



Quality Improvement & Innovation Partnership

Advancing Improvement in Primary Healthcare in Ontario



TEAM BUILDING PART B RESOURCE GUIDE

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Ontario

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**The following activities are to be used in conjunction with the corresponding Modules in Part A. Please note that there are no activities for Modules 1, 2, and 6.*

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Module 3 Activities

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Activity 3.5: Understanding Roles: The “Talking Wall”

Activity 3.1: Appreciating the Scope of Practice of All Team Members

The Interprofessional Perception Scale

Preparation:

- Review Part A, Module 3

Activity Time Required:

- 60 - 90 minutes

Materials:

- Handouts
- Pens, markers
- Flipchart

This activity requires the following handouts for participants:

- Before the Talking Wall: Interprofessional Perception Scale
- After the Talking Wall: Interprofessional Perception Scale

This is a crucial component of team development, as team members learn about each others' skills, interests and scope of practice. It has two related components: 1) learning about each others' roles, and; 2) identifying and correcting misperceptions team members may have about what each other do.

*This scale can be used in conjunction with the "Talking Wall" exercise (see Activity 3.2 for instructions on how to conduct the "Talking Wall").

Steps:

1. Ask each team member to complete *Before the Talking Wall: Interprofessional Perception Scale*. This should be done individually and without sharing the results with the team.
2. Conduct the "Talking Wall" exercise (or other scope-of-practice exercises) with the group. (see Activity 3.2)
3. Ask each team member to complete *After the Talking Wall: Interprofessional Perception Scale*. See how each others' impressions have changed. At that time, the team should get together and each individual can talk about what they have learned through this process and how their perceptions may have changed.

Activity 3.1: Appreciating the Scope of Practice of All Team Members

Before the Talking Wall: Interprofessional Perception Scale (Mariano et al., 1999)

What is your opinion of persons in other professions? *(Fill in column blanks with professions other than your own.)*

Persons in this profession:

	<hr/>				<hr/>			
	Very Untrue		Very True		Very Untrue		Very True	
1. Are competent	1	2	3	4	1	2	3	4
2. Have very little autonomy	1	2	3	4	1	2	3	4
3. Understand the capabilities of your profession	1	2	3	4	1	2	3	4
4. Are highly concerned with the welfare of the patient	1	2	3	4	1	2	3	4
5. Sometimes encroach on your professional territory	1	2	3	4	1	2	3	4
6. Are highly ethical	1	2	3	4	1	2	3	4
7. Expect too much of your profession	1	2	3	4	1	2	3	4
8. Have a higher status than your profession	1	2	3	4	1	2	3	4
9. Are very defensive about their professional prerogatives	1	2	3	4	1	2	3	4
10. Trust your professional judgment	1	2	3	4	1	2	3	4
11. Seldom ask your professional advice	1	2	3	4	1	2	3	4
12. Fully utilize the capabilities of your profession	1	2	3	4	1	2	3	4
13. Do not cooperate well with your profession	1	2	3	4	1	2	3	4
14. Are well trained	1	2	3	4	1	2	3	4
15. Have good relations with your profession	1	2	3	4	1	2	3	4

Activity 3.1: Appreciating the Scope of Practice of All Team Members

After the Talking Wall: Interprofessional Perception Scale (Mariano et al., 1999)

What is your opinion of persons in other professions? *(Fill in column blanks with professions other than your own.)*

Persons in this profession:

	<hr/>				<hr/>			
	Very Untrue		Very True		Very Untrue		Very True	
1. Are competent	1	2	3	4	1	2	3	4
2. Have very little autonomy	1	2	3	4	1	2	3	4
3. Understand the capabilities of your profession	1	2	3	4	1	2	3	4
4. Are highly concerned with the welfare of the patient	1	2	3	4	1	2	3	4
5. Sometimes encroach on your professional territory	1	2	3	4	1	2	3	4
6. Are highly ethical	1	2	3	4	1	2	3	4
7. Expect too much of your profession	1	2	3	4	1	2	3	4
8. Have a higher status than your profession	1	2	3	4	1	2	3	4
9. Are very defensive about their professional prerogatives	1	2	3	4	1	2	3	4
10. Trust your professional judgment	1	2	3	4	1	2	3	4
11. Seldom ask your professional advice	1	2	3	4	1	2	3	4
12. Fully utilize the capabilities of your profession	1	2	3	4	1	2	3	4
13. Do not cooperate well with your profession	1	2	3	4	1	2	3	4
14. Are well trained	1	2	3	4	1	2	3	4
15. Have good relations with your profession	1	2	3	4	1	2	3	4

Activity 3.2: Understanding Roles: the “Talking Wall”

(Parsell et al., 1998; Building Better Teams, AOHC 2007)

Preparation:

- Review Part A, Module 3

Activity Time Required:

- 60 - 90 minutes

Materials:

- Handouts
- Pens, markers
- Flipchart

This activity requires the following handouts for participants:

- ❖ No handouts or worksheets are required for this learning activity.

Goal: learn about team members’ roles by identifying and resolving any misperceptions team members may have about other providers.

The “Talking Wall” exercise is intended to allow participants to explore their conceptions and misconceptions of the roles and responsibilities of other health care professions.

Steps:

1. Divide participants into subgroups of 4 to 6 people. In smaller FHTs, this can be done in a single group.
2. For each sub-group, attach a flipchart sheet to the wall for each profession represented in the subgroup. The name of the profession is to be indicated on each flipchart sheet using a black marker.
3. Using black markers, participants write their perceptions of the roles and responsibilities of each of the professions on the respective sheets, with the exception of their own.
4. Only new items are added to the lists to avoid duplication.
5. Once the lists are complete, participants are to examine their own professions’ lists and, using a red pen, delete misconceptions, correct inaccuracies and add missing items.
6. Have each group discuss their flipchart list with the other groups, highlighting where there were misconceptions and how these were resolved within the group.
7. Have each group compile their misconceptions into a single list.

Identify the most common misconceptions that appear on groups’ lists.

Activity 3.3: Learning about the Scope of Practice of All Team Members

Preparation:

- Review Part A, Module 3

Activity Time Required:

- 60 minutes

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Participant Worksheet
- Interprofessional Separate & Shared Functions I
- Interprofessional Separate & Shared Functions II

*The following activity was adopted from Jones & Way 2006, and has been revised by the authors for this module.

Goal: learn about team members' roles by identifying shared and separate functions with reference to comprehensive primary health care services.

Steps:

1. Complete the *Interprofessional Separate & Shared Functions I* and *II*.
2. Once there is a single list of the roles that each team member can potentially play, these can be discussed at a team meeting. Individuals can be identified either by role (as in the sample sheet) or by name, whichever the team prefers.
3. Distribute the sheet and ask the team:
 - Is this a surprise? If so, which parts (this may lead into a discussion about the scope of practice of different roles – "I didn't realize that a dietitian was able to.....")
 - Where are the major areas of overlap?
 - What are the implications for who should be doing what in our FHT?

Activity 3.3: Learning About the Scope of Practice of All Team Members

(Jones and Way, 2006 revised by authors 2009)

Each FHT is engaged in delivering comprehensive primary health care. Therefore, one way to learn about the scopes of practice of various provider groups is by referring to the services that make up primary health care, using the five domains described by the World Health Organization.

The Separate and Shared Functions Table lists the five domains and the common activities under each domain. The table is not meant to identify which profession is “best suited” or “most competent” to perform a given activity. Rather it shows which profession can contribute to that care domain and especially where functions overlap. Separate or “unique” contributions often arise from different professional approaches to a same activity. If perceived negatively, shared or overlapping functions result in competition and “turf protection”. Instead, the overlap should be viewed positively. A diverse team of professions with unique functions increases the breadth of service. Overlapping functions increase the depth of service. With more than one provider engaged in, for example, acute minor illness care, access is increased, more patients can be seen with similar concerns and patients have choice of provider.

Function is defined as having the knowledge and skill based on formal educational preparation, as well as, the scope of practice i.e. legislated authority to make and implement decisions related to the activity.

Questions to be discussed after completing the *Interprofessional Separate & Shared Functions I* and *II*

1. Did you find the allocation of roles surprising? If so, identify the surprises:

2. Where are the major areas of overlap in roles on your team?

3. What are the implications for who should be doing what in your FHT?

Activity 3.3: Learning about the Scope of Practice of All Team Members *Interprofessional Separate and Shared Functions I (Jones and Way, 2006)*

Primary Health Care Activities	Function										
	FP	NP	RN	SW	PT	OT	RD	PH	RPN	AS	Other
Health Promotion											
Outreach activity (community program development/presentations)											
Promote self-efficacy/self-care											
Attention to the determinants of health											
Attention to lifestyle factors											
Nutrition											
Exercise											
Habits (drugs, alcohol, smoking)											
Disease Prevention											
Comprehensive health history											
Complete physical exam											
Laboratory/diagnostic evaluation											
Primary prevention											
Secondary prevention											
Tertiary prevention											
Curative (Acute Conditions)											
Triage											
Symptom-directed history											
Symptom-directed exam											
Acute episodic minor illness dx/tx											
Minor injury dx/tx											
Acute major complex illness dx/tx											
Major injury											
Medications											
Administering											
Prescribing											
Dispensing											
Monitor drug therapeutic and side effects, interactions											

FP = Family Physician, NP = Nurse Practitioner, RN = Registered Nurse, RPN = Registered Practical Nurse, SW = Social Worker, PT = Physiotherapist, OT = Occupational Therapist, RD = Registered Dietitian, PH = Pharmacist, AS = Administrative Staff

Activity 3.3: Learning about the Scope of Practice of All Team Members *Interprofessional Separate & Shared Functions II (Jones and Way, 2006)*

Primary Health Care Activities	Function										
	FP	NP	RN	SW	PT	OT	RD	PH	RPN	AS	Other
Rehabilitative (Chronic Conditions)											
Initial diagnosis and treatment											
Treatment adjustment unstable chronic condition											
Monitoring stable chronic condition											
Hx /physical data collection											
Laboratory /diagnostic evaluation											
Medications											
Medication renewal											
Administering											
Prescribing											
Dispensing											
Monitor drug therapeutic and side effects, interactions											
Supportive											
Education											
Disease processes and treatment											
Disease prevention and health promotion											
Advocacy											
Counselling											
Stress management crisis intervention											
Adaptation to illness											
Mental health therapeutic counseling											
Mental health supportive counseling											
Service coordination											
Consult/refer team members											
Referral community resources											
Referral medical specialists											
Referral hospital admission											

Primary Health Care Activities	Function										
Supportive cont'd											
Administrative supports											
program planning and co-ordination											
program monitoring and evaluation; quality improvement											

FP = Family Physician, NP = Nurse Practitioner, RN = Registered Nurse, RPN = Registered Practical Nurse, SW = Social Worker, PT = Physiotherapist, OT = Occupational Therapist, RD = Registered Dietician, PH = Pharmacist, AS = Administrative Staff

Activity 3.4: The Case Discussion

Preparation:

- Review Part A, Module 3

Activity Time Required:

- 60 minutes

Materials:

- Handouts
- Pens

This activity requires the following handout for participants:

- Participant Worksheet

Goal: To learn about each other's scope of practice by using a case discussion.

