Understanding how exemplary leaders foster effective teamwork in high stakes environments of the emergency department (ED)

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Background

- High-stakes care in emergency departments (EDs) is time-sensitive, complex, stressful & emotional.
- Interprofessional teamwork is essential to achieving better patient. outcomes.[3] Team leaders play an important role in this collaboration.

Research Question/Objectives

How do exemplary leaders foster effective teamwork in high stakes situations in EDs?

1. Understand how exemplary ED leaders perceive their own approaches to high-stakes leadership
2. Explore how healthcare professionals perceive optimal high-stakes leadership

Methods

- Qualitative descriptive study with thematic analysis
- Semi-structured interviews
- 2 participant groups:
  - Exemplary ED physicians
 - Interprofessional team members
- Recruitment: snowball sampling

Results

Objective 1: Exemplary leaders' approach

1. **Identify self as leader:** If new to environment, must identify explicitly. Stand at food of bed and don't wear gloves (force to avoid task-focused).
2. **Build collaborative spaces:** Use frequent case summaries (q3-5 minutes) to actively invite feedback, get to know team before chaos ensues.
3. **Delegate responsibilities:** Match task and urgency to team member expertise, understand that tasks take time to complete – delegate in "bite-sized" chunks.
4. **Set tone of room:** Default volume is quiet; demeanour is calm. Loud 1-liner to regain team's attention. More assertive if: (1) room is too loud; (2) critical vitals; (3) critical procedure (intubation) or decision (calling resuscitation). Women/BIPOC physicians feel hyper-scrutinized about tone of voice.
5. **Keep broad perspective:** Integrate prior knowledge x facts of current scenario x gestalt. Stable patients provide opportunity to think ahead.
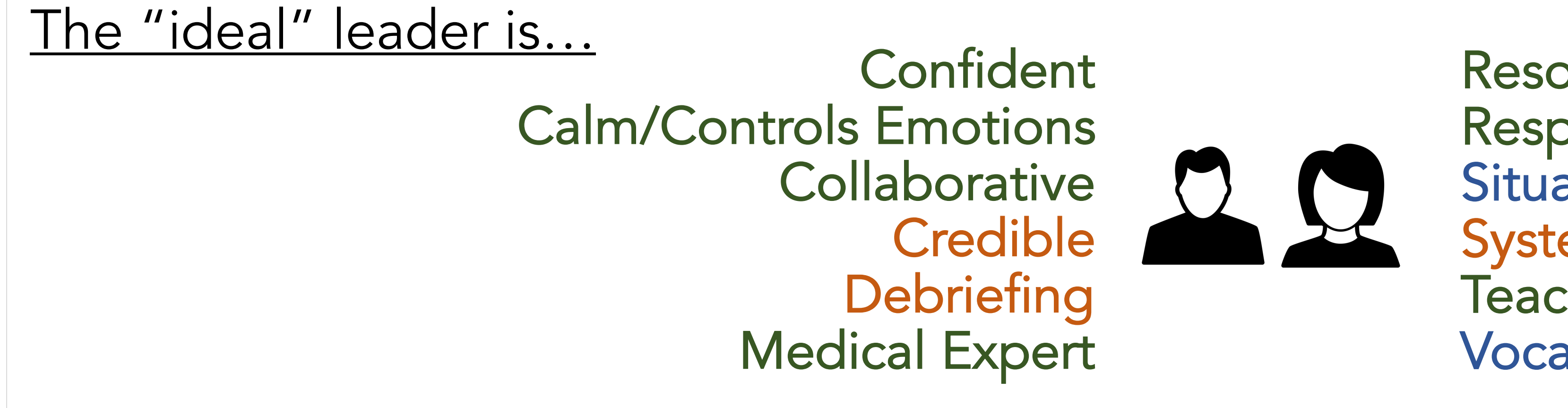
Objective 2: How team members want to be led:

1. **Identify the leader:** prefer leader to identify themselves, even if presumed to be physician. Look for person standing at foot of bed, who is most vocal.
2. **Join collaborative spaces:** Leaders should value interprofessional expertise and diversity of opinions, frequent re-groups and updates, *involve senior team members in decision making.*
3. **Delegate responsibilities:** Match tasks to team member *preference* and skill, "guide" but don't "order", teach if task isn't being completed correctly, limit noise/chaos/unnecessary people in room.
4. **Communicate clearly:** Address staff by names (know them!), individualized "how's it going" check-ins, organized/clear/concise, anticipate needs in the future (recognize that tasks take time to complete).
5. **Confident yet calm:** Control room and be vocal, it's okay to pause and think, one voice > multiple. Use modifiers to indicate priority of tasks.

The "ideal" leader is…

Confident
Calm/Controls Emotions
Collaborative
Credible
Debriefing
Medical Expert

Resourceful
Respectful
Situationally Aware
Systematic/Predictable
Teacher
Vocal

Legend
Mentioned by both leaders and team members
Mentioned by leaders only
Mentioned by team members only

Participants

- Interviews:
  - 8 leaders (6 staff, 2 resident)
  - 7 team members (6 RN, 1 RT)
- Average Age:
  - 39.7 years old
- Average Years Experience in ED:
  - 13.4 years (leaders)
  - 10.5 years (team members)
- Ethnicity:
  - 53% White/European
  - 33% South/East Asian
  - 13% Black/Caribbean

Similarities

1. **Know the team:** Team members and leaders prioritize matching tasks to both competencies *and* preferences.
2. **Trust & time management:** Tasks take time to complete; leaders prioritize foresight and trust team members to complete tasks, even if not instantaneously.
3. **Quiet & confident:** Quiet rooms are universally preferred; leaders are expected to intervene if too loud. Confidence is an essential skill to promoting team trust and function.

Differences

1. **1-on-1 check-ins:** Team members prefer *individualized* check ins – must know peoples' names, positions and roles.
2. **Step forward vs. sit back:** Leaders strive to maintain broad perspectives; team members appreciate when physicians pitch in. Supportive tone is essential.
3. **To debrief or not to debrief:** Team members want bidirectional feedback. Leaders acknowledge the importance of debriefs but do not prioritize them (due to lack of time vs. feeling uncomfortable).

Conclusion

- Exemplary ED leaders share common approaches to team function in high-stakes moments.
- Team members provide important nuance to optimized approach.
- **Next steps:** Further explore how gender and ethnicity affect team leadership.
- **Implications:** Data may be used to inform future residency and continuing professional development (CPD) curricula.