hipkens, MD, PhD

## Importance of a Strong Clinical Team

The Kaiser Permanente (KP) Georgia Region has been forming clinical teams and working on team development since 1977. As these teams began to work with their patient panels, the KP Georgia Region gained the clear understanding that highly functional medical teams were essential if patients were to be highly satisfied and bond with their personal care providers (PCPs). Organizing health care delivery using a team model has generated a sense of ownership among all the team members, and this sense of ownership has resulted in greater professional and personal satisfaction in the clinic.

From their years of experience assembling clinical teams, team leaders in the KP Georgia Region have also learned that multiple opportunities exist for continually infusing “new life” into these teams to keep them feeling stimulated and creative. The KP Georgia Region has thus been formulating answers to three major questions: After your team has been established, how do you keep it

creative and energized? How do you manage a change in team leadership? What keeps highly functioning teams doing well when major changes take place? The answers are contained in the six guiding rules outlined here.

### Rule 1: Establish Sound Principles for Team Behavior

Forming your clinical team is only the first step; ongoing maintenance of the team is critical to its forward motion and continued success. The KP Georgia Region learned this lesson in August 2002 after losing our long-established team leader. At that time, many team members (Table 1) expected that patient satisfaction would fall as a result of this personnel departure, which was hastened by conflicts that arose after the team leader’s resignation letter was delivered. While 3000 patients in the departing team member’s panel awaited reassignment to other PCPs, the other team members were already working nearly to capacity. Moreover, the existing patient panel had been highly bonded to the team since its earliest days.

How were these obstacles resolved? Work-

ing under a new team leader for 5 of 12 months of the year, we finished in first place for the region. But this outstanding result did not happen by coincidence. Instead, we had realized that our fundamental behaviors were the secret to our continued success and were responsible for our success in the first place. These behaviors included paying attention to patients’ needs; validating patients’ concerns; setting professional examples that we all could be proud of; acknowledging patients’ time constraints and providing convenient service; and interacting interpersonally with respect, kindness, and compassion.

### Rule 2: Emphasize Inclusion and Open Discussion

Even a brief examination of group dynamics shows that all team members want three things: to be included, to be important, and to be listened to. Boredom in one’s profession grows from a sense of isolation and disconnection from other members of the team. To prevent this boredom, we initiated a simple program early on to enhance participation at team meetings: We assigned a “meeting leader,” a “timekeeper,” and a “notetaker” and rotated each position among all team members throughout the year. This practice led to greater appreciation for

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James Hipkens, MD, PhD, is the team lead for Gwinnett Internal Medicine Team A in the Georgia Region. He did his medical Training at Emory University and his PhD research at the State University of New York at Buffalo. E-mail: james.hipkens@kp.org.



Name	Credentials	Role
James Hipkens, MD, PhD	Board-Certified, Internal Medicine	Team Lead
Kim Livsey, MD	Board-Certified, Family Practice	Health Care Practitioner
Thomas Do, MD	Board-Certified, Internal Medicine	Health Care Practitioner
April Hall, PAC	Certified Physician Assistant	Health Care Practitioner
Dennis Clayton, PAC	Certified Physician Assistant	Health Care Practitioner
Brenda Bridges	Registered Nurse, AD	Clinical Supervisor
Bellzoria Goodman	Registered Nurse, BSN	Team Advice RN
Janet Glover	Licensed Practical Nurse	LPN Clinical Specialist
Shirley Jenkins	Licensed Practical Nurse	Health Care Assistant LPN
Diane Williams	Licensed Practical Nurse	Health Care Assistant LPN
Betty Van Leal	Licensed Practical Nurse	Health Care Assistant LPN
Paula Trimiar	Licensed Practical Nurse	Health Care Assistant LPN
Danielle Hudgins	Licensed Practical Nurse	Health Care Assistant LPN
Lavern Hager	Certified Medical Assistant	Health Care Medical Assistant
Gloria Carlisle		Health Care Clerk
Melina McKeithen		Customer Service Coordinator

meeting content and for following an agenda while enhancing the ability of team members to contribute individually at each meeting.

