

Teamwork

By Philip A. Baer, MDCM, FRCPC, FACR

***“The strength of the team is each individual member.
The strength of each member is the team.”***

- Phil Jackson

I am writing this after having just watched our beloved Toronto Blue Jays lose Game 7 of the World Series. A heartbreaking moment for fans of Canada’s team, but what a team they were: everyone pulling for each other, greater than the sum of their parts...

We have teams in government, business, science, medicine and, of course, in rheumatology, but are they functioning to their highest potential? If not, where might we be going wrong and how can we improve?

One error is to focus on the apex member of a team, while forgetting about all the supporting members. No F1 driver wins a race by themselves. Tennis players always acknowledge their team in their victory speeches. Novak Djokovic, nearing the end of his career, now requires a team of 10 to prepare for his matches.¹

The recent movie “Mickey 17” dramatizes the fate of team members who are viewed as non-core or expendable. Mickey is literally an “Expendable”, performing dangerous and deadly tasks, and being recreated as a new Mickey with a higher number every time he is killed.

While Mickey’s story is science fiction, we must recognize that many people labour unrecognized while being vital to a team’s success. Hospital cleaners come to mind. What is more vital to a hospital’s mission than asepsis, antisepsis and infection control?

According to the World Health Organization, cleaners “are the first line of defense against health care-associated infections, and support efforts to reduce antimicrobial resistance.”² Research shows that appropriate staffing levels and rigorous infection control practices are key to maintaining good hygiene in health care settings, which may be compromised by misdirected cost-cutting efforts.

Women also have historically been overlooked and undervalued in teams. My thanks to Dr. Janet Pope for pointing this out in a previous *CRAJ* article.³ She reviewed the Matilda effect, referring to the denial of the contributions of women scientists in research. Famous examples include the contributions of Lise Meitner to the understanding of nuclear fission, Rosalind Franklin to the decoding of the structure of DNA, and Esther Lederberg for her work on replica plating and antibiotic resistance. None of them received the Nobel prizes awarded for these discoveries.⁴ The problem persists: According to one U.S. study, “although overt gender discrimination generally continues to decline in American society”, “women conti-

nue to be disadvantaged with respect to the receipt of scientific awards and prizes, particularly for research.”⁵ This gender imbalance has been noted in rheumatology awards as well.⁶

As a devotee of movies, I found another illuminating case while watching “Joy”, which revolves around the development of in vitro fertilization and the birth of the first “test-tube” baby, Louise Joy Brown. Eventually, Robert Edwards received the Nobel prize and his collaborator Patrick Steptoe was recognized for the work, but the embryologist Jean Purdy was excluded from most accounts of the discovery.⁷

What is the future of rheumatology? Team-based care of course. Google’s AI tool provided this overview:

Team-based care in rheumatology involves a group of different healthcare professionals working together to manage a patient's complex condition. This approach uses the complementary skills of various specialists like rheumatologists, nurses, physical and occupational therapists, and others to provide more comprehensive care. Key benefits include better access, improved communication, and more thorough patient visits that address a wider range of concerns, leading to higher patient satisfaction and potentially better outcomes.

What it is

- **Interdisciplinary collaboration:** Rheumatologists work with a team of other health professionals to manage a patient's needs comprehensively.
- **"One-stop shop":** This model often aims to have multiple providers in one location, making it easier for patients to access different types of care and reducing travel burdens.
- **Patient-centered approach:** It emphasizes a partnership where patients have a voice in their treatment decisions and are empowered through education and support.

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How it works

- **Team composition:** The team can include rheumatologists, nurses, physical therapists, occupational therapists, pharmacists, psychologists, dietitians, and social workers, among others.
- **Shared responsibilities:** Team members use their unique skills to cover different aspects of care, such as managing medication side effects, addressing physical mobility, providing mental health support, and helping with self-management strategies.
- **Structured appointments:** It can allow for longer, more comprehensive appointments where all of a patient's concerns are addressed in one visit.
- **Regular check-ins:** Patients may have more frequent follow-ups, including with team members other than the rheumatologist, to monitor their condition and ensure treatment adherence.

Benefits

- **Improved access:** Especially beneficial for rural or remote patients who may have difficulty traveling to see a rheumatologist.
- **Better patient outcomes:** Comprehensive care can lead to a better understanding of the disease, improved adherence to treatment, and more effective management.
- **Higher patient satisfaction:** Patients feel more confident and engaged in their care because they receive a more complete and supportive experience.
- **Enhanced communication:** The team approach improves communication between providers and makes it easier for patients to get answers to their questions.

Challenges

- **Implementation hurdles:** Challenges can include the need for shared workspaces and electronic medical records, competitive compensation, and training for staff on team-based models.
- **Cultural shift:** Requires a collaborative team mindset, adaptability, and trust among team members.
- **Patient experience:** For some patients, longer visits with multiple providers might feel overwhelming.

I was also referred to information on the core principles of effective team-based care from the National Academy of Medicine,⁸ and to a recent article in the *Journal of Rheumatology*. The latter was an abstract presented at the 2025 CRA ASM, reviewing the Centre of Arthritis Excellence (CArE), Ontario's only provincially funded community team-based model of rheumatology care. The authors concluded that their study "has provided insights into the critical components and contextual factors that contribute to successful delivery of interdisciplinary team-based rheumatology care. The findings will support the adoption, spread and scale of effective team-based models, aiming to improve the quality of care for individuals with RMDs".⁹

That is a goal we can all support.

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