



Enhancing Patient Outcomes in Healthcare Systems Through Multidisciplinary Teamwork

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The increasingly complex needs of patients with cancer and their families call for a multidisciplinary team to achieve optimal patient outcomes. The purpose of the current article is to describe a teamwork model that can be used to address the needs of patients and the challenges associated with a healthcare system. The teamwork model was developed to address the mechanism needed to establish a paradigm shift in achieving high-quality patient care through effective teamwork.

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Positive relationships between patients and healthcare providers, as well as those among providers, promote patient-centered care and enhance patient outcomes (Dwamena et al., 2012; Laine & Davidoff, 1996). The Institute of Medicine ([IOM], 2001) recommended establishing high-performing, patient-centered teams as a way to reinvent the healthcare system. The idea of patient-centered teams has been echoed in healthcare regulations with the advent of the Patient Protection and Affordable Care Act. The current article describes a multidisciplinary teamwork model based on the “Big Five” theory of teamwork that can be used to address the needs of patients and the challenges within a healthcare system (Salas, Sims, & Burke, 2005).

Teamwork Model

A teamwork model for general medical units was introduced by McComb et al. (2012). The concept of teamwork was

evaluated using the Big Five dimensions of teamwork (i.e., team leadership, mutual performance monitoring, backup behavior, adaptability, and team orientation) and their coordinating mechanisms (Salas et al., 2005). McComb et al. (2012) proposed a teamwork model with a three-person central care team comprised of a physician, nurse, and patient. The physician and nurse also were members of the physician and floor team, respectively, where they functioned as intermediaries between other care providers (e.g., specialists, therapists) and the central care team. In addition, the central care team maintained stability when the patient care needs and corresponding care provider needs changed. The central care team was unique because the patient was included. The patient was integral to the central care team because his or her personal preferences, support network, and internal motivations affected overall well-being (Patient-Centered Outcomes Research Institute, 2012).

Teamwork in Oncology

Given the complexity of oncology care, that teamwork model would be appropriate to apply in a cancer care setting with some expansion (see Figure 1). The authors propose including the patient’s support network as members of the patient care team. The core team structure (i.e., physician, nurse, and patient) would not be affected by the inclusion of the support network. The change would emphasize the importance of the patient’s family and friends in the care and well-being of the patient. When faced with a diagnosis of cancer and its treatment, patients may be overwhelmed by the amount of information they receive and choices they have to make. The patient often relies on the opinions and needs of family and friends to make healthcare decisions.

Another important aim of the teamwork model is to include the healthcare system because of its impact on the central care team (i.e., nurse, physician, patient, and patient’s support network). Factors within the healthcare system that affect the central care team include organization culture, reimbursement by insurance providers, healthcare regulations, cost of and access to care, and disease and treatment complexity (IOM, 2012; Starr, 2013).

Big Five Dimensions of Teamwork

The Big Five dimensions of teamwork include team leadership, mutual performance monitoring, backup behavior, adaptability, and team orientation