Steps:

1. Get the group together to discuss a real or fictional case.

Sample case:

Mr. Brown is a 78-year-old widower, living on his own since his wife died nine months ago. He has Type 2 diabetes that has been poorly controlled for the last two years, and his blood pressure was 148 / 92 when last measured, seven months ago. He has two married children, one of whom lives in town but has been unable to get to the FHT for the last 4 months because of increasing breathlessness when walking. His daughter (who lives in BC) has called the office to say her father seems a little bit more confused when she talks to him over the phone.

2. When the case has been presented, before opening up a general discussion, ask each team member:
 - What extra information would you require at this point in time?
 - What is the priority with this case?
 - What could you be doing that might be unique to your discipline?
3. In your discussion, focus on identifying potential contributions each team member can make; where there may be areas of overlap in the division of roles; and how the respective tasks are going to be divided.

Activity 3.4: The Case Discussion

Sample Case for Discussion

Gather together with your team members. Discuss a real or imaginary patient case:

Sample: Mr. Brown is a 78-year-old widower, living on his own since his wife died nine months ago. He has Type 2 diabetes that has been poorly controlled for the last two years, and his blood pressure was 148 / 92 when last measured, seven months ago. He has two married children, one of whom lives in town but has been unable to get to the FHT for the last 4 months because of increasing breathlessness when walking. His daughter (who lives in BC) has called the office to say her father seems a little bit more confused when she talks to him over the phone.

What extra information about the case would you require at this point in time?

What is the priority with this case?

What could you be doing for this case that might be unique to your discipline?

Further Discussion:

Identify potential contributions each team member can make to the patient's care plan:

Identify where there may be areas of overlap in role division:

How would you divide the respective tasks?

Activity 3.5: Learning About the Skills and Potential of All Team Members

Preparation:

- Review Part A, Module 3

Activity Time Required:

- 60 minutes

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Participant Worksheet
- Individual Provider Inventory Sheet
- Collective Provider Inventory Sheet

*The following activity was adopted from Jones & Way2006, and has been revised by the authors for this module.

Goal: To learn about the knowledge, skill and interest of each team member as a basis for making decisions regarding service delivery.

Developing a provider inventory involves listing the specific activities and identifying which provider has the knowledge, skill and interest to deliver that service. This becomes the basis for making decisions about “who does what.”

Steps:

1. Develop an Individual Provider Inventory

- ✓ Ask participants to complete the *Individual Provider Inventory*. (either prior or during the team session)
- ✓ Ask them to answer the following questions:
 1. What are your own knowledge and skills (competencies) related to your profession? (i.e. what can you do?)
 2. What services would you contribute if starting a new position? (i.e. what may you do based on your position, your skills and your scope of practice?)
 3. What do you prefer to do, would like especially to learn or would prefer not to do? (i.e. what do you want to do?)

- ✓ Remind participants that the list of common service activities that was given to them **is by no means complete!** Cross out those that don't apply and add others that are significant to their FHTs.

2. Develop a Collective Provider Inventory

- ✓ Ask participants to share their completed Individual Provider Inventory
- ✓ Complete the list of activities on the Collective Provider Inventory form
- ✓ Beside each activity mark the initials of each team member who has identified participation in that activity.
- ✓ Review the collective list for separate and shared functions and preferences.
- ✓ Discuss how best to use the provider resources you have and identify what resources you need.
- ✓ Begin to complete part II of the Collective Provider Inventory form Decisions Regarding Service Provision. Exercise Instructions

Activity 3.5: Learning About the Skills and Potential of All Team Members

Individual Provider Clinical Inventory (Jones and Way, 2006 revised by authors 2009)

Each provider not only brings his/her professional knowledge and skill but also his/her own unique combination of experience and interests to the practice setting.

At the practice level, acquiring a better understanding and appreciation of the collective professional and individual knowledge and skills that are available to you as a provider group involves “taking inventory”.

This inventory, which involves listing the specific activities and identifying which provider has the knowledge, skill and interest to deliver that service, becomes the basis for making decisions about “who does what”.

Completing your inventory requires that you answer the following questions:

1. What are your own knowledge and skills (competencies) related to your profession acquired through your initial and ongoing education? **i.e. what can you do?**
2. What services do you currently contribute to or will contribute to if starting a new position? **i.e. what may you do based on your position and scope of practice?**
3. What do you prefer to do as an individual provider, have acquired expertise doing, would like especially to learn or would prefer not to do? **i.e. what do you want to do?**

This exercise offers a beginning list of common service activities associated with primary health care (clinical activities, procedures, administrative tasks). **It is by no means complete!** Cross out those that don’t apply and add others that are significant to your practice.

The list does not include acute episodic and chronic disease conditions. Add specific disease conditions, for example, if your practice has an especially large population of diabetics and/or you have a special interest or expertise in diabetes management.

Beside each activity place a check if you have the competency, are or will be contributing, and if you have a preference for this activity.

Individual Provider Inventory

ACTIVITY	COMPETENCY I have the knowledge & skills to do this.	CONTRIBUTION I am or will be performing this service.	PREFERENCE I especially want to do this, or have expertise, or want to learn, or prefer not to do this.
Clinical Functions			
Patient scheduling			
Referral appointments			
Chart filing			
Lab results review			
Prenatal care > 32 weeks			
Manage labour and delivery			
Well infant care			
Well child care			
Adolescent health exams			
Women's health exams			
Male health exams			
Seniors' health exams			
Lifestyle counselling (e.g. exercise, nutrition)			
Mental health counselling: individual			
Mental health counselling: couple			
Mental health counselling: family			
Crisis intervention			
Family planning			
Pregnancy options counseling			
Addictions assessment and counseling			
Minor surgery (e.g. mole removal)			
Suturing			
Venipuncture			
IUD insertion			
Wound care			

Team Functions			
System Functions			

Collective Provider Clinical Inventory (Jones and Way, 2006 revised by authors 2009)

The purpose of this team exercise is to develop a complete inventory by asking team members to

1. Share their Individual Provider Inventory
2. Develop a complete inventory of the activities performed at your practice setting and
3. Identify all team members who have the professional competencies, contributions and preferences related to the performance of those activities.

Exercise Instructions

Part I: Inventory

Complete the list of activities by asking team members to review their individual forms and to add any other activities.

Identify providers who have the knowledge and skills, are or will be performing, have a preference, an expertise, want to learn or would rather not perform each activity by recording their initials in the appropriate columns beside each activity.

Review the lists for separate and shared function and preferences.

Use the list to discuss how best to use the provider resources you have and identify what resources you need. Are there necessary activities that all or no one prefers to do or one provider has expertise with or no one has the appropriate knowledge and skill required?

Part II: Decisions Regarding Service Provision

Enter beginning decisions regarding service provision.

Examples

In one practice, both the FP and NP have the knowledge and skill and love to work with youth. Therefore, the decision is to share the care of this population through a "teen clinic".

The clinic's RN has taken additional courses as a diabetic educator so patients are referred to her.

The public health nurses in the community run a breast feeding clinic so new mums are referred there.

No one in the clinic has the expertise for addictions counselling, therefore, the decision is made to hire an addictions counsellor part time.

Collective Provider Inventory

ACTIVITY	COMPETENCY Initials of all team members who have the knowledge & skills to do this.	CONTRIBUTION Initials of all team members who are or will be performing this service.	PREFERENCE Initials of all team members who especially want to do this, or have expertise, or want to learn, or prefer not to do this.
Clinical Functions			
Patient scheduling			
Referral appointments			
Chart filing			
Lab results review			
Prenatal care > 32 weeks			
Manage labour and delivery			
Well infant care			
Well child care			
Adolescent health exams			
Women's health exams			
Male health exams			
Seniors' health exams			
Lifestyle counselling (e.g. exercise, nutrition)			
Mental health counselling: individual			
Mental health counselling: couple			
Mental health counselling: family			
Crisis intervention			
Family planning			
Pregnancy options counseling			
Addictions assessment and counseling			
Minor surgery (e.g. mole removal)			
Suturing			
Venipuncture			
IUD insertion			
Wound care			

Team Functions			
System Functions			

Part II: Decisions Regarding Service Provision

Module 4 Activities

Activity 4.1: Reviewing Current Meetings

Activity 4.2: Evaluating Team Meetings

Activity 4.3: Meeting Effectiveness

Reviewing Current Meetings

Preparation:

- Review Part A, Module 4

Activity Time Required:

- 20-30 minutes

Materials:

- Handouts
- Pens

This activity requires the following handout(s) for participants:

- Participant Worksheet
- Meeting Effectiveness Survey

Goal: To help participants assess their current meetings and revise, change or dispense with some of their meetings.

*This method is encouraged for participants who are uncomfortable with expressing dissenting views.

Step 1:

- ✓ At the next meeting of each and every team or group, plan for an evaluation and review of the meeting. Let people know ahead of time that this will occur.
- ✓ Give each team member 2 index cards:
 - On the first card ask them to write ***“What do I value and/or appreciate about this meeting?”*** and underneath to write down three things in answer to that question.
 - On the second card they should write ***“What would I like to see changed about this meeting?”*** and then write down 3 things in response to that question.
- ✓ Collect all the index cards and put them in two containers such as hats or boxes, one for things I value and the other for things to change.
- ✓ Have each person, one by one pull out a ***“What I value and/or appreciate...”*** response index card and read out the three things that are written there.
- ✓ Have one person record and write down the three things that are noted (role of the ‘recorder’). Others will just listen and suspend judgment. Continue to read out from the valuing cards. The recorder can record with a check mark or add new ones as the case may be.

- ✓ After all the valuing cards from the first question have been read out, tackle the second set of cards (the change cards) with the ***“What would I like to see changed?”*** in the same way.

Step 2:

- ✓ After everyone’s ideas have been noted on the flipchart, facilitate a discussion of what everyone has heard about each other’s views.
- ✓ Based on the discussion, devise a plan for improving the meeting while preserving the valued aspects. Consider short and long-term objectives for improvement.

Step 3:

- ✓ Have everyone on the team complete the ‘Meeting Effectiveness Survey’ anonymously and return to one person. Ask them to complete the survey while thinking about how team meetings occur ‘in general.’
- ✓ Have a small group of people representing different components of your team analyze and summarize the data.
- ✓ Report the findings of the survey to the team at the next meeting.

Activity 4.1: Reviewing Current Meetings

Participant Worksheet

What do I value and/or appreciate about this meeting?

1.

2.

3.

What would I like to see changed about this meeting?

1.

2.

3.

Activity 4.1: Reviewing Current Meetings

Meeting Effectiveness Survey

Please give your candid opinions of the meeting you attended as part of this team. Rate each characteristic of the meeting by circling the number that applies.

