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**ATS  
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CORNER**



**HOW TO LEAD  
A TEAM IN THE ICU**

*ATS members discuss the character traits, skills and habits required to effectively lead a team in the intensive care unit.*

**Q. What are the top three character traits an ICU team leader needs to have in order to effectively motivate and lead?**

**A.** “I think that good communication and collaboration skills are perhaps the most important characteristics of a good ICU team leader,” said former ATS President J. Randall Curtis, MD, MPH, who is a professor of pulmonary and critical care medicine at the University of Washington in Seattle. “Critical care requires communication and collaboration of a large interdisciplinary and inter-professional team and these qualities have been associated with improved patient and family care. In addition, ICU leaders need to model good communication with patients and their families, as well.”

Marc Moss, MD, professor of medicine at the University of Colorado School of Medicine, agrees. “As a physician on a multidisciplinary team, it is very important to listen to the concerns and advice of the other healthcare providers,” he said. “Attention to detail is very important. We conduct rounds in a very systematic fashion so that we do not overlook anything. A seemingly small issue can quickly become a major problem for a critically ill patient.”

**Q. What are the most difficult aspects or challenges of managing a team in the ICU?**

**A.** Staying organized and managing time under pressure is a critical challenge often faced by ICU team leaders, said Craig Piquette, MD, who is associate professor of internal medicine at the University of Nebraska Medical Center. “Often, there are competing demands that need to

be addressed concurrently,” he noted. “For instance, the team leader needs to communicate with the nursing staff to ensure that their needs for patient care responsibilities are being met: do they have the right equipment? Is there proper staffing? How can the physicians work better with the nurses? Administration wants to know that length of stay (LOS) is being kept down and that there is appropriate use of ICU resources, and so the team leader should be aware of the LOS and keep the team focused on expeditious care.”

Creating an environment where all ICU team members feel empowered to contribute to decision-making about patient care and even disagree with the ICU leader is another key challenge facing team leaders in the ICU, Dr. Curtis added.

“This is accomplished by the attitude of the ICU leader: being open to input from others, demonstrating a willingness to consider viewpoints and perspectives other than his/her own, and being respectful of the different roles, responsibilities, and expertise that interdisciplinary team members bring to patient/family care and ICU organization and function,” he said. “At the same time, ICU rounds or meetings cannot run on endlessly while everyone pontificates, so they too need to be efficient and effective.”

**Q. How can I develop the communication skills I’ll need to lead effectively?**

**A.** Although communication is a skill best learned from repeated practice, Dr. Moss said the first rule of thumb is to be a good listener. “Physicians need to make sure that they truly understand what the other person is saying or asking,” he noted. “Similarly,

you need to be able to answer questions in a way that others understand. This often takes time and patience.”

Although most people learn communication skills from role models, Dr. Curtis noted that there are other, more formal methods. “There are some excellent courses that focus on communication with patients and families,” he said. “And there are also some excellent leadership courses that focus on communication among team members.”

**Q. How important is it for me to define goals and set expectations for team members?**

**A.** Establishing goals early is crucial, said Dr. Moss, who meets with his team on his first day of service to let them know what his own goals and expectations are.

Educational goals are also important in a resident setting, advised Dr. Piquette. “For a resident team, patient goals are important and team members need to know what they are and they will be reached,” he explained. “And residents also have educational goals that must be met. If both sets of expectations are not explicitly laid out, the team will not succeed.”

Patient care objectives are defined by the daily goal sheet that is discussed by all members of the ICU team, he added, but for fellows, residents and students, educational goals are defined by their respective programs. Being aware of these goals helps the ICU leader to facilitate learning through clinical examples in the course of patient care and issues that arise on a daily basis.

“In order to do this, the team leader must prioritize and determine what needs to be addressed day to day,” Dr. Piquette said. “This might mean crisis management, but hopefully not every day. Keeping a cool head and being organized is important, and so is keeping all the constituencies, like nurses, allied health practitioners, administration, patients and learners, in mind. The patient is most

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important and all others can be addressed as appropriate.”

**Q. While individual team members may have specific roles, I'll also need to foster a cooperative, team atmosphere. Do you have any advice regarding the best, most effective ways to do that?**

**A.** Regular meetings involving all team members are a key component of promoting an effective team atmosphere, allowing members to get to know each other and their respective roles, said Dr. Piquette.

“From the first day, it is important that time be taken to have everyone introduce themselves as members of the team,” he continued. “When new members join, they should also introduce themselves and the team to them. It is important to reiterate the goals, and I do this every day when the team reviews the daily goal sheet.”

**Q. Is it important for me to offer encouragement and praise in developing the confidence of team members? How can I ensure my encouragement or praise does not appear as favoritism?**

**A.** Offering regular praise and encouragement is one of the key tools in fostering a spirit of teamwork, the doctors agree. “As long as you are generous in your praise and thoughtful not to exclude people, I think you shouldn't worry too much about favoritism,” Dr. Curtis said.

Although letting team members know you value them is crucial, Dr. Moss added that when praise is accompanied by advice or guidance, being respectful is also important. “We should remember to have conversations with a team member that includes constructive criticism in a non-public setting,” he noted.

**Q. How important is it for me to have a mentor to advise me about the skills I'll need to be a good ICU team leader?**

**A.** Although typically they may be more involved in the earlier stages of a physician's career, mentors always have

a role to play, Dr. Curtis said. “We often need multiple mentors to help with different aspects of our career and our mentoring needs may change as our career progresses,” he noted. “In my experience, developing rich mentoring relationships is one of the most rewarding parts of my career.”

“Physicians learn from other physicians, and it is important to have someone to listen to your ideas and concerns,” Dr. Piquette added. “Whenever necessary, seek advice from the more experienced members of your group.”

**Q. Any other advice for leading a successful ICU team?**

**A.** Even in the most serious atmosphere, Dr. Curtis noted, remembering to take some time to ease the tension is crucial.

“Have fun and encourage your team members to have fun,” he said. “The ICU is a serious place, and we need to take what we do seriously and treat patients, families and team members with respect, but these two prospects are not mutually exclusive.” ■