



# Preserving the “team” in “teamwork”

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If ever there was an overused “buzzword,” it is “teamwork.” It’s a brave soul who dares to raise objections to participating in a “team effort,” and unless I’m careful, this editorial, in spite of the fact that it has not yet explained itself, risks having raised the hackles on many a neck already!

It should first be said that teamwork is what rural physicians do best, and that it has always been present, if unac-

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knowledged. When I first started practice in rural Quebec, survival would have been unthinkable without the teamwork evident among the doctors, nurses and other staff. This state of affairs is undoubtedly present and thriving in many more places than I personally know.

So what’s the problem? In 20 years of practice I have seen my team grow, and change from 4 FPs to 17 serving a catchment area of 15 000. Paradoxically the fondest wish of small teams (to grow and share the burden — whatever it is — with others) sows the seeds of future instability at the same time. A colleague illustrated this to me recently on the back of a napkin:

- a group of 2 has 1 relationship to maintain
- a group of 3 has 3 relationships to maintain
- a group of 4 has 6
- a group of 5 has 10
- and a group of 10 has 42 relationships to maintain.

‘Nuff said.

Thinking about teams in this way reveals behaviours that are potentially destructive. For instance, why is it that as the number of physicians available for a call schedule increases beyond a certain point, the difficulty in covering an unanticipated hole in the schedule goes up, rather than down?

I suggest that it is because larger teams lose the capacity to look after the team as a whole. Members of large groups participate in order to reduce the personal burden of the activity in question, usually call of some kind. Although there is nothing wrong with seeking balance in one’s life, it is easy to lose track of the fact that if you are part of a group that is responsible for the health care of a defined population (as is the case in most rural areas) you are also responsible for the health of the group providing that care. Without this you will succeed in discharging your responsibilities only when historical accident provides such a superabundance of resources (financial or human) as to obviate the necessity for the flexibility that sustains smaller groups.

Are there strategies to minimize these negative tendencies? Perhaps large groups should be subdivided into smaller groups, which function to some extent independently. This divides both the work and the groups. Whatever the approach (and the solutions are likely to be very site specific), it is certain that unless there is a common, defined and explicit will to support the group as a whole, teamwork cannot be sustained and relationships among colleagues risk deteriorating into a quagmire of rules, regulations and special circumstances. It won’t work better that way — it won’t work, period!