1. Meeting Objectives

Are the objectives set out in advance of the meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Objectives are seldom set out in advance

Objectives are always set out in advance

2. Communication

Are agendas circulated to all members in advance of the meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Agendas are rarely circulated in advance
advance

Agendas are always circulated in

3. Start Times

Do meetings start on time?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Meetings hardly ever start on time

Meetings always start on time

4. Time Limits

Are there time limits for each agenda item?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We do not set time limits

Time limits are set for each item

5. Meeting Review

Are action items brought forward from the previous meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Items are seldom brought forward

Items are always brought forward

6. Role Clarity

Are roles (timekeeper, scribe, and facilitator) made clear?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Roles are not defined
defined

Roles are always

Setting

Is there a quiet place for the meeting with ample work space, flipcharts and AV support?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The meeting place is not well suited
good

The meeting place is very

8. Process

Is there clarity before each topic as to how that item will be managed?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

There is rarely any planning
process

There is always clarity on

9. Preparation

Does everyone come prepared and ready to make decisions?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We are often unprepared

We are generally prepared

10. Interruptions

Are meetings disrupted due to people leaving, phones ringing, pagers beeping, etc.?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

There are constant interruptions
interruptions

We control

11. Participation

Are all members fully exchanging views, taking responsibility for actions and follow up?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

People hold back and do not take ownership actions

Everyone offers ideas and takes actions

12. Leadership

Does one person make all the decisions or is there a sharing of authority?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The manager holds the chair and makes most decisions

Authority is shared

13. Pace

How would you rate the pace of the meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Poor

Just Right

14. Tracking

Do meetings stay on track and follow the agenda?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Meetings often stray off track

Meetings usually stay on track

15. Record Keeping

Are quality minutes kept and circulated, with action items being identified?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Rarely kept and circulated

Always kept and circulated

16. Listening

Do members practice active listening?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We don't listen closely to each other

Everyone listens actively to each other

17. Conflict Management

Are differences of opinion suppressed or is conflict effectively used?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Conflict isn't very
effectively used

Conflict is effectively exploited for new ideas

18. Decision Making

Does the group generally make good decisions at our meetings?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We tend to make poor decisions
decisions

We tend to make good

19. Closure

Do we tend to end topics before getting into new ones?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We often start a new
moving on

Topic before closing another

We close each topic before

(Bens I. 2000)

Activity 4.2: Evaluating Team Meetings

Preparation:

- Review Part A, Module 4

Activity Time Required:

- 15 minutes

Materials:

- Handouts
- Pens

This activity requires the following handout for participants:

- Participant Worksheet

Steps:

- ✓ At the end of a meeting, use the following questions to evaluate the team's performance. (Hyer et al. 2003). This can be used as a prompt list of questions for discussion or a survey for staff to complete and hand in.

Participation

- Did each team member adequately participate in the discussion; contribute ideas to the problem, to the care plan?
- Did members express themselves clearly? Address the point at hand?
- Did members follow-up/ask for clarification on vague comments or positions by others?
- Did the team process business in a way that allowed each member to contribute his or her viewpoint/role?
- Was there leadership to create the necessary structure and organization for the team to complete its business?
- Was there adequate leadership for creating, challenging and analyzing ideas?

Conflict

- Did conflict or disagreement occur? Should there have been conflict? If so, why didn't it occur?
- When conflict or disagreement occurred, did:
 - Some members dominate, push their ideas on others?
 - Some members withdraw, fail to voice their position?
 - The team know how to reach an agreement?
 - The team move too quickly in reaching an agreement?

- Which of the following styles of dealing with conflict were used?
 - Withdrawal/avoidance
 - Competition
 - Accommodation
 - Compromise

Activity 4.2: Evaluating Team Meetings

Participant Worksheet

Please consider the following questions, and provide your comments in the spaces provided.

Participation

- Did each team member adequately participate in the discussion; contribute ideas to the problem, to the care plan?
- Did members express themselves clearly? Address the point at hand?
- Did members follow-up/ask for clarification on vague comments or positions by others?
- Did the team process business in a way that allowed each member to contribute his or her viewpoint/role?
- Was there leadership to create the necessary structure and organization for the team to complete its business?
- Was there adequate leadership for creating challenging and analyzing ideas?

Reflections:

Conflict

- Did conflict or disagreement occur? Should there have been conflict? If so, why didn't it occur?
- When conflict or disagreement occurred, did: (check all that apply)
 - ☐ Some members dominate, push their ideas on others?
 - ☐ Some members withdraw, fail to voice their position?
 - ☐ The team know how to reach an agreement?
 - ☐ The team move too quickly in reaching an agreement?

Reflections:

- Which of the following styles of dealing with conflict were used? (check all that apply)
 - ☐ Withdrawal/avoidance
 - ☐ Competition
 - ☐ Accommodation
 - ☐ Compromise

Reflections:

Activity 4.3: Meeting Effectiveness

Preparation:

- Review Part A, Module 4

Activity Time Required:

- 10 minutes, plus follow-up at the next team meeting.

Materials:

- Handouts
- Pens

This activity requires the following handout for participants:

- Meeting Effectiveness Survey

The *Meeting Effectiveness Survey* can be given to meeting participants at the end of each team meeting, or periodically to assess meeting effectiveness as needed.

Steps:

1. Have everyone on the team complete the survey anonymously and return to one person.
2. Have a small group of people representing different components of your team analyze and summarize the data.
3. Report the findings of the survey to the team at the next meeting.

Activity 4.3: Meeting Effectiveness

Meeting Effectiveness Survey

Please give your candid opinions of the meeting you attended as part of this team. Rate each characteristic of the meeting by circling the number that applies.

1. Meeting Objectives

Are the objectives set out in advance of the meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Objectives are seldom set out in advance

Objectives are always set out in advance

2. Communication

Are agendas circulated to all members in advance of the meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Agendas are rarely circulated in advance
advance

Agendas are always circulated in

3. Start Times

Do meetings start on time?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Meetings hardly ever start on time

Meetings always start on time

4. Time Limits

Are there time limits for each agenda item?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We do not set time limits

Time limits are set for each item

5. Meeting Review

Are action items brought forward from the previous meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Items are seldom brought forward

Items are always brought forward

6. Role Clarity

Are roles (timekeeper, scribe, and facilitator) made clear?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Roles are not defined
defined

Roles are always

7. Setting

Is there a quiet place for the meeting with ample work space, flipcharts and AV support?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The meeting place is not well suited
good

The meeting place is very

8. Process

Is there clarity before each topic as to how that item will be managed?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

There is rarely any planning
process

There is always clarity on

9. Preparation

Does everyone come prepared and ready to make decisions?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We are often unprepared

We are generally prepared

10. Interruptions

Are meetings disrupted due to people leaving, phones ringing, pagers beeping, etc.?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

There are constant interruptions
interruptions

We control

11. Participation

Are all members fully exchanging views, taking responsibility for actions and follow up?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

People hold back and do not take ownership
actions

Everyone offers ideas and takes

12. Leadership

Does one person make all the decisions or is there a sharing of authority?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The manager holds the chair
shared
and makes most decisions

Authority is

13. Pace

How would you rate the pace of the meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Poor

Just Right

14. Tracking

Do meetings stay on track and follow the agenda?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Meetings often stray off track
track

Meetings usually stay on

15. Record Keeping

Are quality minutes kept and circulated, with action items being identified?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Rarely kept and circulated

Always kept and circulated

16. Listening

Do members practice active listening?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We don't listen closely to each other

Everyone listens
actively to each other

17. Conflict Management

Are differences of opinion suppressed or is conflict effectively used?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Conflict isn't very
effectively used

Conflict is effectively exploited for new ideas

18. Decision Making

Does the group generally make good decisions at our meetings?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We tend to make poor decisions
decisions

We tend to make good

19. Closure

Do we tend to end topics before getting into new ones?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We often start a new
moving on

Topic before closing another

We close each topic before

(Bens I. 2000)

Module 5 Activities

Activity 5.1: Effective Teams

Activity 5.2: Identifying Enablers and Barriers in Team Functioning

Activity 5.1: Effective Teams

Preparation:

- Review Part A, Module 5

Activity Time Required:

- 10minutes

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Team Effectiveness Survey
- Common Barriers to Interprofessional Health Care Teamwork Worksheet

Goal(s):

- This activity can help a team and its leaders assess how well the team is performing, the team's strengths, and areas where improvement may be required.
- This activity can give you an idea of:
 - the team's level of cohesiveness;
 - where there are differences/similarities of perspective in team members' views on specific issues.

Steps:

1. Use this to discover participants' candid opinions of the team by rating its characteristics on a seven-point scale
2. Have everyone on the team complete the *Common Barriers to Interprofessional Health Care Teamwork Worksheet and Team Effectiveness Survey* anonymously and return to one person. Ask them to complete the survey and worksheet while thinking about how effective the team is 'in general.'
3. Have a small group of people representing different components of your team analyze and summarize the data.
4. Report the findings of the survey and worksheet to the team at the next meeting, and generate discussions among team members (see below).

Other things that you can do to identify and resolve barriers and challenges to team effectiveness include*:

1. Asking team members to complete the survey and worksheet and then discussing the answers;
2. Using the same survey and worksheet to identify topics to discuss with the team to identify what isn't working well;
3. Using small groups within the team to identify a list of possible problems and priorities them.

*You will need more time to complete these discussion-based activities (approximately 30min).

Activity 5.1: Effective Teams

Team Effectiveness Survey

Instructions: Please give your candid opinion of this team by rating its characteristics on the seven-point scale shown below. Circle the appropriate number on each scale to represent your evaluation. Do not put your name on this. Return the survey in the envelope provided.

1. Goal Clarity

Are goals and objectives of the team clearly understood and accepted by all members?

1	2	3	4	5	6	7
----------	----------	----------	----------	----------	----------	----------

Goals and objectives are not known,
Understood or accepted

Goals and objectives are clear and accepted

2. Participation

Is everyone involved and heard during group discussions or is there a “tyranny of a minority”?

1	2	3	4	5	6	7
----------	----------	----------	----------	----------	----------	----------

A few people tend to dominate

Everyone is active and has a say

3. Consultation

Are team members consulted on matters concerning them?

1	2	3	4	5	6	7
----------	----------	----------	----------	----------	----------	----------

We are seldom consulted

Team members are always consulted

4. Decision Making

Is the group both objective and effective at making decisions?