### **Rule 3: The Team Must Recruit Members for Itself**

Recruiting for the team is another critical issue. We encourage all team members to participate whenever we recruit for new or vacant positions. During the interview, we impress on the applicant the value of intrateam cooperation, the importance of being honest and straightforward about issues currently or potentially affecting the team, and our unique team culture of inclusion that has led to our success. We let interviewees know that we are a busy team with an interesting and appreciative patient panel.

Our mission statement, developed by the team, also has been important in our success and is used in recruitment: We make each new team member aware of this mission before the member joins our team. In particular, we emphasize a key line in our mission statement: “to treat our patients as we

would want ourselves to be treated.” This goal provides an instant education for each of us, because we all have had the experience of medical services being impersonal, disrespectful, too costly, or taking too much of our time. Thus, to meet this aspect of our mission, our team members discuss waiting times, tone of voice, personal distractions, and demeanor as these factors relate to patient care. We are pleased to include members on our team who understand and value these concepts. We also like to solve problems quickly; therefore, we remain ready to admit that we have made mistakes and will probably make more mistakes. We recognize that mistakes can energize the learning process and keep it active.

### **Rule 4: Practice Medicine “The Way We Were Taught”**

In developing our team values, we reflected on our own medical training and realized that “practicing medicine the way we were taught” needed to become both our value and our mission. Our vision derives from this mission and includes

working toward success, creating an environment where our skills help our patients, working to keep our patients satisfied with their medical care, and keeping ourselves professionally challenged. The team ends each week with a great sense of accomplishment and renewed awareness of why we chose to be in health care. Indeed, our team training brought out the question — “Why are we doing this?”, which we must ask ourselves every day. I believe that our patients can almost certainly best answer this question, because their needs are what this business is all about.

### **Rule 5: Recognize and Address Boredom, Infighting, and Disrespect**

Because team activities can become mundane, an essential strategy is to look for ways to breathe new life into every team—especially when extremely busy days have generated fatigue and frustration. We try to identify boredom among the professionals in our team, and we make special efforts to challenge these team members with projects that will reinvigorate and enhance their interest in better health care delivery:

- We discuss recent findings learned through continuing medical education and let our staff come up with investigative projects to improve patient encounters.
- Team leaders try to identify interpersonal infighting and bring the issues to the surface quickly to avoid further deepening the divide between individuals or groups in the team. Disrespect is not tolerated in our module.
- We place a high value on respect for patients and team members alike. The need for

respect in any group is universal and the sting of disrespect is universal as well. Many problems can be avoided if issues are clearly and openly discussed and team members are encouraged to talk over situations that might lead to a perception of disrespect.

### **Rule 6: Congratulate One Another for Team Success**

After the departure of our team leader, we had anticipated major

difficulties with our longstanding, highly functioning delivery of service. With this personnel change, we expected chaos. Looking back, however, we realized that as a team, we had established all the skills we needed for moving forward and continuing to take good care of our patients. We congratulated ourselves for acquiring and developing these skills, and we were honest and forthcoming with our patients about what was occurring within our team.

### **Conclusion**

As part of our team's successful ongoing development, we try to accommodate both the team and our patients in "above and beyond" ways. We keep them aware of our team's progress and ongoing PCP assignments as well as those that may be undergoing change. Throughout it all, we give our best, and we acknowledge our efforts and successes. Our patients have told us—and they continue to tell us—that we are doing it right. ❖

## **Our Original Goal**

Our original goal, high quality care at reasonable cost, is as valid today as in '42.

The old saying still stands,  
'If we take care of the Health Plan members,  
they'll take care of us.'

*Bruce J Sams, MD, former Director of PMG, Inc.*