Ear, Nose, Throat, Head and Neck Surgery Department Functioning as a Team in Nigeria: Any Benefit?

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Abstract To call attention to the synergistic benefit of working as a team in a clinical department and to encourage others, to emulate this pattern of patients' care for better results. Patients that were seen at the Ear, Nose, Throat, Head and Neck Surgery Clinic of the University of Benin Teaching Hospital, Benin City, Nigeria, who had the benefit of their cases reviewed by more than one consultant were included into the study. Parameters retrieved from the case notes included number of consultants that reviewed each case, age, sex of patients, diagnosis, whether there was controversy, complimentary or synergistic benefit from the team work. 124 patients completed the study. 99 patients (79.84%) were reviewed by two consultants and 25 (20.16%) were reviewed by three of the four consultants available in the department. 79 (63.71%) patients had the benefit of a complimentary management, while 38 (30.65%) had synergistic benefit from the team work. Intradepartmental team work in patient management produces synergistic benefit for patients and more experience among consultant staff.

Keywords Department · Functioning · Team · Nigeria · Benefit

Introduction

A clinical department in a teaching hospital normally comprises of two or more units, each of which is managed by one or more consultant with resident doctors and house officers working with them. Each unit may be interested in a particular sub-specialty of the departmental protocol.

With the emphasis that is being placed on multidisciplinary approach to patients' management, it is possible to run a department as a functioning unit. This entails all the consultants; who are qualified specialists, having the opportunity to review any patient of the department in the out-patient clinic irrespective of which consultant the patient was initially assigned to. This implies that consultants with different areas of interest review the same patient. This coffers the advantage of deeper interests from the angles of the different consultants in the particular patients' history, with the benefit of highlighting various problems in the same patient that need remedy.

Multidisciplinary approach to patients' management involves the use of specialists from different disciplines, in the care of a particular patient, based on the patient's problems [1]. Its place in contemporary medical practice cannot be overemphasized [2–4]. However, in this departmental experience, several consultants belonging to the same specialty review the same patients with a view to providing the patients with better clinical services in their different areas of interest.

This multidisciplinary team approach therefore represents a paradigm shift from the "Solo-method" by which patients have been managed previously [5].

During the different days in which outpatient clinics are run in the department, each of the consultants has the privilege of reviewing any patient that was seen by another consultant in a previous clinic. The final outcome of this

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method of consultation and treatment often results in the achievement of both patients and therapists' goals.

This therefore gives the patient access to various physician experts and clinical services within the same specialty. A consensus treatment plan is thus developed for a particular patient as there is exchange of ideas and knowledge among the different consultants [6].

It must however be stressed that whenever there is a fundamental problem or controversy in the patients' management, the attention of the "owner" consultant (the consultant that the patient was registered under) is called for, to integrate ideas on the management of the patient.

Controversy is said to occur, where there are diversities in the management plan for the patient. This is usually resolved after a consensus superior opinion is arrived at, after review of the patient by all consultants. The review of a particular patient might be complimentary when another consultant confirms and reinforces the diagnosis and management plan by another consultant for the patient. Synergy is achieved, when there is an added advantage of an innovation in the patient's management from the review by another consultant.

The efficacy of the team work results from a cooperative approach to patient management that depends on the sharing of information.

It is commonly affirmed that two heads are better than one. Moreso, three, four or five 'good heads' reviewing different aspects of a patient's problem, will have far reaching synergistic effect on the patient, the resident doctors, the consultants and the health care system.

The aim of this study therefore is to call attention to the synergistic benefit of working as a team in a clinical department and to encourage others to emulate this pattern of patients' care for better results.

Materials and Methods

This was an observational study that was carried out at the Ear, Nose, Throat, Head and Neck (ENTH&N) Surgery Department, of the University of Benin Teaching Hospital (UBTH), Benin City, Nigeria, between 1st January, 2009 and 31st December, 2010. Approval for this study was granted by the ethical review committee of UBTH, Benin City.

Patients who were seen in the outpatient clinics of the department, with the benefit of their cases reviewed by more than one consultant were included into the study. Those patients who were reviewed by only one consultant were excluded from the study. Their medical records (case notes) were reviewed periodically to get details of the number of consultants that have reviewed their cases in the outpatients' clinics. Other parameters retrieved included the age, sex, the consensus diagnosis, whether there was

controversy in arriving at the consensus diagnosis and whether there was complimentary or synergistic benefit from the review by the different consultants.

There were four (4) consultants in the department at the time of the study. One of the consultants is an otologist, one has interest in Audiology, Head and Neck Surgery, one has interest in general otorhinolaryngology while the other consultant has interest in rhinology. All the four consultants still practice general otorhinolaryngology.

The information was recorded in an adopted format. Data analysis was done manually presenting the results in tabular and statistical formats. Approval for this study was granted by the ethical review committee of the UBTH, Benin City.

Results

A total of 124 out of 980 patients seen during the study period satisfied the criteria for inclusion in this study.

There were 64 males and 60 females, with a male to female ratio of 1:1.

Patients' ages ranged from 9 months to 81 years, with a mean age of 33.30 years.