1	2	3	4	5	6	7
----------	----------	----------	----------	----------	----------	----------

The team is ineffective at
Reaching decisions

The team is very effective at reaching decisions

5. Roles and Responsibilities

When action is planned, are clear assignments made and accepted?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Roles are poorly defined

Roles are clearly defined

6. Procedures

Does the team have clear rules, methods and procedures to guide it? Are there agreed-upon methods for problem-solving?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

There is little structure
and we lack procedures

The team has clear rules and procedures

7. Communications

Are communications between members open and honest? Do members listen actively?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Communication are not open;
Not enough listening

Communications are open; people listen to each other

8. Confronting Difficulties

Are difficult or uncomfortable issues openly worked through or are conflicts avoided?
Are conflicts worked through?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Difficulties are avoided;
Little direct conflict management

Problems are attacked openly and directly

9. Openness & Trust

Are team members open in their transactions? Are there hidden agendas? Do members feel free to be candid?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Individuals are guarded and hide motives

Everyone is open and speaks freely

10. Commitment

How committed are team members to deadlines, meetings, and other team activities?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Deadlines and commitments
often missed

Total commitment

11. Support

Do members pull for each other? What happens when one person makes a mistake? Do members help each other?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Little evidence of support

Lots of support

12. Risk Taking

Do individuals feel that they can try new things, risk failure? Does the team encourage risk?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Little support for risk

Lots of support for risk

13. Atmosphere

Is the team atmosphere informal, comfortable and relaxed?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The team spirit is tense

The team spirit is comfortable and relaxed

14. Leadership

Are leadership roles shared, or do the same people dominate and control?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

A few people dominate

Leadership is shared

15. Evaluation

Does the team routinely stop and evaluate how it's doing in order to improve?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

We never evaluate

We routinely evaluate

16. Meetings

Are meetings orderly, well planned and productive?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Waste of time

Couldn't be better

17. Fun

Is there an "*esprit de corps*", sense of fun, on this team?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

(Bens I, 2000)

Activity 5.1: Effective Teams

Common Barriers to Interprofessional Health Care Teamwork Worksheet

Use this sheet to help you identify some of the barriers to effective interprofessional teamwork that are influencing your team (adapted from Grant et al 1995).

Types of Barriers

System barriers

- Lack of knowledge and appreciation of the roles of other health professionals
- Financial and regulatory constraints
- Legal issues of scope of practice and liability
- Reimbursement structures for different professions
- Hierarchical administrative and educational structures that discourage interprofessional collaboration

Barriers at the team level

- Lack of a clearly stated, shared, and measurable purpose
- Lack of training in interprofessional collaboration
- Role and leadership ambiguity
- Team too large or too small
- Team not composed of appropriate professionals
- Lack of appropriate mechanism for timely exchange of information
- Lack of orientation for new members
- Lack of framework for problem discovery and resolution
- Difference in levels of authority, power, expertise, income
- Interprofessional differences or different agendas
- Interpersonal conflicts
- Traditions/professional cultures, particularly medicine's history of hierarchy
- Lack of commitment of team members
- Different goals of individual team members
- Apathy of team members
- Inadequate decision making
- Clique or sub-group formation
- Reluctance to accept new team members

Barriers faced by individual team members

- Split loyalties between team and own discipline
- Multiple responsibilities and job titles
- Competition, naïveté
- Gender, race, or class-based prejudice

- Reluctance to accept suggestions from other disciplines
- Lack of confidence in the collaborative process;
- Fear of change

Barriers for independent providers

- Accustomed to assuming total responsibility
- Unease with allowing others to be involved in clinical decision-making
- Discomfort with performance review by team members of different professional backgrounds
- Legal liability for others' decisions
- Fear of dilution of traditional one-to-one relationship with patient

Activity 5.2: Identifying Enablers and Barriers in Team Functioning

Preparation:

- Review Part A, Module 5

Activity Time Required:

- 20-30 minutes

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Enablers and Barriers Force-Field Analysis Sheet

Steps:

1. Use this to discover participants' opinions of enablers and barriers to a current team issue (key factor).
2. Have everyone on the team complete the *Enablers and Barriers Force-Field Analysis Sheet* anonymously and return to one person. Be sure team members are working on the same issue, unless you want team members to identify a range of issues they feel are impacting team effectiveness.
3. Have a small group of people representing different components of your team analyze and summarize the data.
4. Report the findings of the activity to the team at the next meeting, and generate discussions among team members.

Activity 5.2: Identifying Enablers and Barriers in Team Functioning

Enablers and Barriers Force-Field Analysis Sheet

Key Factor: _____

Forces Working For Us (<i>Enablers</i>)	Forces Working Against Us (<i>Barriers</i>)
----- <input type="checkbox"/>	<input type="checkbox"/> -----
----- <input type="checkbox"/>	<input type="checkbox"/> -----
----- <input type="checkbox"/>	<input type="checkbox"/> -----
----- <input type="checkbox"/>	<input type="checkbox"/> -----
----- <input type="checkbox"/>	<input type="checkbox"/> -----
----- <input type="checkbox"/>	<input type="checkbox"/> -----

Module 7 Activities

Activity 7.1: Attitudes in Teams

Activity 7.2: Knowledge and Skills in Interprofessional Collaboration

Activity 7.3: Assessing Current Collaborative Efforts

Activity 7.4: Measuring Satisfaction Levels in Collaborative Teams

Activity 7.1: Attitudes in Teams

Preparation:

- Review Part A, Module 7

Activity Time Required:

- 20-30 minutes, with follow-up at the next meeting.

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Attitudes Toward Health Care Teams Scale

Description:

-A survey of **attitudes towards collaboration** on the part of team members

This identifies differences in attitudes between team members about the importance of team functioning and collaboration and their place in a FHT.

Steps:

1. Use this to discover participants' attitudes towards the value and efficiency of interprofessional collaboration.
2. Have everyone on the team complete the scale anonymously and return to one person.
3. Have a small group of people representing different components of your team analyze and summarize the data.
4. Report the findings of the survey to the team at the next meeting.
5. Follow this up with a brainstorming discussion about the benefits of collaboration in your team and across teams or within the whole organization. Consider questions such as: What are the benefits to our clients? What are the benefits to us as providers? How do different team members approach collaboration? What are the advantages of collaboration? What are the disadvantages?

Activity 7.1: Attitudes in Teams

Attitudes Toward Health Care Teams Scale

Check the number for each statement that best describes your current attitude toward the value of and efficiency of interprofessional collaboration.

Rating System 1 = strongly disagree 2 = disagree 3 = neutral (neither agree or disagree) 4 = agree 5 = strongly agree

	1	2	3	4	5
Working in teams unnecessarily complicates things most of the time.					
The team approach improves the quality of care for patients / families.					
Team meetings foster communication among team members from different professions.					
Patients receiving team care are more likely than other patients to be treated as whole persons.					
Working on a team keeps most health professionals enthusiastic and interested in their jobs.					
Developing a patient care plan with other team members avoids error in delivering care.					
Health professionals working on teams are more responsive than others to the emotional and financial needs of patients / families.					
Developing an interprofessional patient care plan is excessively time consuming.					
The give-and-take among team members helps them make better patient care decisions.					
In most instances, the time required for team meetings could be better spent in other ways.					
Hospital patients who receive team care are better prepared for discharge than other patients.					
The team approach makes delivery of care more efficient.					
The team approach permits health professionals to meet the needs of family caregivers as well as patients.					
Having to report observations to the team helps team members better understand the work of other health professionals.					

(Heinaman et al 1999)

Activity 7.2: Knowledge and Skills in Interprofessional Collaboration

Preparation:

- Review Part A, Module 7

Activity Time Required:

- 20-30 minutes

Materials:

- Handouts
- Pens

This activity requires the following handout for participants:

- Current Knowledge and Skills Related to Interprofessional Collaboration

Description of this activity

- A survey for each individual to complete on their own **confidence in understanding principles and practices of collaboration**

This helps to appreciate not only readiness for participation in collaborative teams, but individuals who may be able to assist with leading the process.

Steps:

1. Use this to discover participants' confidence regarding interprofessional collaboration knowledge and skills.
2. Have everyone on the team complete the scale anonymously and return to one person.
3. Have a small group of people representing different components of your team analyze and summarize the data.
4. Report the findings of the survey to the team at the next meeting.
5. Follow this up with a brainstorming discussion about the team's shared knowledge and skills. Consider questions such as: What steps could we take as a team to enhance our collective knowledge and skills related to interprofessional collaboration? What current expertise can we build upon? What natural opportunities for success already exist?

Activity 7.2: Knowledge and Skills in Interprofessional Collaboration

Current Knowledge and Skills Related to Interprofessional Collaboration

Check the number for each statement that best describes your current degree of confidence regarding interprofessional collaboration knowledge and skills.

Rating System 1 = not at all 2 = somewhat 3 = moderately 4 = very 5 = extremely

At the present time, I am confident that I have the knowledge and/or skill to:	1	2	3	4	5
1. Accurately define what is meant by collaborative practice.					
2. Discuss collaborative practice with my interprofessional colleagues using language and terms that are commonly understood.					
3. Identify the steps a team should follow to ensure effective collaboration.					
4. Explain the benefits and purpose of collaboration to my colleagues.					
5. Define the elements essential for effective collaboration.					
6. Describe one's own professional role / functions, responsibilities and competencies to other professions.					
7. Recognize and respect the separate and shared roles/functions, responsibilities and competencies of other professions in relation to my own.					
8. Negotiate roles/functions and responsibilities within my team.					
9. Communicate assessments and recommendations related to a patient situation in a clear, concise and relevant manner to facilitative interprofessional decision making.					
10. Communicate in a manner that ensures each team member feels valued, respected and understood.					
11. Determine the need for and appropriately consult, refer, or transfer care to other professions.					
12. Determine the need for and appropriately initiate ongoing interprofessional care delivery.					

13. Engage in shared leadership and consensus decision-making within a team.					
14. Effectively implement and co-ordinate an interprofessional plan of care for a patient/family					
15. Recognize interpersonal, organizational, and / or systemic factors that can enable or inhibit interprofessional collaboration.					
16. Work with others professions to effect change and resolve conflict in the provision of interprofessional care.					

(Jones and Way - 2006)

Activity 7.3: Assessing Current Collaborative Efforts

Preparation:

- Review Part A, Module 7

Activity Time Required:

- 20-30 minutes

Materials:

- Handouts
- Pens

This activity requires the following handout for participants:

- Assessment of Collaboration

Description of this activity:

- A survey of the **satisfaction of team members with the way collaboration currently takes place**

The personal impressions of team members may differ slightly from their perceptions about how well the team is functioning, as it may identify individuals who are having difficulty with the way things are developing, or their place in the care team / FHT. It can be helpful to do this in conjunction with the assessment of how well collaboration is taking place.

Steps:

1. Use this to discover participants' perceptions about the actions of team members related to collaboration.
2. Have everyone on the team complete the 'Assessment of Collaboration' form anonymously and return to one person.
3. Have a small group of people representing different components of your team analyze and summarize the data.
4. Report the findings of the survey to the team at the next meeting.

Follow this up with a brainstorming discussion about the team's assessment of its actions related to collaboration. Consider the following questions: What actions are moving us closer to being more effective team collaborators? What are we doing really well? Where do we need to improve our efforts? What are our goals moving forward?

Activity 7.3: Assessing Current Collaborative Efforts

Assessment of Collaboration

Rate the extent to which you agree or disagree with each statement that describes the actions of people in your team, teams or organization. Use the following scale to indicate your level of agreement or disagreement.

Strongly Agree	5
Agree	4
Neither Agree nor Disagree	3
Disagree	2
Strongly Disagree	1

In this team, people....

- _____ 1. Act in a trustworthy and trusting manner.
- _____ 2. Ask others for help and assistance when needed.
- _____ 3. Treat others with dignity and respect.
- _____ 4. Talk openly about feelings.
- _____ 5. Listen attentively to the opinions of others.
- _____ 6. Express clarity about the group's goals.
- _____ 7. Make personal sacrifices to meet a larger group goal.
- _____ 8. Can rely on each other.
- _____ 9. Pitch in to help when others are busy and running around.
- _____ 10. Give credit to others for their contribution.
- _____ 11. Interact with each other on a regular basis.
- _____ 12. Treat every relationship as it will last for a lifetime, even if it won't.

- _____ 13. Make it their business to introduce their colleagues to people who can help them succeed.
 - _____ 14. Freely pass along information that might be helpful to other.
 - _____ 15. Relate well to people of diverse backgrounds and interests.
- (Kouzes and Posner 2002)

Activity 7.4: Measuring Satisfaction Levels in Collaborative Teams

Preparation:

- Review Part A, Module 7

Activity Time Required:

- 30-40 minutes, plus follow-up at the next team meeting.

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Collaborative Practice Questionnaire
- Provider Satisfaction with Current Collaboration

Description of this activity:

- two questionnaires that assess **how well collaboration is currently taking place**. The second is linked to the personal satisfaction questionnaire.

This provides information on how well the team is doing at any point in time. It can also be used on an ongoing point in time (every six months, for example) to measure progress in team performance.

Steps:

1. Use these two tools to discover a) the current level of collaboration within your team and b) the satisfaction with current collaboration.
2. Have everyone on the team complete the questionnaire anonymously and return to one person.
3. Have a small group of people representing different components of your team analyze and summarize the data.
4. Report the findings of the survey to the team at the next meeting.
5. Follow this up with a brainstorming discussion. Consider the following questions: Were we surprised by the results of the questionnaires? (If so, why?) Have we made progress since the last time we assessed the level of collaboration and/or satisfaction with collaboration? What are the reasons we have or have not made progress? What is our vision for moving forward? What are natural opportunities for success?

*Note: these tools do not need to be used at the same time. You may chose to only use one during a meeting, which would require less time.

Activity 7.4: Measuring Satisfaction Levels in Collaborative Teams

Collaborative Practice Questionnaire

Please answer the following two-part questionnaire by indicating the number that best applies to you for each statement. There are no “right” or “wrong” answers. It is important that you respond to each statement. If you work with more than one collaborating partner consider your overall collaboration and not the collaboration with a specific individual.

PART 1: MEASURE OF CURRENT COLLABORATION

Consider your current overall experience of collaboration between you and your collaborating partners (the family physician(s), the nurse practitioner(s), and other team members within your practice). Please place a check mark under the number that represents your current **degree of agreement or disagreement** with each statement.

Rating Scale

1 **2** **3** **4** **5** **6** **7**
 STRONGLY DISAGREE SOMEWHAT NEUTRAL SOMEWHAT AGREE STRONGLY

DISAGREE

NEITHER

AGREE

My collaborating partner(s) and I:	1	2	3	4	5	6	7
1. Plan together to make decisions about the care for the patients (when appropriate)							
2. Communicate openly as decisions are made about patient care							
3. Share responsibility for decisions made about patient care							
4. Cooperate in making decisions about patient care							
5. Consider all professions' concerns in making decisions about patient care							
6. Coordinate implementation of a shared plan for patient care							

7. Demonstrate trust in one another's decision making ability in making shared decisions about patient care							
8. Respect one another's knowledge and skills in making shared decisions about patient care							
9. Fully collaborate in making shared decisions about patient care							

(Jones and Way 2006)

Activity 7.4: Measuring Satisfaction Levels in Collaborative Teams

Provider Satisfaction with Current Collaboration

PART 2: SATISFACTION WITH CURRENT COLLABORATION

Consider your current experience of overall collaboration between you and your collaborating partners (family physician(s), nurse practitioner(s) and other team members within your practice). For each of the following statements, please place a check mark under the number that represents your current level of **satisfaction** or **dissatisfaction**.

Rating Scale

1	2	3	4	5	6	7
VERY DISSATISFIED		SOMEWHAT	NEUTRAL	SOMEWHAT	SATISFIED	VERY
DISSATISFIED			NEITHER			SATISFIED

Indicate your current level of satisfaction with:	1	2	3	4	5	6	7
1. The shared planning that occurs between you and your collaborating partner(s) while making decisions about patient care							
2. The open communication between you and your collaborating partner(s) that takes place as decisions are about patient care							
3. The shared responsibility for decisions made between you and your collaborating partner(s) about patient care							
4. The cooperation between you and your collaborating partner(s) in making decisions about patient care							
5. The consideration of all professions' concerns as decisions are made about patient care							
6. The coordination between the you and your collaborating partner(s) when implementing a shared plan for patient care							
7. The trust shown by you and your collaborating partner(s) in one another's decision making ability in making shared decisions about patient care							
8. The respect shown by the you and your collaborating partner(s) in one another's knowledge and skills							

9. The amount of collaboration between you and your collaborating partner(s) that occurs in making decisions about patient care							
10. The way that decisions are made between you and your collaborating partner(s) about patient care; (that is with the decision making process, not necessarily with the decisions)							
11. The decisions that are made between you and your collaborating partner(s) about patient care							

(Jones and Way 2006)

Module 8 Activities

Activity 8.1: Conducting a Staff Survey

Activity 8.2: A Team Discussion

Activity 8.3: Developing a Communications Plan

Activity 8.1: Conducting a Staff Survey

Preparation:

- Review Part A, Module 8

Activity Time Required:

- 20 minutes

Materials:

- Handouts
- Pens

This activity requires the following handout for participants:

- Communication Audit

Steps:

1. Distribute the *Communication Audit* to all staff members.
2. Analyze the results with a) the team, or b) project leadership.
3. Present the findings to the team. The audit is particularly helpful as an aid in assessing the current state of your team's communication strategies.
4. Have an informal discussion and brainstorming session about the findings:
How does the audit reflect your team's strengths and weaknesses?

Activity 8.1: Conducting a Staff Survey

Communication Audit

Please rate each of these items on a scale of 1 to 4.

1 A major problem 2. A minor problem 3. Works fairly well 4. Works extremely well

1. Informal communication during the workday	1	2	3	4
2. Interpersonal communication (e.g. active listening, reflecting, giving feedback)	1	2	3	4
3. Timeliness of communications	1	2	3	4
4. Written and verbal communication about administrative issues	1	2	3	4
5. Written, verbal and electronic communications about clients	1	2	3	4
6. Written and verbal communications to clients.	1	2	3	4
7. Communication within teams (intra team)	1	2	3	4
8. Communications with other teams	1	2	3	4
9. Communication across the organization (if it involves more than a single team)	1	2	3	4
10. Use of technology in communication	1	2	3	4
11. External communications	1	2	3	4
12. Inclusiveness of communications	1	2	3	4
13. Information on activities in the FHT	1	2	3	4
14. The dissemination of policies	1	2	3	4

(Building Better Teams, AOHC 2007)

Activity 8.2: A Team Discussion

Preparation:

- Review Part A, Module 8

Activity Time Required:

- 25-30 minutes

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Communication Audit
- Participant Worksheet

Steps:

1. Have teams conduct the *Communications Audit*.
2. Have teams identify key areas of interest based on the *Communication Audit* results.
3. For each key area, conduct a SWOT analysis using four headings:
 - What are the **Strengths** of our current communications in this/these areas?
 - What are the **Weaknesses** of our current communications in this/these areas?
 - What **Opportunities** exist for us to become more effective, innovative and creative in our communications in this/these areas?
 - What are the **Threats/barriers/challenges** that we need to address to improve our communications in this/these areas?
4. After discussing these questions, have teams identify areas for improvement in communication.

Activity 8.2: A Team Discussion

Communication Audit

Please rate each of these items on a scale of 1 to 4.

1 A major problem 2. A minor problem 3. Works fairly well 4. Works extremely well

1. Informal communication during the workday	1	2	3	4
2. Interpersonal communication (e.g. active listening, reflecting, giving feedback)	1	2	3	4
3. Timeliness of communications	1	2	3	4
4. Written and verbal communication about administrative issues	1	2	3	4
5. Written, verbal and electronic communications about clients	1	2	3	4
6. Written and verbal communications to clients	1	2	3	4
7. Communication within teams (Intra team)	1	2	3	4
8. Communications with other teams	1	2	3	4
9. Communication across the organization (if it involves more than a single team)	1	2	3	4
10. Use of technology in communication	1	2	3	4
11. External communications	1	2	3	4
12. Inclusiveness of communications	1	2	3	4
13. Information on activities in the FHT	1	2	3	4
14. The dissemination of policies	1	2	3	4

(Building Better Teams, AOHC 2007)

Activity 8.2: A Team Discussion

Participant Worksheet

Step 1-Complete the *Communications Audit*.

Step 2-Conduct a *SWOT analysis* of the themes you come up with in the *Communications Audit*. Answer the following questions:

1. What are the **Strengths** of our current communications in this/these areas?

2. What are the **Weaknesses** of our current communications in this/these areas?

3. What **Opportunities** exist for us to become more effective, innovative and creative in our communications in this/these areas?

4. What are the **Threats /barriers/challenges** that we need to address to improve our communications in this/these areas?

Step 3- Based on the outcome of the SWOT Analysis, identify areas for improvement in the way your team communicates.

Activity 8.3: Developing a Communications Plan

Preparation:

- Review Part A, Module 8

Activity Time Required:

- 30-35 minutes, plus follow-up at future meetings.

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Participant Worksheet

Steps:

1. Conduct a communications review with your group (see activity 8.2).
2. With the results, introduce a discussion to achieve consensus about the priority areas for improvement.
3. Create a communications improvement plan based on your discussion: Identify where the team wants to start, how they will measure success and then look at the specific plan.
4. As with other aspects of improving the quality of work in the FHT, make sure the changes to be implemented are small, attainable and that someone has responsibility for following through with them.
5. Follow-up: After implementing a change, review it immediately. Look at lessons learnt and next steps, so that improving communication becomes a continuing process. Once the team feels they have got it right, they can look at how this new approach can be standardized.
6. Create a written workplan that highlights the decisions made. This could be circulated to all team members in order ensure follow through on decisions made.

Activity 8.3: Developing a Communications Plan

Participant Worksheet

Step 1: After completing a communications review with your group, discuss what you think are the priority areas for improvement in communication.

Step 2: Creating a communications improvement plan:

1. How do you want to start improving communication? (i.e. what kinds of small steps could you take? Who would be responsible for these steps?)

2. How will you measure success?

3. How would this translate into a specific communications plan?

Module 9 Activities

- Activity 9.1: Potential for Team Leadership
- Activity 9.2: Deciding How to Decide
- Activity 9.3: Making Decisions
- Activity 9.4: Brainstorming: The Paperclip Exercise

Activity 9.1: Potential for Team Leadership

Preparation:

- Review Part A, Module 9

Activity Time Required:

- 15 minutes

Materials:

- Handouts
- Pens

This activity requires the following handout for participants:

- Leadership Confidence Survey

Steps:

- ✓ Ask each individual to complete the survey to help him/her identify where s/he may be able to play leadership roles within the team.