Table 1 shows the sub-specialty of ear, nose, throat, head and neck surgery concerned with patients' diagnosis. Table 2 shows the frequency of the number of consultants that reviewed each patient. Table 3 shows the outcome of the consultants' review. Table 4 shows the cases that

Table 1 Sub-specialty in ENTH&N Surgery concerned with patients' diagnosis

Sub-specialty	Ear	Nose	Throat	Head and neck	Total
Number	77	47	37	4	165
Percentage	46.67	28.48	22.42	2.32	100

Some patients had more than one diagnosis

ENTH&N ear, nose, throat, head and neck

Table 2 Frequency of the number of consultants that reviewed each patient

No of consultants	2	3	4	Total
Number of patients	99	25	—	124
%	79.84	20.16	—	100

Table 3 Outcome of consultants' review

Outcome	Complimentary	Synergistic	Controversial	Total
No of patients	79	38	7	124
%	63.71	30.65	5.64	100

Table 4 How controversy was resolved

Patient cases	Method
1. Laryngeal carcinoma	Resolved by managing consultant
2. Recurrent tonsillitis	Resolved by managing consultant
3. CSOM with severe H.L	By two (2) consultants
4. (R) CSOM, (L)	By two (2) consultants
Cerumen auris	
5. (B) Otitomycosis	By two (2) consultants
6. Tonsillitis with pharyngitis	By two (2) consultants
7. (L) Malignant	By managing consultant
Otitis external with (L) meatal atresia	

L Left, *R* Right, *CSOM* chronic suppurative otitis mediam, *(B)* bilateral

presented with diagnostic challenges and how the controversy was resolved.

Discussion

A multidisciplinary team was defined as a group of individuals who work together, to produce products or deliver services for which they are mutually accountable. The team members share goals and are held mutually accountable for meeting them, they are interdependent in their accomplishment and they affect the result through their interactions with one another. Since the team is held collectively accountable, the work of integrating with one another is included among the responsibilities of each member [7]. The above definition captures the still- evolving spirit of the functioning unit of the Ear, Nose, Throat, Head and Neck Surgery Department of the UBTH, Benin City.

The results show that patients of all age groups were involved in this audit. However a mean age of 33.30 years indicated that more patients were in the young age bracket. Table 1 shows that although most patients had otological problems (46.67%), problems in other areas of ENTH&N practice were seen in this study. This therefore meant that for each individual patient, ENTH&N surgeons with interest in different areas of the specialty reviewed the patient's case. With this perspective, can it be correctly adduced that the patient benefited from a more co-ordinate physician approach?

The above question is readily answered by Table 2, which showed that 79.84% of the total patients in this study were reviewed by two consultants and 20.16% by three out of the four consultants in the department, during routine clinic attendance.

The outcome of this team work is corroborated by a synergistic benefit of 30.65% of the patients who ordinarily

would not have received any synergy in their management without this team work. This synergy resulted from the fact that the activity of the multidisciplinary team is greater than the simple sum of the activities; each individual consultant could accomplish [3].

By regularly reviewing patients already reviewed by another consultant, the biggest challenge in a multidisciplinary approach to patient management has been removed; assembling the key players [8].

Although only 2.42% of the patients had head and neck pathologies in this study, it has been acclaimed that a team approach to patients with head and neck cancer had led to steady and sustained improvement in their treatment and quality of life [9].

Consultants working in isolation, running separate clinics and rarely coordinating patients' care, can rarely produce increased continuity of patient care, increased professional knowledge and experience through pooled expertise. It is also difficult to reduce the likelihood of mistakes. However an error by one consultant is likely to be detected by another consultant sooner or later in a team work [10]. Similarly mistakes or deficiencies in experience by one consultant are readily exposed and corrected in teamwork. This further leads to development of professional peer support and communication [10]. Running a department as a team with good communication will invariably translate into better results.

Although poor team work can endanger patients' safety [11, 12] and put their lives at risk, effective team working has been linked to lower patient mortality [13] as evidenced by a synergistic benefit of 30.65% in this study.

The management of seven (5.64%) patients in this study resulted in controversies. Of these, four were resolved by team work, while the rest three were resolved by the managing consultant, demonstrating a better ability of team work in conflict resolution.

This team work is just evolving in this department, as only 124 out of a total of 2,462 patients seen during the study period (5.04%) were involved in this team work. It is hoped in this team work. It is hoped that the result of this study will motivate our and other clinical departments into full blown team work.

Even then, the benefit of the team work to the patients (Table 3) cannot be over-emphasized and far outweighed the disadvantages, if there were any at all. If all clinical departments eschew what is neither multidisciplinary nor a team, the patients, doctors, health system and the entire community will derive immense benefit.

Conclusion

Intra-departmental team work in patient management produces synergistic benefit to patients. It also leads to the

development of effective communication and experience amongst the consultant staffs.

Key Messages

- Consultant staffs work as a team in ENTH&N department.
- They integrate with one another in patient management.
- ENTH&N Surgeons with interest in different areas of the specialty have the privileged to review each patient's case.
- Synergistic benefit of patients from team work of the consultants is greater than the simple sum of the activities of individual consultant.

Conflict of interest The authors declare that they have no conflict of interest.

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