Activity 9.1: Potential for Team Leadership

Leadership Confidence Survey

The following statements describe some abilities that are related to **team building**. How confident are you in your ability in these different areas? Please rate your confidence in these areas on a scale of **1 = Low to 5 = High**.

Ability	Confidence				
	Low				High
1. Leading an interprofessional team in a primary health care setting.	1	2	3	4	5
2. Identifying the key characteristics of effective interprofessional teamwork in a primary health care setting.	1	2	3	4	5
3. Recognizing the factors which can enable or inhibit interprofessional teamwork in a primary health care setting.	1	2	3	4	5
4. Identifying potential overlap in roles, skills and expertise between professions.	1	2	3	4	5
5. Determining the contributions which other health care professions can make to interprofessional patient care.	1	2	3	4	5
6. Engaging in shared leadership and decision-making as a member an interprofessional team in a primary health care setting	1	2	3	4	5
7. Formulating an interprofessional care plan in collaboration with other health care professionals.	1	2	3	4	5
8. Conducting an effective interprofessional team meeting.	1	2	3	4	5
9. Leading a consensus-building process with other health professionals.	1	2	3	4	5
10. Identifying means for managing change in an interprofessional teamwork environment.	1	2	3	4	5

Are there other areas in which you would like to enhance or develop your abilities for leadership?

Activity 9.2: Deciding How to Decide

Preparation:

- Review Part A, Module 9

Activity Time Required:

- 30-35 minutes

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Participant Worksheet
- Effective Team Decision-Making
- Strategies for Reaching a Decision

Steps:

1. Ask the team members to recall a decision-making process that they were unhappy with. (The example can be drawn from a current or a previous work situation or from a personal situation.)
2. Ask for a few volunteers to share their example and discuss with the group.
3. Review the way the decision was made in relation to the information presented in *Effective Team Decision-Making* handout. Ask the team:
 - What were the elements of the process that made it unsatisfactory?
4. Review the *Strategies for Reaching a Decision* handout. Ask team members to come up with answers to the following questions regarding each of the options for the same decision discussed above.
 - What might be the pros and cons of each method?
 - When would you use each method?
 - How would power imbalances within a team affect this type of decision making?
 - If possible, provide examples based on your teamwork and / or recent decisions.

Activity 9.2: Deciding How to Decide

Participant Worksheet

Step 1: Identify a decision-making process (personal or professional) from the past with which you were unhappy. Describe this situation:

Step 2: Read *Effective Team Decision-Making* handout.

- How do these suggested decision-making processes differ from the way the decision was made in your situation?

- What were the elements of the process that made it unsatisfactory?

Step 3: Review the *Strategies for Reaching a Decision* handout.

Consider how the strategies from this handout would have influenced the situation you described above:

- What might be the pros and cons of each method?

- When would you use each method?

- How would power imbalances within a team affect this type of decision making?

- If possible, provide examples based on your teamwork and/or recent decisions.

Activity 9.2: Deciding How to Decide

Effective Team Decision-Making

Teams are particularly effective in problem solving as they are comprised of people with complementary skills. These complementary skills allow team members to examine issues from various angles, as well as see the implications of their decisions from a variety of perspectives. In this section we will look at a process that can help teams solve problems and make 'good' decisions.

In essence, teams make decisions using problem solving techniques. Thus, the process largely rests on the selection of a course of action following the evaluation of two or more alternatives. To effectively navigate this path, the following step-by-step approach can be used (Lafferty, J.T. 1988).

1-Recognize the Problem: Teams must see and recognize that a problem exists and that a decision needs to be made to move forward. While on its face this step appears elementary, many teams do not always recognize that there is an issue that needs to be addressed due to issues such as group think.

2-Define the Problem: In this stage, teams must map out the issue at hand. During this step, teams should:

- State how, when, and where members became aware of the problem;
- Explore different ways of viewing the problem – different ways of viewing the problem can lead to an improved understanding of the 'core' problem;
- Challenge any assumptions that are made about the problem to ensure that the team fully sees the 'real' issue at hand;
- Identify any deadlines.

3-Gather Information: Once the problem has been defined, teams need to gather information relevant to the problem. Why do teams need to perform this step? Two reasons: (1) to verify that the problem was defined correctly in Step 2; and (2) to develop alternative solutions to the problem at hand.

4-Develop Alternative Solutions: While it can be easy for teams to 'jump on' and accept the first solution, teams that are effective in problem solving take the time to explore several potential solutions to the problem. Some ways to generate alternatives include:

- a. **Brainstorming** - Teams are encouraged to come up with as many ways as possible to solve the problem at hand. While brainstorming can help

generate creative solutions to problems, a few guidelines are needed to help it work most effectively:

- No criticism of any ideas during the brainstorming phase;
- All ideas, no matter how silly, get recorded; and
- Get past the sillies – sometimes very creative, and viable, solutions come after people have made what appear to be 'silly' suggestions.

b. **Ask Questions** - Network with colleagues internal and external to the organization to get their ideas and suggestions.

c. **Explore** - Read journals/books, go to networking functions, and attend conferences that cover similar issues. Also be prepared to go outside of the healthcare domain. Other industries may have faced similar issues and their solutions can provide insights for you.

5-Select the BEST Alternative: Once all the alternatives are in, the team needs to determine the alternative that best addresses the problem at hand. For this to be effective, you need to consider both rational and human elements and the implications for the team.

- **Determine the desired end state:** Here, teams need to clearly define what success looks like.
- **Evaluate alternatives against the desired state:** Here, teams discuss the merits of each alternative and the extent to which each can move the team to the desired state. To help on this step, some teams rate each alternative on a scale of 1 to 5 where 1 is low and 5 is high
- **Discuss potential adverse consequences of each alternative:** Here, teams need to discuss the potential downsides of the options. To facilitate an objective examination of adverse consequences, some teams use a mathematical formula.

Specifically, they assess the severity of the adverse consequences in terms of the formula:

Adverse Consequences = Likelihood x Severity:

Likelihood = the likelihood of the adverse consequence occurring
(using a 5-point scale where 5 is high)

Severity = severity if the consequence does occur (using a 5-point scale where 5 is high)

Consider personal issues that may affect decision making. These can include:

Active listening - This requires that team members:

- Pay attention to the dialogue and anticipate where the conversation is going;
- Objectively weigh out what's been said;
- Try to understand what the other person is saying; and
- Review and summarize what has been said.

Supporting each other's ideas - Most people tend to focus on what is wrong versus right. Being supportive requires that you:

- Assume that others have valid points;
- Point out the useful aspects of what has been said;
- Build on these useful points;
- Avoid unnecessary criticism.

Being comfortable presenting differing views - Remember that group think is a key concern for teams. To effectively present differing views make sure that you:

- Clearly state your differing view;
- Focus on the reasons for the differences;
- Treat differences as a source of ideas rather than a source of interpersonal conflict.

Participating - To fully take advantage of the complementary skills present in a team, all team members must participate. Sometimes, one or two people dominate team decision making processes because of their interpersonal style (i.e. extraverted vs. introverted), their need for recognition, or their presumed status/position. This can have a negative effect on the team in terms of its ability to make effective decisions. When this occurs, the team needs to address this issue – especially as they face this problem as a team.

Implementing the best alternative - Once the alternative has been chosen, the team needs to implement its decision. This requires effective planning as well as communicating the decision to all the stakeholders that may be impacted by this decision.

Evaluating the outcome - Remember that teams and team building is a learning process. It is critical that the team examine whether the proposed plans of action were achieved in an effective way and resulted in positive outcomes.

Activity 9.2: Deciding How to Decide

Strategies for Reaching a Decision

In team processes, final decisions can be made in a number of ways (Building Better Teams AOHC 2007) :

1. **Command Decisions.** Here the team lead, or expert, makes the decision. This is most effective when a quick decision needs to be made, in which case it is critical that the leader share the decision, and the rationale with the rest of the team. The downside is that you may not have the 'best' decision as you did not seek expertise that resides in the team.
2. **Individual Consultation.** Here the team lead still makes the final decision but (s)he consults a member of the team prior to making the decision. An advantage of this technique is 'time' as only one person is consulted allowing for some input from the team. A disadvantage is that there is no opportunity for group brainstorming. Buy-in from team members who were not consulted can also be a problem. The key here is for the leader to explain the criteria for the decision, how others will be involved and what input is needed. If possible, the leader should ask the individuals being consulted to meet with the larger team before meeting with the team leader so that (s)he has a broad perspective of the issue.
3. **Team Consultation.** Here the team lead makes the decision only after the entire group is consulted. Thus, this technique can facilitate group input, buy-in and commitment. However, the process will take more time and team members can become frustrated if they were consulted and the final decision appears to contradict the prevailing views expressed in the team consultation process. The key here is to explain the decision criteria, the type of feedback being sought, how this information will be used, and the fact the leader will make the final decision. Should the leader's decision appear to contradict the views expressed in the session, (s)he should go back to the team and express the rationale for the decision made.
4. **Compromise.** A negotiated approach when there are two or more distinct options and members are strongly polarized (neither side is willing to accept the solution put forward by the other side). A middle position is created that incorporates issues from both sides. Everyone wins a few of their favorite points but also loses a few items they liked. The outcome is something that no one is totally satisfied with. In compromises, no one feels that they got what they wanted so the emotional reaction is often, "It's not really what I wanted but I am going to have to live with it".

5. **Multi-Voting.** This is a priority setting tool that is useful in making decisions when the group has a range of options before them and ranks the options based on a set of pre established criteria. Democracy is an example of multi-voting.
6. **Majority Rule.** This is a decision making process where all parties, including the leader, have an equal say in the final decision. In essence, it involves a 'vote' where the alternative that gets the most votes is implemented. An advantage of this technique is that it is quick and easily understood. The disadvantage is that people's rationales may not be heard if the vote is not accompanied with full discussion. The key here is to ensure that all team members understand the rules of voting and the alternatives being voted on.
7. **100% Agreement (Unanimous Agreement).** Again, all team members have equal say in the decision. In this case, all must agree on the final decision. Disadvantages include the time needed to make the decision and the fact that it may not be possible to get all members to have 100% agreement on one alternative. As such, this technique should only be used on rare occasions.
8. **Consensus.** In this technique, all team members have equal say in the final decision. The key here is that team members must be able to live with and support the final decision. Note that this does not mean that the final decision is each team member's first choice they just need to be able to support the decision and live with it. Advantages of this technique are that it often ensures commitment and a higher quality decision which all members can support. Thus, this is often the preferred problem solving/decision making technique for teams. The downside is the time needed to make the decision.

Activity 9.3: Making Decisions

Preparation:

- Review Part A, Module 9

Activity Time Required:

- 30-35 minutes

Materials:

- Handouts
- Pens

This activity requires the following handouts for participants:

- Participant Worksheet
- Effective Team Decision-Making Process
- Strategies for Reaching a Decision
- Methods for Reaching Consensus

Steps:

1. If necessary, divide the larger group so that there are groups of 5 to 6 people. Identify two “observers” to be part of each group.
2. After reviewing the three handouts, ask the teams if there are others things they would like to add, based on their experience.
3. Provide each decision-making group with a scenario of a decision that you are likely to have to make or that you commonly do make in your FHT. Set a time limit, so that it mirrors your actual experience.
4. At the end of the allotted time:
 - Ask the participants to comment on the group process.
 - Ask observers to give feedback to the group and to individual members on what they observed. This exercise can be replicated with another problem with the observers and participants switching roles.
5. Facilitate a closing discussion that generates a list of the changes that you could now use in decision-making.

Activity 9.3: Making Decisions

Participant Worksheet

Step 1: Review the following handouts with your team members:

- *Effective Team Decision-Making Process*
- *Strategies for Reaching a Decision*
- *Methods for Reaching Consensus*

Based on your experience, are there others things you would add to any of them?

Step 2: With your team, discuss the decision-making scenario provided to you by your facilitator.

Step 3: Comment on the decision-making process that occurred in your group. Do you have any feedback to give to your group/individual members of your group about the process that you experienced together?

Step 4: Generate a list of the changes that you could now use in your decision-making processes.

Activity 9.3: Making Decisions

Effective Team Decision-Making Process

Teams are particularly effective in problem solving as they are comprised of people with complementary skills. These complementary skills allow team members to examine issues from various angles, as well as see the implications of their decisions from a variety of perspectives. In this section we will look at a process that can help teams solve problems and make 'good' decisions.

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Implementing the best alternative - Once the alternative has been chosen, the team needs to implement its decision. This requires effective planning as well as communicating the decision to all the stakeholders that may be impacted by this decision.

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Activity 9.3: Making Decisions

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4. **Compromise.** A negotiated approach when there are two or more distinct options and members are strongly polarized (neither side is willing to accept the solution put forward by the other side). A middle position is created that incorporates issues from both sides. Everyone wins a few of their favorite points but also loses a few items they liked. The outcome is something that no one is totally satisfied with. In

compromises, no one feels that they got what they wanted so the emotional reaction is often, "It's not really what I wanted but I am going to have to live with it".

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7. **100% Agreement (Unanimous Agreement).** Again, all team members have equal say in the decision. In this case, all must agree on the final decision. Disadvantages include the time needed to make the decision and the fact that it may not be possible to get all members to have 100% agreement on one alternative. As such, this technique should only be used on rare occasions.
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Activity 9.3: Making Decisions

Methods of Building Consensus

In terms of methods for building consensus, we can examine three elements: guidelines that can be use during the decision making process; signs that can be used to recognize when the team may be at consensus; methods of testing for consensus.

Consensus Guidelines

The following guidelines can be used by teams and team leaders to facilitate the attainment of consensus: (Biech, E. 2001)

1. Contribute to the discussion rather than defending your position
2. Seek out 'win-win' solutions that satisfy the needs / concerns of all team members
3. Use active listening skills and summarize what others are saying;
4. Seek to get the rationale for a person's view;
5. Avoid voting or averaging to get an answer;
6. Don't be afraid to disagree - address your differences in terms of the idea being presented, not the person.

Signs of Consensus

During the dynamics of team discussions, it can be tough to see if the team is at consensus. If you can answer "yes" to the following questions, your team may well be at consensus.

1. Has each person been honestly listened to?
2. Have team members listened and understood the views of others?
3. Can each person summarize the alternative?
4. Do team members seem supportive of the alternative being discussed?
5. Has it been a while since any new opinions/views were presented?

Activity 9.4: Brainstorming: The Paperclip Exercise

Preparation:

- Review Part A, Module 9

Activity Time Required:

- 20-30 minutes

Materials:

- Handouts
- Pens
- Flipchart and markers

This activity requires the following handouts for participants:

- Participant Worksheet
- Effective Team Decision-Making Process

Teams often have to come up with innovative solutions to workplace issues. Over the next 20 to 30 minutes, you will use the “brainstorming technique” to examine a problem.

Step 1

- ✓ Divide participants into sub-groups.
- ✓ Give them five minutes to come up with as many uses as they can think of for a paper clip.
- ✓ Point out that they should record all the ideas on a flipchart.
- ✓ Also point out that they should:
 - Flipchart every idea (no matter how silly);
 - No critiquing of ideas;
 - Ask questions to their team members if an idea is unclear.

Step 2:

- ✓ Ask sub-groups to identify their most creative use of the paper clip from the recorded ideas
- ✓ They could use some of the techniques described in the *Effective Team Decision Making Process* to do so. (approximately 15 to 20 minutes).

Activity 9.4: Brainstorming - The Paperclip Exercise

Participant Worksheet

Teams often have to come up with innovative solutions to workplace issues. Over the next 20 to 30 minutes, you will use the “brainstorming technique” to examine a problem. A few important points to remember for effective brainstorming:

- Flipchart every idea (no matter how silly);
- No critiquing of ideas;
- You may ask questions if an idea is unclear.

Step 1: Your subgroup has five minutes to come up with as many uses as you can think of for a paper clip. Record all the ideas on a flipchart.

Step 2: **Using some of the techniques described in the “Effective Team Decision Making Process” identify your most creative use of the paper clip from the ideas recorded in Step 1 (approximately 15 to 20 minutes).**

Activity 9.4: Brainstorming - The Paperclip Exercise

Effective Team Decision-Making Process

Teams are particularly effective in problem solving as they are comprised of people with complementary skills. These complementary skills allow team members to examine issues from various angles, as well as see the implications of their decisions from a variety of perspectives. In this section we will look at a process that can help teams solve problems and make 'good' decisions.

In essence, teams make decisions using problem solving techniques. Thus, the process largely rests on the selection of a course of action following the evaluation of two or more alternatives. To effectively navigate this path, the following step-by-step approach can be used (Lafferty, J.T. 1988).

1-Recognize the Problem: Teams must see and recognize that a problem exists and that a decision needs to be made to move forward. While on its face this step appears elementary, many teams do not always recognize that there is an issue that needs to be addressed due to issues such as group think.

2-Define the Problem: In this stage, teams must map out the issue at hand. During this step, teams should:

- State how, when, and where members became aware of the problem;
- Explore different ways of viewing the problem – different ways of viewing the problem can lead to an improved understanding of the 'core' problem;
- Challenge any assumptions that are made about the problem to ensure that the team fully sees the 'real' issue at hand;
- Identify any deadlines.

3-Gather Information: Once the problem has been defined, teams need to gather information relevant to the problem. Why do teams need to perform this step? Two reasons: (1) to verify that the problem was defined correctly in Step 2; and (2) to develop alternative solutions to the problem at hand.

4-Develop Alternative Solutions: While it can be easy for teams to 'jump on' and accept the first solution, teams that are effective in problem solving take the time to explore several potential solutions to the problem. Some ways to generate alternatives include:

- g. Brainstorming** - Teams are encouraged to come up with as many ways as possible to solve the problem at hand. While brainstorming can help generate creative solutions to problems, a few guidelines are needed to help it work most effectively:

- No criticism of any ideas during the brainstorming phase;
- All ideas, no matter how silly, get recorded; and
- Get past the sillies – sometimes very creative, and viable, solutions come after people have made what appear to be 'silly' suggestions.

h. **Ask Questions** - Network with colleagues internal and external to the organization to get their ideas and suggestions.

i. **Explore** - Read journals/books, go to networking functions, and attend conferences that cover similar issues. Also be prepared to go outside of the healthcare domain. Other industries may have faced similar issues and their solutions can provide insights for you.

5-Select the BEST Alternative: Once all the alternatives are in, the team needs to determine the alternative that best addresses the problem at hand. For this to be effective, you need to consider both rational and human elements and the implications for the team.

- **Determine the desired end state:** Here, teams need to clearly define what success looks like.
- **Evaluate alternatives against the desired state:** Here, teams discuss the merits of each alternative and the extent to which each can move the team to the desired state. To help on this step, some teams rate each alternative on a scale of 1 to 5 where 1 is low and 5 is high
- **Discuss potential adverse consequences of each alternative:** Here, teams need to discuss the potential downsides of the options. To facilitate an objective examination of adverse consequences, some teams use a mathematical formula.

Specifically, they assess the severity of the adverse consequences in terms of the formula:

Adverse Consequences = Likelihood x Severity:

Likelihood = the likelihood of the adverse consequence occurring (using a 5-point scale where 5 is high)

Severity = severity if the consequence does occur (using a 5-point scale where 5 is high)

Consider personal issues that may affect decision making. These can include:

Active listening - This requires that team members:

- Pay attention to the dialogue and anticipate where the conversation is going;
- Objectively weigh out what's been said;
- Try to understand what the other person is saying; and
- Review and summarize what has been said.

Supporting each other's ideas - Most people tend to focus on what is wrong versus right. Being supportive requires that you:

- Assume that others have valid points;
- Point out the useful aspects of what has been said;
- Build on these useful points;
- Avoid unnecessary criticism.

Being comfortable presenting differing views - Remember that group think is a key concern for teams. To effectively present differing views make sure that you:

- Clearly state your differing view;
- Focus on the reasons for the differences;
- Treat differences as a source of ideas rather than a source of interpersonal conflict.

Participating - To fully take advantage of the complementary skills present in a team, all team members must participate. Sometimes, one or two people dominate team decision making processes because of their interpersonal style (i.e. extraverted vs. introverted), their need for recognition, or their presumed status/position. This can have a negative effect on the team in terms of its ability to make effective decisions. When this occurs, the team needs to address this issue – especially as they face this problem as a team.

Implementing the best alternative - Once the alternative has been chosen, the team needs to implement its decision. This requires effective planning as well as communicating the decision to all the stakeholders that may be impacted by this decision.

Evaluating the outcome - Remember that teams and team building is a learning process. It is critical that the team examine whether the proposed plans of action were achieved in an effective way and resulted in positive outcomes.

Module 10 Activities

Activity 10.1: Understanding Behavioural Styles in Discussions, Debates
and Conflicts

Activity 10.2: Conflict Management Systems

Activity 10.3: Defining Conflict Styles

Activity 10.4: Analyzing a Conflict Case Scenario

Activity 10.1: Understanding Behavioural Styles During Discussions, Debates and Conflicts

Preparation:

- Review Part A, Module 10

Activity Time Required:

- 30-40 minutes

Materials:

- Handout
- Pens

This activity requires the following handout for participants:

- Participant Worksheet

The goal of this activity is to develop norms for how people will engage in discussion, debate and conflict.

Steps:

1. Have all team members write down their personal preferences relating to acceptable and unacceptable behaviours around discussion, debate and conflict.
 - These areas might include use of language, tone of voice, emotional content, expectations of involvement and participation, avoidance of distractions and timing of response.
2. Have each team member state their preferences to the rest of the team, as one person captures the similarities and differences.
3. Discuss collective preferences, paying special attention to areas of difference.
 - Arrive at a common understanding of acceptable and unacceptable behaviour that all members can commit to.
 - The leader may have to play a key role in facilitating agreement.

Activity 10.1: Understanding Behavioural Styles During Discussions, Debates and Conflicts

Participant Worksheet

The goal of this activity is to develop norms for how people will engage in discussion, debate and conflict.

Step 1-What are your personal preferences relating to acceptable and unacceptable behaviours around discussion, debate and conflict? (Consider things like use of language, tone of voice, emotional content, expectations of involvement and participation, avoidance of distractions and timing of response, etc.)

Step 2- Share your preferences with the rest of the team. Are there similarities and/or differences between team members' preferences?

Step 3: Are there:

- collective preferences?
- areas of difference?

Step 4: Arrive at a common understanding of acceptable and unacceptable behaviour that all your team members can commit to.

Activity 10.2: Conflict Management Systems

Preparation:

- Review Part A, Module 10

Activity Time Required:

- 20-30 minutes

Materials:

- Handout
- Pens

This activity requires the following handouts for participants:

- Survey for Conflict Management Systems

The 'Checklist for Conflict Management Systems' provided in Part A (Conflict Management module) identifies potential mechanisms for identifying, defusing or resolving conflicts within teams. It can be used to assess the performance of your FHT in this regard.

Using the checklist as a survey:

1. The checklist can be used as a survey instrument, to gather different views from different team members, which will then provide a broader picture of what needs to be in place.
2. Have everyone on the team complete the survey anonymously and return to one person.
3. Have a small group of people representing different components of your team analyze and summarize the data.
4. Report the findings of the survey to the team at the next meeting, generating discussion.

Using the checklist in a discussion:

1. The individual questions can be used to initiate discussion about specific topics in team meetings. Select a series of questions you would like to focus on (possibly based on having used the checklist as a survey, and already having collected and analyzed the data).

Activity 10.2: Conflict Management Systems

Survey for Conflict Management Systems

(Modified from Conbere 2001)

The following survey identifies potential mechanisms for identifying, defusing or resolving conflicts within teams. Complete this survey using a scale of 1 – 5, where **1 means you totally disagree with the statement, and 5 means you totally agree with it.**

Statement	Level of Agreement				
	Disagree			Agree	
We have a culture that supports resolution of conflict at the lowest level through direct negotiation, and that encourages discussion of conflict.	1	2	3	4	5
We have a culture that supports the belief that mistakes and problems are opportunities for learning.	1	2	3	4	5
We have clearly stated policies about how conflict will be resolved.	1	2	3	4	5
We have involved a variety of stakeholders within the organization in designing our system.	1	2	3	4	5
We are flexible in our design to meet differing needs based on respect for diversity.	1	2	3	4	5
There are multiple options for addressing conflict with employees being empowered to make the choice.	1	2	3	4	5
The leaders in our organization do enough to support resolving conflicts.	1	2	3	4	5
We have a body overseeing the system that is made up of a variety of stakeholder groups.	1	2	3	4	5
There are training opportunities for developing the skills needed to resolve conflicts.	1	2	3	4	5
We have sufficient resources to support the system we have designed.	1	2	3	4	5
There are institutionalized incentives to prevent and resolve conflict.	1	2	3	4	5
We have a communication strategy so that everyone in the organization knows what to expect.	1	2	3	4	5
We evaluate our system and make changes as needed	1	2	3	4	5

- ✓ Do we have options for preventing, identifying and resolving problems of all types?

- ✓ Do the people who are responsible for acting on the policies understand what their roles and responsibilities are?
- ✓ What other written documents need to be revised to support conflict resolution (e.g., job descriptions, manuals, personnel policies)?

Activity 10.3: Conflict Styles

Preparation:

- Review Part A, Module 10

Activity Time Required:

- 20-30 minutes

Materials:

- Handout
- Pens

This activity requires the following handouts for participants:

- Personal Conflict Management Styles Handout
- Conflict Styles

Steps:

1. Have participants read through and review the *Conflict Styles* handout.
2. After, ask them to respond to the following questions about their own personal conflict management styles:
 - Describe the conflict management style you most frequently use at work.
 - Describe the conflict management style you most frequently use at home.
 - Describe the conflict management style you usually use with friends.
 - Describe a conflict management style that tends to irritate you. Why?
 - Describe a conflict management style that you admire in others. Why?

(from Thomas and Kilmann 1974)

Activity 10.3: Conflict Styles

Defining Conflict Styles

Instructions: Please review the following information before completing the five discussion questions provided.

Avoiding

Is hoping the problem will go away and not addressing the conflict. There is no attention to one's own needs or those of the other. Avoiding might be letting an issue go, being diplomatic or simply withdrawing from a threatening situation. This tool is effective when time, place or personal health make it inadvisable to pursue discussion.

Accommodating

Is meeting the concerns and needs of the other person and not addressing your own needs. This is giving in or yielding to the other person's views. This style is used when you want to work co-operatively with the other person without trying to assert your own concerns.

Compromising

Is looking for a mutually acceptable solution which somewhat satisfies both parties. You give up something, they give up something in order to come up with a solution you both can agree to. A compromise approach may work when you and the other person both want the same thing and you know you both can't have it.

Competing

Is a strong style where the individual uses their power or control of the resources to assert his or her own needs. Competing can mean trying to win, getting your own way, and is used when there is no concern for the other person's interests. The style is helpful when an important principle or need is at stake.

Collaborating

Is working toward solutions that satisfy the needs and concerns of both parties. This takes time to look at all the issues and interests you both have which are behind the original positions. This approach combines the search for new alternatives and creating solutions that end in a "win-win" situation.

Kestner and Ray 2002

Activity 10.3: Conflict Styles

Personal Conflict Management Styles Handout

After reading the *Defining Conflict Styles* handout, answer the questions below using these different styles for managing conflict.

1. Describe the conflict management style you most frequently use at work.

2. Describe the conflict management style you most frequently use at home.

3. Describe the conflict management style you usually use with friends.

4. Describe a conflict management style that tends to irritate you. Why?

5. Describe a conflict management style that you admire in others Why?

(Thomas and Kilmann 1974)

Activity 10.4: Analyzing a Conflict Case Scenario

Preparation:

- Review Part A, Module 10

Activity Time Required:

- 30 minutes/scenario

Materials:

- Handout
- Pens

This activity requires the following handouts for participants:

- Conflict Case Scenarios
- Conflict Analysis Tool-Worksheet

Step 1: Have participants read the scenarios in the *Conflict Case Scenarios* handout.

*Note: you may decide to do all or one of the scenarios during a meeting. Each scenario will require approximately 30minutes to complete.

Step 2: Start a discussion about the scenarios by asking the following questions (this should function as a brainstorming exercise to learn the diversity of views that exist about conflict):

1. List all the factors that are contributing to the conflict.
2. Who is involved? Directly or indirectly?
3. What is the effect of the conflict on people? On the work?
4. What are the interests of each of the parties (concerns, hopes, expectations, fears, beliefs, assumptions, priorities)?

Scenario 1: A social worker was asked to do something for the FHT administrator, with a tight deadline. The work was completed in the time specified. The team leader then returned it with a 'post it' attached that said: 'Please re-do, there are many pieces missing.' The pieces were, in fact, not missing. The social worker went back and asked the team leader for a few minutes to chat at the team leader's convenience. The response was: 'It's not a good time but sit down anyways'; he proceeded to tell the social worker how disappointed he was with the work that she had done. When the social worker tried to point out that the missing pieces were on the reverse side of the page, she felt unheard. The team leader proceeded to highlight additional errors. His

body language continued to be dismissive and there was no appreciation for the work that had been done in the short timeline.

Scenario 2: Several people in one particular position at a FHT were hired and then left over the course of a year, because of difficulties working with one particular physician, although these rarely became public. Staff noticed this turnover and started talking among themselves about whether these individuals were getting fired and what they must have done. There was a sense of foreboding lingering around the FHT. Gossip started and staff started talking behind each other's backs about who was next. People felt under threat and less able to speak their minds.

Scenario 3: A team in a small FHT is made up of a variety of disciplines. Staff feel that people are treated equally, except for one particular situation. There is a high incidence of diabetes in the community and the centre has developed an education program to address this. The health promoter, the dietician, the nurse practitioner and the physician all had a role to play in the workshop. But it seemed that the time of the physician and nurse practitioner was more valuable. The health promoter and dietician were the ones who had to do all the advertising, room set up, getting refreshments ready and cleaning up after the workshop. The physician and the nurse practitioner came in for a few minutes and presented their part of the workshop and then left. The routine tasks are not something the physician and nurse practitioner volunteer to do, nor are they directly asked to help with.

(From Building Better Teams AOHC 2007)

Activity 10.4: Analyzing a Conflict Case Scenario

Conflict Case Scenarios

Step 1: Read the scenario from the *Conflict Case Scenarios* handout.

Step 2: Discuss the following questions with your peers:

(From Building Better Teams AOHC 2007)

Scenario 1:

A social worker was asked to do something for the FHT administrator, with a tight deadline. The work was completed in the time specified. The team leader then returned it with a 'post it' attached that said: 'Please re-do, there are many pieces missing.' The pieces were, in fact, not missing. The social worker went back and asked the team leader for a few minutes to chat at the team leader's convenience. The response was: 'It's not a good time but sit down anyways'; he proceeded to tell the social worker how disappointed he was with the work that she had done. When the social worker tried to point out that the missing pieces were on the reverse side of the page, she felt unheard. The team leader proceeded to highlight additional errors. His body language continued to be dismissive and there was no appreciation for the work that had been done in the short timeline.

Scenario 2:

Several people in one particular position at a FHT were hired and then left over the course of a year, because of difficulties working with one particular physician, although these rarely became public. Staff noticed this turnover and started talking among themselves about whether these individuals were getting fired and what they must have done. There was a sense of foreboding lingering around the FHT. Gossip started and staff started talking behind each other's backs about who was next. People felt under threat and less able to speak their minds.

Scenario 3:

A team in a small FHT is made up of a variety of disciplines. Staff feel that people are treated equally, except for one particular situation. There is a high incidence of diabetes in the community and the centre has developed an education program to address this. The health promoter, the dietician, the nurse practitioner and the physician all had a role to play in the workshop. But it seemed that the time of the physician and nurse practitioner was more valuable. The health promoter and dietician were the ones who had to do all the advertising, room set up, getting refreshments ready and cleaning up after the workshop. The physician and the

nurse practitioner came in for a few minutes and presented their part of the workshop and then left. The routine tasks are not something the physician and nurse practitioner volunteer to do, nor are they directly asked to help with.

Activity 10.4: Analyzing a Conflict Case Scenario

Conflict Analysis Tool - Worksheet

Step 1: Read the scenario from the *Conflict Case Scenarios* handout.

Step 2: Discuss the following questions with your peers:

(From Building Better Teams AOHC 2007)

1. List all the factors that are contributing to the conflict.

2. Who is involved? Directly or indirectly?

3. What is the effect of the conflict on people? On the work?

4. What are the interests of each of the parties (concerns, hopes, expectations, fears, Beliefs, assumptions, priorities)?

5. What conflict styles are being used?

6. What conflict styles might be more appropriate?

7. List all the possible ways that this conflict might be resolved.